VI. Monitoring, Evaluation, and Learning Results

This Learning Exchange presented an opportunity to evaluate the effectiveness of the COP’s Implementation Learning approach. The goal was to assess networking and new relationships formed from participating in the COP, knowledge gain of key and relevant themes, and the application of the knowledge and relationships into practice. The M&E approach included primary data collection from a baseline and endline comparison and light-touch outcome harvesting, supplemented by key informant interviews (KII) with PHCPI partners, implementation case team members, and peer learners.  

Findings
Overall, the findings from the assessment show strong evidence that participants made significant relationship, knowledge, and practice gains at the end of the COP.

Relationships
One important goal of the COP was to expand networking to create a strong responsive and enduring community of practice for knowledge sharing and problem-solving support. At endline, participants registered more than a 54% increase in networking opportunities, access to a trusted network, and number of professional relationships able to discuss practical, job-related lessons. This leveraging of relationships was particularly prominent among the Colombia IC, where members of the Colombia government as peer learners and provided strategic support and networking for the Colombia IC team. The El Tambo team also presented their IC progress as part of a PHCPI presentation during the Global Symposium on Health Systems Research held in Bogotá, Colombia, exposing their work widely to national level stakeholders. Peer learners’ involvement across the various virtual Learning Exchanges and Learning Checks also built a network of experience and knowledge that directly contributed to strategic problem-solving support. For instance, members received materials and lessons learned from Colombia and the Ghana cases to help advance their efforts, and a Ghana team member noted that feedback from peer learners directly helped to improve aspects of their implementation.

Several participants noted, however, that the virtual nature of the Exchange made it difficult to take full advantage of networking opportunities and limited participants ability to form professional relationships. One participant noted, “I don’t think there were opportunities apart from the emails back and forth to have the networking. But I believe it's an area where more can be applied.”

Knowledge

Knowledge of relevant topics related to PCNs improved greatly at endline. 40% of participants mentioned having familiarity with financing and payment models of PCNs at baseline. This figure rose to 96% at endline. Indeed, from interviews, several peer learners highlighted newfound knowledge on PCNs. One peer learner in Indonesia started out “with preliminary knowledge on PCNs” but experienced a vast growth in knowledge—enough to discuss with co-workers and directors in the hopes of introducing the initiative in Indonesia. Another peer learner from the Philippines mentioned that the in-depth discussions

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8 A comprehensive overview of the results framework, MEL Plan, findings, and implications can be found in Appendix 3.

“Through COP, I have extended my professional networks that I am certain I can count on to have further engagement or even collaboration in PHC advancement. Participation in COP fit with my mission to engage with regional and global PHC advancement efforts.”

- Peer Learner, Indonesia
gave them the tools and knowledge to pursue PCNs as a strategy to support UHC. Overall, the COP was able to effectively create environments where the community was able to learn about and directly engage with technical information on PCNs (e.g., financing and payment models, M&E, governance, PCN design), as well as PHC tools and resources.

**Practice**

Respondents expressed a strong desire to apply the learnings in their own settings. At endline, they registered a marked increase in their confidence to implement reforms related to a PCN, their ability to problem-solve on topics related to PCNs, and their ability to convey knowledge on PCNs. Peer learners attributed this increase in confidence and ability to their COP participation. A peer learner from the Philippines mentioned being more confident and optimistic in PHC efforts. Another peer learner felt a renewed interest in PHC effort and is planning to apply to a PhD program to strengthen knowledge in PHC efforts.

**Outcomes**

The conclusion of the Learning Exchange also offered an opportunity to identify any IC outcomes to which participation in the COP may have contributed and long-term outcomes related to changes in the quality, efficiency, and equity of PHC services in PHCPI countries.

Through the KIIs with the IC case team members at the end, the COP was able to assess the completeness of the identified outcomes in the causal chains and to what degree the COP contributed to that outcome.\(^9\)

**Colombia**

The Colombia IC team achieved three of the four outcomes in their causal chain, and partially achieved the fourth. The IC team confirmed that the COP had a major, direct, and real-time contribution to all four outcomes. They noted that the COP directly aided in the characterization of the maternal-perinatal beneficiary population in real time, the selection of the topics to include in PCN staff trainings, and the development of the SIMAPE tool.

