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 reimagine 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
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 ACCEPTED AND ADOPTED AMONG KEY ACTORS

**ENABLING INTRODUCTION AND IMPLEMENTATION OF THE MODEL**
- Key actors are empowered and have the tools to apply the model/practices at scale
- Donors reward collaborative TA over short-term, expedient results

**TESTING, LEARNING, AND ADAPTING**
- 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

**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
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

The risk of not strengthening/developing a new TA model is understood and accepted by stakeholders.

Stakeholders are committed to listen and consider diverse perspectives on the issue.

Mutual trust and commitment among stakeholders achieved.

Development process incorporated previous lessons and research related to effective TA practices.

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.

Development process incorporated perspectives from a variety of stakeholders.

Stakeholders are interested in contributing to the development of the model.

Reliable communication channels that are conducive to participation are established.

Stakeholders consensus on objectives of platform agreed upon.

Stakeholders admit that current TA models are not optimally effective.

Criteria for key stakeholders defined.

Trusted & impartial leadership selected. Leaders are committed to the goals of the platform.

TA improvement priorities identified through consensus building.

The platform has sufficient discretionary funding to encourage and support participation.

MODEL DEVELOPMENT PROCESS
What is design?
What is design

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

<table>
<thead>
<tr>
<th>SCIENCE</th>
<th>DESIGN</th>
<th>HUMANITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observes</td>
<td>Synthesizes</td>
<td>Interprets</td>
</tr>
<tr>
<td>The facts of the material world.</td>
<td>The best of human intention, realized within the constraints of reality.</td>
<td>The complexities of human experience.</td>
</tr>
</tbody>
</table>
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.
The design approach for this project

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.
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

Holds views on what is possible and viable based on knowledge on policies and technologies
EG. TECHNICAL ASSISTANCE & GLOBAL HEALTH EXPERTS, TECHNOLOGY SPECIALISTS

Holds views on what is desirable for the users or clients
EG. IMPLEMENTERS, SERVICE PROVIDERS, HEALTH CARE PRACTITIONERS

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

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

Defining Technical Assistance

TA Actors

Typologies of TA

Outputs of June 2019 Intent Workshop
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

“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

“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

“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.
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 costs etc.

9. Technical Support Unit (NPHCDA)
   A system to coordinate the identification & fulfilment 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 NGOs 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.

From left to right: External to Internal (numbers 6, 1, 2, 13, 11, 9, 10, 8).
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 develop 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 we consider the whole system and its interdependencies?**

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?**

Balance individual gain with collective good for mutual benefit

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

Standardize the core, tinker around the edge

- **How do we streamline core TA functions while preserving diversity at the edges?**
Next Steps
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?