Reimagining Technical Assistance for Maternal, Newborn, Child Health and Health System Strengthening

Background and Approach

About this Initiative

Background

The Child Health Task Force, JSI, and the Sonder Collective and the ministries of health (MOH) in the DRC and Nigeria are working together to remagine how technical assistance is planned, coordinated and delivered for maternal, newborn, and child health services in Nigeria and DRC.

Project Objective

Using a human centered (HCD) approach, this initiative aims to contribute to the reduction of maternal and newborn mortality through improved technical assistance. The process of re-imagining technical assistance involves:

- Gaining a deeper understanding of the barriers and challenges with current TA delivery;
- Exploring the diverse opportunities to improve future TA delivery based on the experiences of country based actors;
- A co-design of a set of prototypes for future TA delivery; and
- The creation of a documented roadmap for the implementation of future TA deliver

AT A GLANCE:
THE GLOBAL STRATEGY FOR WOMEN'S, CHILDREN'S AND ADOLESCENTS' HEALTH (2016-2030)

VISION
By 2030, a world in which every woman, child and adolescent in every setting realizes their rights to physical and mental health and well-being, has social and economic opportunities, and is able to participate fully in shaping prosperous and sustainable societies.

OBJECTIVES AND TARGETS aligned with the Sustainable Development Goals (SDGs)

SURVIVE *End preventable deaths*
- Reduce global maternal mortality to less than 70 per 100,000 live births
- Reduce newborn mortality to at least as low as 12 per 1,000 live births in every country
- Reduce under-five mortality to at least as low as 25 per 1,000 live births in every country
- End epidemics of HIV, tuberculosis, malaria, neglected tropical diseases and other communicable diseases
- Reduce by one third premature mortality from non-communicable diseases and promote mental health and well-being

THRIVE *Ensure health and well-being*
- End all forms of malnutrition and address the nutritional needs of children, adolescent girls, and pregnant and lactating women
- Ensure universal access to sexual and reproductive health-care services (including for family planning) and rights
- Ensure that all girls and boys have access to good-quality early childhood development
- Substantially reduce pollution-related deaths and illnesses
- Achieve universal health coverage, including financial risk protection and access to quality essential services, medicines and vaccines

TRANSFORM *Expand enabling environments*
- Eradicate extreme poverty
- Ensure that all girls and boys complete free, equitable and good-quality primary and secondary education
- Eliminate all harmful practices and all discrimination and violence against women and girls
- Achieve universal and equitable access to safe and affordable drinking water and to adequate and equitable sanitation and hygiene
- Enhance scientific research, upgrade technological capabilities and encourage innovation
- Provide legal identity for all, including birth registration
- Enhance the global partnership for sustainable development

We aim to reimagine technical assistance so that it can have greater potential to save lives on an enduring basis.

What are the current state drivers for change?

Technical Assistance has been criticised for being externally imposed, poorly coordinated, disempowering, short-sighted, self interested and not holistic/systematic in solving for public health challenges.

There is a lot of money being spent on TA – yet, the rate of reduction of maternal/neonatal mortality is slowing down and in some places are reversing. It is estimated that 3-4 billion dollars are spent annually on technical assistance, but if these dollars are not creating impact that endures and saves lives, then there is an opportunity to understand and explore alternative possibilities.

What is our hypothesis for change?

This project is about using human centered design (HCD) as an approach to exploring current user behaviors and experiences, igniting new types of conversations, and co-creating new visions for technical assistance.

It is hypothesised that the output of this process could begin the process of altering dynamics and influencing the collective behaviour of agents who 'spend money in the guise of technical assistance, and in the name of countries.'

We are leveraging Maternal, Newborn, Child Health, and Health Systems Strengthening networks and as a window to work in this space. However, the broader ambition is not technical assistance that rests exclusively in Child Health only.

What is the desired future state outcome?

A world where technical assistance is country-driven, coordinated, regulated, accountable, needs-based, adaptive and aligned in a two-way exchange.

This work aims to invest in generating the ideas and building the systems that can produce this outcome on an enduring basis. This work is considered more part of a marathon, not a single event or activity.

REDESIGNING CHILD HEALTH TECHNICAL ASSISTANCE HIGH-LEVEL THEORY OF CHANGE

NEW FRAMING, MODELS, PRACTICES RELATED TO TECHNICAL ASSISTANCE IN CHILD HEALTH PROGRAMS ARE ACCEPTANCED AND ADOPTED AMONG KEY ACTORS

Key actors are empowered and have the tools to apply the model/ practices at scale

Donors reward collaborative TA over short-term, expedient results

ENABLING INTRODUCTION AND IMPLEMENTATION OF THE MODEL

Evidence of the effectiveness of the new TA model is generated and used for learning and adaptation

All stakeholders see the benefit of the new framing and model

TESTING, LEARNING, AND ADAPTING

Stakeholders agree that current TA approaches must be improved to make them more effective.