**Kenya**

The Kenya IC team partially achieved three of their four causal chain outcomes and noted that the fourth is still in the development phase. The team found that the COP had some direct real-time contribution to one of their outcomes (that which related to the review of the PCN financial arrangements), that the COP had indirect contribution to two outcomes (completing the costing of the PCN and trying out the PCN arrangements), and that the COP had no impact on their last outcome (the development of the MEL plan). The team also noted that the COP had a major direct contribution to an additional outcome: the creation of county-level knowledge sharing learning forums, which were modeled after the COP’s modality. The team said that the COP acted like a nudge to get things done, saying: “The COP and of course the regular check-ins and learning from what Ghana was doing, what Colombia was doing, just reemphasize on the need for us to figure out what to do working in our context.”

**Long-term Outcomes**

Though it is difficult to examine the COP’s contributions to the improvement in the quality, efficiency, and equity of PHC services, elements of this type of longer-term impact were mentioned by IC teams. For

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\(^9\) KIIs or data collection could not be completed for the Ghana IC due to scheduling challenges and competing priorities.
instance, the Colombia team predicts efficiency improvement in the efficiency of broad PHC services at the El Tambo PCN and the local and national levels due to the development of tools like the SIMAPE database, though the long-term impacts of this time-saving tool are not yet known. The Colombia IC also facilitated community involvement in the PCN improvement and decision-making process, thus empowering the community and potentially leading to improved equity of PHC services—another impact that cannot yet be measured or examined. Additionally, there has been new interest in the El Tambo case as the program is continues to yield good outcomes. As a PHCPI institutional partner mentioned when interviewed, there is a desperate search for good examples to support the country’s PHC reforms. The work in El Tambo could have longer term effects for how PHC reforms are implemented in-country.

While Kenya did not explicitly mention improvements in equity, efficiency, and quality of care, the team is making advancement through the PCNs to measure and improve the efficiency of care. The long-term outcomes in Ghana remain to be documented.

Additional Outcome: Satisfaction
At endline, 92% of participants expressed being satisfied with the COP with 71% being extremely likely to continue learning in a similar format and 21% expressed that they are very likely like to continue.

In terms of the usefulness of the approach, participants highly rated all methods of the COP with technical resources and summaries of the virtual Learning Exchanges rated the highest. Through the interviews, participants also discussed the COP modality and its usefulness, and a many emphasized how helpful the creation of a problem statement and causal chain, as well as the continued engagement, feedback and guidance on these elements and their progress, was to overall implementation.

Takeaways
At the individual level, participants made significant relationship, knowledge, and practice gains from participating in the COP. There is a lot of desire to replicate the PCN model in different country contexts. Regarding the COP’s modality, being adaptable and flexible to the community’s needs was a strong component in the success of the COP.

Overall, participants expressed the desire to continue engaging in a similar community, though the virtual nature of the latest exchange made networking challenging. Some even noted a desire to be more embedded in the IC teams; one participant recommended having more peer learners join the IC teams, and another suggested that peer learners should have opportunities to develop thought pieces from their participation in the COP. These suggestions show that participants valued the COP despite the challenges, and that the COP is a technical assistance strategy that should continue to be adapted and used.

VII. Recommendations for the Future
Over three years during the COVID-19 pandemic, the PHCPI-JLN COP worked to support countries to transform their PHC systems to be more responsive and resilient. Participant feedback and results suggest that the COP provided an important and valued forum for cross-country experience-sharing and learning. The experience also highlighted the need for deeper and sustained systematic learning initiatives for countries to continue to improve PHC to better meet the needs of their populations. Joint learning that is demand-driven, responsive, and tailored to implementers’ needs can help countries accelerate their
progress. Below are five recommendations for country policymakers, practitioners and development partners based on lessons from the PHCPI COP:

1. Provide opportunities for continued joint learning on PHC measurement and improvement, with a focus on developing the networks, knowledge, skills, and capacity needed by current and future PHC leaders to transform PHC financing and delivery.

