Re-imagining Technical Assistance

About this project

The Child Health Task Force teamed up with Sonder Collective, a human-centered design (HCD) firm, to support the ministries of health (MOH) in the Democratic Republic of Congo (DRC) and Nigeria use HCD to reimagine the current model of technical assistance (TA) for maternal, newborn, and child health (MNCH) and health system strengthening.

This initiative, supported by the Bill & Melinda Gates Foundation through JSI Research & Training Institute, Inc. (JSI), aims to strengthen local capabilities to implement integrated, evidence-based, MNCH and health system strengthening (HSS) interventions that will accelerate progress towards the 2030 Survive, Thrive, and Transform Vision.

What was our starting point

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

There is a lot of money being spent on technical assistance – yet, the rate of reduction of maternal and neonatal mortality is slowing down or even, in some places, reversing. It is estimated that 3-4 billion (US) dollars are spent annually on technical assistance...

COVID-19 pandemic realities

How can better Technical Assistance enable rates of reduction in maternal, newborn, and under-five mortality?

Countries **need to accelerate** the annual rate of reduction of mortality in order to achieve their 2030 targets.

Scarce resources are being diverted to address the COVID-19 pandemic & **weak health systems will be weaker** in the aftermath of COVID-19

Countries like the DRC which are currently lagging behind in mortality reduction **will fall back further due to COVID-19**

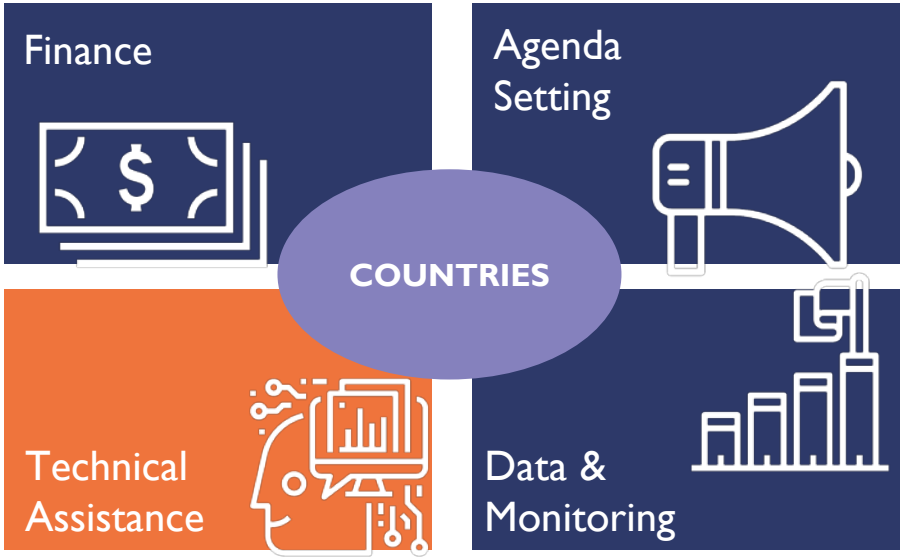
Experience from the Ebola Virus disease outbreak: In Guinea maternal & child health indicators significantly declined & did not return to pre-outbreak levels one year post-outbreak.

(Effects of the Ebola Virus disease outbreak in Guinea in 2014. https://www.ncbi.nlm.nih.gov/pubmed/28237252)

The four functions of the global health architecture

While much progress has been made in the areas of agenda setting, finance, data & monitoring…

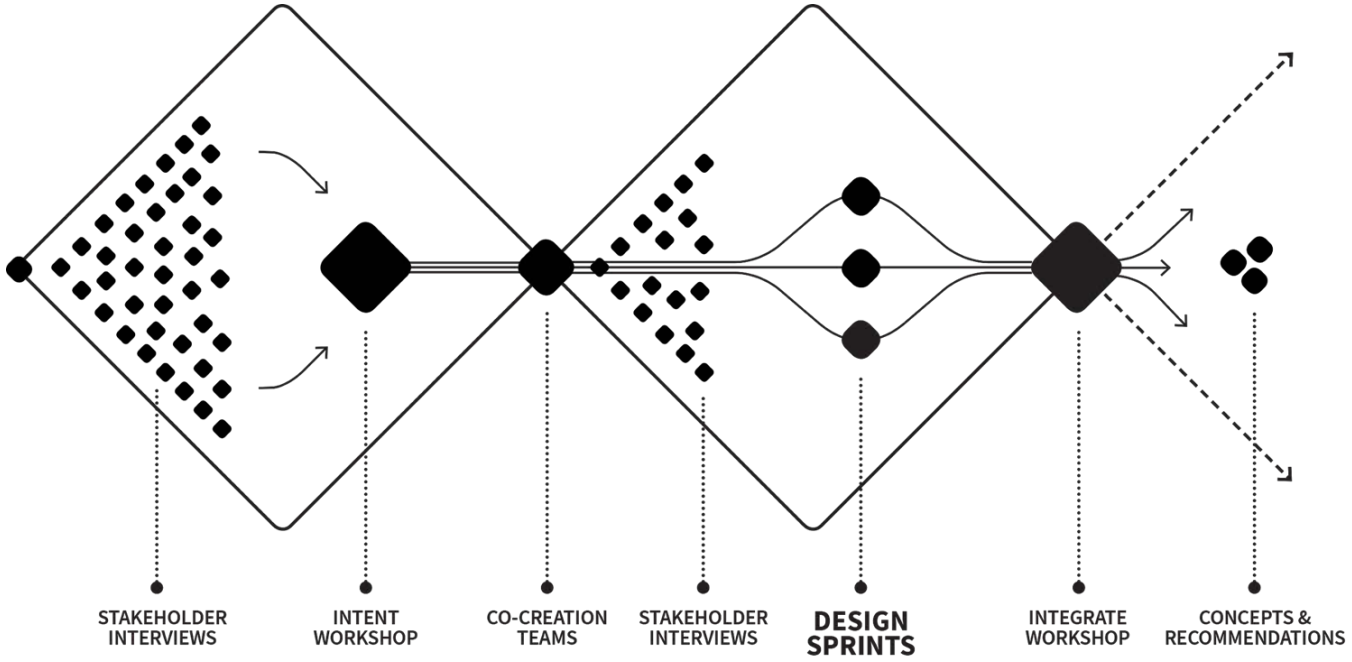
technical assistance has lagged behind with new approaches.



