Re-Imagining Technical Assistance for Maternal, Newborn, and Child Health and Health Systems Strengthening

Nigeria Country Case Study

March 2021

Federal Ministry of Health

CHILD HEALTH TASK FORCE

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This country case study complements the DRC country case study.

Les deux études de cas sont aussi disponibles en français (Nigeria et RDC).

Background

The Re-Imagining Technical Assistance for Maternal, Newborn, and Child Health and Health Systems Strengthening project (RTA) was an initiative funded by the Bill & Melinda Gates Foundation (BMGF) and implemented by the Child Health Task Force, which is managed by JSI Research & Training Institute, Inc.– JSI. The project took place in the Democratic Republic of the Congo (DRC) and Nigeria from March 2018 to September 2020.

JSI served as the technical partner for RTA, drawing on decades of experience implementing projects and conducting research in maternal, neonatal, and child health (MNCH), family planning, and health systems strengthening. Sonder Collective, the design partner, brought expertise in facilitating human-centered design (HCD) and co-creation processes with in-country technical assistance (TA) stakeholders.

RTA collaborated with in-country TA stakeholders (i.e., representatives of the government, civil society, multi- and bi-lateral organizations, and the private sector) in a co-creation process to 1) map barriers and opportunities in how TA is designed and delivered, 2) co-create a shared vision and concepts for a new approach to TA, and 3) test, iterate, and develop new models for TA.

To achieve these goals, it was critical to begin with a multidimensional understanding of how people experience TA in their environment. As a result, RTA employed an integrated approach that combined HCD, co-creation, and systems thinking. The projects HCD activities focused on understanding the human experience of TA, including individuals' attitudes, motivations, and behaviors, as well as social and cultural determinants, such as social norms and group identity. Learnings from this process were leveraged to explore systems-level ideas with the most potential for addressing TA challenges described by key stakeholders and identifying potential improvements.

The project"s co-creation process involved activities to co-construct with key stakeholders knowledge about the landscape of TA and co-design concepts of what TA could look like in the future, while taking into account the diverse needs and preferences of stakeholders within and across countries. (More information on the co-creation process can be found in the DRC country case study.)

RTA's combined HCD-co-creation approach used in-depth interviews and collaborative workshops to engage country stakeholders and facilitate interchange among them. Interactions with stakeholders explored key questions such as the following:

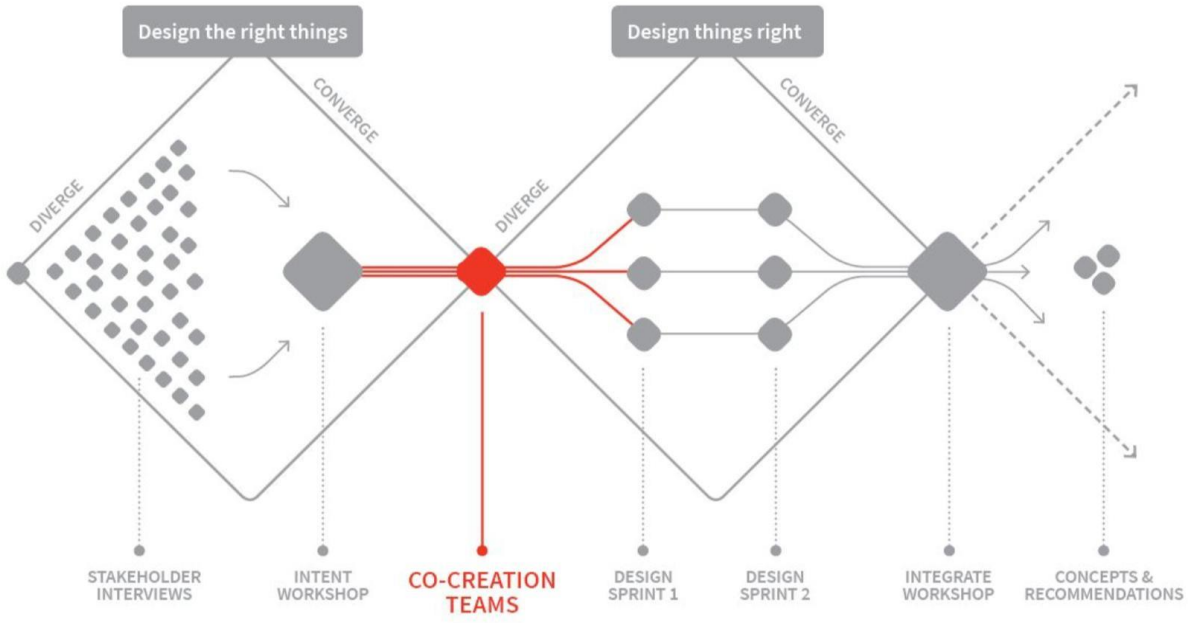
- Who are the "users" of TA?
- What are the characteristics of TA?
- What are users' experiences with TA?
- What user problem(s) are we solving for?
- What does the ideal future of TA look like from users' perspectives?
- What are the leading opportunity areas for change?
- What are the guiding design principles for change?

