April 2020

DRC + NIGERIA

Re-imagining Technical Assistance

Global Design Principles

Nigeria and the Democratic Republic of Congo Case Study

DRC
+
NIGERIA

April 2020

Re-imagining Technical Assistance

BILL & MELINDA GATES foundation

JSI

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Summary

What this document is about?

Purpose

This document summarizes and synthesises key learnings and outputs from the Re-imagining Technical Assistance project in Nigeria and the Democratic Republic of Congo. In addition to highlighting the process followed and lessons learned, the document focuses on presenting an initial draft of design principles for better Technical Assistance, which are rooted in the voices of stakeholders who participated in this project.

Audience

This document is intended for professionals working with Technical Assistance in global health and development. While the data has been drawn and co-created with stakeholders in Nigeria and the DRC, we hope that the design principles, learnings and action points can inspire other countries and stakeholders.

Use

This document is not only a report summarising activities and outputs from the project. Its visualizations, overviews and tables can be used as a playbook in Technical Assistance strategy work, planning, workshops or other dialogues meant at rethinking Technical Assistance approaches.

The project team

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 to 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 achieve the ***2030 Survive, Thrive, and Transform Vision.***

Lexicon

DRC	*the Democratic Republic of Congo*
HCD	*Human-Centered Design*
MoH	*Ministry of Health*
MNCH	*Maternal Newborn & Child Health*
TA	*Technical Assistance*
TOR	*Terms of reference*
SOP	*Standard operating procedure*
IPs	*Implementing Partners*
NPHCDA	*The National Primary Healthcare Development Agency (sits within the Ministry of Health in Nigeria)*

01

Project Background & HCD Approach

Project background

The starting point for this project

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.

Technical assistance is often referred to as the non-financial support to aid planning, delivery and monitoring of health services and may include sharing information, implementation expertise, skills training, and the transmission of working knowledge and technical data etc.

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.

The problem framing

Despite efforts to coordinate planning, priority setting and programming for RMNCH and HSS, countries are flooded with organizations providing technical assistance on a short and long-term basis through project staff and individual consultants outside the country RMNCH roadmaps. This technical assistance is often not aligned with national priorities.

On one side, weak health systems' governance structures, lack of trust in the government-led priority setting and planning process, and lack of accountability lead to donors working outside government-led structures and systems.
On the other side, there is little incentive in for investing in a systems approach to providing technical assistance because funders want quick results and lasting change takes time.

As a result, the technical assistance is designed to focus on a specific strategy or a limited package of interventions with quick, but less sustainable results. Improving the design and coordination of technical assistance needs to address these two sides of the problem and create shared expectations and accountability mechanisms between the government and funders and their implementing agencies.

Approach and Objectives

This project followed a participatory and Human-Centred Design approach. This meant we designed with the experts operating in and experiencing the current models of technical assistance because they have the greatest expertise and insight to change them.

'We spend a lot time designing the bridge, but not enough time thinking about the people who are crossing it'
- Dr. Prabhjot Singh, Director of Systems Design at the Earth Institute

The aim was to understand the internal determinants (attitudes, expectations, past experiences, current knowledge, current behaviour, motivational intent) as well as social determinants (social learning, social norms and group identity) involved in technical assistance interactions.

Key objectives

To use a combined Human-Centered Design and Systems Design approach to:

- Map current ***barriers and opportunities*** in how technical assistance is planned and delivered
- Co-create a shared ***vision and concepts*** for the future of technical assistance delivery
- Test, iterate and develop a model / ***prototype(s) and roadmap*** for technical assistance delivery

Why Design?

Design to surface the human experience

Using the design research methods of Human-Centred Design, all actors involved in a system share their human experiences with technical assistance in creative workshops and in-depth interviews. Design captures the real and raw voices of those who interact and engage with technical assistance and allows them to engage at equal levels.

Design to imagine the future

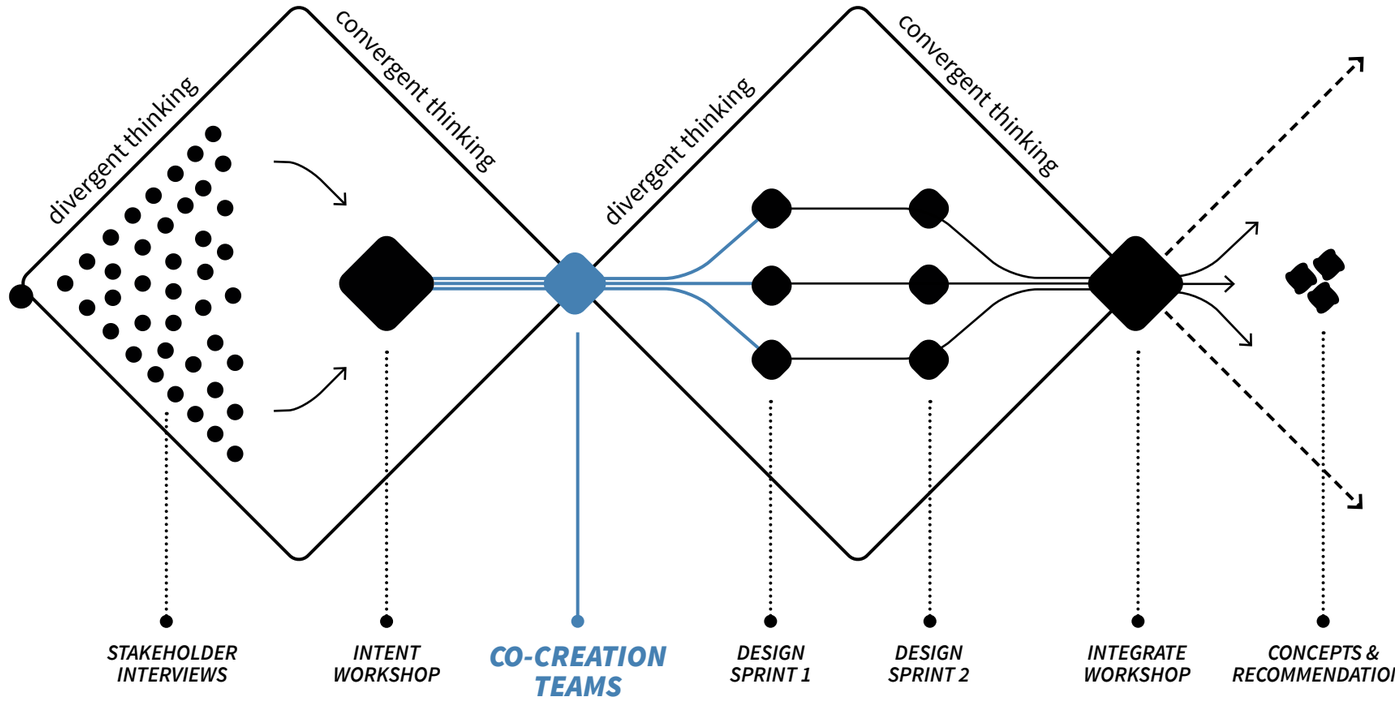
Using visual thinking methods and prototyping activities, participants of a design process move quickly from thinking and talking to producing. Different tools help with imagining and ideation as well as with decision-making and prioritization.

Design to co-create the first step

Co-design means one does not start with knowledge; rather, knowledge is constructed with the actors in the system. In fast paced and interactive workshops and design sprints, participants build prototypes of the change they want to see.

The design process

Human-Centred Design is a creative problem solving process that goes through phases of convergent and divergent thinking (as pictured in the double diamond graphic shown on the right) to design solutions (services, products, systems) around the needs and behaviors of the people using them.



Divergent refers to inviting many perspectives, experiences and ideas into the process. Convergent refers to the process of clustering, prioritizing, synthesizing and making decisions. A design process applies divergent and convergent thinking modes throughout the process.

In most cases, a process starts with an immersion to the topic area and insights gathering from a variety of stakeholders and actors through field research (e.g. stakeholder interviews, observation, shadowing, journey mapping). Teams then distill and define the human problem to be solved into key insights and opportunity areas. In a series of ideation sessions, co-design teams develop a variety of ideas and concepts, which are prioritized and evaluated. Through prototyping, testing and iteration, concepts and solutions are being developed and refined by users until a final version is viable, feasible and desirable.

An executed design process often differs from a planned design process. This is due to the iterative and adaptive nature of design processes, which allows the team to pivot into new directions or go one step back to, for example, conduct more research based on what insights emerge.

The above graph is a simplified visualization of the design process conducted in Nigeria and the DRC. The design processes played out differently in each geography due to different timelines, stakeholder engagement strategies and other constraining factors. An overview of how the process worked differently in each country is available further down in the document.

The key questions this project has set out to investigate

1

The Strategic Context

- *What problem(s) are we trying to solve for?*
- *What does the future state success look like?*

2

The Country Context

- *What is the country health system model and how does it work?*
- *How does technical assistance fit in to the health system?*
- *What are the different 'typologies' and/or 'functions' of technical assistance?*

3

The People

- *Who are the 'users' of technical assistance? What differentiates them?*
- *What are their motivations, needs and frustrations?*
- *What are the relational/ social/cultural dynamics at play between different users?*
- *What are the user experiences with technical assistance?*

4

The Challenges

- *What are the layers of theory/themes/metaphor that can begin to tell a story?*
- *What are all the nuanced insights and quotes from the research?*

5

The Opportunities

- *What are the big opportunity areas for change?*
- *What are the specific 'How might we' questions to explore in the next phase?*
- *What are the emerging ideas and concepts for change?*
- *What are the guiding design principles / design criteria for evaluating future concepts?*

The methods used (i)

Design research is the discipline of conducting research to inform a design process and to ultimately inform solution design.

Design through research

The aim of design research is not the creation of new knowledge through following a scientifically validated process but rather for designers to gather insights on user experiences, barriers and opportunities that can be turned into action in the design of solutions. Design research uses a variety of qualitative tools to gather insights. Designers apply design research throughout the design process. In addition to design researchers, an anthropologist was part of the team in the DRC, to bring a deeper analysis and understanding of the cultural dynamics at play within TA.

