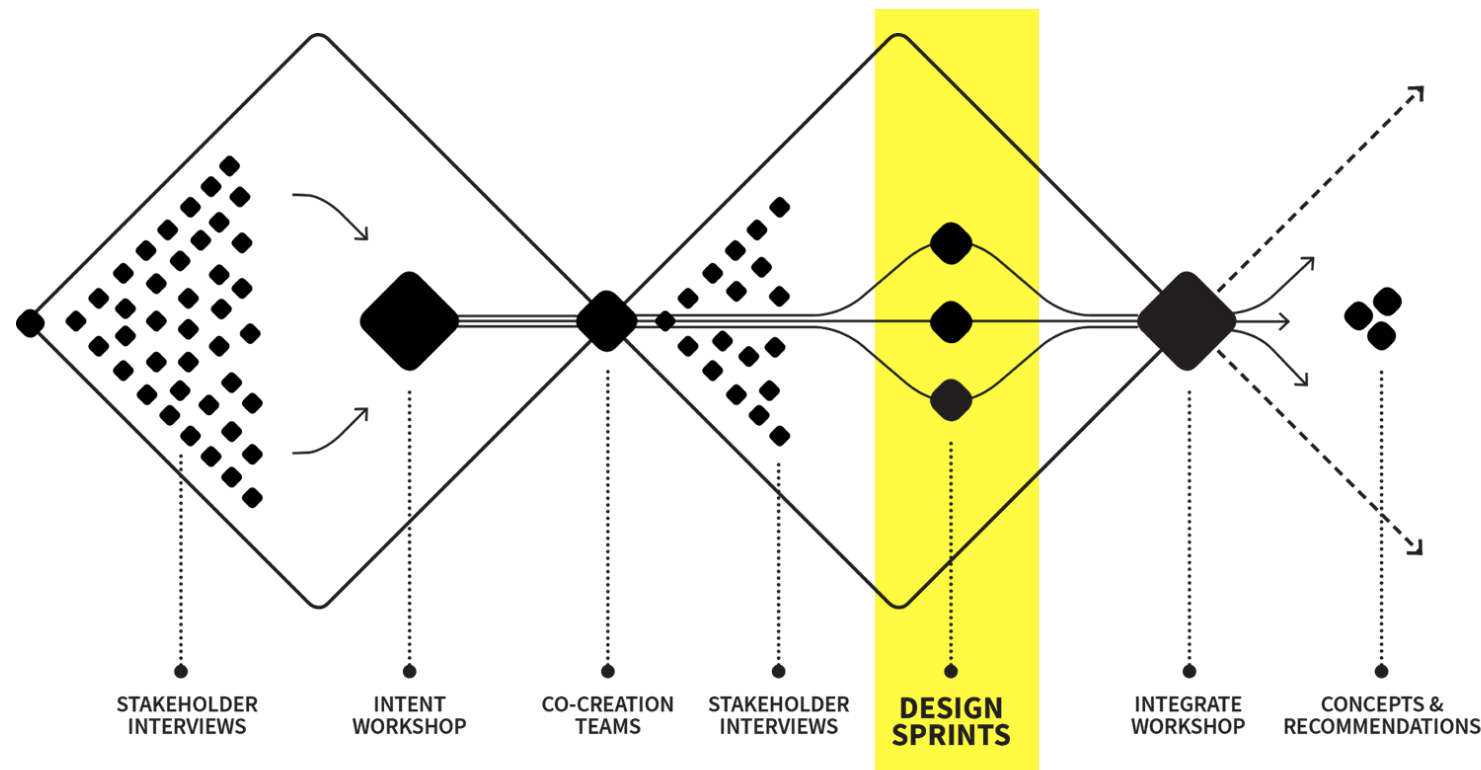




Design Sprint Documentation

Co-creation Team 3: Re-imagining incentives to build greater workforce capacity & maximize impact

Re-Imagining Process



Agenda



Day 1: Unpacking the Current State

9:00

Introductions
Project & design sprint overview
Defining the opportunity area
System actors & roles

