Trust, Collaboration, and Collective Learning

Synergos Experience in Namibia and Ethiopia

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Synergos

Introduction

Synergos helps solve the complex problems of poverty and inequality by promoting and supporting collaborations among business, government, civil society, and marginalized communities. Our role is to generate, test, problem solve, and implement solutions that lead to sustainable change. Collective learning is an important element of our process for two reasons – it not only provides vital information to program design and implementation but also helps build ongoing trust among stakeholders.
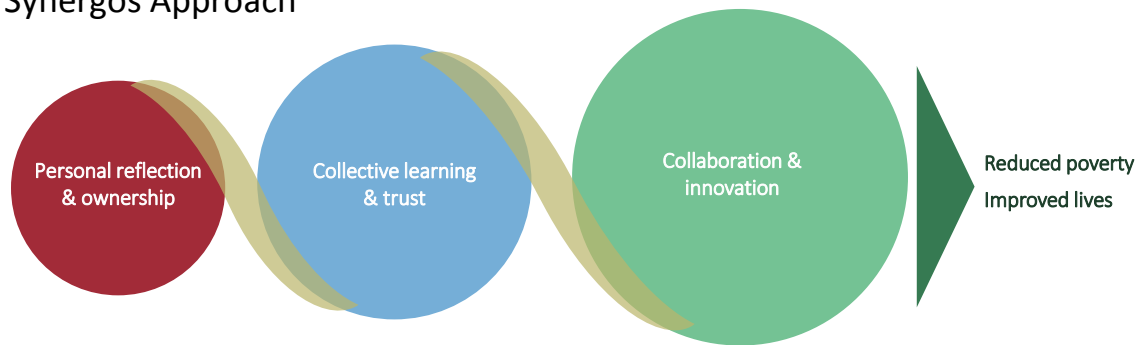
Over the course of almost 30 years, Synergos has supported innovative initiatives in countries and regions including Brazil, Canada, Ecuador, Ethiopia, India, Mexico and the US-Mexico border, the Middle East and North Africa, Mozambique, Namibia, South Africa, and Zimbabwe. This global experience and our networks of international civil society leaders have led to knowledge of how to create participatory processes and engage multiple stakeholders in problem-solving seemingly intractable issues around poverty. Synergos is well aware of the challenges inherent in our process and we believe that the kind of change we seek to co-create with others only happens when efforts are made to:

- Provide learning about "bridging leadership" – the capacity to help people come together across divides and work as partners
- Build collaborations that involves and respects the contributions of all stakeholders
- Focus attention on systems thinking – identifying root causes, system blockages, the inter-related factors that affect outcomes and the resources needed for continuous improvement
- Use personal reflection to connect people to their core values - enabling them to be open-minded, open-hearted, trusting and most open to learning.

We find that this last element of helping people connect to their core values is often a vital early step in taking personal ownership of one's role in an issue. This is often followed by the creation of a collective ownership that engages with others and builds shared vision. Trust is essential and amplified, enabling a rapid exchange of ideas, prototyping strategies, and then work on scaling and sustainability. As people become more open, they can be more trusting, which inspires others to trust them in turn.

Synergos Approach

Our approach to building partnerships includes the following tools: appreciative inquiry, reflection exercises, creating alignment, collaborative problem-solving, engaging a shared vision, learning to listen and accept feedback, stakeholder analysis and convening, developing roadmaps, and systems thinking.

We have learned that many of the problems we seek to address are complex and multi-faceted. In response, Synergos' processes are iterative, with the creation of an ongoing culture of collective learning essential to designing inclusive and systemic approaches. These processes are adapted to suit the culture and environment in which we work.

The two case studies we have drawn from – the African Public Health Leadership Initiative in Namibia and support for the Agricultural Transformation Agency and Ministry of Agriculture in Ethiopia – illustrate our approach to work with government agencies at national and regional levels. Both initiatives were funded by the Bill & Melinda Gates Foundation (BMGF), and the learning from Namibia was used in the design for Ethiopia.