Stakeholder interviews

We conducted numerous stakeholder interviews in Nigeria and the DRC at different phases of the process to gain a deep understanding of the experiences of actors with Technical Assistance. The interviews evolved around the different roles of technical assistance within each country's health system, good and bad experiences with TA, dynamics and relationships between different actors and flagship models or best practices with technical assistance.

Workshops and co-design sessions

Throughout the 16 month process, the team conducted several workshops to engage stakeholders in the design process. Details about the workshops can be found in the Appendix and in a separate documentation.

During these co-design sessions, stakeholders worked in groups to define the problem, identify opportunities and areas for change, ideate and prototype solution concepts, and pitch the ideas to government representatives.

Co-Creation team

An important part of the design process was the establishment of a co-creation team. Participants of the workshops were invited to join the co-creation team to bring their expertise and continuous engagement to the design process to ensure ownership over the ideas developed and capacity building of participants in Human-Centred Design. The DRC benefitted from a consistent co-creation team over the course of the whole process, which had a big influence on the success of the initiative.

The methods used (ii)

Intent workshop

In this workshop, the team build a shared understanding of what it means to re-imagine technical assistance and identify opportunities for change. The objective was to align intent among all stakeholders and create a shared understanding of the problem and the process. The co-creation teams were formed.

Co-creation workshop (only in the DRC)

In this workshop, the co-creation team develop concepts and prototypes based on the opportunity areas developed in the intent workshop and tested them with stakeholders.

Design Sprint

In Nigeria, 3 design sprints were conducted in parallel over 3 days to move small co-creation teams through a design process from opportunity areas to concepts. Each team created a set of concepts. In the DRC the co-creation team iterated on their concepts from the earlier co-creation workshop.

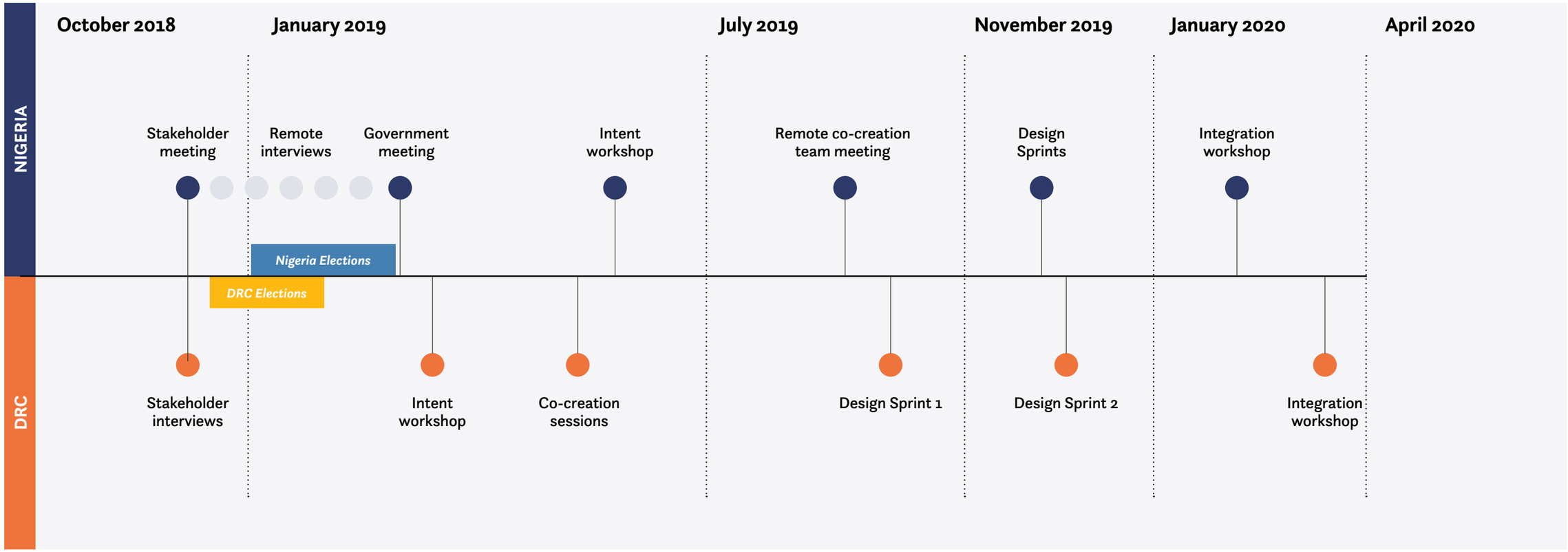
Integration workshop

The integration workshop brought all stakeholders together for a last time to review concepts developed and refine them, finetune the design principles and build a roadmap for change. Outputs were presented to government representatives.

Process overview Nigeria and DRC

The original plan of conducting 3-4 design workshops within a timeline of 8 months expanded to a timeline of 16 months. Establishing relationships with the government and gaining trust and interest by stakeholders was interrupted by elections in both countries.

The project gained traction only after the elections in both countries were finalized and governments had formed. The team conducted additional co-creation sessions in the DRC to include an additional iteration of concepts.



Lessons learned

A design process is always unique to its context. There are many learnings over the course of a long project journey. Not everything went according to how it was envisioned and planned. Our key lessons learned can be used to inform future design projects.

1 **Clarify intent with key stakeholders.** With a short timeline and teams spread globally, the work was started without a proper kick-off to clarify vision, intent and key stakeholders for this work. Without a very clear picture of who owns the outcomes of this work, who leads the process, who holds the vision and what joined success and next steps look like, the team struggled at times with finding the right direction. A proper kick off to clarify intent, establish roles and responsibilities and define the key stakeholders involved is a cornerstone for a successful design project.

2 **Allow the time** needed to work with complex design challenges that involve government and more than one country. The 8 months timeline was unrealistic given the complexity of the work. The true time for this project was 18 months. Because the project started out with a sense of urgency and speed, some activities such as establishing trust and building relationships in country were too rushed and poorly executed just to keep the team moving. It is wise to plan in about 3-6 months to build the trust and relationships to run a good design process with stakeholders in country.

3 **Make time and resources available** to manage different languages. Working in two languages at the same time was hard for the whole project team, as not everyone was fluent in both languages. Teams had to wait for translations before reviewing reports and it took more time to synthesise and find a common language between the two counties. It is crucial to assess the impact of language on project timeline, communication, budget and ultimately success.

4 **Phase countries.** Using a novel approach on a complex design challenge is hard work. Lots of things will go wrong or need to be developed from scratch. Doing so in two countries at the same time is very demanding, takes focus away, and omits the possibility of learning and adapting. For projects with more than one country involved, it is crucial to consider a phased country approach.

5 **Adapt and pivot:** In situations such as force majeure hindering a design process to flow, the design process can and must be adapted to the circumstances. The project was designed around the idea of a set of workshops closely aligned to the stages of the design process. When both countries underwent elections and change of leadership, design workshops could not happen, which lead to drastic delays and stagnation among the project team. In the case of this project, the team was too focused on trying to make the workshops happen as they had been planned out in the original proposal rather than figuring out other creative ways to keep the process moving. The cost was a lot of time and resources.

6 **Ensure co-creation team buy-in and consistent participation.** Having a co-creation team owning the project on the ground and providing technical expertise worked well in the DRC, less so in Nigeria where participation and consistency of stakeholders throughout the process has been a challenge. In the DRC the co-creation was ready to take things over once the project was done because they had followed along and knew the process and findings, which facilitated the sense of ownership. Consistent participation and a co-creation team that can put energy and focus into the process is essential for the sustainability and success of the project.

7 **Clarify ownership and leadership** The project was envisioned to be lead and owned by the MOH of the respective countries. At the start of the project, the MOHs were engaged and their approvals and endorsements were sought. In this new type of project, it is essential to clarify and collaborate with the intended “owners” and “leaders” of the work, what leadership and ownership means in practice, and how roles will play out through the design process. The team found itself struggling to hand ownership over to the country, when the MOH was used to endorsingand presiding over activities, but not actively involved in them. For future projects, separate time and activities should be planned to develop an ownership strategy.

Considerations

This documents focuses on the perceptions, applications and challenges with TA within Nigeria and the DRC, outlining areas of change and design principles to support stakeholders in developing global solutions.

The following considerations should be taken into account for the application of the outputs and learnings to other contexts.

1 Political shift in leadership and ownership is required

We noted that there were different perspectives and attitudes toward change among the stakeholders we worked with. Within the DRC, there are tensions between the push for a fundamental shift in how the health system is managed versus incremental change or tweaking existing procedures. Change will require the leadership to negotiate and manage these tensions. Some are willing to experiment with new ways of approaching systemic issues, but other experts see the drafting of documents and the legal system as a way forward. Both of these approaches may hinder the implementation of concepts.

In Nigeria, ownership is currently defined largely as giving approval and being updated about activities on the ground. A shift is needed to a more active role where government ownership means driving the strategic vision and leading the coordination effort to accomplish it.

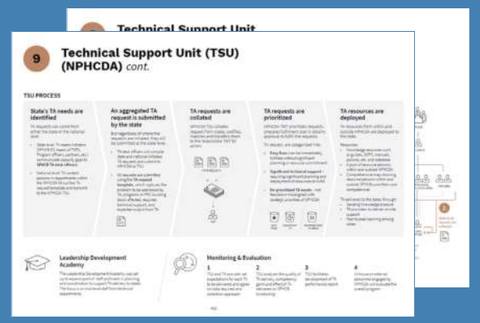
2 Verify findings with a wider set of actors

Recommendations have been created in a collaborative manner. The implementation phase should continue to include all voices (NGO, Donors, Government). However, it is important to note that a large proportion of the actors present during the co-creation phase was made up of representatives of the MoH for the DRC and the MoH and IPs for Nigeria. It is essential that all groups are represented equally so the points of view captured are not biased toward one group only. Moving forward, donors and technical assistant opinions should be consulted regarding the feasibility of some of these concepts.