13:00 - Lunch

Unpacking current state
Exploring ownership & accountability

16:30



Day 2: Designing the Future State

9:00

Future state: What are the desired shifts?
Brainstorming activity

13:00 - Lunch

Concept development & refinement
Developing concept pitches

16:30



Day 3: Validating Our Ideas

9:00 *(Additional visitors join 9:00-14:00)*

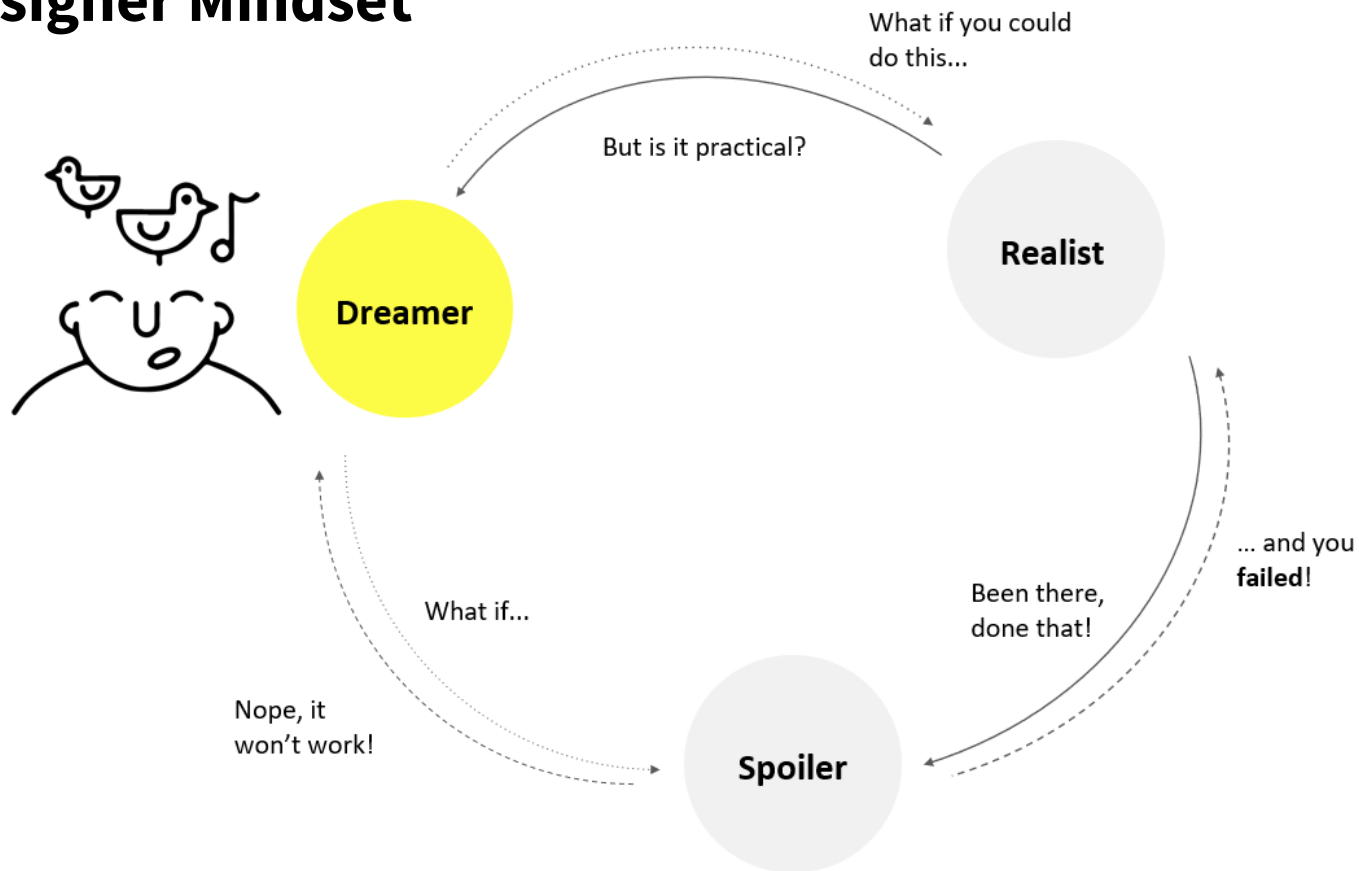
Visitor introductions & orientation
Concept pitches & feedback
Discussion: Additional opportunities & the future of TA in Nigeria

13:00 - Lunch

Concept refinement & planning
Considering a systems change
Next Steps

16:30

Designer Mindset



Tips for our time together



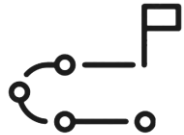
Be present



Defer judgement



Embrace the pace



Trust the process



Use the tools



Be optimistic

Emerging Principles: Good TA should...

Create conditions for collaboration

Align on common purpose and success

How might we better understand the drivers and outcomes for all parties to align criteria for purpose and success?

Leverage local wisdom

How might we amplify the voice of local wisdom to ensure better understanding of local context and needs?

Build mechanisms of accountability

How might better accountability build trust and create strong feedback loops across the system?

Shift from buying solutions to owning problems

What does it mean to shift from a fragmented solution focus, to an aligned problem focus?

Strengthen feedback loops

How might we ensure knowledge and data is distributed in a way that is more accessible to empower individuals to make requests and decisions?

Scale trust

How might we better understand the mechanisms of trust to ensure that time for building trust is an intrinsic component of a TA process?

Resist the quick fix

Slow down

How might we shift priorities and goals from trading away the certainty of short term efficiency to the possibility of improving the system in the long run?

Consider the system as a whole

TA is a constellation of interconnected systems, each with its own set of unique properties. How do we consider the whole system and its interdependencies?

Balance individual gain with collective good for mutual benefit

How might we change incentive structures to ensure that individual gain contributes to collective benefit?

Design for resilience

Distribute ownership

Needs identification, design, and implementation of TA currently sit primarily with donors and governments. How might these processes become more inclusive to include state governments, health providers and community?

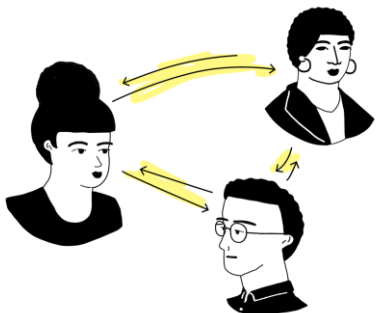
Reduce dependencies that perpetuate short-termism

How might we build a self-sustaining system, where the system self-regulates from internal resources to maintain its equilibrium based on what is available?

Standardize the core, tinker around the edge

How do we streamline core TA functions while preserving diversity at the edges?

Opportunity Areas



Re-imagining interactions
to build **local ownership**
for greater sustainability

How can actors at all levels of the system be empowered to take the lead as well as be held accountable for their actions?



Re-imagining knowledge flow
to support strategic
decision-making

How can data use and knowledge flow improve decision making and a shared understanding of what is working, what is needed, and what matters most?



Re-imagining incentives
to build greater **workforce capacity** & maximize impact

How might TA empower the workforce at all levels through strategic use of resources that align with real needs and leverage the dynamics of local context?