Key stakeholders are involved in model development

Strong platform for discussion, communication and consensus building established

Contextually appropriate model is developed

MODEL DEVELOPMENT PROCESS

Stakeholders agree that current TA approaches must be improved to make them more effective.	Key stakeholders are involved in model development	Strong platform for discussion, communication and consensus building established	Contextually appropriate model is developed
The benefit of strengthening/ developing a new TA model is understood and accepted	Key stakeholders (caregivers, children, frontline workers) are empowered to engage in the model development	The platform is a safe environment for engagement from the "less vocal"	Development process has addressed critical issues: • job satisfaction • systemic barriers to health system performance • lack of alignment with external investment leading to fragmentation
		Mutual trust and commitment among stakeholders achieved.	
	Stakeholders are committed to listen and consider diverse perspectives on the issue.	Norms of the platform to hold consistent meetings and disseminate communications are established.	
The risk of not strengthening/ developing a new TA model is understood and accepted by stakeholders		Reliable communication channels that are conducive to participation are established.	Development process incorporated previous lessons and research related to effective TA practices.
	Development process is devised to ensure diverse perspectives are heard.		
		Stakeholders consensus on objectives of platform agreed upon.	
	Stakeholders are interested in contributing to the development of the model	Trusted & impartial leadership selected. Leaders are committed to the goals of the platform.	Development process incorporated perspectives from a variety of stakeholders
Stakeholders admit that current TA models are not optimally effective	Criteria for key stakeholders defined	The platform has sufficient discretionary funding to encourage and support participation	TA improvement priorities identified through consensus building

MODEL DEVELOPMENT PROCESS

What is design?

What is design

As a third culture, design sits between the two poles of science and the humanities.

SCIENCE

Observes
The facts of the material world. Emphasis on **quantities**.

DESIGN

Synthesizes
The best of human intention, realized within the constraints of reality. Emphasis on **appropriateness**.
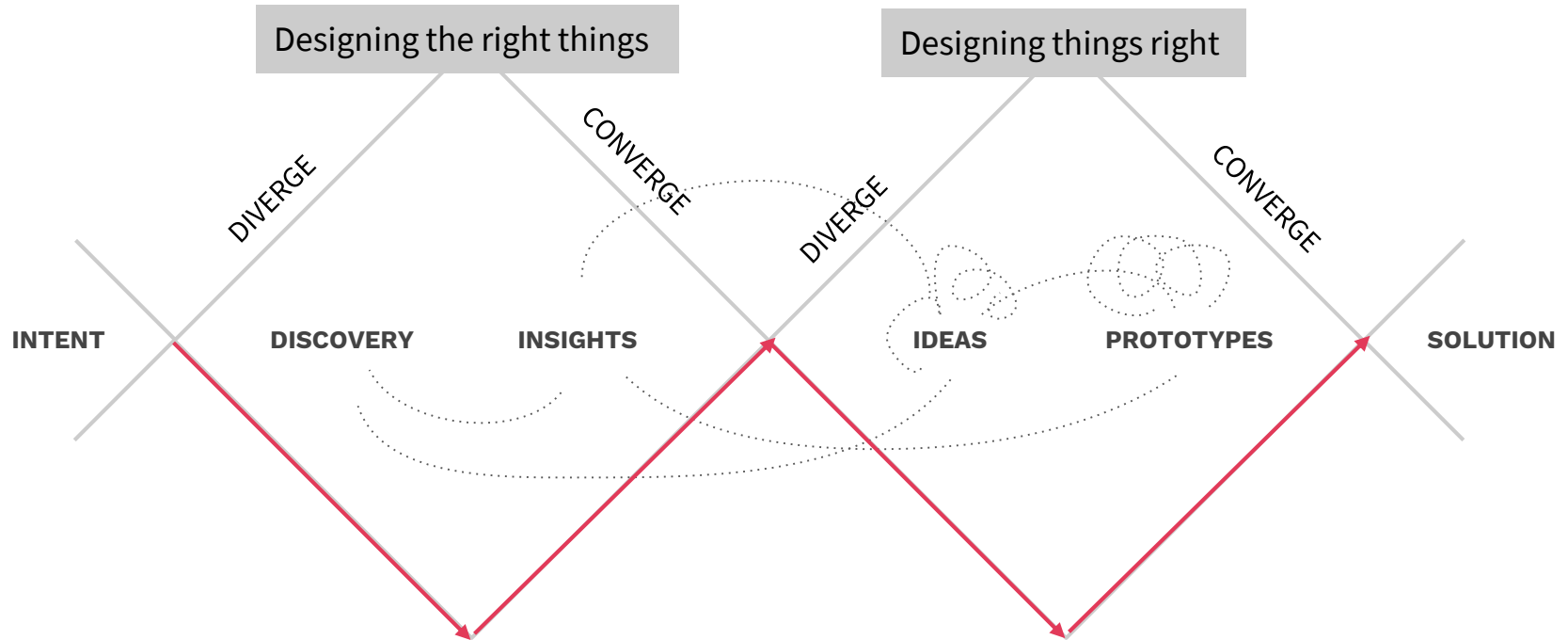
HUMANITIES