3 The project outputs are based on 2 countries with similar healthcare systems

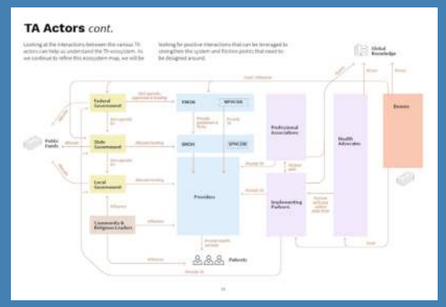
As this document represents two countries with a similar decentralised health care models, it is essential to verify these findings in different contexts before making recommendations and conclusions across a wider set of geographies.

Nigeria Outputs



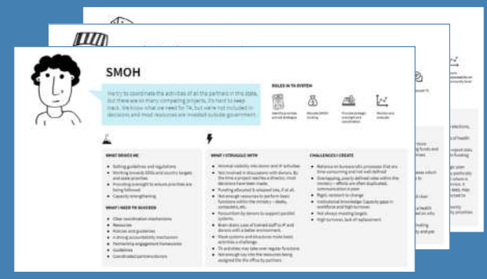
Case Studies

Unpacking existing TA models in use in Nigeria (both traditional & innovative) helped us identify trends and opportunity spaces.



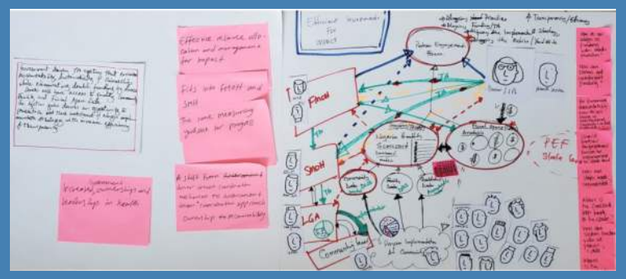
Actor Map

Looking at the interactions between the various TA actors helped us understand the TA ecosystem and pinpoint its challenges.



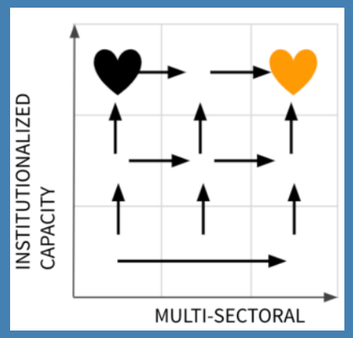
Actor Profiles

Considering actor roles, drivers, and challenges helped us build empathy for the various points of view and needs moving forward.



Co-Created Concepts

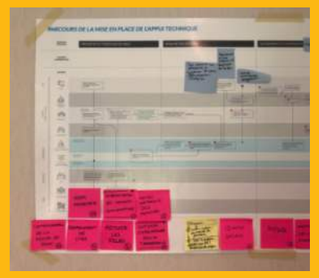
Based on identified opportunity areas, our local co-creation teams developed future TA concepts.



Shared Vision of future of TA

The co-creation teams also considered which models of TA best fit the Nigeria context, mapping which ones to move towards or phase out.

DRC Outputs



Insights and opportunity areas

During our ethnographic research and collaborative synthesis sessions we created a TA blueprint and defined three opportunities (see appendix) to solve the bottlenecks and related systemic problems. These opportunities were used as the basis for a co-design workshop with all actors in the DRC health ecosystem.

Definition of the concepts

From the co-design workshop emerged a series of ideas that aim to answered how might we questions posed in the opportunity areas. After the group had prioritized the ideas, we analyzed 29 ideas and combined them into 19 stronger concepts which each represent idea systems that can be implemented in the short and long term.

Sonder and JSI then reviewed these concepts to solidify their feasibility and viability. Based on these conversations, the concepts were categorized into 4 areas of change and matched to the design principles.

Roadmap for change and design principles

During the final Integration Workshop (March 4-6, 2020) co-creation team members prioritized the design principles and concepts within the roadmap for change.

The project's findings, and the prioritized roadmap were presented during a one-day stakeholder meeting that brought together a wider audience, including TA partners, donors, national and provincial representatives.

An action plan was developed for the country implementation of the project recommendations.

Next steps

Implementation of project recommendations is now under the leadership of the SG/MOH. The following steps were outlined in the action plan developed during the Integration Workshop:

- Synthesize project findings into a country policy document that is aligned with the country's UHC strategic plan and the National Health Development Plan (PNDS) investment case.
- Country policy document and tools validated at a stakeholder meeting.
- Submission to DRC regulatory bodies: Governance Commission, Technical Coordination Committee, and National Steering Committee for the Health Sector.
- Upon validation by the CNP-SS, the country policy document and tools are considered political documents and ready to be disseminated and implemented.
- Dissemination at the national level and in the 26 provinces. TA Follow-up Committee formed, focal point within the Directorate of Planning (DEP).

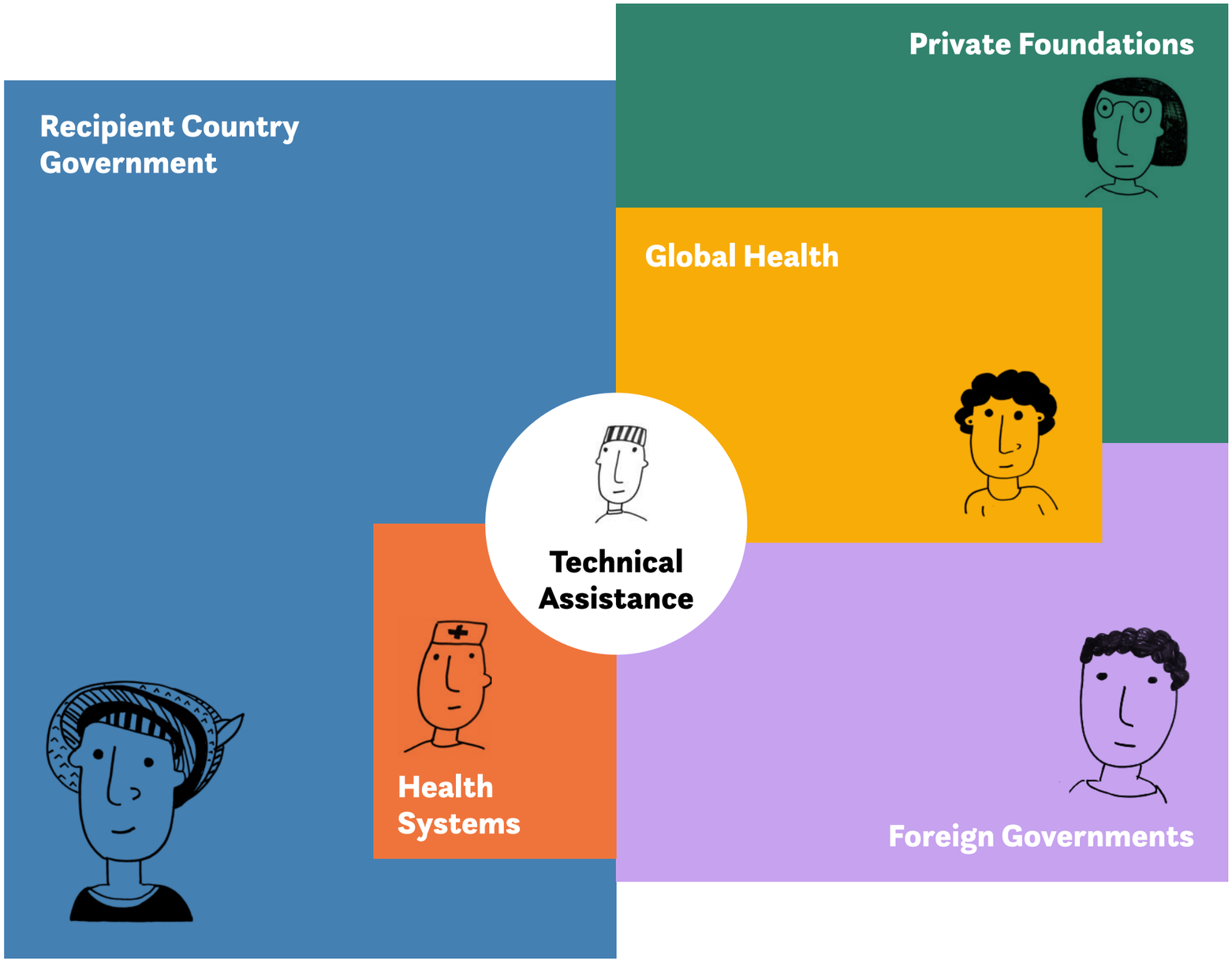
02

Definition of TA

What is TA in the words of local TA actors?

What is Technical Assistance?

Technical Assistance is a development mechanism: a complex system of actors, services and interactions. This system acts and interacts within other complex political, financial, academic and scientific systems: country government, country health system, foundations and public health.



TA definition divergences

Technical assistance has been defined in the literature mostly as non-financial or knowledge based assistance.

However, the complexity and diversity of contexts and applications have shown that there cannot be single definition of TA.

It is important to note that the actors within the two countries define and approach TA in different ways. This means that based on a series of influencing factors (political, social, cultural, economic etc.) TA processes, even though similar in approach, will ultimately be bespoke to each country.

Due to a breakdown of institutions and failure of the state to contribute financially to the salary of civil servants on a regular basis, the DRC strongly depends on external financial support to execute their yearly work plan (up to 46% of the annual budget comes from external aid in the financial sector).

Nigeria has more resources and stronger governance than the DRC, but political leaders are equally resistant to investing in healthcare without strong incentives from Donors or Partners. Much of the basic healthcare needs are still secured, at least partially, through outside funding. However, investment matching MOUs with states are becoming more common.

Both countries agree that TA:

- ***is a partnership***
- ***is external and/or internal support***
- ***builds capacity***
- ***is provided by specialists (often international) around technical, material, human and financial aspects.***

Instead of one definition, this document brings out the nuances of perceptions and experiences of the different actors with TA.