2. Invest in joint learning, implementation research, and evidence generation on PCNs as an emerging, but not yet well understood, approach to transforming PHC delivery. Participants highlighted the need for more learning and evidence generation on measuring the effectiveness of PCNs and financing PHC through PCNs.

3. The PHCPI COP’s approach to implementation learning can be adapted and applied to provide real-time, tailored collaborative learning and problem-solving support to implementers working on a range of health system and other development challenges. In addition to providing focused support to a set of implementer countries, the approach provides a forum for a larger learning community to accompany and learn from other countries’ implementation efforts.

4. Facilitate flexible modalities for countries to learn from one another in more customized and deeper-dive formats (e.g., country pairings and study visits). For example, the PCN Learning Exchange highlighted an opportunity for more structured pairings between Colombia/Costa Rica and Ghana/Kenya to enable deeper implementation learning and problem-solving support.

5. Support subnational joint learning mechanisms, such as the PHC COP in Colombia, to provide a forum for regular experience-sharing among PHC stakeholders across the country. Subnational joint learning communities can be linked to cross-country learning platforms to support the cascading of learning.

Purpose

As PHCPI and JLN embarked on the “Implementing and Measuring the Performance of Primary Care Networks” Learning Exchange, there was an opportunity to monitor, evaluate the effectiveness of, and learn from the COP’s innovative implementation learning approach across the COP individual participants. It was also valuable to assessed whether and how the COP may have contributed to outcomes in IC countries related to the design, implementation, and measurement of PCN reforms, and how, if at all, participation in the COP supported PHCPI’s objective of improving the quality, efficiency, and equity of PHC services.

To do this, the COP developed a results framework (Figure 1) and the following Monitoring, Evaluation, and Learning (MEL) plan, which focused on key research questions around the COP approach and outcomes in line with the COP’s results framework. The MEL plan aims to assess the activities and outcomes of the COP and to share with PHCPI and partners evidence on whether and how the COP’s modality can support individual participants, and how that in turn translated into contributions to IC and PHC outcomes.

Figure 1. COP Results Framework

The results framework and associated research questions (Figure 1) adopted the JLN’s outcomes (knowledge, relationships, and practice), as well as additional outcomes related to PCN design and improvement and the quality, efficiency, and equity of PHC services.
The MEL Plan was quite comprehensive and, to respond to partners’ demand, ranked outcomes according to their priorities to gauge areas that would need systematic and additional M&E.

Methods and Data Sources

The evaluation questions were answered using a mixed methods approach with primary data collection from a baseline and endline survey including IC team members and peer learners, which was supplemented by KIIs with PHCPI partners, IC team members, and peer learners. Recognizing that outcomes beyond those identified in the results framework may occur and that intermediate and long-term outcomes may be difficult to capture within the scope and timeline of the work, elements of an outcome harvesting approach were embedded in the KII questionnaires for IC team members. Questionnaires for peer learners included a set of Most Significant Change questions to assess what outcomes occurred for peer learners.

Table 1. Supplemental Key Informant Interviews

<table>
<thead>
<tr>
<th>Endline Interviews</th>
<th>No. of Interviewees</th>
</tr>
</thead>
<tbody>
<tr>
<td>IC Team members</td>
<td>7</td>
</tr>
<tr>
<td>Peer Learners</td>
<td>7</td>
</tr>
<tr>
<td>PHCPI Partner</td>
<td>1</td>
</tr>
</tbody>
</table>

The findings also include analysis from ongoing monitoring of the COP’s activities and their intended outputs via a set of key performance indicators such as participation data and feedback from COP events. Throughout the course of the COP, the MEL plan supported ongoing learning and adaptation of the COP’s implementation learning approach through the facilitation of Learning Checks with the facilitation team to generate timely feedback and evidence to respond to demand from the community of learners.