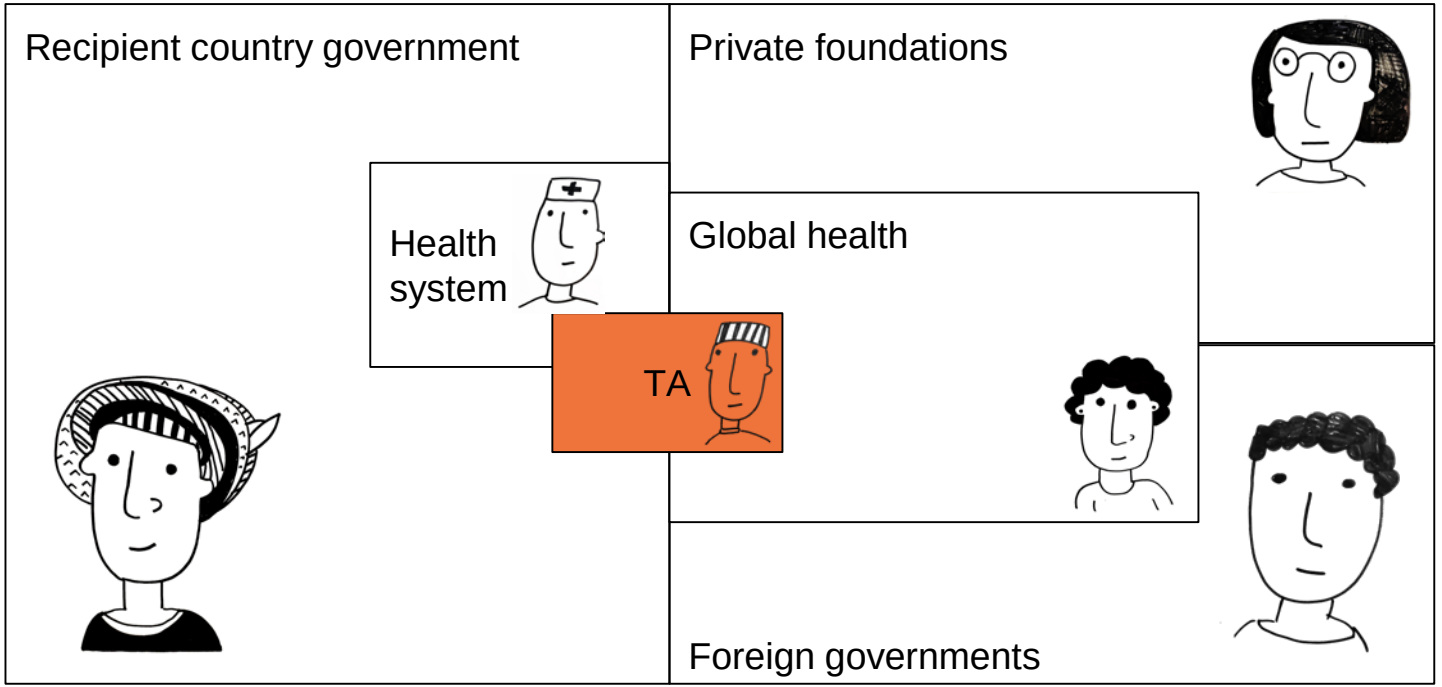
BMGF MNCH Strategy 2018

Using a human-centered and participatory design process, we ignited new types of conversations, and co-created new visions for technical assistance.

The design process: moving through diverging and converging phases

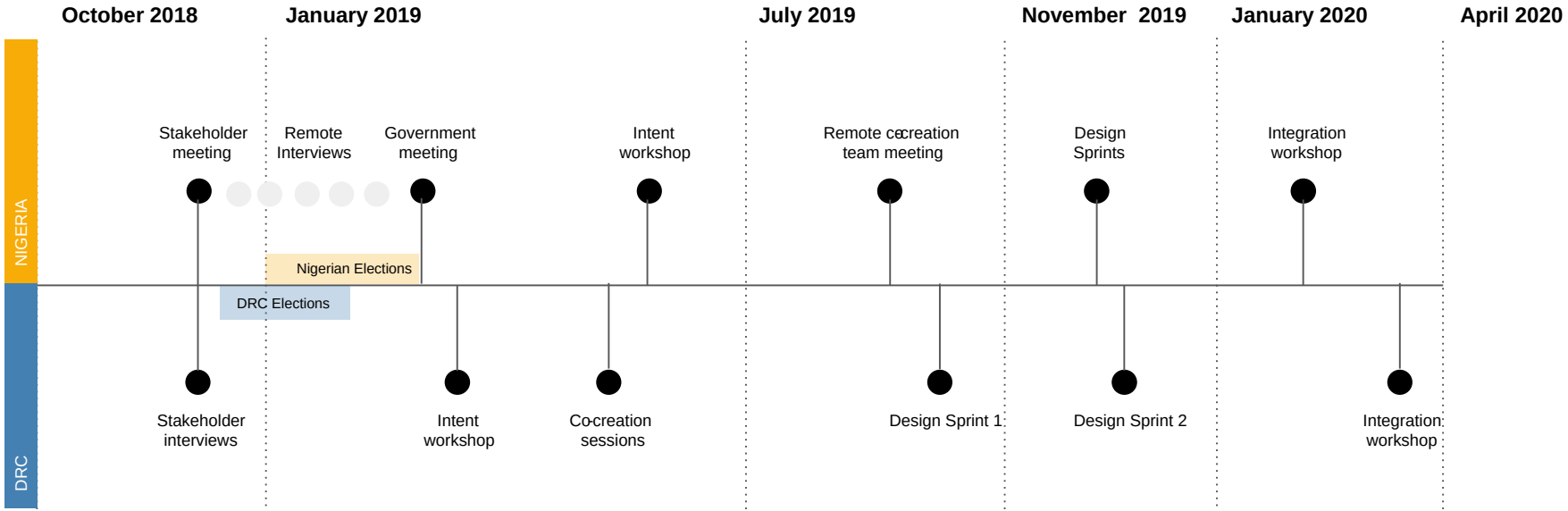


Technical assistance is a complex system within systems...