How do actors define and perceive TA ?

Voices from Nigeria and the DRC

CURRENT LITERATURE DEFINITION OF TA

Knowledge based assistance to governments intended to shape policies and institutions, support implementation and build organisational capacity (Technical assistance: New thinking on an old problem)

Technical assistance is non-financial assistance provided by local or international specialists. It can take the form of sharing information and expertise, instruction, skills training, transmission of working knowledge, and consulting services and may also involve the transfer of technical data.(UNESCO)

DONORS AND IMPLEMENTING PARTNERS

*"TA is an **integrated approach to the health system** to meet the country's needs."*
- Donor DRC

*"TA should not be imposed, it should be useful and **in line with the country's priorities."***
- Multilateral Partner

*"**Partnership, collaboration and communication** are of the utmost importance. Sitting down with the department is what TA should be about to make sure everything is coordinated and to provide appropriate support."*
- Bilateral Partner

*"TA is about **working together**, sweating together, and not just about success, it's also about failures and our ability to **learn from mistakes**."*
- Bilateral partners DRC

"The future of TA is the proper identification of the overall problem, the sharing of TOR between partners and validation from the government, and finally the provision of a multi-sectoral solution to the problem."
- Multilateral Partner DRC

"TA from my experience, I worked with government and this side, government people think 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 do advocacy. The confusion is created by the donors. We have deliverables/mandates that we are under pressure to deliver. We just want to check the box that something is done, and we don't care how it effects the government."
- Bilateral Partner NIGERIA

MINISTRY OF HEALTH

*"Technical support is the ability of local teams to fully play their role. This **capacity building includes technical, material and financial aspects**."*
- DRC

*"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.**"*
- DRC

"TA provide assistance through transfer of capacity and fund, bring the required expertise; facilitate empowerment; respond to needs felt."

"TA gets a value if the receiving hand is also willing to accept TA. We should have a clear justification for any TA coming externally. TA must be rational and have added value."
- DRC

The technical support must be global; it's resources that come from different places. Computers, fuel, supplies ... we must take into account the country's fragility. We have plans developed with international and national expertise. Execution is hampered by a lack of resources that the country cannot fully cover. The idea is to provide the financial, logistical and other resources that the country cannot fully cover."
- DRC

"Sharing of knowledge or skills (transfer); help with the implementation, the extension of activities, their implementation. "
- DRC

TA Typologies: Time

There are many distinguishing criteria for different TA approaches. One dimension that stood out was the aspect of time, as this is also reflected in many discussions with the co-creation teams in each country.

TA is implemented along a continuum between fast response to health crisis and longer term strategic improvements of national health systems.

Emergency response

- Expertise & Leadership
- Advice

A **project** has a defined start and endpoint and specific objectives that, when attained, signify completion.

Project

- Solution development
- Innovation
- Activities
- Training
- Reporting
- Catalytic

A **program**, on the other hand, is defined as a group of related projects managed in a coordinated way to obtain benefits not available from managing the projects individually.

Program

- Coordination
- Integration
- Cross-sector
- System stengthening
- Continuity
- Scale

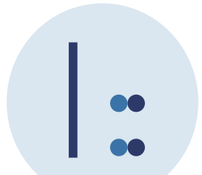
Strategy

- Data
- Problem diagnosis
- Advocacy
- Learning
- Strategy
- Coordination
- Communication

Reactive ⟷ **Strategic**

TA Typologies: 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:

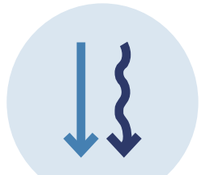


INDEPENDENCE

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



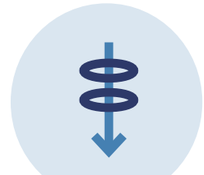
PARALLEL SYSTEM

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

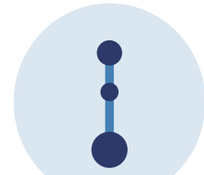
Speed & efficiency of external system is greater than that of the internal system



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

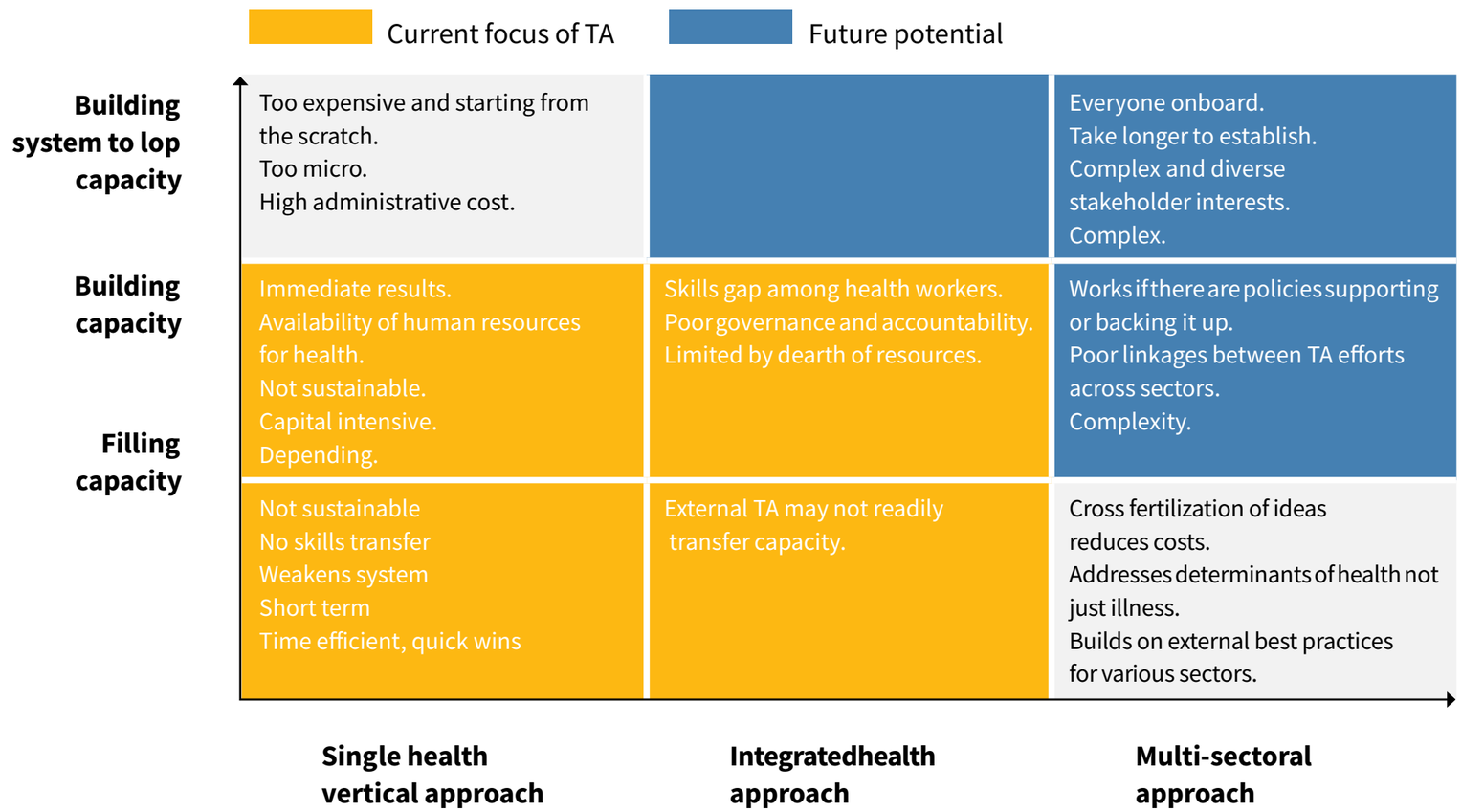
External actors attempt to collaborate more with the community so that TA has more impact

More partnership/ collaboration is observed during TA process

TA Typologies: Sustainability and future focus

Together with the local co-creation team in Nigeria we discussed future TA approaches in relation to capacity building and how they sit within the development ecosystem. The team analysed benefits and drawbacks of the different approaches and agreed that the future of TA lies in the upper quadrants of the matrix (shown on the right): **Technical Assistance that takes an integrated or multisectoral approach and develops in country systems to build capacity.**

However the team agreed that a careful analysis needs to be done each time based on the challenge at hand. For an emergency response, for example, a single health approach using capacity filling might be the right thing to do given the parameters at play.



03

Actor Relationships

What are the dynamics at play between TA actors?