Limitations

Though the methods provided useful information, there were several limitations. First, the team employed a light-touch outcome harvesting approach where verification was conducted with IC team
members. The team was not able to further substantiate outcomes with independent stakeholders and do a systematic validation due to time constraints but was able to triangulate with documentation captured throughout the implementation learning process by the facilitators. Second, the team was only able to conduct a limited number of KIIs at endline than originally anticipated. Third, the endline survey encompassed a smaller number of respondents (N=24) than the baseline survey (N=50). However, the team was able to conduct direct comparisons between the responses of 18 individuals that completed both surveys. Furthermore, due to translation constraints, Dr. Luis Bernal—the technical facilitator for Colombia—conducted the interviews with the peer learners and IC team members from Colombia, which might have introduced some response bias during the process. However, responses were triangulated and validated as much as possible with IC team responses from the online endline survey. Finally, it was not possible to conduct any KIIs with the Ghana IC team due to availability constraints.

Findings

The MEL approach evaluated anticipated short-term outcomes related to individual participant outcomes (i.e., relationship, knowledge, practice, and satisfaction). The overall goal was to assess networking and new relationships formed from participating in the COP, knowledge of key and relevant themes, and the application of the knowledge and relationship gains into day-to-day practice. Findings from the assessment show that there is strong evidence that participants made significant relationship, knowledge, and practice gains by the end of the COP.

Relationships

A main goal of the COP was to expand networking to create a strong responsive and enduring community of practice for knowledge sharing and problem-solving support (Outcome 1 in the result framework). At endline, all respondents registered a 54% increase from baseline in networking opportunities, 56% increase in having access to a trusted network, and 58% increase in having professional relationships to openly discuss practical job-related lessons (Figure 3). Peer learners and IC team members both mentioned making new and impactful connections from the COP. When disaggregated by ICs versus peer learners, data showed a stronger increase in networking outcomes for IC team members, as they started out with a lower baseline.

KIIs with IC teams and peer learners provided additional insight into whether and how participant relationships changed throughout the course of the COP. In Colombia, where members of the government served as peer learners, an IC team member from El Tambo remarked that having access to ministerial peer learners exposed their case to policymakers and allowed them to make contacts to strengthen their PHC efforts. When the PHCPI COP hosted a meeting during the Global Symposium on Health Systems Research in Bogotá, the Colombia IC team was able to present and expose their work to national-level stakeholders, further growing their network to support their PHC advocacy efforts.
Peer learners similarly noted increased access to a responsive community of learners and new and impactful connections. One respondent mentioned that they now have a vibrant community to draw upon and work with, and another noted that they now have access to a global network of peers that can point them to the right resources and materials. The COP also provided an opportunity to form connections with experts in the field. Three peer learners specifically cited the team of technical facilitators as new connections that could help them in their PHC efforts.

In creating a strong and responsive COP, the team wanted to ensure that participants could conduct outreach to peers outside of the formally scheduled COP events. 38% of respondents at endline mentioned that they reached out to another member within the community for advice or feedback outside of the formal events, and 13% indicated “maybe”. Several noted reaching out to members of IC teams for additional information and fruitful discussions, with one peer learner citing independent conversations with members of the Ghana IC team on Whatsapp.

Both IC team members and peer learners noted that the community of learners allowed them to receive real-time problem-solving support for PCN challenges. Members of the Colombian IC team mentioned that they received support to determine which variables were to be include in the SIMAPE tool the team developed. They also made connections through the Learning Checks with contacts at other universities to support the continuous training of their staff. Members of the Kenya IC team also received materials and information from Colombia and the Ghana ICs to help advance their efforts, and a Ghana team member noted that feedback from peer learners helped to review aspects of their implementation.

Peer learners also mentioned receiving valuable inputs to support their own work. One peer learner from the Philippines mentioned receiving helping feedback and inputs when discussing difficulties on engaging the private primary care providers in their country.