Brief background on work in Namibia and Ethiopia

Namibia

In 2008, Synergos launched the African Public Health Leadership Initiative (APHLI), a four-year project to strengthen the leadership and systems of the country's Ministry of Health and Social Services (MoHSS). APHLI primarily focused on alignment and renewal within the public health system and demonstrated that engaging different stakeholder groups and focusing on capacity can unlock potential and untangle complex systems. The initiative arose in part due to interest at the BMGF in developing and testing replicable and innovative models to improve the leadership and performance of public health systems in developing countries, particularly in Africa. In response to this interest and interest among members of our staff and global networks, Synergos set about looking for a country to pilot this vision.

In Namibia, then Prime Minister Nahas Angula responded enthusiastically to the idea, which was introduced to him by local civil society leader Len le Roux, a Synergos Senior Fellow alumnus. It was funded by the Bill & Melinda Gates Foundation. Synergos recruited highly respected local staff for the

effort, including Len le Roux and Kasee Ithana (who returned to Namibia from South Africa to join this effort).

Early work included a detailed performance assessment of the Ministry, broad consultations across the health system to identify key needs, and pilot interventions at multiple levels of the system. These efforts purposefully aligned, with and supported objectives from, the MoHSS Strategic Plan 2009-2013, including goals to improve stakeholder relationships, reduce malnutrition, and decrease morbidity and mortality rates. This close alignment with existing government priorities allowed the project to maximize its impact on the government's intended outcomes, with a particular focus on maternal and child health. It was becoming clear that systemic blockages and not resources were the limiting factor in progress. In mid-2011, the MoHSS conducted a second performance assessment that revealed that our intervention had made strides in improving alignment around goals and strategy and shifting mindsets and attitudes, but that more work still needed to be done around improving execution and the performance management of MoHSS strategies. After 2011, the effort continued with support from the US Agency for International Development and GAIN-Global Alliance for Improved Nutrition.

Major accomplishments in these efforts have included:

- Increased collaboration and communication within the MoHSS through a Leadership Development Forum for the Ministry's top tier of officials as well as through workshops and events at other levels of the health system
- A new infrastructure for communication and collaboration for child and maternal health at the regional level through creation of Regional Delivery Units
- Improved access to health services, including through provision of antenatal care (ANC) clinics in shipping containers in both state and NGO-managed facilities, and also through decentralization of ANC service from two hospitals to a larger number of clinics
- Increases in public education about, and demand for, maternal health services through radio drama shows
- Improvements in quality of care through in-service nurse training
- Reduced waiting times for ambulances in the city of Windhoek
- Upgraded maternal health information systems, which aligned several health information systems and cleared data entry backlogs
- Expansion of the collaborative approach to the field of nutrition in 2010 through the Prime Minister creating the Namibian Alliance for Improved Nutrition (NAFIN), an independent trust with Synergos as its secretariat.

Ethiopia

In 2010 the government of Ethiopia created the Ethiopian Agricultural Transformation Agency (ATA) as part of its overall efforts to accelerate Ethiopia's agricultural development, grow the Ethiopian economy and improve the livelihoods of smallholder farmers. This new government agency was part of the recommendations of a seminal diagnostic report commissioned by the Bill & Melinda Gates Foundation. The ATA was created to address two problems identified as key obstacles to achieving the national

Growth and Transformation targets: low implementation and technical capacity within the Ministry of Agriculture (MoA), and poor coordination and alignment among the range of stakeholders and partners involved in agricultural transformation efforts. The function of ATA is to help build sufficient capacity within the MoA and not replicate or supplant it. ATA promoted real and positive change by assessing the current state of Ethiopia's agricultural sector, working with key stakeholders in the system to identify the barriers to progress and prosperity for the country, and formulating strategies to address systemic bottlenecks. ATA has done this by designing and supporting innovative case-specific solutions aimed at increasing crop productivity, maximizing economic efficiencies and streamlining market routes.

Synergos has been partnering with ATA since its inception to provide robust and multi-faceted capacity building and organizational development support to both the ATA and MoA, in support of Ethiopia's efforts to increase agricultural productivity and improve the lives of smallholder farmers.

Through workshop engagements and strengthened institutional arrangements, the efforts of Synergos established certain fundamental conditions for the effective implementation of integrated actions in the agricultural system, the results of which will lead to unified ATA and MoA leadership teams with improved collaborative capacity. These include:

- Building relationships and trust between institutions and with diverse stakeholders
- Improving alignment across programs within and between ATA and MoA
- Equipping ATA and MoA with strengthened competencies in leadership, management, facilitation, collaboration, communication, and stakeholder management
- Enhancing overall implementation capacity.