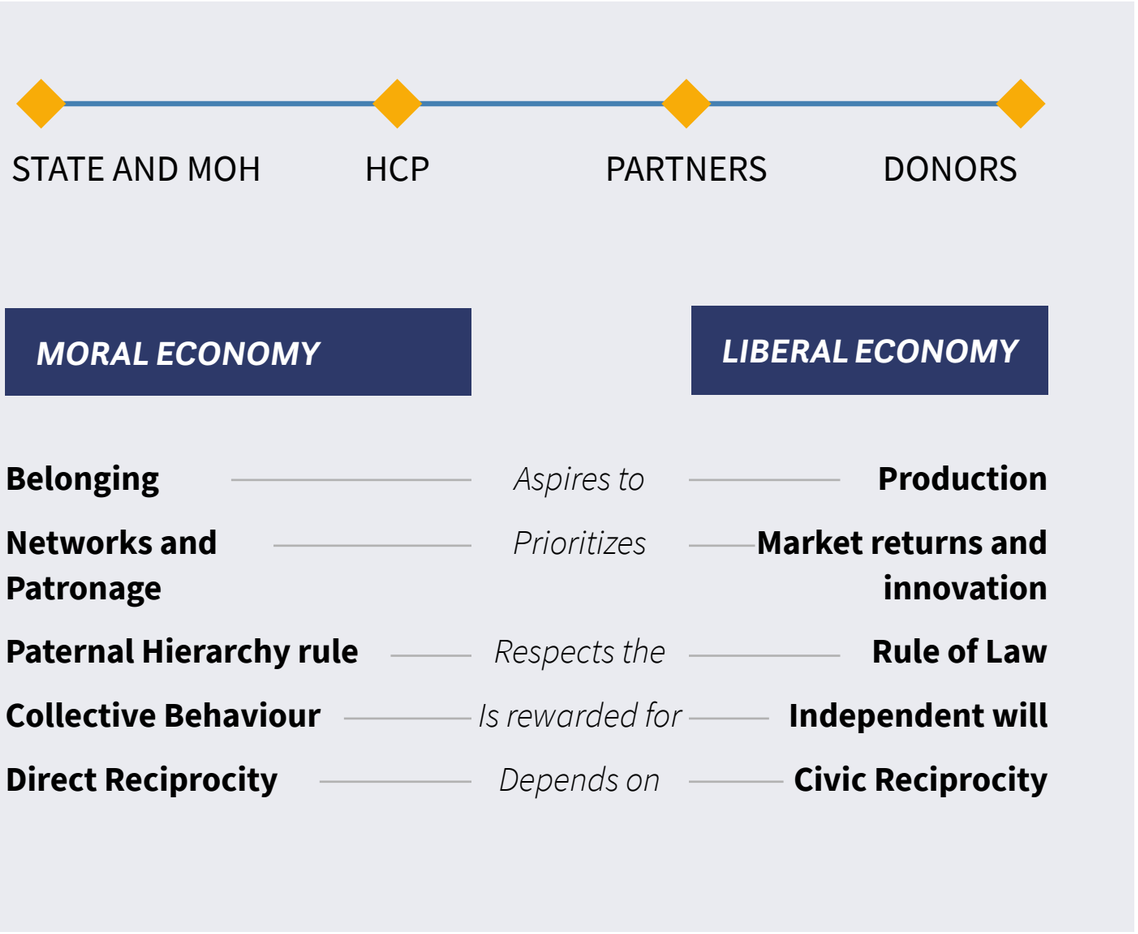
Competing value systems undermine trust and cooperation between key actors

Gift-giving in Two Economies

The theory by anthropologist Marcel Mauss that all human interactions are driven by acts of gift-giving is useful to understand the underlying dynamic shaping relationships between all TA actors. For Mauss, all humans gift or give in order to get something in return: either power (information or finance), status (recognition and meaning) or social bonds (network and protection). The nature of these returns vary depending on the types of economies, the TA actors exist in. If one were to schematize TA actors can live in either more "moral" economies or more "liberal" ones.

The value systems of the donor and recipient state (in this case Nigeria and the DRC) are fundamentally different which means that these two poles of power have inherent tensions.
By acknowledging these inherent tensions and being aware of them upfront, TA can be designed to align with both value systems.

Donors and partners aspire to more liberal values while civil servants, more moral ones. As such donors encourage innovation, change for more efficient productivity and individual responsibility, while the MoH promotes the strengthening networks, social belongingness and patronage. Obviously these tendencies exist on a spectrum, but overall while both individuals in moral and liberal economies 'give to get' power, status and social bonds, they do this differently.



TA Actors

The TA system is made up of many actors, some with overlapping roles or competing priorities. All exercise different levels of power over each other. Below is a list of the different TA actors that have been mapped through this work. Being aware of the inherent power dynamics and multiple roles, helps to navigate and strategize on new TA approaches, challenge these dynamics, and involve actors in the right moment.

State/ executive branch

Federal and State Government
Set policies that drive the agenda of the Ministry of Health, fund the MOH, and sanction donor activities in the country. They also allocate and release health funds. They often enter into agreements directly with Donors.

Sub-nationalandlocalgovernment
Provincial departments make sure that the needs of the community are gathered and transferred to the top, to feed into the health nation planning.

MOH

Leadership
Mainly responsible for policy and technical support to the overall health system. Sanctions donor activities in the country. Allocates and releases health funds.

Provincial and district levels
Responsible for secondary hospitals and for the regulation and technical support for primary health care services. Play a key role in implementation. Influence where a facility is built or exactly who should be trained.

Donors

Private Foundations
Work through Implementing Partners to deliver on a set strategy.

Foreign Governments
Unlike Private Foundations, Foreign Governments often have to follow specific protocols to engage with the recipient country governments. Their processes are usually slower and more top-down. Their agenda is largely set by their country's own legislature.

Implementing partners

Conglomerate of partners and Professional associations
Play a key role in working with the government to set guidelines and strategic health plans, and ensure such plans and guidelines are disseminated to the subnational level. They are also providers of TA.

Health Advocates
Health advocates function very similarly to Implementing Partners. What sets them apart is that they have a country strategy and only seek funding for work that fits under that strategy. They use the data collected at the subnational level to advocate for changes at the federal level.

Community

Community & Religious Leaders
Have a lot of influence on the users of healthcare services as well as the local governments. Implementers must engage them to get approval and feedback.

Healthcare Providers
Providers at the primary level are mostly the recipients of TA. Providers on the secondary and tertiary levels are likely to both receive and provide TA.

Multilateral and Bilateral partners

Can be both donors and implementing partners. Can be funded by donors to execute a specific program or project. They work directly with all local stakeholders and are major providers of TA. They can also be subcontracted by other IP to coordinate and help deliver TA on specific health zone and district, insure training etc

Power Dynamics
Executive branch

The executive branch has the power to approve or halt any activity in country. They set priorities, policies, and allocate/ release public funding.

They will make decisions based on where they can get the most funding, therefore deviating from their own priorities or national issues of importance.

Exert power over: Donors, IP, MoH, Communities

● Power points ● Tension points

SETTING PRIORITIES	FUNDING	ACCOUNTABILITY	COORDINATION
Determine state priorities and which projects to support. Resistant to change and highly dependant on the current leadership capacity and strength. Set policies that drive the agenda of the Ministry of Health, fund the MOH. Make decisions based on electibility and pet project. Request TA. Will say yes to any opportunity for more funding, but don't have matching funds and political will to follow through on promises. Donors often come directly to them to advocate and sign agreements. Donors bypass the MOH and strike deals directly with local government.	Allocate and release the government funds for health. Will make funding decisions without a health background, might not be sensitized on why issues are important. Provide counterpart funding to projects. Privilege pet projects.	Can sanction all donor and IP activities in the country. Not accountable to anyone - Lack of accountability mechanisms and operates with chronic budget overcommitments & late fund releases which make meeting commitments close to impossible.	Provide oversight. Not owning project and not coordinating.

Power Dynamics

MoH

The MoH has the power to set national health policies and provide technical support to the overall health system. They can also coordinate donor activities in the country.

They often adopt a laidback or even uncollaborative attitude towards IPs and donors if they feel sidetrackedstepped. The lengthy protocols and strict observance of hierarchies can slow down urgent decision-making, and in turn negatively affect the community in need of help.

Exert power over: IPs, Communities

● Power points ● Tension points

SETTING PRIORITIES	FUNDING	ACCOUNTABILITY	COORDINATION
Policy support to the overall health system. Planning commissions set guidelines and strategic health plans. Contract setting and negotiations with leadership. Planning commissions Identify priorities and set health strategies for the next year(s) and create a national dev plan in place. Sometimes not involved in discussions with donors. By the time a project reaches directions, most decisions, such as locations, have been made. Programs and departments provide technical support to the overall health system. Provide technical input during the creation of the work plan. By passed by donors - are sometimes not part of the conversation regarding the initial work plan of an initiative and discussion of proposal to determine if it is fitted to the needs of the beneficiaries. Programs and departments compile and develop priorities for their departement. Will sometimes seek financial gains and privilege donor and IP asks and turn away from their duties.	Leadership allocate funding for programs. Do not manage external funding for initiatives and are unaware where funds are spent.	Leadership allow and sanction donor activities in the country. Competitive relationship with IP TA coordinators, opacity and lack of data sharing push them to not be proactive and even block decisions.	Provide strategic oversight and coordination (leadership and planning commissions). Develop work plans and implementation plan with the IP.(programs and departments). Rely on hierarchical procedure and own network to get the information they need (programs and departments).

Power Dynamics
Donors

The donors have the power to allocate funds and determine a country strategy that fits their global agenda.

They may often prefer a cookie-cutter approach to TA and tempt governments to accept funds that are attached to their objectives rather than in line with the country priorities.

Exert power over: Executive branch, IP, MoH

● Power points ● Tension points

SETTING PRIORITIES	FUNDING	ACCOUNTABILITY	COORDINATION
Set a country strategy which fits their global agenda. Not always guided by country policies & regulations. Make agreements with the MoH and state governments to fund specific initiatives. Work through Implementing Partners to deliver on a set strategy. Emphasis on globally proven over locally grown initiatives.	Galvanize resources, allocating and releasing health funds. Not flexible: Set too many restrictions on how money can be spent, lock in project duration, no room to adjust objectives to reflect local context. Provide funding for chosen initiatives. Provide funding for chosen initiatives.	Oversee IPs to deliver on given project : most of their work is delivered through Implementing Partners. Drive for results: Too much emphasis on short-term, measurable results over long-term change. Rarely held accountable.	Instead of building on what the country is doing, create parallel efforts that undermine systems. Create unhealthy competition between IPs and between IPs and the MoH.

Power Dynamics
Implementing Partners

The implementing partners have the power to work directly with all local stakeholders/government to provide TA.

They will often execute the work, bringing in external capacities over local ones, and cultivate a culture of opacity regarding their activities toward the MoH.