Our Focus Area

Re-imagining incentives to build greater workforce capacity & maximize impact

Currently resources for workforce development are wasted due to poor identification of target audience, miss use of incentives and evaluation criteria that fails to measure the impact of training.

How might TA empower the workforce at all levels through strategic use of resources that align with real needs and leverage the dynamics of local context?

RELATED CHALLENGES:

- HR for health (numbers and distribution)
- Re-imagining training

Quotes from interviews

Incentives

A lot is spent on overheads, the proportions on expendables are huge for per diems, flights before we talk about content. The reality is people will not participate without per diem, they refuse to participate. MSH

The problem is not the training we are providing it is the attitude to work. People want to attend training but are they clear about why they are attending the training or is it a day out of the office with a little bit of money on the side, the money should be an incentive to get the right people to attend but, it has become an end in itself, the main focus of the participation. MSH

Loans comprise the government in order for partners to get their way, it undermines the system and makes sure the government responds to the needs of the project FMOH

Why are you spending your budget on SUV's and laptops ? we need to understand the gap that will make a difference, if your delivering services to pregnant women you may need to provide plastic chairs for them to sit on TA HUB

In reality when you go to people and ask what do you need the requests are not for innovation, new treatments - it is for rent, basic things. MHS

you can ask how can this be true that people travel to a place just to get a per diem but people will not turn up if you do not provide certain things, these are the realities, so are we even meeting people at the point where they need support? or are we so focused on all this noise around what the donor is providing and what there is money for, that we are not really touching where the help is needed? MHS

Parallel Systems

Donors want to invest 20 million but want to use it to set up an office, I see that is bribery, they want to make sure that the project team is comfortable, they take that money and rent an office outside of the ministry, they have created an elite group it is bribery, they use it as an opportunity to attract the best people but, the system does not benefit FMOH

When a sector is manned by the private sector and the program ends capability is lost the knowledge of the work is lost. If the donor is paying the private sector, the work will be discontinuous because payments can not be sustained, resources go with the program and they go with the knowledge. FMOH

We are funded by multiple partners to provide similar programs and they are each accountable to their funders, they are tied to tight time frames and rather than taking time to assess the situation, to understand need, coordination and collaboration they are just focused on implementation, but are they implementing the right things? Dept HPRS, FMOH

Different states have different attitudes to the chaos of TA. One state may say we are tired of 10 different donors, doing 10 different things duplicating each others effort, another state may think the chaos is better - if you guys don't talk to each other we can get laptops from all of you. The benefits of coordination and integration is a mindset change, it takes longer - the approach needs to be tailored to the cultural context

- DIA TA Hub

We need a mindset shift from those who work on behalf of donors to implement TA - implementing partners are used to stepping in to do the work to meet the targets, we need them to step back become mentors, trainers have a few TA embedded at all levels. It requires a restructuring of labour inputs, to something that is slower with continuity TA HUB

We must review our project design strategies, project design is poor and projects are not integrated - it is not just the fault of the partners but we have so many people doing similar things, we are repeating ourselves and there is a lot of waste, activities are currently fragmented across different departments FMOH

Sustainability

At times, the problem with us in the government is policy summersaults. The director there, this is part of their baby, and he wants it to succeed. But they might appoint a new director tomorrow, this may not be his focus and this may just fizzle out. We've been having a lot of good initiative like that, it goes with the initiator. TSU

In the first 6 months, 10 of our good hands left to UNICEF, WHO, BMGF and all of those things. It got to a point that he wasn't approving people going on secondment, so a lot of people started resigning. So we have that deficit. TSU

We are looking for sustainability shifts for workforce capacity strengthening, one answer may be longer term thinking to develop curriculum and embed the training in our state level institutions DAI

If there is no capacity transfer, the donor is just meeting their own agenda, when the TA goes away their knowledge goes with them that means you never set out to help me you just wanted to fill your own agenda FMOH child health division

Government providers of technical assistance have to keep up with the international providers, we are taking it seriously that if you are going to be part of NDA, part of TSU, you must develop yourself. If you don't train your workforce sufficiently, they will and sound inferior in the committee of technical people. TSU

US Organisations have to think about what the legacy might be, either we are transitioning to truly local and sustainable, change has to happen if accountability is not there nothing is going to change Portfolio Director MSH

Documentation Day 1

What is an incentive?

- Something to serve as a motivation for
- Motivation: Required for a desired output/outcome
- Incentives are things you give to individuals to motivate them to do something
- A reward for providing a service or accomplishing a task

Money

Recognition

Resources

Recognition

supervision

Training

Mentoring

Career

Trainings

Visibility

Respect

Free medical
care

Certification/Branding

How are incentives misused?

Quick win on targets

Promiscuity

What would be motivating enough?

Unsustainable

Often seen as prerequisite instead of being a complement

Incentive is not a compensation

By using incentives as a tool to achieve quick win

To achieve targets

HOW ARE INCENTIVES MISUSED?

Often seen as prerequisite instead of being a complement
Incentive is not a compensation

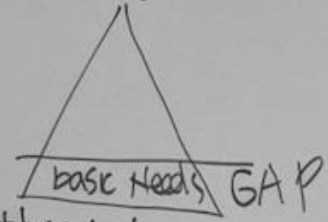
Quick win
Targets

What would be
motivating enough?

Promiscuity

unsustainable

supports
competition



WHAT ARE OUR EXAMPLES OF POSITIVE INCENTIVE USE?

- Accreditation - recognizes standards
- interorganizational collaboration
- recognition
- An incentive for the system is having strong standards
- CREATES AN ENABLING ENVIRONMENT

set standards

What are examples of positive incentive use?