There were challenges pertaining to the Relationship outcome, however. Several participants noted that they did not fully take advantage of networking and that the virtual platform limited them from forming professional relationships. One participant noted, “I don't think there were opportunities apart from the emails back and forth to have the networking. But I believe that it's an area where more can be applied.” Another noted feeling external as a peer learner that wasn’t so engrained within the IC team which made it difficult for them to engage. A peer learner in Indonesia attempted to create a community of learners within their country but found it difficult to engage them.
Knowledge

Knowledge of relevant topics related to PCNs also improved greatly at endline. At baseline, 40% of respondents agreed having familiarity with financing and payment models of PCNs. At endline, this figure rose to 96% – a 56% increase. Similarly, respondents registered a 58% increase on the topic of measuring and evaluating the performance of PCNs, a 50% increase in governance of PCNs, and a 44% increase in the design of PCNs.

Though knowledge of PCN-related topics was lower at baseline for peer learners compared to IC team members (38% versus 56%), knowledge gains were about the same at endline, signifying a greater improvement in knowledge of topics related to PCNs for peer learners. Peer learners experienced on average a 55% increase in knowledge gained compared to 40% for IC team members (Table 2). Specifically, peer learners registered a 60% increase in knowledge of PCN governance while IC team members only experienced a 16% increase. This could be that peer learners were less knowledgeable of PCN governance at the onset thus further improving their knowledge on the topic. Interestingly, IC team members registered a 67% increase in knowledge of PCN M&E, signifying a large gap in knowledge of measurement at the onset. Peer learners experienced a 55% increase.

Table 2. Average percentage in agreement of knowledge of PCN topics

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>Endline</th>
</tr>
</thead>
<tbody>
<tr>
<td>IC team members</td>
<td>56%</td>
<td>96%</td>
</tr>
<tr>
<td>Peer learners</td>
<td>38%</td>
<td>93%</td>
</tr>
</tbody>
</table>

Indeed, from interviews, several peer learners highlighted newfound knowledge on PCNs. One peer learner in Indonesia started out “with preliminary knowledge on PCNs” but experienced a vast growth in knowledge—enough to discuss with co-workers and directors in the hopes of introducing the initiative in Indonesia. Another peer learner from the Philippines mentioned that the in-depth discussions gave them the tools and knowledge to pursue PCNs as a strategy to support UHC.

The COP also offered an opportunity for peers, even in the implementing countries, to learn more about PHC and PCNs. A peer learner in Kenya mentioned that as someone working with the PHC system, it was important for them to gain this knowledge on the PCN model in relation to their current work. IC team members also learned from the other cases to support proper implementation. A member of the Ghana IC case team cited learning about the inclusion of improvement of clinical experience as a key objective of the PCN in Kenya.
There was also increased access to general PHC tools and resources. A peer learner from Guinea Bissau mentioned the PHC Progression Model and that their COP participation will be useful in their efforts to present and describe recommendations to the government.

Perhaps an unintended outcome that occurred as a result of the COP is the knowledge in strategies to effectively engage the community in PHC efforts, which was a large focus of the Colombia IC team. A peer learner from the United States noted learning new local community engagement techniques from the Colombian team, and a peer learner from Colombia similarly mentioned the significance of learning about the process that the El Tambo team took to integrate the community in their work. This was similarly cited as a key learning for a peer learner in Costa Rica.

Participants also widely experienced increased knowledge on financing, which was the topic of the first Learning Exchange meeting, and greater knowledge in measurement topics. This could be due to the last facilitated online forum discussion being reoriented to focus more on measurement in response to a survey halfway through the Learning Exchange that examined gaps in learnings.

Practice

One recurring theme from respondents was the desire to translate and share the knowledge gained. Overall, though respondents started with a higher baseline along the practice outcomes (i.e., respondents expressed having confidence and leadership skills at baseline), there were also significant improvements in applying knowledge and relationship gains in practice.

In terms of outcomes related to the knowledge gained on PCNs, all respondents did note a 38% increase in their confidence to implement reforms related to a PCN, a 38% increase in their ability to problem solve on topics related to PCNs, and a 26% increase in their ability to convey knowledge on PCNs.