How the process unfolded in Nigeria and the DRC

Project timeline and key design touchpoints



Perceptions of TA in Nigeria and the DRC

When partners come into the country, they have already decided, they come to inform us
FMOH

From my view what I get should be what I want, I should not have to dance around the assistance you want to give me.
FMOH

TAshould not be imposed and should be conform with the priorities of the country
Multilateral Partner

There are no issues with TA. There's a problem with the way we approach it. We don't take risks, we just expect to talk about successes. In doing so, we don't learn from our mistakes.
Bilateral Partner

Onereason we don't have much outcome is that implementing partners are not collaborating, partners come in with donors distinct mandates that are not flexible. Every implementation partner want to do what the funding has mandated
FMOH

There is a disconnect between the human problem we are trying to solve and the process we have to follow, the process has become an end in itself
MSH

Technical assistance has a connotation of assisted, which is derogatory even if it is a common term. Technical support should be the same, but with an attitude of mutual respect and collaboration
MOH- Co-creation team

TAgets a value if the receiving hand is also ready to accept. We should have a clear rationale for all outside technical support.
MOH representative

Implementing Partner (IP)

We work with FMOH and local governments to implement donor-funded initiatives. Our goal is to complete these initiatives within a set timeline & budget and to demonstrate the impact our work has had on health outcomes.

ROLES I PLAY IN TA


Work with donors and gov to design plans


Receive and manage funds


Coordinate & deliver TA


Track & report on outcomes

WHAT DRIVES ME

- Delivering on targets within set budget and timeframe
- Gaining visibility and a good reputation with donors, government and other partners
- Demonstrating impact in line with our mission and strategy

WHAT I NEED TO SUCCEED

- Predictable/consistent source of funding
- Alignment on priorities between key stakeholders
- Engagement and collaboration from all stakeholders
- Enabling environment for implementation (clear protocols and guidelines, supportive political climate, security)
- Reliable, knowledgeable workforce

WHAT I STRUGGLE WITH

- Under pressure to deliver quickly, but working with the current system “the right way” takes time. Bureaucracy and protocols often cause delays.
- Taking on all accountability for how money is spent. Balancing responsibility to donors with pay-to-play attitude of stakeholders (participation incentives and requests that are outside program activities such as rent, vehicles, internet).
- Lack of donor flexibility to adjust to the needs and priorities on the ground.
- Lack of alignment on goals and priorities between the donors and the government.
- Lack of clear guidelines, procedures, policy, standards, and ownership from the government.
- Lack of a local skilled workforce.
- Lack of trust from local stakeholders.

CHALLENGES I CREATE

- Take shortcuts, which deliver on short-term targets but undermine the system in the long run.
- Accountable to the donors, so end up prioritizing their interests over those of other stakeholders.
- Tend to bring in external capacity as opposed to developing it locally.
- Don’t always understand local context and needs.
- In competition with other IPs.

TA Typologies: COPING - Delivery mechanism

Based on the challenges and tensions between all actors of TA and on the experiences of our interviewees, we can summarise the ways TA has been delivered in the DRC and Nigeria by four models:

INDEPENDENCE

Internal downstream actors distance themselves from unresponsive / dysfunctional main structure to operate independently

Primarily look to external actors for resources

External donors align with local and particular needs, their impact has a small footprint

PARALLEL SYSTEM

Internal & external actors work in parallel systems

Results in duplication of work, uncovered gaps and creates disparities at HH level

External actors engage other external actors for implementation of TA

Speed & efficiency of external system is greater than that of the internal system

CIRCUMVENT SET-UP

External actors set-up TA with top internal actors (decision-makers) & implement with intermediary internal actors (that have little influence)

External actors circumvent internal actors at different levels due to lack of trust/motivation/ slowness

SYMBIOSIS

This represent the ideal state ideal, where trust prevails.

External actors support and strengthen internal structures at different levels through TA

External actors attempt to collaborate more with the community so that TA has more impact

More partnership/ collaboration is observed during TA process

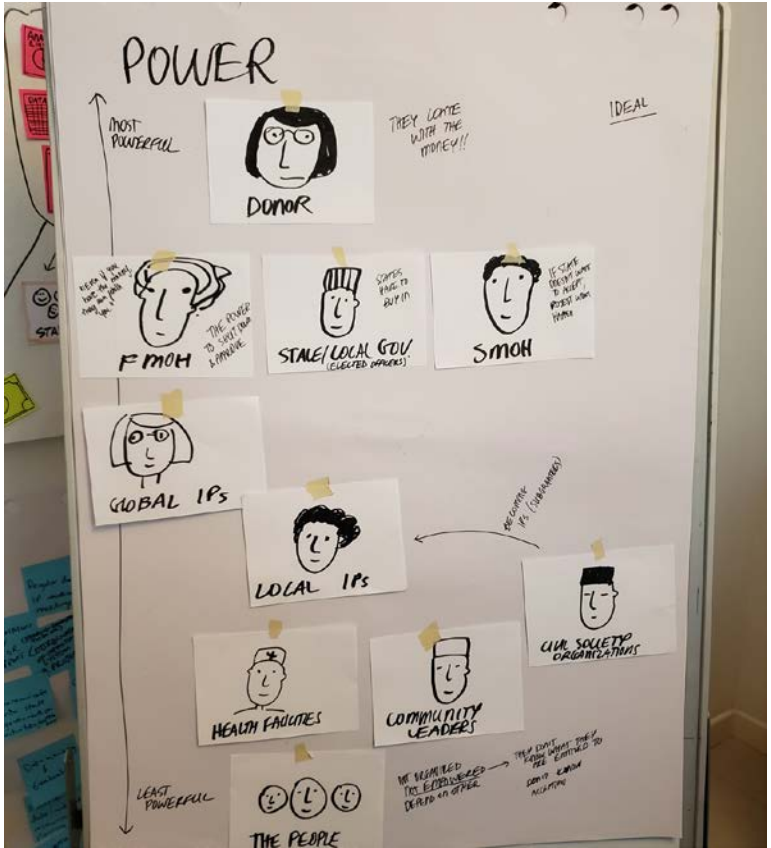
Mapping interactions between system actors