More information about RTA overall is available at https://www.childhealthtaskforce.org/countries/ and more information about RTA in Nigeria is available at https://www.childhealthtaskforce.org/countries/nigeria

Process Spotlight: Human-Centered Design and Systems Thinking

RTA adopted HCD as a process to enable a wide range of stakeholders to collaborate on identifying TA challenges and potential solutions. HCD is based on the use of techniques such as communication, interaction, empathizing, and stimulation to understand people's needs, desires, and experiences.[1] HCD involves a creative problem-solving process that incorporates cycles of divergent and convergent thinking (see Figure 1 below) to design solutions (e.g., services, products, systems) based on the needs and behaviors of people. While divergent thinking creates space for many perspectives, experiences, and ideas, convergent thinking involves clustering, prioritizing, synthesizing, and making decisions to reach desired goals.

Figure 1. HCD Convergent and Divergent Thinking Methods



In design thinking, the universe of possible ideas is created (what we call 'divergent thinking'), followed by a process of narrowing down to the best idea (what we call 'convergent thinking'). The Double Diamond is a simple visual representation of the iterative nature of the design process, indicating that the divergent and convergent thinking phases happen twice; first to confirm the problem definition and then to create the solution. For more information about the co-creation process, the different phases (intent workshop, design sprint, and integration workshop), and key outputs, please consult the complementary DRC country case study.

In essence, systems thinking is the art and science of making reliable inferences about behavior by developing an increasingly deep understanding of the structures underlying it.[2] It involves the ability to represent and assess dynamic complexity (e.g., behavior that arises from the interaction of a system's agents over time), both textually and graphically.[3] The RTA systems-thinking approach involved analyzing health system stakeholders, their power relationships and interactions with each other, and knowledge flow and decision-making structures.

Discovery research was the process of qualitatively exploring a given question through ethnographic methods to gather responses, perspectives, motivations, and barriers on how to improve TA. In RTA, HCD discovery

research (e.g., stakeholder interviews, observation, guided storytelling) also included reviews of the published and grey literature on TA and its effectiveness, challenges, and opportunities for improvement. This phase of research led by the RTA team enabled them to be immersed in the topic areas (e.g., data management and sharing between actors, community inclusion, accountability for all, streamlining and standards) as well as in the insight gathering process which was conducted with a variety of actors such as representatives from the Federal Ministry of Health (FMOH) programs at all levels of the system, government representatives at the federal, state, and local levels, technical assistants, community and religious leaders, health advocates, private foundations, and healthcare providers. Figure 2 is an image from an HCD discovery research workshop.

Figure 2. HCD Discovery Research Workshop in Abuja

At the workshop, RTA project staff served as external brokers of conversation about TA, including suggestions for its improvement. Post-it notes allowed stakeholders to share visually their perspectives on TA challenges and solutions.

Interviews with private- and public-sector TA stakeholders in Nigeria provided opportunities to gather insights into TA barriers and challenges. The team conducted 39 stakeholder interviews in Nigeria. Among the nine government actors interviewed were representatives from the FMOH, the National Primary Health Care Development Agency, the Chairperson of the Senate Health Committee, and the National Planning Commission. Among the 30 TA providers interviewed were representatives from the World Health Organization, UNICEF, the World Bank, the European Union, the United States Agency for International Development, the Japan International Cooperation Agency, the BMGF Nigeria country office, and the United Kingdom Department for International Development. RTA staff distilled the interview findings into key insights and opportunity areas (see Table 1).