The work is now in its third year. A foundation has been set for ATA and MoA to collaboratively problem solve as leaders of Ethiopia's agricultural sector and leverage the best from each organization. Synergos has designed engagements with the MoA and ATA as a capacity building initiative for pursuing goals through improved alignment and collaborative problem solving. The issue areas impacted thus far include the cooperative system, research and extension, soils, household irrigation, and the creation of a senior leadership team for executive-level coordination and accountability.

Start-Up

The way a development initiative begins can often powerfully shape the way an initiative emerges over time and the attitude of participants toward collaboration and collective learning. It is far better to give time and thought on the front end than to try to fix things later. We have often felt significant pressure to "just get on with it" and to move quickly to action. Over time, we have come to appreciate that the eventual action will be more effective if we are sure that fundamental issues have been addressed first – including convening appropriate stakeholders, developing shared learning processes, and helping stakeholders arrive at a shared understanding of the problem to be addressed.

Each of our partnerships originated as a result of political will, in contexts where there is public pressure, citizen demand, and energy for change. In many instances such demands end up on the desk of senior government or civic leaders, who become champions for change and who then invite us in to catalyze action.

Without an invitation, or lacking the stamp of support from legitimate leaders within a society, we simply could not take the time needed to build the trust, relationships and shared understanding needed to bring about significant change.

In Namibia, for example, we were invited in by the Prime Minister, who was alarmed by the skyrocketing maternal mortality rate in his country. In Ethiopia, the initiative was likewise invited in by the Prime Minister, who sought to bring about economic growth by transforming the agriculture sector.

Complementary Forms of Learning

Formal learning processes

Another vital element in our work is bringing together complementary forms of learning. One form, typical in large development projects, is rigorous data collection and analysis.

In the Namibia case, our project team included individuals from McKinsey & Co. (several of whom were medical doctors), who conducted a detailed assessment of the health system and its leadership, and also helped produce related reports on maternal health, child mortality, and child nutrition. The resulting reports were issued in 2008 and helped ground the project while also providing openings for the less traditional approaches to trust building and leadership from Synergos and the Presencing Institute (PI). PI is a global action research community that works to facilitate innovation and change, which we engaged to support our work.

These reports included not only information about health but also qualitative input from participants in the health system itself. The project team made an extraordinary effort to interview users of the health system, regularly speaking with nurses, doctors, and women in antenatal care clinics, maternity wards, and villages to listen to their concerns and ideas and to reflect their input back into the partnerships' plans. We also strove to communicate these findings back to stakeholders themselves.

Collective learning at the service-delivery level was essential in improving ambulance service in Windhoek.

In Ethiopia, the BMGF commissioned studies on output markets, irrigation, soil health, rural finance, and the seed system. This research informed an integrated study of the agriculture system, outlining problems and providing possible solutions. The report suggested the establishment of an independent unit to support the Ministry of Agriculture to accelerate agricultural growth and augment the Ministry's work.
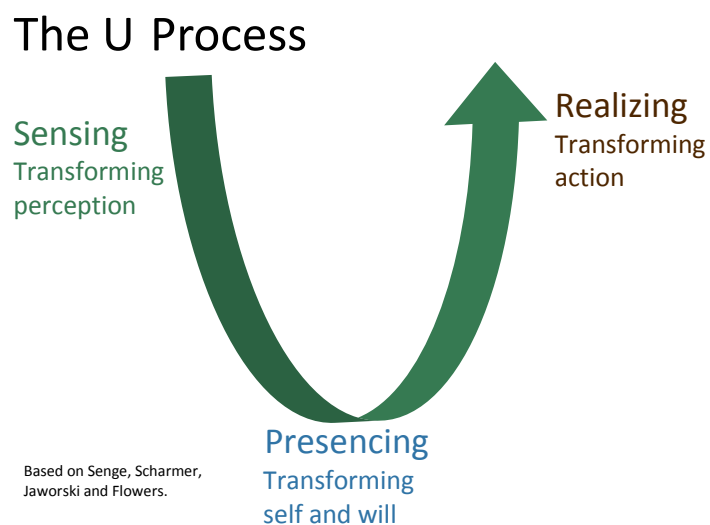
Synergos then conducted 50 interviews with key stakeholders on the federal and regional levels and visited two regions. These stakeholders had engaged in the diagnostic study. Their observations and feedback provided us with the basis to design how we engaged in Ethiopia and to co-create solutions with key stakeholders. Their observations included an overwhelming recognition of need for change and transformation in the agricultural sector. The diagnostic study and integrated report were seen to offer a way forward. At the same time, it was shown that the BMGF had a remarkable opportunity to catalyze change in Ethiopia's agriculture sector. There was universal praise for the foundation's consultative approach.