Interprets
The complexities of human experience. Emphasis on **qualities**.

The design approach

A series of co-creation workshops and design sprints with key stakeholders to re-imagine technical assistance in a participatory way. Supported and facilitated through design research and sense making activities by the design team.

Designing the right things

Designing things right

DIVERGE

CONVERGE

DIVERGE

CONVERGE

INTENT   DISCOVERY   INSIGHTS   IDEAS   PROTOTYPES   SOLUTION

| Understand initial (generic) problem statement & hypotheses | Conduct research directly with key users | Develop empathy and user-centred insights for problem reframing | Explore ideas and define concepts for change | Iteratively test and refine prototypes with users | Produce design requirements and operational details for solution implementation |

The design approach for this project

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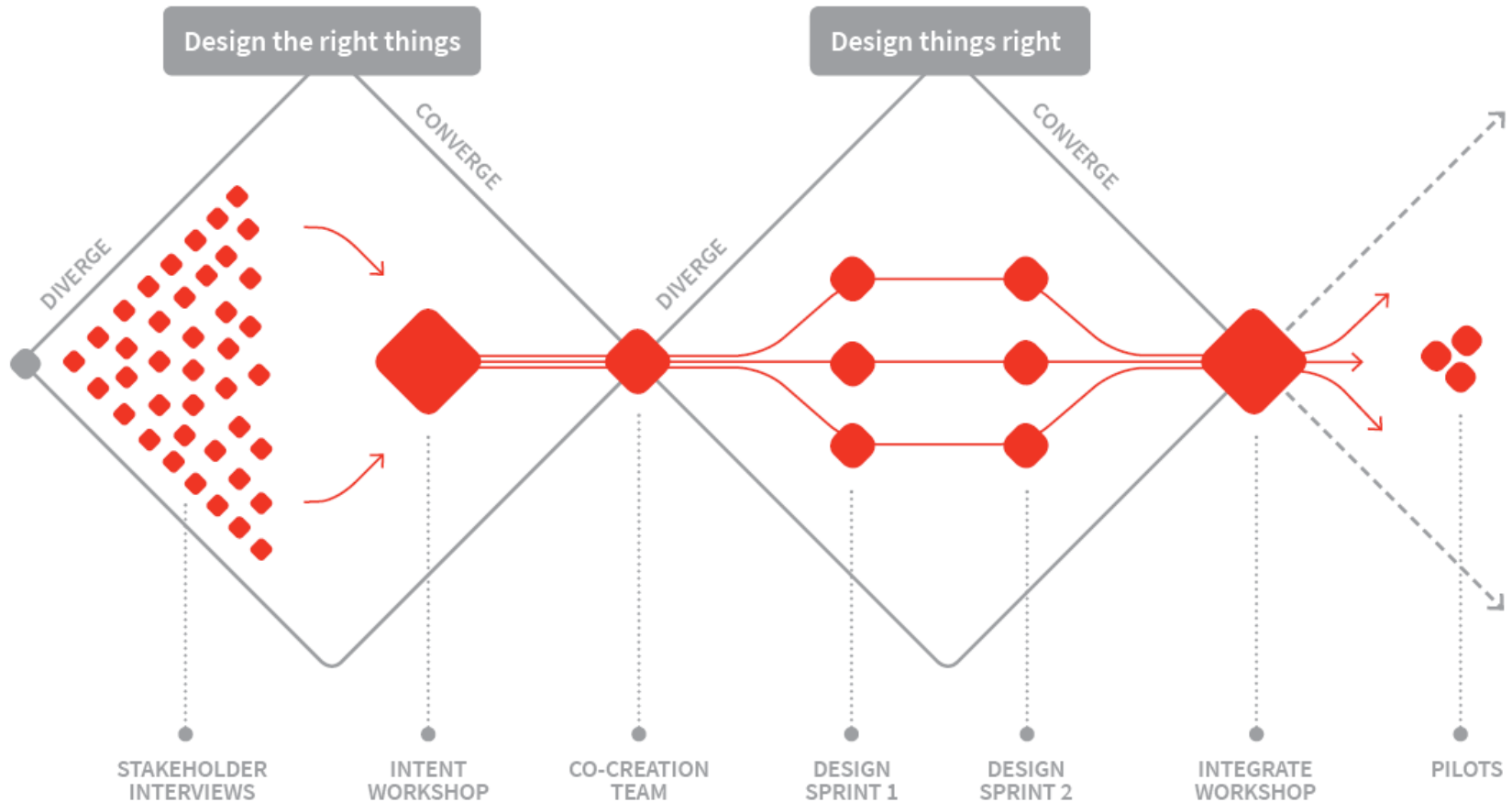
The voices we need in a co-creation process

