

Re-Imagining Technical Assistance

Executive Summary of the Intent Workshop Report

June 24-25, 2019
Abuja, Nigeria



sonder collective

Executive Summary

Project Background:

Through JSI Research & Training Institute, Inc. (JSI), the Child Health Task Force partnered with the Sonder Collective to support the Democratic Republic of Congo (DRC) and Nigeria Ministries of Health (MoH) to reimagine their current technical assistance (TA) models using a Human Centered Design (HCD) approach with funding from the Bill and Melinda Gates Foundation. The HCD approach focuses on the needs and motivations of the end users receiving TA, such as the MoH at national and subnational levels. Here the end users or actors of the MNCH/HSS health ecosystem will co-design the solutions to problems with current TA models in their countries as they possess the greatest expertise and insight on what needs to be changed and how to implement that change. The intent is to strengthen the capacity of countries for better implementation of evidence-based, integrated Maternal, Newborn, Child Health, and Health Systems Strengthening (MNCH/HSS) interventions.

Workshop Goal and Objectives:

With the leadership of the Federal Ministry of Health in Nigeria, the *Redesigning Technical Assistance Initiative* organized an Intent Workshop in Abuja, Nigeria from June 24-25, 2019. The workshop aimed to build a shared understanding of problems with current technical assistance approaches and identify opportunities for change within the MNCH/HSS landscape. The workshop objectives were the following:

- Explore how TA is defined and what the current models of TA are;
 - Understand the relationship of current models to the national health system with a focus on RMNCAH+N
 - Understand the different approaches to TA planning and delivery
 - Understand the experience of TA from the perspective of different players in the ecosystem including recipients
- Locate opportunities for change
 - What are the most important TA issues in Nigeria?
 - If we could solve these problems, what difference would it make?
 - What should we prioritize and why?

Workshop Structure: The two-day workshop was well attended by a diverse group of 37 participants from the government, non-governmental organizations/implementers of donor TA projects and one donor. On the first day of the workshop, the group explored how TA is defined and what models of TA look like today. On the second day of the workshop, the group identified priorities for change in Nigeria.

Day 1:

The participants shared their ideas and discussed TA activities through the lens of various types of stakeholders; federal and state governments, donors, delivery partners, health care professionals, and communities (see below in Figure 1A).

Figure 1A: What is TA: Summary of activities that involve TA as identified by Participants.

<p>Federal Government</p> <ul style="list-style-type: none"> - Support strategy development - Involve key partners - Support for implementation to state governments - Training of state governments in data collection, collation and dissemination - Embedding consultants to support activities 	<p>State Government</p> <ul style="list-style-type: none"> - Support strategy development - Development of proposals, coordination & review meetings - Joint learning - Draft policy adaptations - Provision of technical support to heads of institutions - Developing annual plans and budgets 	<p>Donors</p> <ul style="list-style-type: none"> - Funding - Mentoring/Supervision - Co-design of projects - Capacity strengthening - Provision of evidence based information to influence policy and provision of infrastructure - Human resource embedded support - Strengthening the health system
<p>Delivery/Implementation Partners</p> <ul style="list-style-type: none"> - Program coordination - Advocacy - Development of frameworks and SOP's - Program design and implementation support - Assessment & evaluation - Capacity strengthening - Convening meetings of key stakeholders 	<p>Health Care Professionals</p> <ul style="list-style-type: none"> - Training and health education for health care practitioners - Building skills in areas of need - On the job training - Mentoring - Development of protocols and guidelines to improve health care delivery 	<p>Community</p> <ul style="list-style-type: none"> - Conduct orientations - Community demand creation - Community health service delivery supervision and monitoring - Support to build community capacity for behavior change - Designing community ownership agendas

Looking to the Future: Using HCD approaches, this project can surface new solutions to the problems associated with TA while simultaneously improving the current state of things. After defining what encompasses TA, the group then shared their visions of what re-imagined TA could look like. Through this discussion, five key themes emerged:

- TA should be **inclusive:** As formulated by the group, inclusiveness is essential because allocation of TA projects should be depoliticized and community participation should be sought when setting the strategy or priorities for TA.
- **TA should be country-owned:** Country-owned TA means the national and state governments should be driving the agenda and implementation for TA, not international partners. Local ownership would also allow sustainability and impact. These should be planned and built in the project development from the onset and accompanied by an increase in domestic funding, and increased country commitment.
- **TA should be empowering:** TA must work to build capacity of individuals and institutions, not only through a stream of trainings. There must be investment in knowledge exchange and experience sharing and guided by robust and reliable data.
- **TA should be accountable:** Accountability will have to be improved to achieve tangible results, meet beneficiaries' needs, and prioritize transparency in spending through documentation of the TA initiatives.
- **TA should be collaborative:** Initiatives must be co-created and diverse in nature and the implementation must be more organized and efficiently coordinated among delivery partners.

The group proceeded into a discussion on the current portfolio of TA activities they have engaged in. Afterwards, they mapped these activities from short-term interventions (2 years or less) to long-term interventions (2 years or more) and provided an added layer of analysis by dividing these experiences in three areas; single health area initiatives, integrated health initiatives, and cross sector initiatives. Participants were then asked to present stories that give examples of their best and most challenging moments of providing or receiving TA and to deliberate on the strengths and limits of each approach.

Day 2:

Identifying Key Challenges: The group kicked off the activities by highlighting priority areas based on the discussion from day one of the workshop. The group identified the following TA issues in the provision of TA in Nigeria:

1. Data is incomplete
2. Ownership and sustainability by state
3. Donors [instead of government] take responsibility for coordination of investment
4. Decision-making is Politically Influenced
5. Human Resources Numbers & Distribution [imbalance]
6. Ownership at Community & HF Level / Involvement of Community in Planning Design of Programs
7. A Coordinated Approach to Health Systems Strengthening
8. Healthcare Finance Branch Capacity & Accountability
9. Advocacy to Government
10. Funding for programs

Defining Key Challenges: This discussion dived into reflecting on specific TA issues, analyzing what the issues are, why they are issues, and what impact could be made if these issues were resolved. From this conversation, the group defined and prioritized seven challenge areas to further develop (please refer to Table 1).

Opportunity Areas: The challenge areas from the previous exercise were combined into the following three opportunity spaces, with coordination as an overarching theme that cuts across all the three spaces. These will later be further discussed to define the specific issues that can be addressed by re-imagined TA models.

- Strengthening human resources for health (numbers, distribution and re-imagined training)
- Ownership for sustainability (i.e. Multi-level ownership and communication between policy makers and partners)
- Utilizing data for decision-making.

Next steps

- This is the first of four co-design workshops. The conversations and activities from this workshop will inform the next step in the design process: the framing of three priority areas that will be the focus of the co-creation team to identify and test solutions.
- Participants were invited to join the co-creation team during the workshop (please see list of volunteers below). However, this invitation will further be extended to additional stakeholders (including those who were unable to attend) to join the co-creation team. This team will be divided into groups of 8-10 people to focus on each of the three opportunity areas. The roles of the co-creation team includes:
 1. Attend one team forming session where we build out the problem definitions and questions for design and identify a wider network of contributors who will be interviewed, participating in workshops and testing solutions (prototypes)
 2. Participate in two design sprints (half day meetings) that will generate and test propositions for re-imagining technical assistance
 3. Participate in one integration workshop that brings together the propositions from the three working groups to understand: intersections, impact, desirability and viability of propositions.
- Members who volunteered to join the Co-creation Team from the June 24-25, 2019 Intent Workshop:
 - Christiana Asala, Wellbeing Foundation Africa
 - MaryJane Oleka, NPHCDA
 - Anna Simon, Niger- SPHCDA
 - Khalilu Muhammad, Niger- SPHCDA
 - Femi James, FMOH
 - Hassan Usman, Bosso LGA Niger State
 - Adenike Adeyemi, Independent Consultant
 - Susan Olufemi, NPHCDA
 - Dominion James, FMOH
 - Amy Oyekunke, Wellbeing Foundation Africa
 - Aisha Daggash, CHAI
 - Kingsley Okere, FMOH
 - Nkeiru Onuekwusi, Independent Consultant