These formal learning processes served several goals. They demonstrated intellectual rigor appropriate in work at the scale proposed in each country, which was important for buy-in. They provided a shared basis for further discussion among stakeholders. And, insofar as interviews, broad consultations, and communication back to stakeholders were used in both initiatives, they served to begin to bring disparate voices into the process and to demonstrate that collecting such voices was essential to success.

Personal and collective learning

But formal studies are rarely enough. In both Namibia and Ethiopia, Synergos also employed processes to collect learning in more personal ways, helping develop personal ownership, self-reflection, and co-creation of solutions.

In Namibia, the key theory that guided the effort was Theory U (or "the U Process"), a social technology to generate insight, manage change and generate solutions to difficult problems developed by Otto Scharmer of the Presencing Institute and MIT as well as Peter Senge, Joseph Jaworski, and Betty Sue Flowers. Based on a simultaneous effort to build leadership capacity and stimulate system change, Theory U helps participants in a multi-stakeholder process shift the nature

The U Process

Sensing
Transforming perception

Realizing
Transforming action

Presencing
Transforming self and will

Based on Senge, Scharmer, Jaworski and Flowers.

of institutional relationships to enhance collaboration. Activities guided by Theory U focus on cultivating shared experiences and understandings, renewing personal commitment and energy, developing leadership skills, and identifying, testing and refining innovative solutions to persistent challenges.

In Namibia, this process included five phases that guided the journey for change:

- Sensing that engaged Namibian leaders and partners in assessing the Namibian health system
- Developing curriculum for staff from Synergos, PI and McKinsey to use in informing change processes
- Helping build leadership skills and fostering innovation
- Planning and implementing pilot innovation projects
- Working towards replication and sustainability.

In practice, the sensing activities included brief immersion in the health system, including efforts to learn about the system from the perspectives of others. Examples included culture surveys and "in your shoes" activities to re-connect MoHSS officials with the system from the eyes of a user by their riding in an ambulance or waiting in a clinic. These experiences proved vital in developing personal ownership and openness to ongoing collective learning.

In Ethiopia, Theory U also helped guide our work, and we also engaged the Presencing Institute as a resource. One of the key early personal and collective learning activities was the ATA learning journey held in the Rift Valley area, where subsistence agriculture is widely practiced and agriculture is the main source of income. The purpose of the journey was to expose 49 ATA staff, many of whom were foreign nationals or from the Ethiopian diaspora, to the lives of smallholder farmers in order to increase understanding of the poverty issues these farmers face. ATA staff were assigned to stay with the families for 48 hours. These families were introduced to Synergos through a community-based organization. Synergos spent several days

The first Ethiopian ATA learning journey exposed 49 staffmembers to the lives of smallholder farmers.

meeting with the families, explaining the project objectives and ensuring that we were extended an invitation to stay.

Synergos used this phase of assembly as an opportunity to engage farmers in the initiative. By telling them directly about the diagnostic study and receiving their input and feedback. The dialogues were fruitful as the farmers were both inviting and healthily skeptical about the imposition of one more big idea.

We worked with the ATA staff, explaining the value of learning through immersion, encouraging them to sense, observe, and be present throughout their host family stays.

At the end of the stay, the staff shared their observations in a reflection session in the following three areas:

- They experienced the difference in defining poverty through an organic process based on their first-hand experience versus merely accepting the academic definition of poverty
- They shared the "moments of the truth" they had in their experience with the farmers
- They shared experiences that inspired and reconnected them to their commitment to the mission of ATA and to the smallholder farmers.