Disaggregating data shows that peer learners began with a lower baseline than IC team members. Among the practice outcomes, peer learners registered a 31% increase compared to 26% for IC team members. Peer learners registered smaller gains (17%) in their leadership skills related to PHC and larger gains (39%) in their ability to problem solve on PCNs and their confidence in the implementation of PCNs. IC team members experienced the lowest gains in their confidence in their abilities to execute PHC
reforms (16%) and the larger gains (33%) in their confidence in the implementation of a PCN, their ability to apply lessons learned, and ability to problem solve on PCNs.

Perhaps the most widely cited practical change from respondents was the ability to share learnings in and outside work settings. 75% of respondents mentioned using the content from the COP and the Learning Exchange in their daily work. A peer learner from Lebanon was able to share the knowledge to their PHC teams through trainings, and another mentioned promoting the PCN strategy in their work setting and engaging in multisectoral discussions. One peer learner published an introduction to PCN article and was able to promote it through various platforms. One peer learner also used the information gained to prepare for panel discussions and to advise their respective Ministry of Health during policy development. Another peer learner has shared the learnings during local health board meetings.

Peer Learners also widely cited an increase in confidence as a result of participating in the COP. A peer learner from the Philippines mentioned being more confident and optimistic in PHC efforts. "I became more vocal during discussions with my division, especially when the sharing sessions started," noted the peer learner. The peer learner from Kenya that mentioned the knowledge gained on PCNs similarly expressed a strong desire to replicate the PCN within their county. Some learners highlighted that the COP allowed them to feel motivated, more optimistic because of the knowledge, and driven to further engage in PHC work. One peer learner referred to moving “from frustration to inspiration” as a result of their engagement in the COP. An IC team member from Kenya remarked, “I have adopted a solution-oriented attitude, knowing that there are people I can learn from to help with problem solving.” Another peer learner felt a renewed interest in PHC and is planning to apply to a PhD program to strengthen their knowledge in PHC efforts. A consultant in the field that cited not necessarily having a passion for PHC before felt that the COP gave them “the knowledge and awareness to include PHC efforts” in their consultations and “the tools, connections, and resources” to make it happen.

15 https://jurnal.ugm.ac.id/jkki/article/view/76236
Respondents also highlighted a variety of skills (e.g., research, program implementation, measurement, presentation and moderation, and problem-solving) gained from the Learning Exchange. A peer learner mentioned that the learned skills are based “in the involvement and management of communities, which enhances social and community participation in networks.”

One PHCPI partner interviewed mentioned how the COP was a great opportunity for Costa Rica, a country that has also been implementing PCNs, to discuss actively their strategy and provide advice, as they haven’t had a platform to do this yet.

Overall, the findings show that respondents were able to achieve their short-term goals, capture knowledge, and form new relationships. When compared directly at the individual level—among participants that completed both baseline and endline surveys (N=18)—these trends still held, on average. Among those 18 respondents (14 peer learners and 4 IC team members), they showed an average increase of 55% in relationship outcomes, 43% on knowledge of relevant topics, and 29% in knowledge application.

Intermediate Outcomes

The MEL plan additionally sought to identify intermediate outcomes at the country level to which participation in the COP may have contributed—related to the systematic implementation of PCN reforms in-country as well as outcomes related to PHCPI workstream engagement—and the potential for long-term outcomes related to changes in the quality, efficiency, and equity of PHC services in PHCPI countries.

At the beginning of the Learning Exchange, the three IC teams identified a series of short-term outcomes that they would seek to achieve by November 2022. Through the KIIIs with the IC case teams at the end of the engagement, the COP was able to assess to what degree the teams achieved those identified outcomes, how the COP may have contributed to those outcomes, and if any other unanticipated outcomes occurred.