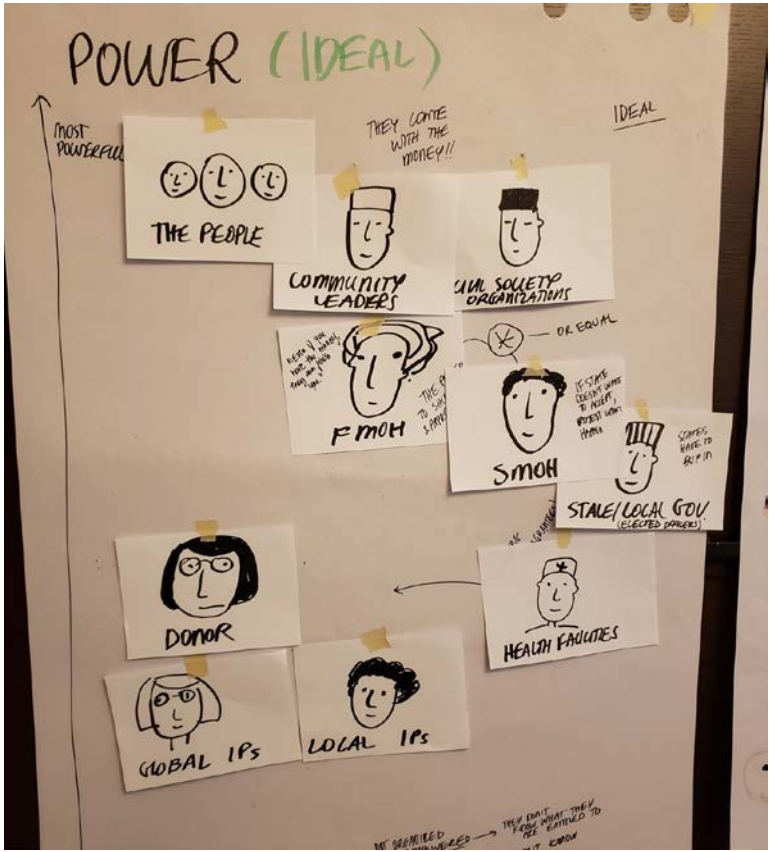
DRC

Mapping the TA journey and interactions *(first work phase)*

Re-imagining Technical Assistance

Exploring power dynamics *(current & ideal)*

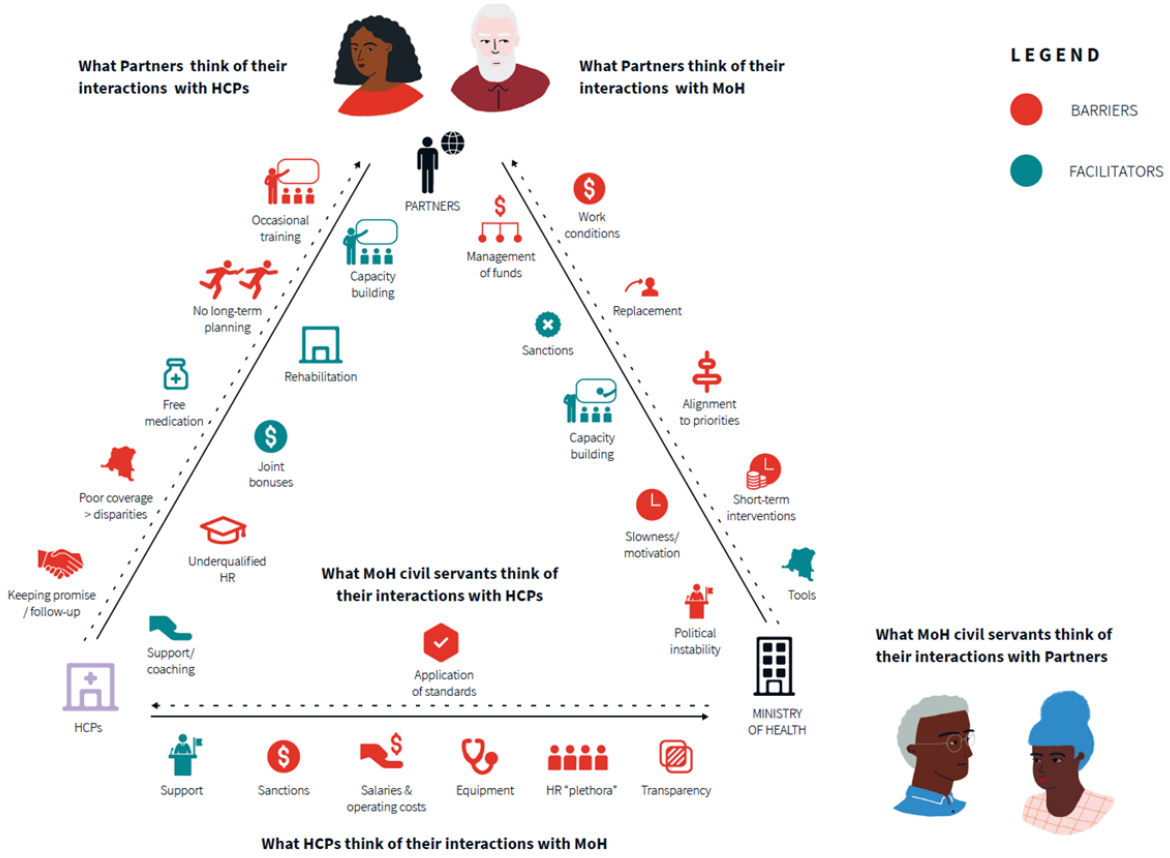




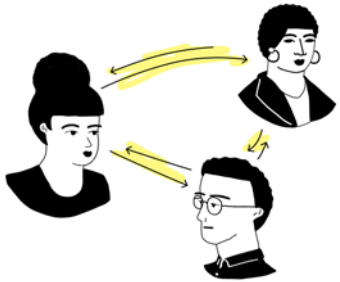
Exploring power dynamics (*anthropological insights*)

Overview of Facilitators and Barriers of TA from different perspectives

With 3 key actor groups, there are 6 perspectives to be taken into consideration.