The ATA staff acknowledged that the learning journey gave them the opportunity to have a direct experience with smallholder farmers and their families as most had never seen a farmer or been inside a farmer's house before. They attested that the learning journey experience helped them to understand better why ATA was established and why its work is so important. They recognized that farmers are knowledgeable about their work and their needs. Each ATA staff member greatly appreciated the hospitality and kindness they received and were touched by the generosity of spirit of the farmers.

A significant result of this learning journey is that the ATA has since incorporated the concept of a learning journey into its organizational culture, calling them "home stays." These home stays are conducted in the areas where they work with the aim of inspiring and eliciting the experiential knowledge that comes from this process. This learning activity is now embedded in the ATA's culture and processes.

Strengthening Collaboration

Initial collective learning experiences set the stage for deeper collaboration, but such collaboration could not happen on its own. Synergos uses specific social technologies to deepen trust and sustain a culture of learning and feedback. In many cases, this work helps project participants be more open-hearted with their self-knowledge – leading them to becoming better leaders, better at supporting collaboration, and more open to learning.

In Namibia, an early example of this came early in the project. The then-Permanent Secretary (PS) of the MoHSS, Kahijoro Kahuure, began to meet and engage with members of the project team, beginning a mentoring relationship. During this period, the PS was very keen on the idea of leadership and transformation training for his senior team, which comprised 24 of the top staff of the MoHSS. This did not seem particularly different or innovative at the time, but the project team responded to the PS's motivation. An initiative called the Leadership Development Forum (LDF) was conceived, focusing on a leadership and management initiative around the MoHSS leadership team. Not a part of the original project design, the LDF started as an exercise to build and align the top leadership team. The LDF team is composed of 24 staff members from the top tiers of MoHSS: the PS, the Deputy PS, three undersecretaries, six national directors, and 13 regional directors.

The first LDF meeting was an important event in the story of the APHLI. The design of the gathering was carefully crafted to bring the group together for the first time and define the purpose of the LDF. It was also important to engage the senior cohort responsible for the Namibian public health system in the results of the health assessment and the MoHSS review. During the meeting the LDF team was given the opportunity to experience the landscape of their own health system through a series of explanatory posters and materials put together by Synergos. The results of the assessment and review were shared using strong visual material. This, coupled with deep and innovative team building, had a profound effect on all those involved.

Learning activities at the Leadership Development Forum.

The LDF went on to be a quarterly, collaborative retreat-style event that was held regularly during the project period.

At the highest level, the result changed leadership and communications style within the MoHSS, enabling both better communication between different parts of the Ministry, and also within each part. Several members also noted that through the LDF the fear of hierarchy was broken down and trust between top team members was established. LDF members further noted that the work with Synergos had:

• Brought people together – created real connectivity
• Led to an attitude change and culture shift – a new way working
• Allowed for self-evaluation, exploration, criticism, and the acceptance of advice
• Encouraged members to be open to external advice and advice from colleagues
• Encouraged members to question the health system and their own role within it.

As then-Deputy PS Dr. Norbert Forster stated:

"We've already shown a remarkable difference in the working atmosphere, improving the environment, the frequency of communication, the openness of communication, and the preparedness of our management staff. We are thinking about solutions and we are designing solutions."