Accreditation & recognized standards

Interorganizational collaboration

Recognition

An incentive for the system is having strong standards

Creates and enabling environment

Types of incentive

Intangible



Tangible

Individual



System

Resources



Reputation

Low resource



High resource

Know hows



Accreditation

Short term



Long term

Conversation on the design principles

CONSIDER THE SYSTEM AS A WHOLE

HOW MIGHT WE SHIFT AWAY FROM FRAGMENTED/SILOED PROJECTS TO MORE COMPREHENSIVE SYSTEM-WIDE INITIATIVES?

REDUCE DEPENDENCIES THAT PERPETUATE SHORT-TERMISM

HOW MIGHT WE BUILD A SELF-SUSTAINING SYSTEM, WHERE THE SYSTEM SELF-REGULATES FROM INTERNAL RESOURCES TO MAINTAIN ITS EQUILIBRIUM BASED ON WHAT IS AVAILABLE?

ALIGN ON COMMON PURPOSE & SUCCESS

HOW MIGHT WE BETTER UNDERSTAND THE DRIVERS & OUTCOMES FOR ALL PARTIES TO ALIGN CRITERIA FOR PURPOSE & SUCCESS?

BUILD MECHANISMS OF ACCOUNTABILITY

HOW MIGHT WE BETTER ACCOUNTABILITY BUILD TRUST & CREATE STRONG FEEDBACK LOOPS ACROSS THE SYSTEM?

SCALE TRUST

HOW MIGHT WE BETTER ACCOUNTABILITY BUILD TRUST & CREATE STRONG FEEDBACK LOOPS ACROSS THE SYSTEM?

HOW MIGHT WE BETTER ACCOUNTABILITY BUILD TRUST & CREATE STRONG FEEDBACK LOOPS ACROSS THE SYSTEM?

STANDARDIZE THE CORE, TINKER AROUND THE EDGE

HOW DO WE STREAMLINE TA FUNCTIONS WHILE PRESERVING DIVERSITY AT THE EDGES?

DISTRIBUTE OWNERSHIP

HOW MIGHT THESE PROCESSES BECOME MORE INCLUSIVE TO INCLUDE STATE GOV, HEALTH PROVIDERS & COMMUNITY?

BALANCE INDIVIDUAL GAIN WITH COLLECTIVE GOOD FOR MUTUAL BENEFIT

HOW MIGHT WE CHANGE INCENTIVE STRUCTURES TO ENSURE THAT INDIVIDUAL GAIN CONTRIBUTES TO COLLECTIVE BENEFIT?

SHIFT FROM BUYING SOLUTIONS TO OWNING PROBLEMS

HOW MIGHT WE USE A MORE BOTTOM-UP APPROACH BASED ON LOCAL COMMUNITY PRIORITIES RATHER THAN COMING IN WITH SILOED, COOKIE-CUTTER SOLUTIONS?

LEVERAGE LOCAL WISDOM

HOW MIGHT WE AMPLIFY THE VOICE OF LOCAL WISDOM TO ENSURE BETTER UNDERSTANDING OF LOCAL CONTEXT & NEEDS?

SLOW DOWN

HOW MIGHT WE SHIFT PRIORITIES FROM TRADING AWAY OF SHORT-TERM OF THE POSSIBILITY OF THE SYSTEM IN THE LONG RUN?

STRENGTHEN FEEDBACK LOOPS

HOW MIGHT WE ENSURE KNOWLEDGE & DATA IS DISTRIBUTED IN A WAY THAT IS MORE ACCESSIBLE TO EMPOWER INDIVIDUALS TO MAKE REQUESTS & DECISIONS?

Priority for Government

- Consider the system as a whole
- Align on common purpose of success
- Build mechanisms of accountability
- Standardize the core and tinker around the edges
- Slow down
- Shift from buying solutions to owning problems

Priority for Implementing Partner

- Scale trust
- Balance individual gain for collective benefit
- Shift from buying solutions to owning problems
- Consider the system as a whole
- Strengthen feedback loops

Conversation on the design principles - which ones resonate?

Distribute Ownership

Governance structure is key

FMOH should provide ownership, but the work is donor driven and they come with “in Uganda we did it this way” so we will do it here like this. **There is**

no time to get to results. This undermines the role of the MOH to play the role as the legislator.

The problem is that there is weak system but for ownership you need to have a strong system.

Another issue is around consensus

building/compromise. **There is no time** to discuss with everyone.

Resource constraints

We should invest in the system rather than in the result

Resist the quick fix

Most time we come with high tech solutions. One size fits all. Stepping stone methodology.

Communities know how to itemize all their problems.

We come with predetermined solution, which are the first 5 of our top priorities but it's important to create linkages. If community better understands the problem, they can solve it on their own. **Often they don't even know why you are coming with a certain intervention, why children are dying.**

The community needs to know themselves, often they are not informed

When you leave, they revert back to what they have done before.

Conversation on the design principles - which ones resonate?

Align on common purpose & success

Donors have their own workplan in the end there is no linkage between what the donor does and what MOH expects. Sustainability becomes an issue.

Donors come with a lot of money but there are resource constraints. Most interventions are donor driven.

Fragmentation and lack of integration. Problem with inefficiency and no interconnectivity.

Accountability mechanism: There is no structured mechanism in our system.

Align on common purpose & success

Governments have plans for the whole year.

Donors come in with their own plans. They tend to forget what is the plan and follow donor. Plans keep piling up. No structure in place to align. No mechanism for accountability.

Who is responsible?

How can we strengthen the government voice in representation in front of donors to sustain norms and standards?

We need a common system to build on common data (quality of information)

Conversation on the design principles - which ones resonate?