Holds views on what is desirable for society and key stakeholders

EG. PROJECT SPONSORS, DONORS, GOVERNMENT

The voice of
INTENT

The voice of
EXPERIENCE

Holds views on what is desirable for the users or clients

EG. IMPLEMENTERS, SERVICE PROVIDERS, HEALTH CARE PRACTITIONERS

Holds views on what is possible and viable based on knowledge on policies and technologies

EG. TECHNICAL ASSISTANCE & GLOBAL HEALTH EXPERTS, TECHNOLOGY SPECIALISTS

The voice of
EXPERTISE

The voice of
DESIGN

Facilitates and synthesises the other voices to inform and build the design

EG. BEHAVIOURAL & CULTURAL RESEARCHERS, SERVICE DESIGNERS, FACILITATORS

What were our starting questions?

For the broader, longer-term initiative:

How might technical assistance be **reimagined** so it can better support the achievement of 2030 maternal newborn and child health global goals?

For the shorter, design-specific component of this initiative:

How might HCD be used as a participatory approach to **explore** current user experiences, **ignite** new conversations, and **reimagine** technical assistance in Nigeria?

Understanding the context

What is the country health system context?	Who are the actors in this context?	What are the best practices and challenges currently experienced by the actors?	What are the future opportunities imagined by the actors?
1. What is the country **health system model** and how does it work?	1. Who are **the users and influencers** of technical assistance? What differentiates them?	1. What are the **barriers and enablers** of technical assistance?	1. What are the **desired future** user experiences of technical assistance?
1. How does **technical assistance fit in** to the health system?	1. What are their **motivations, needs and frustrations**?	1. What are the underlying user **insights on why** these dynamics exist?	1. What **user attitudes and behaviours** need to be changed?
1. What are t**he different 'types'** of technical assistance? What works, doesn't work?	1. What are the **dynamics at play** between different users?	2. What are **users' workarounds** to solve problems? What can we learn from these?	2. What is the future **vision and values** for a reimagined technical assistance?
1. What are its **informal and formal** processes?	1. What are the **user experiences** with technical assistance?	1. What are the specific touchpoints/**areas to prioritise** for change?	1. What are the **emerging ideas** for change?

Unpacking TA in Nigeria

What is Technical Assistance?

A key discovery question we have asked stakeholders is: What is Technical Assistance? It is clear that no single definition exists today.

We are interested in learning how the purpose, value, and effectiveness of TA is perceived differently by different actors from national to state governments, donors and implementing partners.

At a high level, there is a shared understanding that TA is about engaging expertise to improve the design and effectiveness of health programs while building local capacity and strengthening the public health system.

There is also a shared understanding that current models of how TA is delivered in Nigeria are not very effective. While millions of dollars are spent on TA in Nigeria annually, mortality reduction is slow.

The definitions of TA we have heard from stakeholders have shaped the spectrum of typologies we have developed. They follow a spectrum from short- term projects to longer-term integrated programs, and from external, agile expertise that works in parallel to the national health system through to more integrated system strengthening initiatives.

Definitions of Technical Assistance

Descriptions of TA from interview participants point to the relationship between TA funders and providers and the Nigerian health system.