It is worth noting that not only was the LDF able to help the health system be more responsive, its creation was in response to an emerging demand from project participants to Synergos, rather than a pre-planned activity.
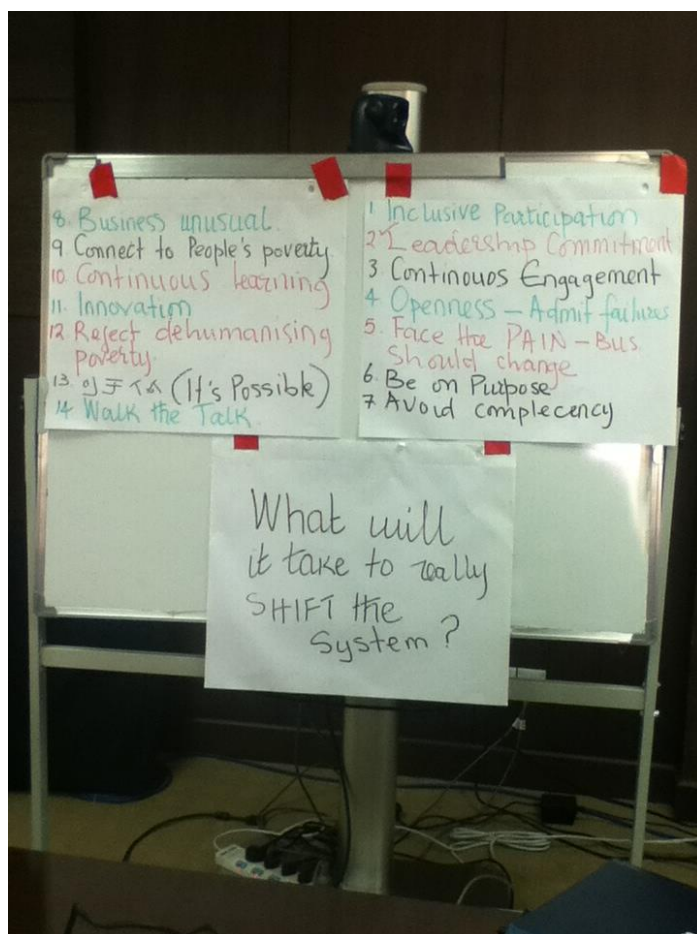
Ethiopia

The creation of ATA as a government agency to support the MoA in catalyzing action and transforming the sector was an unusual step for Ethiopia. The standard practice is typically to form a temporary team

or task force in order to accomplish certain objectives. In the build-up to the establishment of ATA, there were many consultations with officials and staff from the Ministry who offered their input and opinions related to its unique role and contribution.

However, when it came to implementation of the areas of work identified by the ATA and MoA, there was confusion and misunderstanding around roles, responsibilities and mandates of the various departments within the MoA. Eventually, these misunderstandings created tension and conflict between different departments of the Ministry and with the ATA. It became apparent to MoA and ATA leadership that they needed to address these issues, build trust and create alignment in order to achieve the greater common purpose of transforming the Ethiopian agriculture sector. Synergos was tasked with supporting both institutions and their staff to go through the training on leadership skills and to help create human and institutional synergy between the ATA and the various departments within the Ministry of Agriculture. To this end, efforts were made by all stakeholders to achieve personal and institutional change, and ultimately, to contribute to the objectives of improving the lives and livelihoods of the small-scale farmer.

Creating a foundation for collaborative learning to bridge the divides of understanding and mistrust required a series of strategic workshops that opened space for shared learning, and identification of problems, and subsequent co-creation of solutions. This started at the highest levels with the senior leadership in ATA and MoA, moving to Directors in MoA, and then focusing on staff working on specific issues areas, including soils, research and extension, and household irrigation, as well as from the Federal Cooperative Agency.

In all these workshops it was essential to bring in the voices of the participants, and this occurred through interviews with the Minister and State Ministers and with other stakeholders in the system. The workshops built off the interviews and were designed in a way that recognized this was a new experience for many of the participants and that the participants were going to learn to problem solve in a different way: using their head, hearts and hands. The genesis of ATA was examined and the objectives were laid out by the State Minister who attended and participated. Having the engagement of high-level leadership (including the Minister and State Minister) demonstrated the importance of the program and ensured participation. It also provided us with leeway to conduct

Aspirations from a Ministry of Agriculture workshop.

workshops at multiple levels in the system.

The design of a workshop was usually for three consecutive days, with participants guided in sharing their personal journeys that connect them to the Ministry of Agriculture's mission. They were provided with tools to reflect on what was blocking them from being innovative and to identify leverage points to initiate change. When the participants were guided to reflect on the past, envision the future, and give their insight about the Ministry of Agriculture and the Ethiopian agricultural sector as a whole, some of the following themes arose:

- Subsistence farming is ending and commercial farming is emerging
- Traditional agricultural technologies are ending and mechanized agriculture is emerging
- Full dependence on rain-fed agriculture is ending and irrigation-based farming is emerging
- Top-down thinking and planning is ending while a bottom-up and participatory approach is emerging
- Exclusion of the private sector is ending and private sector participation is emerging
- Marginalization of women and youth is ending while empowerment of women and youth is emerging
- Reluctance to adopt new technologies is ending and ICT-based technologies and innovation is emerging
- Undermining natural resource management (NRM) is ending and NRM-focused projects are emerging
- Need-based production is ending and demand-driven production is emerging.