Slow down

Follow us to the end- stay the course

Governments and states should own their problems

Problem is with budget lines, funds should be appropriated, released and used.

We have 2030 as a target, but the global world has given the target, what is our target? System issues need to be addressed.

What about the sincerity of government?

Example elections:

“A common excuse is to say there are hard to reach areas, and then they get neglected. But then there are elections, electoral materials get to those places. Politicians know what they can get.”

What's missing?

How about technical assistance for quality service delivery, we need to talk about quality of capacity and quality of care. How can this be reflected in the design principles?

Conversation on the design principles - which ones resonate?

Scale trust

Government thinks that Implementing partners has a hidden agenda that promotes their own agenda

Implementing partners can't follow government if they can't see commitment, we need to experience government following through on their commitment. Government leave their strategies without clear investment

Shifts

From DONOR OWNED

What's currently happening?

Donors design programs based on their perceived understanding of issues from global perspectives, bring it to the country with funding backing, The government accepts it willingly - whether it addresses their core priorities or not and runs with it. There is no investment of the government in the conceptualization of the program.

To COUNTRY OWNED

What is the desired future state?

The country to design a long-term roadmap of addressing its health challenges (categorized into short term, mid-term and long term), provide leadership and accountability mechanisms and well-structured coordination system, that will drive support and implementation process

Donor
Owned.



COUNTRY
OWNED

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Externally driven programs based on their perceived
of issues from global perspectives, and
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ization of the program.

What is the desired future.
The country to design a long-term roadmap of
addressing its health challenges (categorized into short-term,
mid-term, and long-term), provide leadership
and accountability mechanisms, and well-structured
coordination ^{system} mechanisms that with drive
support and implementation process.

FROM
COMPETITIVE



TO
COLLABORATE

What is currently happening?
Partners work independently →
too much fragmentation of activities
Partners implement activities that
are not in line with government priorities
Partners implement similar programs
leading to duplication and inefficiency
- resource utilization
Partners with hold their funds, government
+ clear how partners ~~fund~~ spend
Partners implement activities and evaluate
implementation status as with good impact
based on specific implementation areas

What is the desired future.

- all partners support similar
intervention aligned to collaborate
to provide same platform for implementation
- all partners align to the
National and State strategic develop-
ment plan.
- Partners workplan developed with
in collaboration with government
- Partners workplan developed in collaboration
with government

TO COUNTRY OWNED

What is the desired future state?

All partners support similar intervention aligned to
collaborate to provide same platform for
implementation

All partners align to the national and state strategic
development plan

Partners workplan is developed in collaboration
with government

Shifts

FROM GETTING NUMBERS IN TRAINING

What's currently happening?

- Too many trainings are currently going on with different health workers
- The trainings are not cascading to the rest of the health workers in the facilities
- Many are not too interested in the content of the training but only in the incentive they are gaining by attending the training

To IMPROVING QUALITY HEALTH CARE

What is the desired future state?

Get to the situation where every health worker is trained in every desired area of training to deliver quality health care services in the facility

Everyone gets interested in the training right from FMOH/ NPHCDA down to the facility health worker and not just the incentive attached to those trainings to improve quality health services

Shifts

From **FRAGMENTED**

What's currently happening?

- Different types of intermediaries are used to deliver TA leading to duplication and dependency. There are no standards
- The role of FMOH, SMOH, NPHCDA & SPHCDA vis-a vis Donors and implementing partners is not clear leading to a fragmented incentives approach. There is no regulation or harmonization at the state level

To **STREAMLINED**

What is the desired future state?

A clear description of the TA deployment model for each level of the hierarchy (PHC, secondary, tertiary) Academic institutions, research institutions, Training of trainers vrs independent consultants and national associations

Shifts

From **SHORT TERM**

What's currently happening?

- Most projects only run for 5 years
- Inbuilt sustainability plan is not structured or owned by government
- IP's work towards achieving donor target numbers
- Building sustainability requires time but projects are caught up in just reaching their targets
- Often times pilots do not have inbuilt structure or plan for scale e.g cascading training

To **BUILD FOR SUSTAINABILITY**

What is the desired future state?

- Taking time to build a training structure that will last, will be efficient and lead to quality services
- Government owned (interest, commitment, resource provision)
- Enhanced accountability at all levels, mentorship and recognition of service quality improvement
- All training plans must..... Ensure practice of new skills and mentorship
- Motivated health workforce, regular salaries available equipment and supplies
- Training and retraining must be a continuous exercise
- Training approach that will ensure sustained skills improvement and practice

Shifts

From **COMPETITIVE**

What's currently happening?

- Partners all work independently, there is so much fragmentation of activity
- Partners implement activities that are not in line with government priorities
- Partners implement similar programs leading to duplication and inefficiency in resource utilization
- Partners withhold their funds and governments do not know the size of their commitment
- Partners implement activities and evaluate implementation status as having good impact based on their specific implementation area/ criteria

To **COLLABORATIVE**

What is the desired future state?

All partners supporting similar interventions aligned to collaborate to provide the same platform for implementation

All partners align to the national and state strategic development plan

Partners workplan is developed in collaboration with government

Partners workplan embedded in the annual operation plan of states and nationals

Partners put their funding into funding baskets and implement together

Profiles

Types of incentives



Donor

I believe our priorities align with those of the government, we want to see shared investment and commitment from the government

Incentives

Political interest

Economic opportunity

Priority Shifting

Business opportunity

Drawbacks

Ownership stays with the donor
Timeframes driven by home base
financial cycles

Benefits

International expertise
Funding

Donor

What do I need?