Table 1. Opportunity Areas Identified in Nigeria through the HCD Process

Re-imagining interactions to build local ownership for greater sustainability	Re-imagining knowledge flow to support strategic decision making	Re-imagining incentives to build greater workforce capacity and maximize impact
While local ownership of TA initiatives is key to achieving sustainable impact, initiatives continue to be mostly top-down and largely driven by donors' agendas.	There is ambiguity about who makes decisions about TA priorities, what informs the decisions, and how they are communicated to the broader network of stakeholders.	Resources for workforce development are not optimized due to poor identification of the target audience, improper use of incentives, and evaluation criteria that fail to measure the impact of training.

RTA used HCD and co-creation processes (the latter further described in the DRC country case study), which allowed the team to create a safe foundation for sharing TA experiences and exploring possibilities for a new approach to TA.

With HCD, the project was able to develop a varied set of findings and outputs, including but not limited to:

- **An actor map** examining the interactions between TA actors helped to create a deeper understanding of the TA ecosystem and pinpoint its challenges.
- **Actor profiles**, which involved considering actor roles, motivations, and challenges, helped to gather diverse points of view and suggested actions.
- **Co-created concepts about the future of TA** developed by the co-creation team built on the opportunity areas identified.
- **A shared vision of a new approach to TA**, which was developed based on understanding the context of Nigeria and determining which of the proposed TA models would be the best fit.
- **Case studies** of TA models in use in Nigeria (both traditional and innovative) helped to identify trends and opportunity spaces.

HCD Lessons Learned

A design process is always unique to the context in which it operates. While this project's design process did not evolve exactly as planned, it is hoped that the following key lessons learned in RTA will be applied to inform future design projects.

Clarify vision and intent to key stakeholders. When working with a short timeline and geographically dispersed teams, a kickoff event is necessary to clarify vision and intent, identify roles and responsibilities, and define key stakeholders. Kickoffs are critical to successful design initiatives because they help to develop a shared understanding of who owns the outcomes of the work, who leads the process, who holds the vision and keeps the group heading in the right direction, and what joint success and next steps look like.

Allow sufficient time. When working with complex design challenges that involve governments in multiple countries with stakeholders using two or more languages, sufficient time must be allocated. Time is critical for establishing trust and building relationships in-country, not hurrying essential processes, and executing tasks effectively. It is wise to devote three to six months to build the trust and relationships with in-country

stakeholders that are necessary to implement a constructive design process. Time must also be allocated to translate documents and meeting notes, read transcripts, and write reports. In addition, time must be budgeted to synthesize and communicate findings in two or more languages, or in a single language in which some stakeholders are not fluent. Language issues, in fact, impact a project's timeline, communication strategy, staffing, and budget.

Sequence country engagement. When testing a novel approach to a complex design challenge in more than one country, it is best to use a phased process. Protocols and approaches may need to be developed and tailored to each setting. Conducting parallel processes simultaneously in two countries can be problematic, dissipating focus and inhibiting designers' ability to learn and adapt a given approach before launching it in another setting.

Adapt and pivot. When working in settings where major unexpected events (e.g., coups, changes in leadership, natural disasters) can disturb the sequence of events and flow of a long-term project, the project team should be prepared to adapt design process as needed. Unanticipated events can lead to significant delays in key design activities, ineffective use of staff time and resources, and a loss of momentum. Timelines should be nimble enough to reschedule workshops and support the implementation of creative solutions when activities cannot proceed as intended.

Clarify ownership and leadership. With projects like RTA, it is essential to come to consensus with the intended owners and leaders of the work about what leadership and ownership mean in practice and who will adopt which role throughout the process. Not only should the intended owners (e.g., the FMOH) be engaged and their approval and endorsements sought at the outset, but they should also lead and be fully involved in the activities for the entire project period. This approach can help to effect a smooth handover of the project to individuals who are fully steeped in the work. Projects should consider developing a timeline and activities for designing and implementing an ownership strategy.

Final Thoughts

The HCD process starts at the bottom and ultimately reaches the top. Beginning by identifying the needs of community stakeholders, designers work their way to understanding the inner structure at the top of the system, including those who have ultimate decision-making power. HCD was chosen for RTA because of its inclusive process of bringing the voices of the less heard to the forefront and allowing stakeholders to sit together to craft ideas and recommendations through a consensus process, and, in so doing ensure greater buy-in and ownership.

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