Toy blocks and craft materials used in an exercise to break typical ways of thinking and create shared understanding of the agricultural system.

After this examination of the system, participants were encouraged to examine what parts of their old belief system/way of being needed to subside and what new way of being needed to emerge. Exercises related to listening and conversing, advocacy and inquiry, and dialogue walks with colleagues helped participants to see themselves from various angles, using toy blocks and craft materials to build a representation of the current situation and develop future possibilities. Many of the participants acknowledged that they had never had the time and opportunity to look deeper into themselves and question why they were doing the work they do and if they are happy about their work. Some of the personal issues raised and discussed included apathy; fear of losing one's job; skepticism about change and new ideas; distancing oneself from taking initiative; and leadership's inability to hold space for others to grow.

Regarding collaboration and coordination between ATA and MoA, the directors jointly agreed that:

- There is a lack of communication between ATA and different departments in MoA
- The value added by the ATA was not clear to many MoA directors and staff
- There is no clarity of roles and demarcation between the two institutions
- MoA directors think that ATA has moved to implementation of projects in different parts of the country instead of focusing on new research, looking for new technologies, and building the capacity of MoA
- ATA directors believe that MoA directors and staff are not meeting deadlines for joint deliverables.
- There are significant differences in organizational culture
- ATA directors think that the MoA staff has less understanding about the pressing tasks and new responsibilities, which are coming to ATA from the Transformation Council.

Finally, after candid and difficult conversations about the above issues – including fears, disbelief in new possibilities and judging one another without making an effort to close the gap – the directors agreed to work closely to suspend these misunderstandings. Accordingly, they created a leadership team from the two institutions to work with Synergos to promote and extend the same kind of joint workshop and learning to all Departments in the Ministry and across all major departments in ATA, which included Extension, Input-output, Soil, Irrigation, Research and the Federal Cooperative Agency. Synergos has also been invited to conduct similar workshops in the four largest regions with the respective Bureaus of Agriculture.

Collective Learning at All Levels

Processes used to build a culture of learning are essential not only at the initiative-wide level, but for particular sub-projects within them. We thus used similar approaches in particular projects within the Namibia and Ethiopia initiatives.

In Namibia, discussions within the LDF and with others in the health system led the LDF members (including the Permanent Secretary) and Synergos to identify maternal health as an area of the health system in need of attention. Maternal health services and, specifically, the delivery of services, needed strengthening. Maternal health was high on the government's agenda as it is one of the Millennium Development Goals. Data showed that Namibia was moving away from its goal of reducing maternal mortality by 75% by 2015.

Five workshops were held with a group consisting of 17 members (15 women, two men), 11 from government and six from non-governmental organizations. The group from government institutions included seven registered nurses, two lecturers, an education officer and one deputy director.

This Maternal Health Initiative (MHI) aimed to cover four critical issues within the public health system's maternal health practice:
- Demand

- Supply
- Quality
- Enablers of effective service delivery.

Initially, the maternal health group divided themselves into three work streams: community mobilization, operations, and skills and capabilities. These groups would design and implement prototypes addressing the four key issues. Each group comprised participants with appropriate skills, positions, and experience to contribute to the particular work stream.

Each work stream was supported by APHLI consortium members who mentored and trained the group and its individual members. All MHI participants were trained in both Theory U and bridging leadership, by PI and Synergos staff respectively.

The MHI was located within the Khomas Region, a geographic area including Windhoek, the capital city. The intent was for the Khomas Region to serve as a prototype where innovative ideas would be implemented, tested, and – if successful – piloted and refined in more regions. The process followed at this point of the APHLI has been the basis for the roll-out of the project to seven additional regions with an aim to reach ten regions by late 2014.