"TA should be multi-sectoral, it should look at the states as a unit." –Donor

"The statutory environment that sets up TA providers may impact how TA is delivered. Part of the TA ecosystem is the contracting process; rules, regulations, values and criteria." –Partner

"TA is passing over or transfer of skills and knowledge to those who don't have it in a sustainable manner. When you are done, the people you have worked with will be able to carry on without you. They will be able to plan & make sure they meet their objectives." –Partner

"Government thinks TA is it's money, they come with cup in hand to the partners. "What do you have to give us?" We are coming because we have identified a gap/need that they may not be aware of, so we have to start with advocacy." –Donor

"We are changing the landscape of our approach to TA currently in Nigeria, supporting the government to identify their true needs based on available evidence, prioritizing those needs, and budgeting, and also mutual accountability." –Donor

"A central theme around TA is recognizing that you are addressing/ solving a problem. We start with problem identification, drill down to understand and address possible solutions." –Donor

Nigeria: System Actors

Executive Branch

- Federal Government
- State Government
- Local Government

Health System*

- FMOH
- SMOH
- NPHDA
- Healthcare Providers

Donors

- Private Foundations
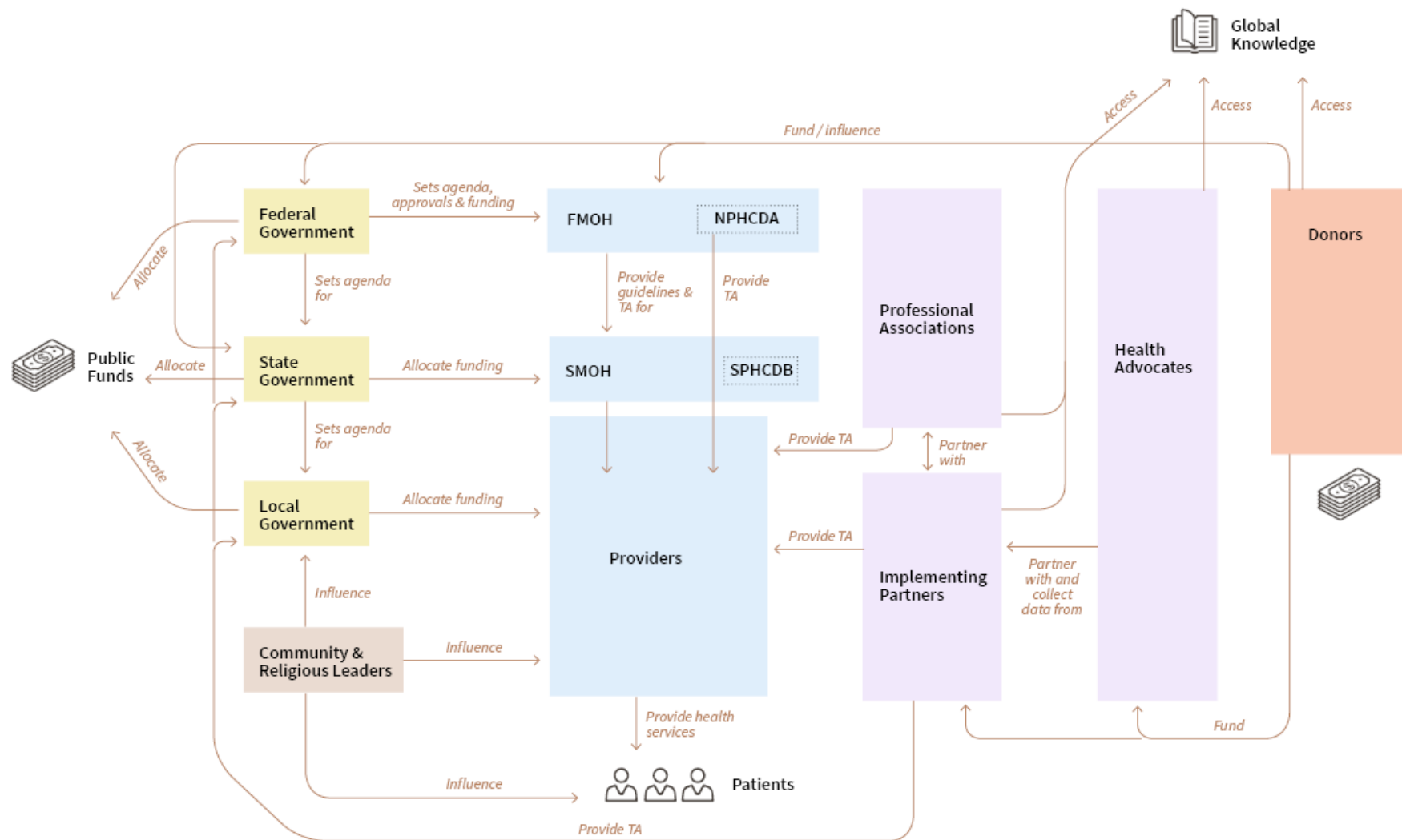- Foreign Governments

Implementers

- Professional Associations
- Implementing Partners
- Health Advocates

Community

- Community
- Religious Leaders

Nigeria: System Actors *cont.*

TA Typologies

In the following section, we are exploring a set of dimensions that could lend a perspective on defining technical assistance.