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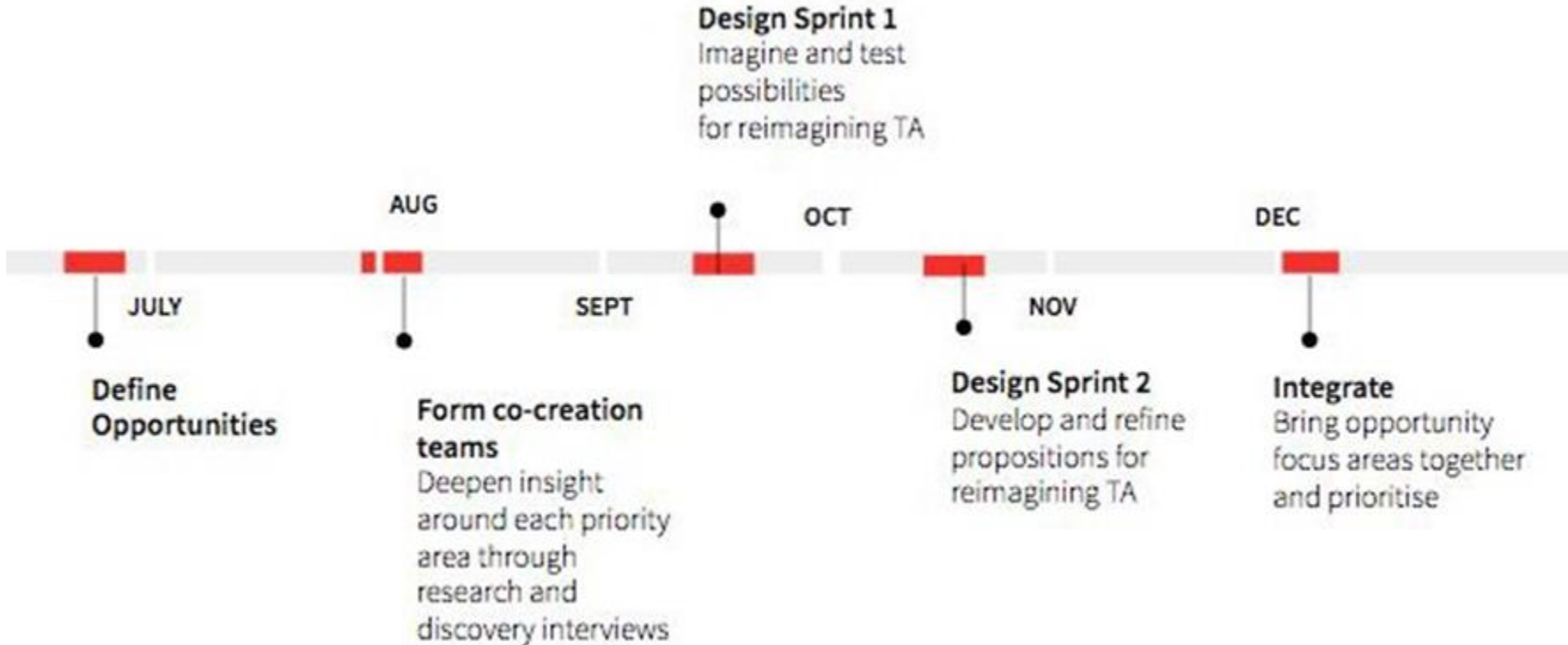
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Table 1: Prioritized Challenge Areas with TA in Nigeria Today