The Khomas MHI developed 11 initiatives around the four areas of demand, access, quality, and enablers of maternal health care. Examples of these initiatives included:

- Radio drama series on maternal health in "soap opera" format to reinforce the maternal health messages of radio shows (demand)
- Shipping container antenatal care (ANC) clinics – providing ANC clinic space and services by procuring and equipping a renovated shipping container at one state clinic and one NGO-managed health center (access)
- Antenatal care decentralization from two hospitals to 13 clinics, with services offered at additional public health care facilities in the Khomas Region (access)
- In-service nurse training, which provided accredited maternal health training sessions for continuous professional development of nurses and doctors (quality)
- Upgrading maternal health information systems, which aligned several health information systems and cleared data entry backlogs (enabler).

These initiatives were developed in response to needs identified by front-line and mid-level actors in the health system. Through the leadership development and collaborative processes, actors in the health system became better able to elicit information about the underlying issues and build working partnerships. As one mid-level staffperson in the MHI put it:

> "The communication skills have taught me not to be above my subordinates, [but] rather to sit down with them. Even when I am very stressed now, I have learnt to control myself because of those communication skills.… So, we have got more of a teamwork atmosphere going, because we bring everything to the table and discuss it together. So, there is that freedom of participation, and we can speak with each other peacefully."

A front-line health worker pointed to an increased ability to simply learn from expecting mothers themselves:

> "Before we were very short-tempered. Even me, I really had to hold my tongue…and you always ask the clients to please limit their stories because if someone comes with a long story you just don't have time. Now we are able to say, 'Mama, talk.'… We also have time to give them much more information about why they have to go to the doctor and all these things."

Helping health workers and MoHSS staff increase their personal capacity to welcome and elicit feedback from others in the health system, including clients, is a key part of APHLI success.

It is also worth noting the vital role of improved information in making the health system more responsive to feedback. Initiatives on demand and access increased the numbers of expecting mothers seeking antenatal services, requiring the health system to respond to their needs earlier and more effectively. Improvements in information systems are also a vital component in enabling front-line health workers and their managers to develop more effective approaches to their day-to-day work.

This phase of the project produced significant results. The clinical results of the innovations were all positive and other key results included:

- Radio programming reaching an estimated 500,000 listeners
- ANC services decentralized from the two main hospitals in Windhoek to 13 clinics in the Khomas region, with an increased in demand for services, including in the vital first trimester of pregnancy
- Change measures at one of the main hospital's antenatal care clinic that resulted in reduced waiting times and better conditions for patients.

It is also worth noting that some of these innovations brought about new pressures on the health system. For example, while decentralization of antenatal care to clinics significantly reduced the workload of the two major hospitals, staff at clinics reported that providing new services had significantly increased the workload on staff. This is an example of the sort of generative complexity that responsive development efforts must be prepared to address. Ongoing learning is essential to such responses.

In Ethiopia, the initiative is just now moving down to regional and local levels, so the process of collective learning, trust building and collaboration is just beginning at those levels. An early example at the regional level is an effort to improve collaboration between the MoA and the Bureau of Agriculture of Oromia Region. Building upon a 2014 workshop using Theory U, a joint vision for alignment and collaboration is being created. This workshop included extensive "in your shoes" exercises – playing the role not only of staff of other government entities but also of farmers – to enable participants to individually and collectively gain a better understanding of the challenges they face. What is noteworthy is the degree to which ongoing information sharing is considered vital to collaboration. As one participant put it, "Challenges exists because we have information gaps. As we innovate there are secondary generation problems that emanate."

Conclusion

What Synergos has learned from Namibia and Ethiopia is that it always takes more time to build the necessary trust for collaboration and collective learning which will lead to shared solutions in complex health or agricultural systems. The processes and tools we use recognize that for many of the problem holders it is often the first time they are being asked to observe the system they are seeking to change, step into the shoes of others, and reflect individually and collectively on what they have learned – and then experiment with solutions they own. We help build trust, collaboration and collective learning that complement each other.

Synergos takes a long view in transforming complex systems and in providing the necessary support in unpacking the root causes to the problems in the system and creating iterative feedback loops at all levels of engagement, recognizing bridging leaders who hold the intention that collaborative problem solving will impact the marginalized communities we seek to support – mothers and their families and smallholder farmers.

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