Exert power over: MoH, other IPs (sub-contracted or partners), community

● Power points ● Tension points

SETTING PRIORITIES	FUNDING	ACCOUNTABILITY	COORDINATION
Work with MoH and local governments to implement donor-funded initiatives. Take shortcuts, which deliver on short-term targets but undermine the system in the long run. Provider of TA and help building capacities. Bring in external capacity as opposed to developing it locally.Don't always understand local context and needs. Execute the work rather than support the MoH. Work with donors and gov to design plans.	Receive and manage funds of donors to execute a specific program or project. Not transparent to in-country stakeholders on how money is spent.	Accountable to donors. Accountable to the donors, so end up prioritizing their interests over those of other stakeholders. Track & report on outcomes: IP complete initiatives within a set timeline & budget and demonstrate the impact our work has had on health outcomes. Monitor and evaluate results - will not provide an assessment of my performance.	Coordinate & deliver TA (national and sub-national levels. Put pressure on and "stretch civil servant to execute their priorities work, taking them away from their actual duties. Capacity to facilitate conversations vertically and horizontally. Keep opacity of information - fail to provide timely or regular update to MoH as per what they are doing. The MoH will try to coordinate the activities of all the partners but the many competing projects are hard to keep track off.

Power Dynamics
Community leaders

The community leaders have the power to influence what work should be done in their communities.

They may often lose sight of health priorities in favor of their own agendas, and prioritize activities based on what makes them look good rather than what's effective.

Exert power over: IPs, community

● Power points ● Tension points

SETTING PRIORITIES	FUNDING	ACCOUNTABILITY	COORDINATION
Gatekeeper to the community Provide approval for work in community. Not always aligned with the strategic plan. Seek to demonstrate the impact they can make for their community. In the quest for data may loose sight of health issues.	Determine how best to use available resources. May be incentivised to under/ over-report data to gain recognition or receive future funding for community. Help advise on where funding is best used. Infrastructure investment is usually politically motivated, the facility may be built where is not needed and may provide no service. It creates something the community sees, but it may just be the infrastructure and is not resourced to function.	Sanction and actively monitor implementing partner activities.	Can help the determination of location and scale of programs. Identify community health needs. Influence community participation & mobilization, community activities to drive implementation.

Power Dynamics
Health Care Workers (HCW)

The health care workers do not have much power in the TA system as they are mostly receiving TA and directives from other actors. However they have the power to adopt new protocols, provide quality care to the community and coordinate to collect relevant healthcare data.

They may prioritize certain areas of work, sometimes compromise quality of service and are dependant on incentives.

Exert power over: IPs, community

● Power points ● Tension points

SETTING PRIORITIES	FUNDING	ACCOUNTABILITY	COORDINATION
Beneficiaries of TA, adopt new Protocols Don't always follow protocols and guidelines May prioritize certain areas of work and compromise quality of service	Rely on TA to provide with basic supplies and training Partner projects add extra work to their job but also comes with incentives They have come to rely on and expecting centives to do the work. May develop a secondary activity in order to sustain themselves and therefore get side track toward a task.	They are accountable to their facilities, the local government depending on their position in the system) and IP. Competing priorities between regular job and incentivized project work	Collect and report health data Unhealthy competition between nurses and between programs Staff turnover is high Receive training/ supervision May participate in trainings that they can not apply back in the facility

04

Critical shifts

What needs to change?

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 have been articulated by local TA actors in Nigeria and the DRC and create a bridge between the challenges with the existing approaches uncovered by the Nigeria and the 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.
Lacks 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	Builds for sustainability (and resilience)	Shift away from investing in quick fixes, to a more patient 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.

05

Principles for good TA

How do we make the change happen?

The Principles Framework

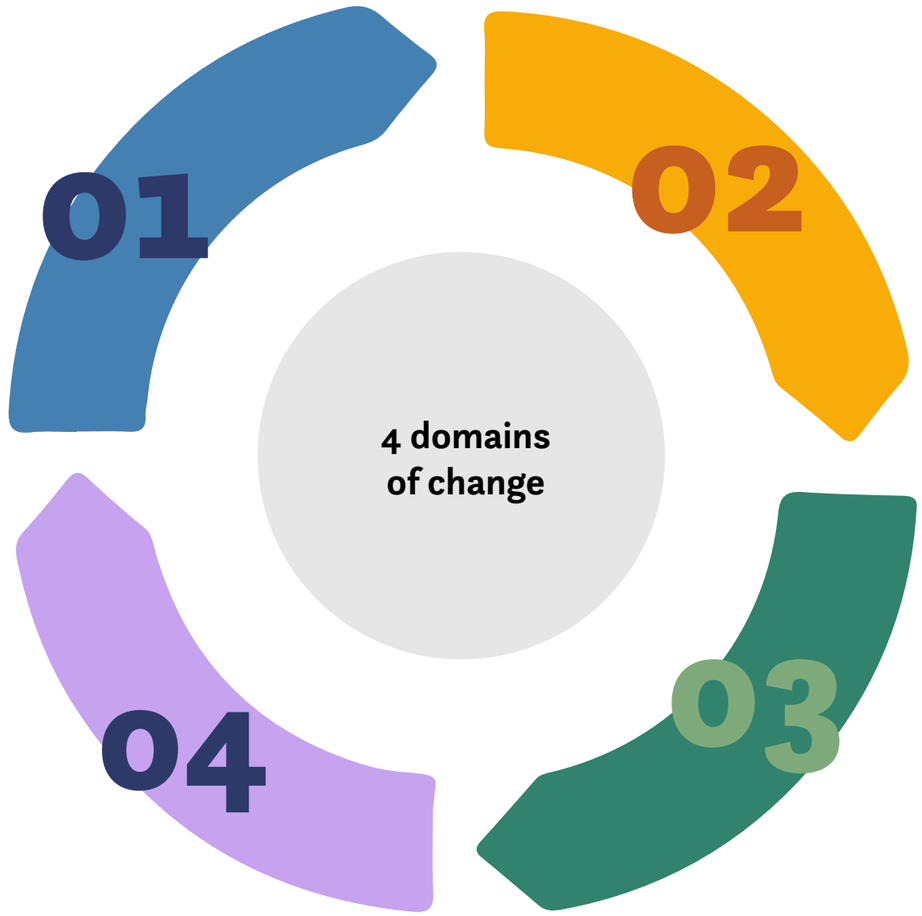
The design principles have been identified and co-created by local TA actors in Nigeria and the DRC and synthesized and finalized by the design process facilitators. The principples for good TA are organised into a framework of four areas of change, which built on the critical shifts. These four areas of change are outlined below.

01 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, multi-sectorial approach to problem solving, and distributing help more equally.

04 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.



02 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.

03 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.

The 20 principles for good TA

Under each area of change, 5 design principles have been identified. Each principle has a focus on inspiring action and contains a thorough description of the underlying issues as well as recommendation for action. In the following pages, each principles is explained in detail.

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** Minimize funding 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 local stakeholders and avoid one size fits all approaches
- **2.5** Follow local protocols and adjust cadence accordingly

03 Nurturing the existing system

- **3.1** Adjust budgets to reflect realities on the ground
- **3.2** Prioritize sustainability and longer term thinking
- **3.3** Strengthen the internal state accountability mechanisms
- **3.4** Invest in existing structures and work with local resources
- **3.5** Transition away from dependence on donor funding

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** Strengthen community feedback loops
- **4.4** Build reciprocity in the evaluation
- **4.5** Change the data culture

Focus on the system as a whole

Health issues can rarely be treated in isolation. TA should shift away from investing in individual health verticals to strengthening the system as a whole. This means exploring partnerships for an integrated, multi-sectorial approach to problem solve and distribute support more equally.

1.1 Start with a realistic, timely plan

1.2 Adapt a comprehensive, multi-sectoral approach

1.3 Minimize funding gaps and duplicative efforts

1.4 Ensure continuous funding to core priorities

1.5 Rethink incentives structures to maximize overall impact

1.1 Start with a realistic, timely plan

Good planning by the government at all levels of the system is crucial for coordination of efforts, ensuring accountability, and effective utilization of resources. Despite much time devoted to strategic plans, especially at the national level, the process for developing these plans is flawed, and, as a result, they are rarely referenced or implemented.

High level strategies are set with minimal input from technical people
Most agreements with donors/partners are made without the involvement of the MOH, yet have direct impact on what programs are supported and in which geographies initiatives will be implemented. Technical experts often find themselves retrofitting their work plans and existing activities on the ground to fall in line with the support they receive.

Plans are based on unrealistic budgets
Many governments are overcommitted, meaning their planned spending far exceeds their expected revenue. This means that funds are rarely allocated in full or released on time. Planned activities, starved for funds, are delayed or never happen.

Plans are developed too late to set TA agenda
Many plans are developed/approved halfway through the year, when Donor agendas have been finalized and IPs are already busy implementing. As a result, the impact they have on the TA agenda is minimal.

Plans are not long-term enough to be fully implemented or demonstrate desired impact
No matter how ambitious, strategic plans default to a 5 year timeframe. This may not enough time to fully implement and observe the effects of some interventions.

IN ACTION

Include technical input in the national planning processes

Ensure government commitments don't exceed expected revenue, especially while making co-funding MOUs

Speed up planning process to make plans available on time to inform the TA agenda

Extend plan timeframes to allow a longer runway to implement and evaluate results

01

"Normally the donors and funders, they don't come directly to the agency, they go through the National Planning Commission. And that is where we always mess up things. Because at that time, the input of the beneficiary agents is needed. And our donors, when they have signed that MOU, they are intoxicated somehow, saying that this is how I'm going to do it because I have signed with government and the face of government is the National Planning Commission, not you."
- NPHCDA

"We have so many beautiful plans. They just don't get implemented."
- Workshop Participant

"There are huge budgets and very little release. No one is holding government to task for setting high budgets when the revenue is not there."
- Implementing Partner

"We must review our project design strategies. Project design is poor and projects are not integrated... we have so many people doing similar things, we are repeating ourselves and there is a lot of waste, activities are currently fragmented across different departments."
- FMOH

1.2 Champion a comprehensive, multi-sectoral approach

Too often, current TA initiatives take a narrow, short-term view. Lack of a strong national vision leaves parties free to focus on easy to measure, quick wins which will give them a foot up in the competitive landscape to secure more work. In pursuit for clear and tangible results, work tends to be siloed and often ignores the complexity of the issues it is trying to solve.