Highlighting the different dimensions of technical assistance in a variety of ways helps capture our multi-layered understanding of the system thus far. It also helps us explore which of these dimensions resonate the most and can be useful tools or conversation-starters with stakeholders.

We are calling these different categorizations typologies.

By identifying the different typologies, their specific characteristics, advantages and

disadvantages, we can more specifically target our ideation to these typologies later in the design process.

On the following slides, we have mapped the initiatives presented on slide 13 (number 1 to 13) to the different dimensions identified. The brown number circles highlight where an initiative falls within a dimension.

Nigeria: Understanding Current State

1 **Traditional Implementation (MCSP, USAID)**

A traditional project model where global and national objectives are delivered at the local level.

2 **State-level MOU (USAID)**

State-level government is involved in every step of the process. Governor signs MOU with commitment to allocate funds.

3 **Advocacy Model (Save The Children)**

Organization sets a national agenda, secures funding for projects on the state level, and uses evidence to advocate for federal changes.

4 **Small Scale Test (CHAI)**

A design approach is used to better understand the problem, develop possible solutions, and validate solutions.

5 **Grant Optimization (Niger State, BMGF)**

An effort to harmonize BMGF grantee work & increase collaboration in Niger state.

6 **Program-for-Results (SOML, WB)**

Performance-based state-level funding. States become eligible for additional funding only if they meet specific targets.

7 **Cross-donor Coordination (4Gs, BMGF)**

Survey of existing work plans from 4 major funders. Looking for overlaps, gaps, and ways to better coordinate in the future.

8 **Gov-dependent TA (IHP, USAID)**

Provides TA support to projects already funded by the government. No funds are given for training cost etc.

9 **Technical Support Unit (NPHCDA)**

A system to coordinate the identification & fulfillment of TA needs within the NPHCDA

10 **Strengthening Local Partners (r4d)**

Building capacity in local organizations to provide TA to the government.

11 **TA Hub (BMGF)**

A temporary agency model. States with funding for a particular TA initiative are connected with best suited partners. The hub also manages the project.

12 **Integrated MOU (Kaduna State)**

Multiple donors sign a single MOU with the state to ensure better coordination, clear roles & responsibilities, and more efficient use of funding.
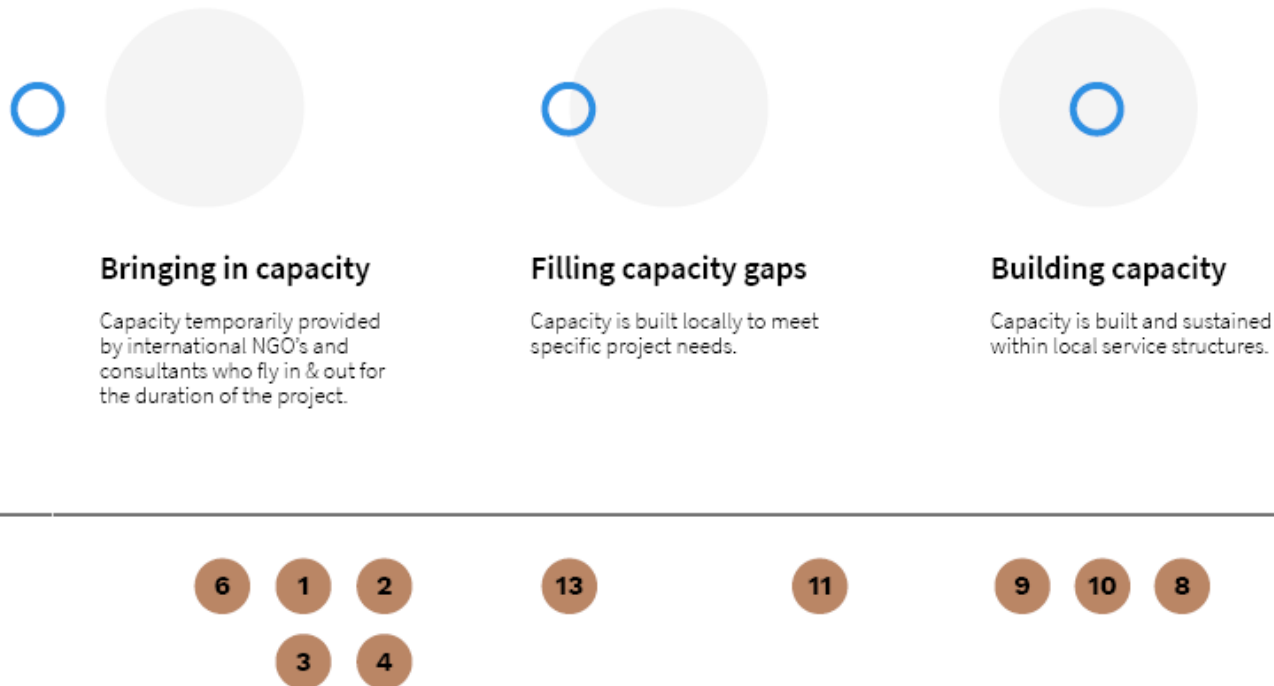
13 **Training the Trainers (IMCI, WHO)**