Identifying opportunity areas for change



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

NIGERIA

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

DRC

How might we change the way in which the actors of the system interact, share and make their decisions with each other to equitably distribute the development of the priorities addressed and to strengthen the country's leadership?

Re-imagining feedback loops 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?

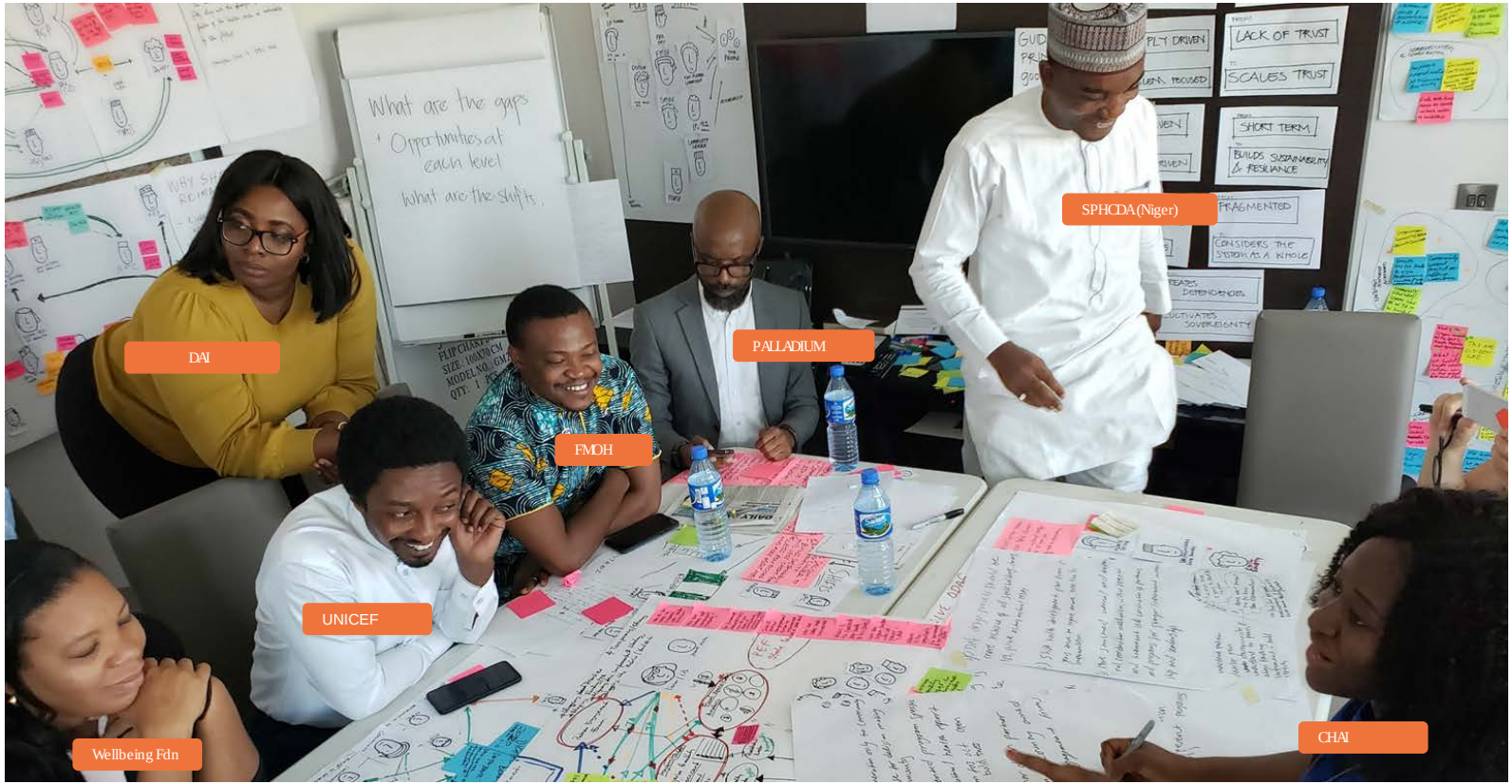
How might we change the way information flows between different actors in the system to promote more informed decision making based on the local context?