Short-term, easy wins are good for donors and partners, not so much for the system as a whole
Most donors and partners are attracted to short-term interventions with easy to measure results. This makes it easier to achieve their goals within strategy cycles and demonstrate clear impact.

Donor funding is often earmarked for a specific purpose
Investments often arrive in the country already allocated to a single purpose which corresponds to the strategic objectives of the donor and does not always correlate with the national priorities or the specific needs on the ground.

Partnerships beyond the health sector are rare
Despite a general consensus that health issues are closely intertwined with other sectors such as education and financial services, cross-sector collaboration remains rare. IPs tend to be specialized and funding models deeply siloed.

There is little flexibility to adjust approach once the funding has been allocated
Donor accountability measures and lack of trust result in a system which is extremely rigid. IPs are frequently locked into implementing interventions they know don't solve the most pressing issues on the ground.

IN ACTION

Shift away from investing in individual health verticals to pursue more complex issues over a longer period of time

Make funding allocation less rigid to allow IPs to pivot approach based on the situation on the ground

Develop partnerships and coordination mechanisms across sectors for a more integrated approach to problem solving

"I have been given money for malaria. But you get to the area and you realize many more children are dying from diarrhea or pneumonia. Yet all I can work on is Malaria."
- IP

"Donors need to make the terms of reference flexible to create opportunity to collaborate, pool resources, jointly fund a workshop, understand needs and prevailing conditions to deliver what we need."
- FMOH

"TA should be multi-sectoral, should look at the states as a unit. The mandate of the organization, IP or the donor is towards health. I think there should be leverage points because other donors will be supporting education. Coordinating that kind of approach to TA... multi-sectoral, I think may be the best way to go."
- Bilateral Partner

1.3 Minimize funding gaps and duplicative efforts

Lack of transparency and coordination across organizations leads to duplicative efforts in some areas, and big gaps in others.

Funding structures reinforce fragmentation
The donors and partners all have unique funding structures with different rules and mechanisms for disbursing and distributing money. The multiplicity of budget cycles and lack of standards make it difficult to synchronize across organizations.

Competition discourages open flow of information
IPs are often in fierce competition for new business and take steps not to disclose information to their competitors. Donors and IPs alike must also carefully manage their reputation, meaning they are unlikely to share any information which paints them in less than favorable light.

Some issues are more sexy, leading to preferential treatment
Visibility in the global community is another consideration for donors and partners. Working on trending issues, novel approaches, and high-impact causes is more attractive than working on long term, incremental improvements of the healthcare system.

Donors tend to target specific geographies, leaving others starved for resources
Whether it be political climate, accessibility, security, or specific population considerations, certain environments are more conducive for interventions. In an effort to maximize ROI, donors and IPs flock to these geographies. The result is a patchwork of successful bright spots, where the investment is high and lots of duplicative work is taking place, and entire regions on the other side which are almost entirely ignored.

IN ACTION

Standardize funding structures and work to better align budget cycles

Make data sharing compulsory, as it is unlikely to happen out of good will
Look for ways to attract funding and bright minds to less glamorous causes

Spread out TA funding more evenly across geographies

"We do not get data inputs from donors, they are not transparent, they are spending the money, they have records but they do not share."
- FMOH

"One reason we don't have much outcome is that collaboration is poor. Partners come in with donors, distinct mandates that are not flexible. Every IP wants to do what their funding has mandated."
- FMOH

1.4 Ensure continuous funding to core priorities

Funding is not continuous, meaning work is highly inefficient as it stops and restarts based on funding cycles, changing priorities, political climates and new partnerships. The cost is high, both in terms of wasted resources as well as local morale.

Donors and partners are committed to causes, not communities
Donors are often evaluating their interventions at the country level, looking at the number of HCWs trained, mothers served. This, however, does not account for the consistency of the interventions at the community level.

Poor coordination between all the players means investments are not strategic
Poor alignment on priorities leads to missed opportunities, wasted effort, and underutilised funding. Short-term projects by partners coming and going also stifle progress, even when the objectives are clear.

Public funds are rarely released on time
Matching funds from the government are rarely released on time or in full, compounding the funding gaps.

Lack of local buy-in means work is unlikely to continue once the funding dries up
Because initiatives don't always align with local priorities, local leaders go along with the work, as long as funding is attached to it. They are unlikely to continue when the donors leave.

Operations are setup and dismantled too quickly
Because operations usually need to start up quickly, IPs don't can't always find qualified staff to match the assignments. The short term nature of the work also does not encourage personal investment, meaning extrinsic motivations are prioritized. When the work ends, there often is not enough time or staff left to dismantle operations in a thoughtful way, leading to a lot of waste.

IN ACTION

Create stronger partnerships with specific communities and commit to long-term development with local leaders

Align on a single set of priorities and create partnerships to ensure continuous long-term funding, even as individual players come and go

Avoid waste and haphazard resourcing through more strategic entry and exit plans

"We found that the governors, in order not to be shamed during the review, release the money at the eve of the reviews. Meanwhile there are backlogs of activities that are suffering."
- Bilateral Partner

"TA experts in government are funded by a project. The second funding for the project runs out, they are out of there. There is no consistency. TA needs to be planned with the recipient."
- Bilateral Partner

1.5 Rethink incentive structures to maximize overall impact

Individual incentives help to ensure that project targets are met on time, but they often end up undermining the system by diverting scarce funds and reinforcing negative behaviors.

Local governments and IPs may actually benefit from poor coordination and duplicative activities
Many actors benefit from system fragmentation. States might get double the funding, staff might collect more per diems for attending workshops and trainings they don't need, and implementing partners might secure additional work to keep their staff employed.

Pay to play mentality forces IPs to compete for participation, diverting funds from actual work
Actors at all levels of the healthcare system have grown to expect additional incentives from IPs to do work that falls within their regular duties. IPs with the best incentives get better participation and faster results.

Indicators that don't always correspond to the work being done
TA is rarely a project in of itself. It is usually a component of a larger initiative, and, as a result, does not have any specific evaluation criteria attached to it. The effectiveness of a computer software training, for example, will still be measured based on the number of deaths reduced by the overall program.

IN ACTION

Shift the incentive structures to reward efficiency and coordination

Favor collective and standardized incentivization that creates a fair playing field for all. When possible, invest in resources and infrastructure that can be reused (think refurbishing a meeting space over renting a venue).

Evaluate true impact of TA directly, not though health indicators

01

"The problem is not the training we are providing it is the attitude to work. People want to attend training but are they clear about why they are attending the training or is it a day out of the office with a little bit of money on the side? The money should be an incentive to get the right people to attend but, it has become an end in itself, the main focus of the participation."
- MSH

"There is no actual plan for TA activities. TA is not a deliverable for the projects. It doesn't get measured. The M&E is on the project goal, not the effectiveness of the TA. We have not approached it as a deliverable."
- Partner

"One state may say we are tired of ten different donors doing ten different things, duplicating each others effort. Another state may think the chaos is better. If you guys don't talk to each other, we can get laptops from all of you."
- Implementing Partner

"We need better metrics for defining the success of TA."
- Donor

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.

- **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 local stakeholders and avoid one size fits all approaches
- **2.5** Follow local protocols and adjust cadence accordingly

2.1 Ensure the government is in the driver seat

Country ownership is key for achieving long-term, sustainable progress. Yet in the current system, donors and TA providers often perceive the government as an obstacle to be navigated around rather than a strategic leader to be followed.

Government ownership is often interpreted as giving approval, not taking initiative
To many government officials, reviewing partner plans and giving approval are perceived as ownership. This "hands off" approach to ownership leads to lack of strong coordination and weak adherence to strategic plans.

Donors and partners come in with their own agenda, willing to side-step the government to push the agenda through
Donors and partners invest a lot of resources into developing and refining their strategic visions. Funding is attached to clearly articulated objectives, which don't always align with the local priorities.

Government officials, often under-resourced and kept in the dark about IP activities, are not well positioned to provide oversight or coordination
Government staff is often under-resourced and bogged down by bureaucracy, meaning they are often playing catch up to the IPs. Eager to meet aggressive targets and frustrated with the challenges of working with complex, bureaucratic systems, many TA actors look for ways to work around the government, leaving officials in the dark about activities on the ground. The tendency to go directly to subnational leaders to reach agreements also leaves National leadership in the dark. This again compromises their ability to lead and provide oversight.

Donors and partners are not accountable to the government
Since implementing partners are paid by donors, there is no real accountability to the government. Likewise, donors are not obligated to disclose their spending or be transparent about their activities in country.

IN ACTION

Put appropriate conditions in place to ensure the government takes on an active leadership role in setting and enforcing a TA agenda

Ensure that all country investments fall in line with and are evaluated against the national strategic plan

Set up stronger accountability structures between the government and donors/ implementers

"TA priorities are not always right. Pneumonia is now the #1 killer in Nigeria, no longer malaria. Why is this problem not visible? The pandemic nature of some diseases makes them more important globally. If there is a global champion, it is more visible locally as well. Because Pneumonia already occurs everywhere & can be managed with proper care, it is only a developing country issue."
- Implementing Partner

"Ownership means you can't start the project without government approval and participation."
- FMOH

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

"Even when plans exist, there is no accountability. If something gets left off, there is no punishment. No linking of the activities to the data. No tracking activities and measuring against the outcomes."
- Implementing Partner

It's important to ensure that funding efforts are complementing the government. There is a need for transparency"
- Donor

2.2 Balance external expertise with local knowledge

In the current TA system, a lot of value is placed on global expertise. However, local knowledge, both in terms understanding needs, as well as how local systems work, is essential in achieving sustainable impact.

Global actors carry greater weight and get more attention from stakeholders
Seemingly unlimited resources and global expertise provide a powerful allure. When competing for stakeholder attention and resources, smaller, more local organizations routinely get passed on in favor of international, regardless of the work they are there to do.