National level effort to train the trainers (one in each state). Then it's up to the state to organize the "step-down" training.

Nigeria: Understanding Current State cont'd

Bringing in capacity

Capacity temporarily provided by international NGO's and consultants who fly in & out for the duration of the project.

Filling capacity gaps

Capacity is built locally to meet specific project needs.

Building capacity

Capacity is built and sustained within local service structures.

External ←——————————————————————————————→ Internal

6 1 2   13   11   9 10 8

3 4

Exploring Opportunity Spaces

Intent workshop June 24-25, 2019 Abuja

Opportunity Areas: Overview

The following opportunity spaces were derived from the challenges surfaced during the first design workshop.

The challenge areas, which participants rated in terms of impact and difficulty, were combined into three main opportunity areas: re-imagining interactions between system actors, re-imagining the knowledge flow within and across system verticals, and re-imagining incentive structures. Increased coordination was an overarching theme.

Criteria used to identify opportunity areas:

- Ensure that opportunity areas cut across all system actors (government, donors, implementing partners) and levels (from national to local)
- Can be addressed by technical assistance, not a health system challenges
- Adopt a human experience lense

A literature review is underway to better understand current global and Nigeria experience and inform design in each of the opportunity areas.

Nigeria Opportunity Areas: Overview

1

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

Local ownership of TA initiatives is key to achieving sustainable impact. Yet, despite best intentions, initiatives continue to be mostly top down, largely driven by donor agendas. *How can actors at all levels of the system be empowered to take the lead as well as be held accountable for their actions?*

RELATED CHALLENGES:
- Ownership at all levels and transfer of ownership
- Poorly defined TA roles between stakeholders
- Poor communication from policy makers to partners
- Poor health care finance adherence
- Designing pilots with scale in mind
- From project ownership to problem ownership

2

Re-imagining knowledge flow to support strategic **decision-making**

There is a lack of clarity around who is making decisions about TA priorities, what is informing those decisions, and how they are communicated to the broader network of stakeholders. *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?*

RELATED CHALLENGES:
- Inadequate TA for successful advocacy
- A human centred approach to data use: How data hinders and empowers? How it is useful at different levels of the system?

3

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

Design principles in development

What are design principles?

Design principles help to generate new concepts and guide design decisions moving forward. They aim to guide a shift from the current state to a desired future state.

Design principles for re-imaging technical assistance will have each co-creation team asking:
- What can we do differently to improve conditions for collaboration?
- What can we do differently to move beyond the quick fix towards deeper structural change?
- How are we building resilience into the system so that it can withstand change?

How will they be used?

The principles are currently provocations generated by Sonder. Each co-creation team will be asked to dig more deeply to further developed them. Each team will focus on 5-6 principles specific to their opportunity area and use them to develop concepts. The principles will then be brought together at the final integration workshop.

Questions for development:
- While these principles point to largely agreed-on characteristics of good technical assistance, they are rarely put into practice. Why?
- What are the current behaviours, patterns, conflicting priorities that inhibit the adoption of these principles?
- What are the questions we should be asking under each principle to re-imagine TA?
- What would each of these principles look like in action?
- What changes need to be made for these principles to be actionable?

Nigeria Design 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?

Shift from buying solutions to owning problems
What does it mean to shift from a fragmented solution focus, to an aligned problem focus ?

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

Strengthen knowledge flow and feedback loops
How might we create a TA model that ensures knowledge and data is distributed in a way that is more accessible to empower individuals to make requests and decisions?

Build mechanisms of accountability from all angles
How might tools of accountability build trust and create strong feedback loops and across the system?