- Government assurance for return on investment
- Government commitment/ interest
- Up to date information/ data
- Fiscal space analysis / gap analysis
- Legal frameworks - policies/ guidelines
- Local capacity/ experience for implementation

What motivates my behaviour?

- Clear accountability
- Demonstration from MOH of good understanding of where the gaps are
- Visible fund management mechanisms
- The drive for results
- Partners portfolio/ financial engagement
- Ability for the system to close the gap

What undermines my function?

- Competition
- Fragile security situations
- HR turnover
- Cash flow
- Working modalities

What does success look like?

- Results
- The ripple effect
- Government ownership

Implementing partner

I need to get this program up and running, we need engagement at all levels

Incentives

Infrastructure

Counterpart funding

Tax/ VAT exemption

Welcome and access

Financial compensation

Drawbacks

Revenue from government is depleted
Increased competition among IP's
Requests from government that are outside the program activities (borrow vehicle, internet)

Benefits

Commitment and engagement
Acceleration of progress
Increase coverage

Implementing partner

What do I need?

- Funds
- PArticipation
- Timeliness
- Results
- Support and commitment from government
- Enabling environment

What motivates my behaviour?

- The outcome I am seeking
- Credibility
- Commitment from government
- Leadership and ownership by government
- Guidelines, policies, regulations
- Assurance of continuous funding
- Donor listening and flexibility

What undermines my function?

- Lack of commitment from government
- Lack of guidelines, procedures, policy, standards
- Unaligned goals
- Lack of workforce
- Government bureaucracy
- Protocols
- Delays
- Lack of trust
- Expectations for incentives for participation

What does success look like?

- Achieving targets
- Developing the reputation of being a credible partner with government
- Gaining visibility: Donors, government
- Expanding influence to country and reputation
- Complete within timeframes

FOMH

I know what we need for TA but, I am not included in decisions and all the resources are being invested outside government

Incentives

Events

Training - by IP's on management and institutional capacities

Human resources - expertise comes with the agenda of donors

Infrastructure - for special programs- office space

Financial compensation - per diems, accommodation etc

Drawbacks

Diverts attention
Loss of trained staff to IP with better environment
No sustainability

Benefits

Strong enabling environment
Global visibility, experience
Learning

FOMH

What do I need?

- Budget approval and release
- Donor support
- Exchange learning programs
- Adequate HRH
- Policies guidelines and manuals
- Proactive leadership

What motivates my behaviour?

- Early release of funds
- Incentives
- Salary increments
- Promotion
- Capacity strengthening

What undermines my function?

- Inadequate skilled HRH
- Lack of good leadership
- Weak systems and structures

What does success look like?

- Achieving health outcomes
- Having credible data to work with
- Proper coordination of partners activities
- Achieving SDG's

SMOH

I am trying to coordinate the activities of all the partners in this state, there are so many competing projects

Incentives

Financial compensation - Salaries, per diem

Equipment and supplies- motor bike, computer

Recognition

Infrastructure - office space

Promotion

Drawbacks

Takes attention off their statutory duties

Task shifting

Not meeting targets

Lack of replacement

Benefits

Experience

Capacity building

Time to relax and refresh

Things get better

SMOH

What do I need?

- Clear coordination mechanisms
- Resources
- Policies and guidelines
- A strong accountability mechanism
- Supportive supervision, mentoring and coaching
- Clear learning agenda
- Career progression profile
- Partnership engagement frameworks

What motivates my behaviour?

- Resources
- Achievements - program performance

What undermines my function?

- Competing priorities
- Absence of partner coordination
- Resource allocation (less focus on PHC)
- Work environment
- Service delivery points

What does success look like?

- Results
- Stronger systems
- Recognition from FMOH / Donors

Community leader

I have just won a seat in the local election I am seeking to demonstrate the impact I can make for my community

Incentives

Recognition by community and by other communities

Infrastructure - water well, facility, school, market place - creates trust something the community sees, may just be the infrastructure not resourced to function

Human resources - good expertise that is trusted

Drawbacks

Health is not sexy

Data is not visible

In the quest for data may lose sight of health issues

Cooking the data to gain recognition

Lack of alignment with the strategic plan

Infrastructure investment is usually politically motivated, the facility may be built where is not needed and may provide no service

Benefits

Resources

Learning

Community leader

What do I need?

- Enlightenment
- Participation/ inclusion
- Access to data
- Support
- Respect and recognition
- Learning and capacity building

What motivates my behaviour?

- Seeing impact in the community
- Appreciation/ open recognition
- My voice is being heard
- Solutions that come from the community are being considered
- Flexibility of implementing partners
- Structure - coordination between partners
- Visibility
- Political opportunity promise

What undermines my function?

- Competition for leadership
- Unmet demands - lack of per - diem
- Unclear roles and responsibilities
- Absence of accountability mechanisms
- Lack of trust from community members

What does success look like?

- Changed behaviour
- Open recognition
- How his/ her village is perceived
- Community achievements being recognized
- Community pride

Nurse

I am overworked and underpaid, I am looking for ways to earn more

Incentives

Training

Financial compensation - supplementary salary, per - diem

Recognition

Promotion

Equipment and supplies

Human resources

Infrastructure

Drawbacks

Staff turnover

Get married- move to the city

Unhealthy competition between nurses
and between programs

May prioritise certain areas of work and
compromise quality of service

May participate in trainings that they can
not apply back in the facility

Benefits

Promotes healthy competition between
staff

Capacity strengthening

Commodity supply

Facility improvements

Nurse

What do I need?

- Tools to work
- Equipments
- Timley remuneration
- Mentoring, on the job training
- Certification

What motivates my behaviour?