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

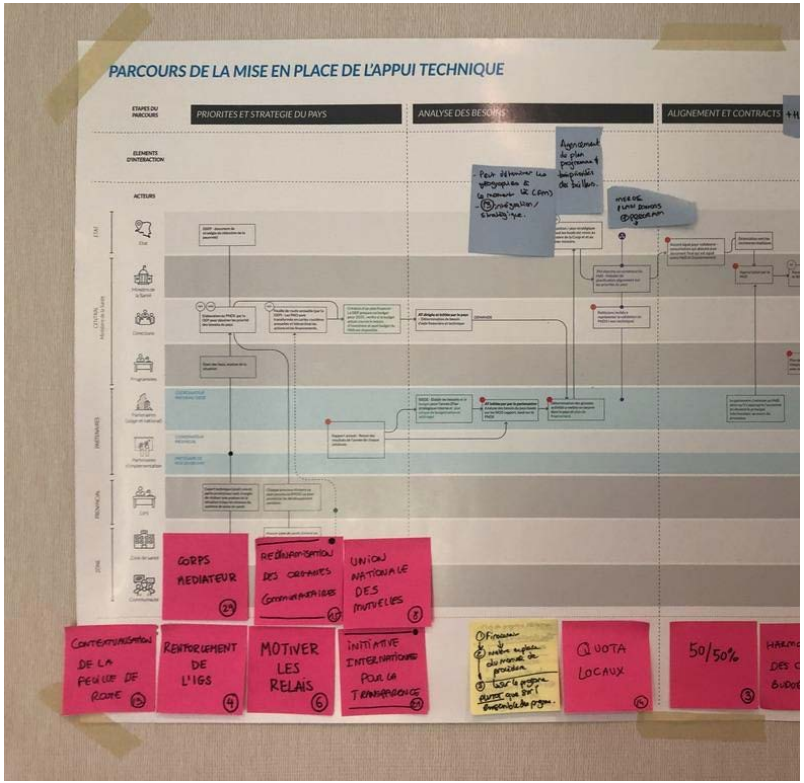
How might TA empower the workforce at all levels through strategic use of resources that align with real needs and leverage the dynamics of local context?

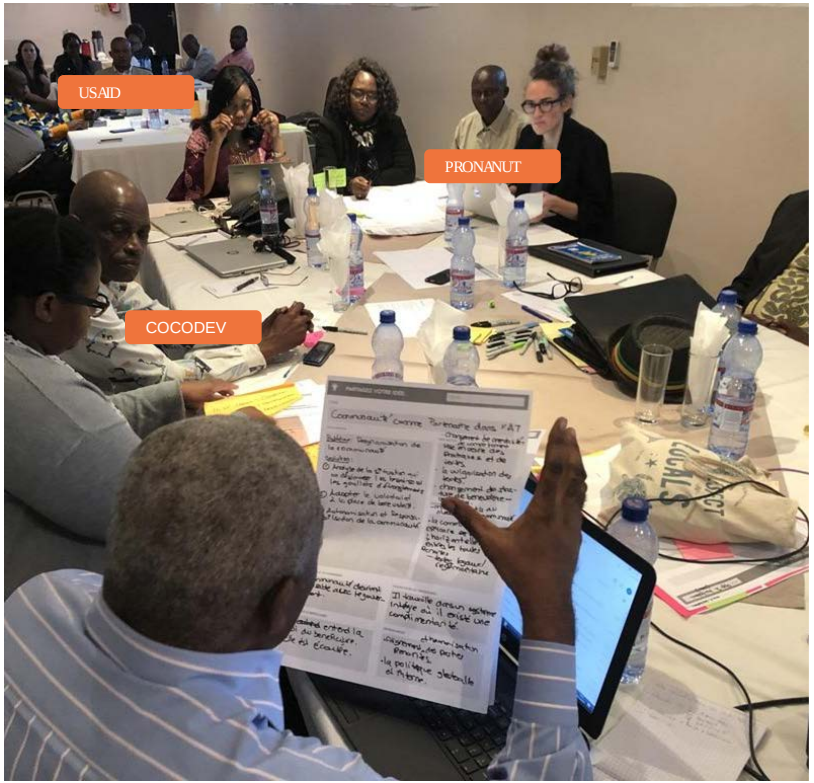
How might we modify existing incentive and budgeting structures so that resources are used more efficiently and in a more balanced way and promotes the collective good rather than individual gains?

Co-creating and prototyping ideas



Co-create ideas to solve for the TA journey pain points





What do countries want and need from Technical Assistance?