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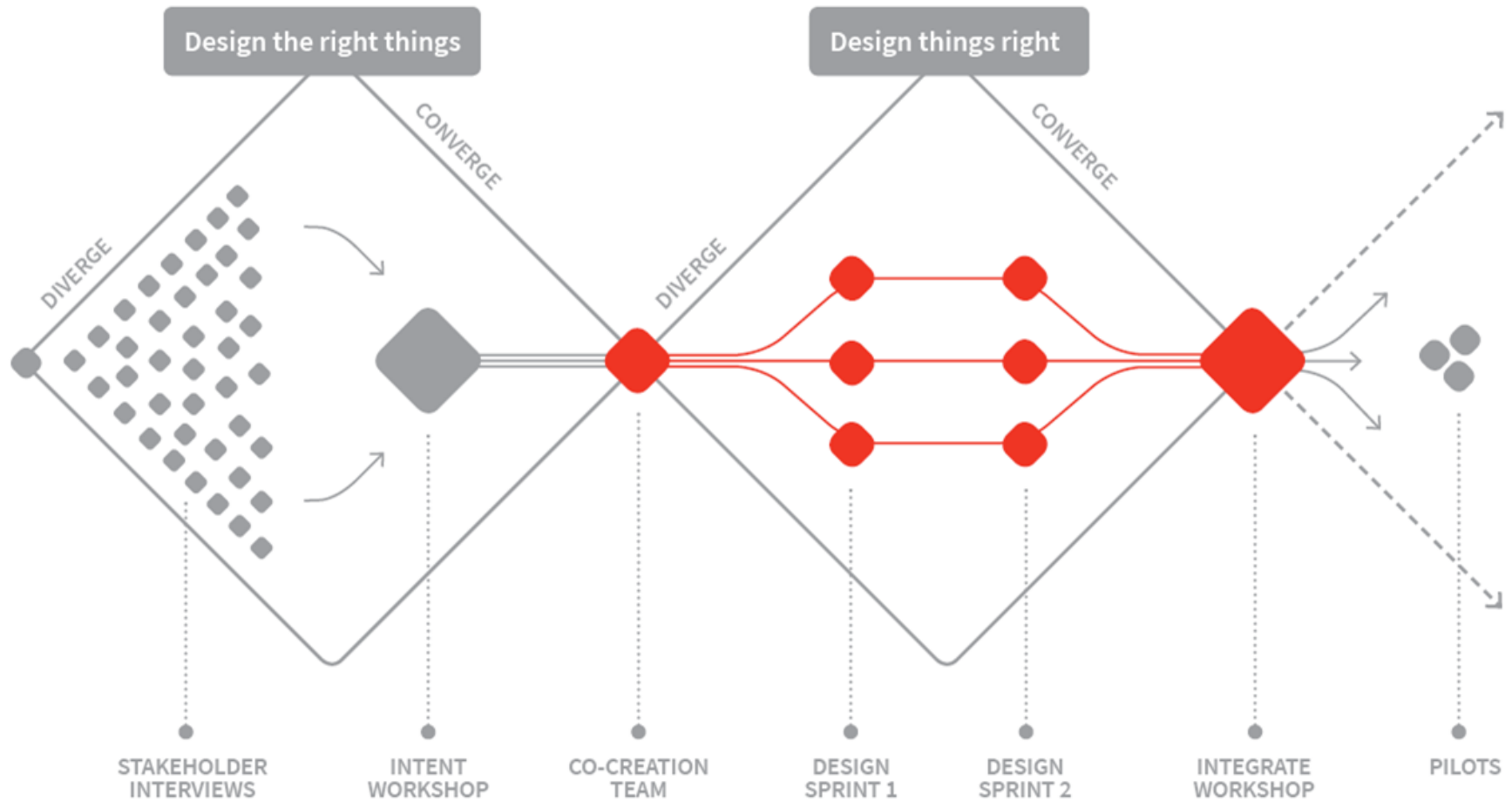
Reduce dependencies that perpetuate short-termism
How might we build a self-sustaining system, where the system self-regulates from internal resources to maintain its equilibrium based on what is available?

Standardize the core, tinker around the edge
How do we streamline core TA functions while preserving diversity at the edges?

Next Steps

Design the right things

Design things right

DIVERGE CONVERGE DIVERGE CONVERGE

STAKEHOLDER INTERVIEWS · INTENT WORKSHOP · CO-CREATION TEAM · DESIGN SPRINT 1 · DESIGN SPRINT 2 · INTEGRATE WORKSHOP · PILOTS

Questions

- Who are the missing voices?

- How to engage at higher level (government and donors) to feed into the design sprints?

- Are these the key opportunity areas?

- Are the design principles hitting the mark?

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6