Colombia

The Colombia IC team had identified four outcomes in their causal chains (Appendices 1 and 2). By November 2022, they achieved three of the four outcomes, and partially achieved the final outcome. For each outcome achieved, members of the IC teams also identified to what degree the COP contributed to that outcome. The team confirmed that the COP had a major, direct, and real-time contribution to all four outcomes. For Outcome 1 (characterization of the beneficiary population of the maternal-perinatal PHC services), IC team members confirmed that the COP helped in carrying the characterization in real time, and cited support from peer learners from Javesalud, a private PCN that offers a large number of PHC services in several cities in Colombia. They also mentioned that a member of the government and peer learners from Costa Rica who supported the identification of topics to include in the trainings (Outcome 2), and, specifically related to the development of the SIMAPE tool (Outcome 3), a team member cited that “the COP helped us on what to incorporate in the database and how we can do things better.” Another member remarked, the COP “gave us a light to follow. If alone, we would have been acting blind.”

Kenya

The Kenya case similarly documented four outcomes (Appendices 1 and 2) in their causal chains with three outcomes partially achieved, and the fourth in development phase. In the previous phase of the Learning Exchange, the Kenya IC had an objective of creating county learning fora for knowledge exchange and implementation learning sharing across the different counties in Kenya. The team was able to create these
fora and replicate the COP’s model at the county level, identifying this as an additional outcome and noting that the COP had a major, direct contribution to this outcome. As for the other achievements for the Kenya case, the team found that the COP had some direct real-time contribution to their outcomes related to the review of the PCN financial arrangements. The COP had indirect contribution to two of other outcomes—completing the costing of the PCN and trying out the PCN arrangements. The COP had no impact on the last outcome—the development of the MEL—which is still in development. The IC team said that the implementation acted like a nudge for them to get things done. A team member mentioned that “the COP and of course the regular check-ins and learning from what Ghana was doing, what Colombia was doing, just reemphasize on the need for us to figure out what to do working in our context.”

Intermediate outcomes were not able to be gathered from the Ghana IC team due to scheduling challenges and competing priorities.

Long-term Outcomes

While it was difficult to directly connect outcomes related to improvements in the quality, efficiency, and equity of PHC services to the COP, there were a few relevant mentions of this by both peer learners and IC team members. The COP contributed to the SIMAPE tool in Colombia through peer support during variable selection, and the Colombia IC team predicts an improvement in efficiency of the broad PHC services at the El Tambo PCN and the local and national level due to the SIMAPE tool’s facilitation of data collection. The SIMAPE tool was designed to serve as an easy-to-use early warning system to identify symptoms and signs of pregnancy complications in a timely manner and increasing the likelihood of heart treatment or referral to higher levels of care. This type of tool could also be applied to other health programs (beyond just maternal care) such as care for those with non-communicable, chronic diseases or early childhood care. Having a dynamic information tool with centrally accessible data allows providers to closely track PHC activities and the health status of patients, thus allowing them to react more quickly when required. The tool’s easy-to-use design also allows providers to have more time with patients when seeking care, which could in turn improve quality of care. The tool is expected to be piloted in some of the PCN’s rural health outposts. A member of the IC team mentioned seeing improvement in outcomes as the tool facilitated data collection and as staff were appropriately trained in knowledge and expertise to better carry out their work.

Additionally, the Colombia IC brought the local community into the improvement processes for the delivery of PHC services by the PCN. When community members are integrated into the process they can provide feedback on the quality of care, which can work to improve the quality of services. Allowing communities to be part of the decision-making process gives them a sense voice, which can also work to strengthen the equity of PHC services. Finally, an IC team member mentioned that the COP improved the operation of PHC activities in El Tambo. “The correct delineation of objectives, and the steps to take to achieve them, is essential to carrying out efficient and effective work,” they remarked.

There is new interest in the El Tambo case as the program yields good outcomes, which has allowed the IC team to advocate for an increase in their resources to strengthen the PHC strategy. As a PHCPI institutional partner mentioned, there is a desperate search for good examples to support new PHC reforms coming through, so all the work done in El Tambo could have longer-term effects for how PHC reforms are implemented in-country. While the Kenya IC team did not explicitly mention improvements in equity, efficiency, and quality of care, the team has made advancements through the PCNs to improve the efficiency of care. Additionally, strengthening the knowledge sharing at the county level has allowed
the county teams to learn from one another to implement the PCNs more efficiently in their own context. While information related to improvement in the quality, efficiency and equity of services were not collected from peer learners, through the analysis, a peer learner working on the implementation of a PCN in Costa Rica did participate in a subnational evaluation process with PHCPI and lessons learned on evaluation and measurement is influencing the PCN work to continue improvements in the performance and quality of PHC services.