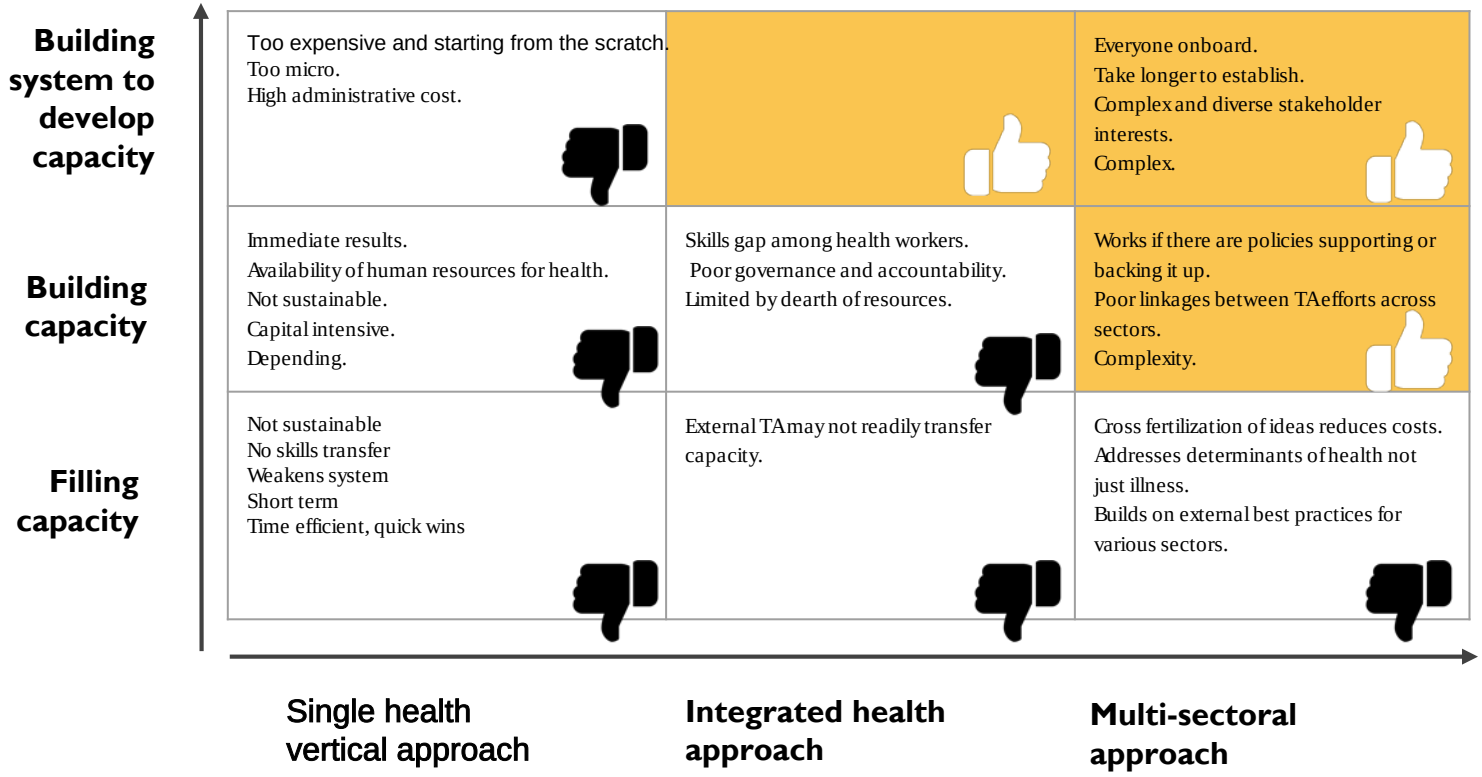
TA critical shifts

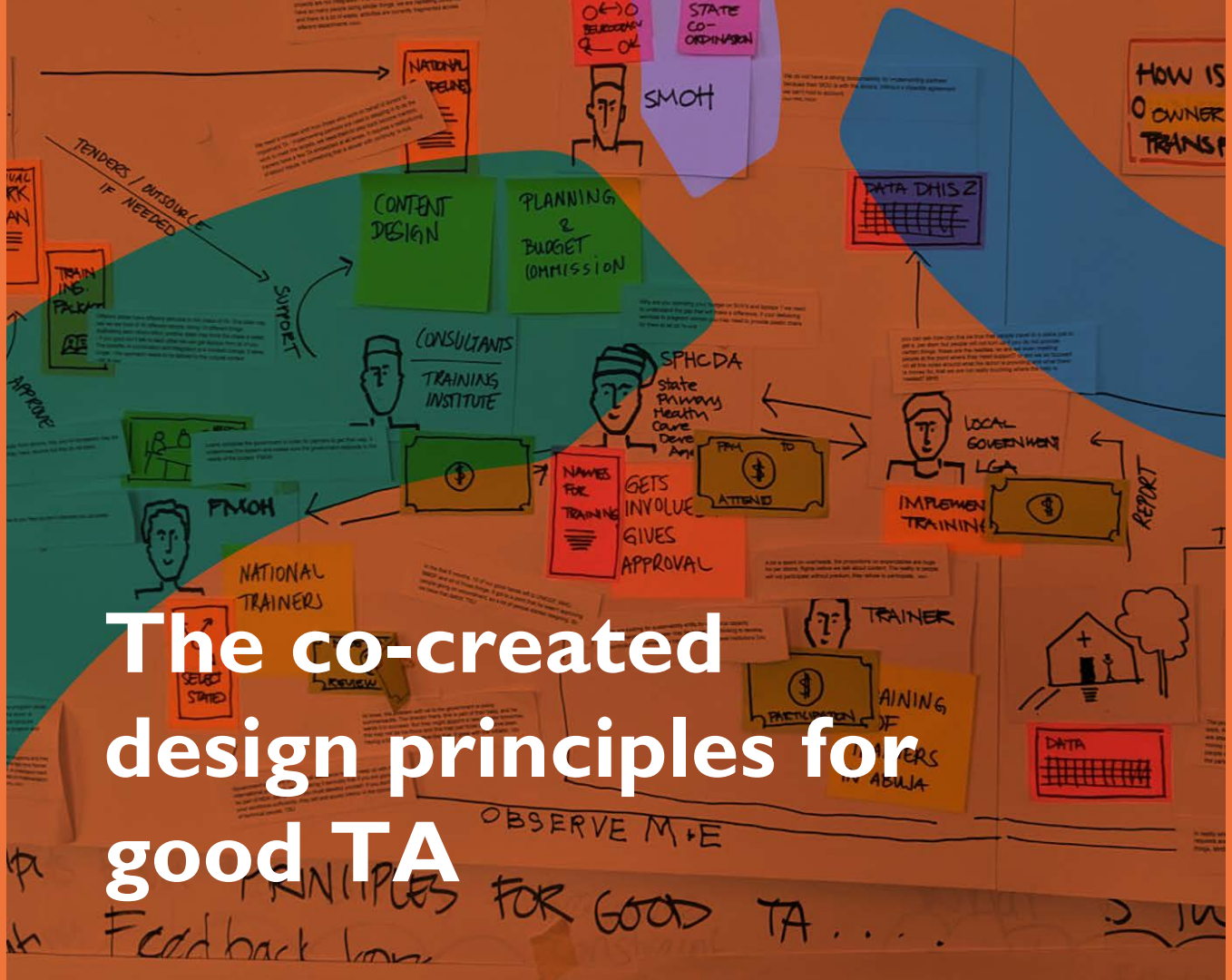
The 9 critical shifts outline the changes that will need to be made to transform the current TA system into a more ideal future state.

These shifts create a bridge between the challenges with the existing approaches uncovered by the Nigeria and DRC teams during research, and the vision of the ideal future state developed by the country co-creation teams.