- Saving lives
- Getting paid
- Supervision that encourages
- Recognition
- Enabling environment
- Conducive environment
- Security
- Good sanitisation
- Effective transport system
- Equipments and supplies
- Ability to take decisions

What undermines my function?

- Un supportive supervision
- Lack of capacity strengthening
- Lack of equipment to work with
- Non payment of salaries
- In security

What does success look like?

- Recognition
- Saving lives
- Providing quality services

Summary of drawbacks and benefits of incentives

Drawbacks

Competition Competing agendas Unhealthy competition between programs and participants	(In) Equity of opportunity Favorites attend many meetings/ trainings while others miss out	Speed Incentives are often designed to move us faster there is no time for trust Favouring the quick fix
Basic needs are not met We rely on (irregular) incentives to meet basic needs	Front loaded We are incentivised to turn up for training not to apply the training	Priority shifting I follow the incentive/ financial or status reward rather than the priority

Benefits

Recognition	Learning	Strengthening the enabling environment
Ownership	Career pathways	Commitment and engagement

What types of incentive structures/ mechanisms move us towards

- Sustainability of programs
- Country owned TA
- Streamlined processes
- Improved quality at the facility
- Collaboration between partners

Ideas

Government and donors design incentives together

Harmonize incentives
Standards
Motivate for outcomes

Strengthen work environment for all

Facilities can request what they need to improve the function of their environments

* Incentives should not uptake government responsibility for functioning facility

Recognition

Transparency of data for recognition of high performance
Amplify non financial incentives for outcomes

Competition

Healthy competition between facilities and communities

Career pathways

Clarity of core duties
Unified salary scale
Promotion based on performance
Encourage specialization

Solidarity tax

A reward for an outcome that goes into a collective bucket

Ideas

Training equity

Track training for equity of opportunity
Register
Impartial selection for opportunity - needs based

Community ownership

Greater involvement of HCP and community in planning and implementation of programs

Standards for all

Mutual benefit
Accreditation
Elevating standards for all
Strong alignment mechanism

Encourage longer term thinking

Reward and recognition for application and outcomes

Support local manufacture

Patronize local manufacture of goods and services to meet international standards

x

x

Ideas



The problem this idea is solving

- Some healthcare workers go for repeated trainings.
- Many trainings offered at the same time
- Have to make a difficult choice of which training to attend
- It's not clear how people get chosen to attend a training there is (In) Equity of opportunity favorites attend many meetings/ trainings while others miss out
- There is limited or no data on who has been trained in what and whether they should go for a first time training or a refresher training
- (In) Equity of opportunity Favorites attend many meetings/ trainings while others miss out

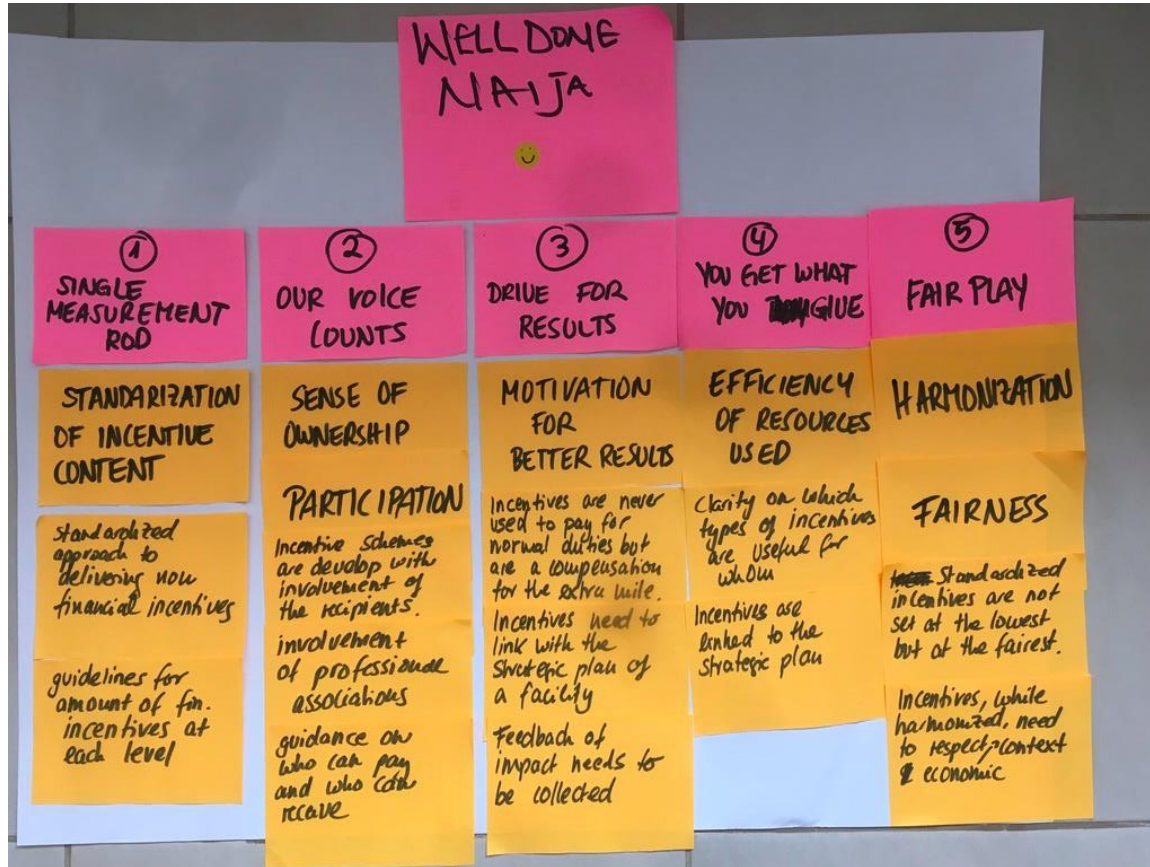
How it works

1. Staff career development tracker. This will help ensure equity in opportunity for training.
2. Will look at how the training will help with professional growth.
3. Will create a capacity profile for staff
4. Identify training opportunities and essential trainings for roles
5. Schedule training
6. After training, update profile
7. Heads of department and facilities will have access to the profiles because they will be online
8. Facilities won't be able to edit the profile to avoid fudging
9. IPs will also be able to access who has been trained and who needs to be trained
10. HCWs can view profile but not edit
11. This will help support career path for staff