**Additional Outcomes**

**Satisfaction**

Overall, participants were very satisfied with the COP approach. 92% were very satisfied and 8% of respondents were neutral (neither satisfied nor dissatisfied). When asked if they would be willing to continue to learn in a similar format, 71% of respondents were extremely likely and 21% responded very likely. One participant even noted that the COP needs to be a long-term technical assistance strategy. A peer learner from Costa Rica considered it “an excellent learning and growth experience” that can hopefully continue in the future. At endline, participants also rated their satisfaction with the different modalities of the COP (Figure 7).

![Figure 7.4 Ranking of COP modalities](image)

<table>
<thead>
<tr>
<th>Monthly Learning Checks</th>
<th>Bimonthly Facilitated Discussions on the Online Forum</th>
<th>Monthly newsletters</th>
<th>Summaries of the virtual Learning Exchanges</th>
<th>Bimonthly virtual Learning Exchanges</th>
<th>Technical resources shared</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extremely Useful</td>
<td>Very Useful</td>
<td>Somewhat Useful</td>
<td>Not Useful</td>
<td>Extremely Useful</td>
<td>Very Useful</td>
</tr>
</tbody>
</table>

Participants rated the technical resources shared and the summaries of the Learning Exchanges as highly useful, and the monthly newsletters and facilitated online discussions very useful. A member of the Kenya IC team mentioned the resources shared, especially the lessons learned from Ghana and Kenya, as very useful. Participants also discussed the COP modality and its usefulness during KIIs, where one Kenya IC team member mentioned that the exchange, guidance, problem statement, and causal chain helped them in their implementation.

**Challenges**

The COP modality was not without its challenges. First, the COP experienced a decline in participation. While 81 members participated in the launch session in March, only 29 participated in the Learning Exchange in September and 33 members were present in the final Experience Showcase in November.

At midpoint, the COP conducted an informal questionnaire with several peer learners, where participants identified other competing commitments as the main barrier to participation. At endline, the most commonly cited challenge related to participation was due to their own time management, followed by
connectivity issues. A participant from Asia noted that the sessions were too late, while others mentioned that it was difficult to carve out two hours to dedicate to the sessions. Despite these challenges, nine participants—including four from Costa Rica—consistently attended all the Learning Exchanges.

Participants mentioned that the virtual nature of the COP made it difficult to stay consistently engaged. One peer learner cited an example where they wanted to provide some input but lost connection. By the time they were reconnected, the facilitators had moved on to another section of the agenda. When probed on why the peer learner did not follow up on their question, they did not feel that it was important to do so. Outside of the sessions, the COP provided the Online Forum and the facilitated discussions as opportunities to continue engagement, but participation was low for these modalities. Some participants mentioned that they were not able to read the different emails from the facilitated discussions, and others just did not have the time.

Figure 8. Participation and retention during the Learning Exchange

Despite the aim to make the sessions inclusive with translation, at times there were translation challenges. Participants from Colombia noted that they had difficulties benefiting from other resources because the newsletters and summaries weren’t translated into Spanish. They also did not participate in the facilitated discussions due to translation.

Finally, the COP experienced difficulties integrating the COP within the wider PHCPI Country Engagement workstream despite that being one of the forefront goals of the Learning Exchange. The partner interviewed found it difficult to increase coordination among the COP and other PHCPI workstreams, though the two programs were operating simultaneously in the implementing countries. At the country level, the COP missed the opportunity to further bring in partners.

Recommendations

Respondents were given the opportunity to make recommendations to further support their goals to strengthen PHC. Participants were interested and willing to continue engaging with the COP. Several requested in-person interactions for the future. The team also recommended different modes of communication for the COP (e.g., a Whatsapp or Telegram chat). Other participants noted the desire to have regular access to facilitators despite the ending of the COP.