	What is the TA problem?	Why is it a problem?	If we could solve this problem, what difference would it make?
<i>Ownership, Accountability, and Sustainability At All Levels</i>	<p>The roles and accountabilities of different stakeholders are not clearly defined mainly because:</p> <ul style="list-style-type: none"> • Donors, government, states, partners, and communities’ priorities are not aligned; and • Partners rush to show results and prioritize deliverables over impact because they are accountable to donors and not to governments. 	<p>Overall, “there is a disconnect between the plans and the resources.” Decisions on priorities are often times donor-driven, which makes programs unlikely to be sustained. Furthermore, donor-driven priority decisions tend to overshadow areas that are more impactful.</p>	<ul style="list-style-type: none"> • Improved coordination and buy-in for programs; • Continuity of funding from Donor to state; and • Community human and natural resources would be adequately harnessed to encourage ownership, accountability and sustainability.
<i>Making Governance Work For All</i>	<p>Inadequate capacity of government to coordinate TA activities, especially at sub-national level.</p>	<p>A fully functional government personnel is required to lead and coordinate TA activities, if the government is to play coordination role in the management of TA.</p>	<ul style="list-style-type: none"> • Effectiveness in health care service delivery will be championed by the government; and • Better coordination and efficient use of resources to address pertinent needs.
<i>Better Use of Data to Inform Decisions At All Levels</i>	<p>Data is not used for planning (prioritization of needs, alignment of programs, implementation and monitoring, evaluation). Furthermore, there are oftentimes parallel data collection systems when multiple donors monitor their investments separately. Lastly, because of poor data usage, decisions on priorities are often times donor-driven and politically influenced.</p>	<p>The accountability framework is poorly implemented at all levels, it results in misaligned priorities between donors and government and erodes trust and ownership at all levels (government, partners, communities).</p>	<p>Appropriate use of data for planning and management would:</p> <ul style="list-style-type: none"> • Build trust and ownership at all levels(Government, partners and communities) • Drive resource allocation by government and donors • Ensure sustainability of programs

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<i>Successful Advocacy</i>	Advocacy has not been leading to sufficient fund allocation.	Because there is a gap between data generation and data use for decision making: <ul style="list-style-type: none"> • Advocacy not sufficiently reaching the relevant target groups; • There is weak capacity for advocacy itself; and • Measurement for the outcome of advocacy is lacking. 	Improved political will leading to improved funding which will be sustained despite change in government.
<i>From Pilot to Scale And Impact Strengthening</i>	There is difficulty scaling up interventions and poor sustainability of proven interventions.	Pilots, which are short-term, are not a priority area for the government and poorly designed from their inception, which leads to lack of ownership. Furthermore, within the design of these initiatives, there is no room for iterative & adaptive changes. Lastly, there is no appropriate debriefing to government on the outcome of the pilots.	<ul style="list-style-type: none"> • Pilots will be designed with scale-up in mind; • A shift in mindset from project ownership to problem ownership; • Improved alignment at all levels will mean we are working towards solving the same problems from FMOH, SMOH & agencies, LGA & HF and community levels.
<i>Strengthening The Human System (Numbers & Distribution)</i>	State ministry of Health and agencies do not have dedicated Human Resources for Health (HRH) units and for planning and management teams. Additionally, HRH tools are not readily available and in some cases unknown to individuals in HRH management.	Available skill set and expertise are mal distributed. Moreover, the entry and exit into the workforce is not properly accounted for, hence there exist no strong data driven evidence for effective HRH planning as well as advocacy to political leaders for increased & needed recruitment.	Reliable database and evidence for HRH planning and management would lead to an enhanced quality and equity in service provision.
<i>Training Needs, Prioritization & Approach</i>	Currently, training needs identification and prioritization are weak.	Trainings are misplaced, duplicated, and improperly targeted, leading to gaps in knowledge and skills of the workforce.	Optimal targeting of resources

Proposed Future Timeline



Agenda for June 24-25, 2019

Day 1

Kick off and welcome
How we will work together
Break
Approaches to TA
Looking to the future
Lunch
Where are we now
Experience pathways
Project stories

Day 2

Reflections on yesterday
Identifying key challenges
Break
Defining the challenges
Lunch
What next Pitch
Prioritization
Interest in co-creation teams