Next steps

1. Consultative meeting for buy in: SMOH - SPHCDA, LGHA, Training institutes, IPS, FMC
2. Incorporate the training tracker into the currently developed workforce register
3. Orientation of the facility manager to use the tracker for decision making

Ideas



The problem this idea is solving

- Competition between IPs
- Issue of fragmentation where we have either diff IPs doing the same thing in the same facility or the same facility is doing things in diff ways
- Motivation for participation where incentives are given for regular activities like keying in data for DHIS-2, which is part of somebody's job, and they get a salary for it.

How it works

A set of standards or principles for technical assistance:

Single measurement rod

- Standardize incentive content

Our voice counts

- Ownership and participation
- incentives designed without considering whether it is the right incentive.
- Participation of professional associations
- Guidance on who can offer an incentive and who should receive it.

Drive for results

- How to motivate for better results
- Incentives are not used for normal duties but for going an extra mile
- Feedback on outcomes/ impact of TA

You get what you give

- Efficiency of resource use

Fair play

- How do we ensure we are not over or under incentivizing?

Next steps

- 1) Review existing standards and principles for incentives
- 2) Decide if these should be standards or principles
- 3) Small level stakeholders meeting to gain a consensus on the standards and fine tune them

	What strengthens the function of the system	What undermines the function of the system
Tax exemption	Brings mutual benefit to government and IP/ Donor Ensures local suppliers are included in exemption Promotes availability of commodities	Limits brand of supply Promotes international brands at the expense of locally available brands
Infrastructure	Equips infrastructure that is already in place Builds infrastructure to meet gaps in line with priorities Government takes responsibility for infrastructure and the function of facilities	Building new infrastructure for political reasons that is not aligned with priorities
Attending meetings	The right person attends There are clear objectives Decisions are made Coordination - stakeholders are brought together There is opportunity and responsibility to participate	The person attending is the wrong person who can not make decisions The meeting has no clear agenda There are too many meetings Conflict of duty, responsibilities suffer
Trainings	Ensuring preservice training Ensuring all HP meet core competencies to deliver basic standards Personal development Training comes with additional responsibilities Effective uptake of training	Taking on board the government responsibility Paying staff for performing her business as usual role Duplicated effort The wrong people in training No uptake- training not embedded in the system Favoritism in selection of participants
Per-diem	Creates and enabling environment for a functional training/ meeting/ event I am the right person to be doing this activity	I am attending the meeting/ training just for the Per diem I am so no to low paid that I am using the Per diem to supplement income

Implementing partner pledge to strengthen the function of the system

My commitment as IP	What I will demand from Government
<p>Harminise incentive system and modalities</p> <p>Mapping pilot innovations for scale up</p> <p>Minimising parallel systems for funding and service delivery</p> <p>Support the government to play the leadership role and to coordinate</p> <p>Provide TA to improve the functionality of existing systems</p> <p>Compliance with incentive modalities</p> <p>Capacity building to deliver (HW+ management)</p> <p>Alignment of all TA activities with government priorities</p> <p>Document the system gaps and identify best practice</p> <p>Identifying and sharing global best practice</p> <p>Sharing data</p>	<p>Good documentation of needs, resources and gaps</p> <p>Availability of quality human resources for health</p> <p>Provide minimum basic tools and equipment for staff</p> <p>Clear strategies and policy guidelines for incentives</p> <p>Preservice training for HR</p> <p>Adequate infrastructure</p> <p>Good working environment for iP's/ Donors - welcome and access</p>

Government pledge to strengthen the function of the system

My commitment as Government	What I will demand from IP
<p>Civil servants pay and welfare taken care of</p> <p>Unify salary structures overall government levels and agencies</p> <p>Identify the types of training and needs of the officers</p> <p>Develop strategic policy i,e one facility/ ward</p> <p>Conduct a baseline assessments</p> <p>Participants with competencies to make decision should be the ones attending meetings</p> <p>Provide governance and leadership</p> <p>Ensure commodities brought into the country are certified and align with government priorities</p> <p>Don't bring in products that are manufactured locally</p>	<p>Develop tools to support government training priorities</p> <p>Collaborate with government local experts to develop training guidelines</p> <p>Align per-diem payments with government standards</p> <p>Assist government to rehabilitate prioritise facilities</p> <p>Make a commitment to stay on course and follow the government don't keep changing priorities</p>

What would be successful outcome for reimagining TA

IP's policies, systems and approaches are streamlined to support greater ownership, accountability and responsibility from the government for increased quality TA in health especially at community, LGA and state level

A success would be a situation where every stakeholder will come together to plan and implement TA to to better the system and also to achieve a common goal to better the health system of nigeria

That TA aligns with government key priorities

Government is positioned to provide focused leaderships, strategic decisions and accountability mechanisms in coordinating both internal and external support

It helps the country in knowing what the current health challenges are. Engaging stakeholders at all levels becomes easier. Help in developing favorable and sustainable policies and standards.