FROM	TO	SHIFT
Donor driven	Country driven and owned	Shift away from a system where priorities are imposed on countries by donors, to one where governments take an active leadership role in setting the agenda and the coordination of TA activities.
Creates dependencies	Cultivates Sovereignty	Shift away from a system that depends on continuous donor support for survival, to one which prioritizes sustainability and self-reliance.
Lack of trust in institutions and individual motivations	Scales trust	Shift from a system which perpetuates mistrust in institutions and individual motivations to a more transparent, accountable environment which ensures credibility of its individual actors.
Unaccountable	Accountable	Shift from a system where power structures and roles are vague and actions are rarely tied to consequences, to one where individual actors are held accountable for their actions.
Fragmented	Considers the system as a whole	Shift away from siloed, uncoordinated projects to comprehensive, wholistic initiatives.
Supply driven	Problem focused	Shift away from simply allocating available resources, to a system which first considers what resources are actually needed to solve the problems on the ground and works towards acquiring them.
Short term	Build for sustainability (and resilience)	Shift away from investing in quick fixes, to a more patient centered system which prioritizes long term gains.
Static	Learning, nimble, diverse	Shift away from a static system towards one which evaluates and quickly responds to data and iterates over time.
Up rooted (global)	Contextualized	Shift away from a one size fits all approach to problem solving to a system which considers local context and has the flexibility to adjust.

Future directions in TA approaches





The co-created design principles for good TA

The four domains of change to good technical assistance

DRC

Specific focus on finance

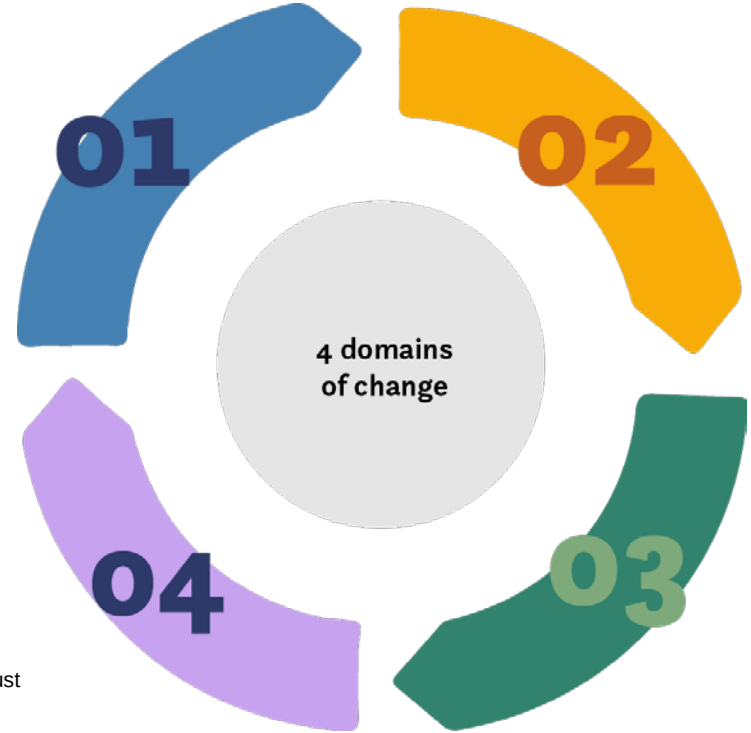
Nigeria

Specific focus on trust

A beginning: DRC & Nigeria synthesis

Focus on the system as a whole

Health issues can rarely be treated in isolation. TA in it's broad approach should shift away from investing in individual health verticals to strengthening the system as a whole by exploring partnerships for an integrated approach to problem solving, move away from the burden of diseases, distribute help equally, and be more multisectorial.



Foster Strong Governance

Shift from implementing donor-driven initiatives to a country-led approach which is guided by local priorities. Ensure that the objectives and rules of engagement are common to all, and that the limits, roles and responsibilities of all TA actors are supporting, rather than executing, state responsibilities.

Cultivate Trust

Shift from a system which perpetuates mistrust in institutions and individual motivations to a more transparent, accountable environment which ensures credibility of its individual actors. TA should invest in systems that keep their users accountable and leverage them to scale trust : develop platforms and procedures for stakeholders to collaborate and share knowledge with reciprocity.

Nurture the existing system

Shift away from quick fixes that create unhealthy dependencies and sidestep challenges by generating parallel systems. For sustainable change, build on the existing infrastructure and optimize finances in the long term, promote government accountability even if it means sacrificing some immediate gains. .

01
Focus on the system as a whole

- 1.1 Start with a realistic, timely plan
- 1.2 Adapt a comprehensive, multi-sectoral approach
- 1.3 Step up coordination to minimize gaps and duplicative efforts
- 1.4 Ensure continuous funding to core priorities
- 1.5 Rethink incentives structures to maximize overall impact

02
Foster strong governance

- 2.1 Ensure the government is in the driver seat
- 2.2 Balance external expertise with local knowledge
- 2.3 Build local capacity
- 2.4 Engage communities in development process
- 2.5 Avoid one size fits all approaches
- 2.6 Follow local protocols adjust cadence accordingly

03
Nurture the existing system

- 3.1 Adjust budgets to reflect realities on the ground
- 3.2 Prioritize sustainability and longer term thinking
- 3.3 Strengthen state accountability mechanisms
- 3.4 Invest in existing structures and make do with local resources
- 3.5 Move from donor dependence to a self- generating funding model

04
Cultivate trust

- 4.1 Move from a competitive to a collaborative environment
- 4.2 Create space to iterate: learn from best practices and failures
- 4.3 Inform future priorities through community feedback loop
- 4.4 Build reciprocity in the evaluation
- 4.5 Change the culture of data

Conclusions

COVID-19 pandemic and implications for the critical shifts and principles of good TA

COVID-19 highlights the danger of countries being dependent on external partners providing TA.

For example, in Malawi, key experts were repatriated on the day the country held its first meeting to plan their response to COVID-19.

- **The proposed critical shifts and principles of TA are not only relevant but urgently needed**
- **Country ownership and focus on the whole system is an imperative**
- **COVID-19 has changed the mindset of "meet in person“ a cost driver in TA**
- **COVID-19 is an opportunity for innovation**

How?

Invest in technology rather than travel

- Use virtual platforms for capacity building

Strengthen national and regional institutions to coordinate efforts and make context-specific recommendations

Reimagined TA will ensure efficient use of TA dollars, empower governments, build the capacity of institutions and have sustainable impact in lives saved.


What's next?

The DRC validating TA principles during COVID-19