International experts often get hired instead of local resources, regardless of qualifications and despite the higher cost
Preferential treatment towards global experts undervalues local expertise, which is often crucial for implementing initiatives that stick. There is little scrutiny to ensure that the 'experts' being brought in understand the context they will be working under or, whether suitable resources are already available in-country for fraction of the cost. Unfortunately, external experts don't always have a good understanding of the local system and often rely on their government counterparts to learn on the job while getting paid significantly more. In addition to being inefficient, this is also deeply demoralizing.

Local needs are not always addressed or even well understood
International donors and implementers come in to countries with deep technical expertise. They have access to a wealth of global knowledge and best practices. Being able to apply these recommendations to achieve the desired outcome, however, often requires a nuanced understanding of the local context. WIthout in, many initiatives fail to make impact.

IN ACTION

Look past the allure of global players. Instead, invest in relationships with local experts and organizations

Amplify the voice of local wisdom to ensure problem is fully understood and TA is rooted in the needs of the community

02

"When I go out to the field as a staff of NPHCDA, I will be given 25% of attention by the states or the local government authorities. But when UNICEF or WHO comes with their white Jeep, that is the end of all of the attention they are giving to me. They are coming with funding. They have monetized everything. When we go there, what we preach is do your routine job effectively. When UNICEF and partners come, they come with carrots. Those things that you are supposed to do routinely, we have some stipend for you to do it."
- NPHCDA

"If you have someone at the state that can do [TA]... the cost of flying, the cost of hotel, that will be removed. Because it will be in-house within the state."
- FMOH

"Sometimes the 'expert' coming in from abroad might actually be learning from the government. Next time you see them, they will be your boss. Nothing is more demoralizing that an unqualified TA consultant."
- Bilateral Partner

2.3 Build local capacity

Over the years, institutions have come to rely on external expertise to fulfill even the most basic functions, in some cases losing capacity they once held. Supporting strong governance will require a reinvestment in institutional and local capacity.

Dependency on outside capacity, driven by convenience
Bringing in capacity, which leaves when the funding for work dries up, is a faster and more efficient in the short term. Many international IPs also have a vested interest in keeping their international staff billable. This fly in, fly out approach, however, largely fails to have any lasting impact.

Not enough emphasis on transfer of knowledge
Knowledge transfer is often a line item on a work plan, but is rarely treated seriously. A single person might get trained as part of an initiative, but the information is rarely institutionalized, meaning it stays with the person, not the organization which needs it to function.

Keeping training current is not emphasized for government staff, putting them at disadvantage
Public sector workers are often at a disadvantage compared to their private counterparts because they are not exposed to regular training.

Current model encourages a brain drain of qualified staff to private organizations
National governmental experts are pulled by donors to deliver donor agendas thereby weakening government services and leadership hence preventing TA to deliver on its promise to assist the government. A country that can not set it's priorities will not be able to grow forward.

IN ACTION

Ensure true knowledge transfer and capacity building are part of every TA project, prioritizing institutional over individual knowledge

Build systems that make it easier to hire local professionals who already have been trained and consider incentive structures to promote it

Step up training for public servants and work to reduce disparities between government and private sector jobs

"When a sector is manned by the private sector and the program ends, capability is lost, the knowledge of the work is lost. If the donor is paying the private sector, the work will be discontinuous because payments can not be sustained, resources go with the program and they go with the knowledge."
- FMOH

"If there is no capacity transfer, the donor is just meeting their own agenda, when the TA goes away, their knowledge goes with them. That means you never set out to help me, you just wanted to fill your own agenda."
- FMOH

"If you do a survey of government parastatals and federal ministry. Go and check out when they last had training. If they are current, it may be 2-4 years. But WHO, UNICEF, you will be forced to do online training, that kind of thing. They are exposed to it."
-NPHDA

"There are very intelligent people working in the government. There is lots of going back and forth between the private and public sectors. One moment you are on one side, the other you will be on the other side. People fall into a trap of thinking that just because they are on this side, they know more than the government."
- Bilateral Partner

2.4 Engage local stakeholders & avoid one size fits all approaches

A truly participatory and inclusive process involves opening up to new ways of working, making decisions and even may involve change of course.

Communities might be informed about TA activities, but they are rarely engaged on a strategic level
Implementing Partners, eager to secure the buy-in of the communities they are working with, often organize co-creation workshops. However, these workshops often function merely to inform participants about the work that is already planned, rather than to create a true strategic partnership.

Data is collected but rarely shared back with the communities
Data is collected at the community level and passed on to national decision-makers. Local leaders are often left out of the loop & make decisions without information.

Standardized approaches are more efficient and easier to manage for donors and IPs
In the quest towards efficiency and following "best practices" donors want to standardize a model and implement it in multiple countries. Even when present, the co-creation process with local stakeholders tends to be a superficial exercise because the timeframes, budgets, and areas of focus are pre-defined.

IN ACTION

Ensure local stakeholders are involved early, equipped to take over once the funding dries up

Ensure the local perspective is well represented in planning and implementation

Plan in time and resources to co-create and co-develop plans with local stakeholders and contextualize interventions

02

"Because it's a multiple state, sometimes the MOUs are almost a cookie-cutter approach. They are all 4 years. And they all have a sliding scale of donor funding at 100%, slide down to 75%, government picks up the 25%, so on and so forth until in the 4th year it becomes 100% government. But what they found in some of this initial states is that by year 3 the government cannot pickup the 100% and they are asking for extensions. So I think the weakness is thinking that 'oh, the 4 years is exactly enough for every single state'."
- Implementing Partner

"I work in the system, I understand the dynamics and I can say in the next 2 years these will be my needs. I want the leverage to think for myself and by myself."
- FMOH

"TA should have mutual relationship with the government. Government needs to be part of the project kick-off. Make assessment to identify gaps. If you don't institutionalize, some people will benefit, but if they leave the government, nothing stays in the institution."
- Implementing Partner

2.5 Follow local protocols, adjust cadence accordingly

Working in alignment with the government requires more flexibility, especially when it comes to timelines. Partners may need to adjust their pace to account for protocols and processes of the local health system, while still ensuring work does not get sidetracked.

Protocols and bureaucratic processes take time
The government must follow established protocols and procedures, which tend to take a lot more time than a typical IP workplan allows for. As a result, partners look for ways to expedite the process by not getting the government involved.

Government and Donors/Partners work on different funding cycles, making coordination even more difficult
The processes for approving plans, allocating funds, and distributing them is also quite different for the government and the donors. This knocks the different institutions further out of step with each other and makes it challenging to coordinate.

IN ACTION

Rethink how grants are structured and evaluated to support government-dependent timelines

"In the government cycle, I will need to write a proposal, through my head of department, to the ED. That may take about a week. Coming down, after the approval of the ED... or there may be some issues there that the ED does not understand, we may need to do a meeting. That's another 48 hours. So, assuming now that the ED agrees with me, we will need to now go back to audit and all of these things. It may be 3-4 weeks. And you know time is of essence. Your response must be timely."
- FMOH

"The biggest challenge is time. The government is slow and cannot move at the pace of the private sector. The partners are not patient with government because funding will laps."
- FMOH

"We can't do much with government bureaucracy there are certain decisions, certain people need to make, we need flexibility in the terms of reference. The elasticity should be higher, the government system is designed to take its time. The ideal state is that the partners slow down a bit to work hand in hand with government."
- FMOH

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.

- **3.1** Adjust budgets to reflect realities on the ground
- **3.2** Prioritize sustainability and longer term thinking
- **3.3** Strengthen the internal state accountability mechanisms
- **3.4** Invest in existing structures and work with local resources
- **3.5** Transition away from dependence on donor funding

3.1 Adjust budgets to reflect realities on the ground

Budgets need to be flexible enough to adjust to the realities on the the ground. Current budgets often underestimate the variation in costs in different geographies and tend to send an excessive amount of external personnel on site when local resources are qualified to fill the roles.

Investments often arrive in the country allocated to a single purpose and reallocating them is difficult
With most donors, re-allocating funds to other purposes or areas that have not been part of the original agreement is almost impossible, even if the original scope does not reflect the country's needs.

A large percentage of the budget is typically invested in building parallel systems rather than strengthening the country's existing system
Many of the existing systems and infrastructure are flawed. IPs often opt to start from scratch rather than investing their time and resources into fixing up the unreliable infrastructure that they have limited control over. But this process of always starting from scratch is wasteful and expensive. TA providers use more funds than necessary for the reinforcement of infrastructure (sometimes up to 45% of the total budget of the project in the DRC) for external human resources.

Institutional support is deprioritized, even discouraged
To limit the misuse of funds, partners don't always support institutional and infrastructural issues. Civil servants often struggle to perform their duties in challenging working conditions and may chose to use funds to support their team's basic needs over other priorities.

IPs have no incentive to save funds at the end of project
Once a project ends, all remaining funds are sent back to the donor. IPs are therefore incentivised to spend as much of the money as possible, leading to waste.

IN ACTION

Make budgets more flexible and easier to adjust to better reflect needs on the ground

Contextualize operational costs, taking into account disparities between sub-national levels

Prioritize using local human resources over external ones

Ensure unused funds are invested back into sustaining initiatives (rather than being wasted)

"They will do things to spend all the money, like engage an extra consultant to work on a piece of work, pay for a trip of a technical assistant to come to the country, have a closure ceremony... Because they would want to spend that $2000 that remains rather than send it back to the donor"
- TA assistant

"In Belgium, we are against institutional support, but we need to restore the dialogue between the state and the population. Our ministry has cut off half of the budget, but we push through. Yes, sometimes I have to pay for things I am not supposed to (e.g toilet paper), but what are you going to do?"
- Bilateral Partner

3.2 Prioritize sustainability and longer term thinking

Progress requires time, yet programs are often caught up in reaching short term targets and end before they can achieve or demonstrate meaningful results.

TA is number driven. Success is numerically measured and additional funding is distributed based on fast results
International players put a lot of pressure on implementing partners to produce quantifiable results. The IPs, who depend on external funding to survive, respond by being more driven by results and numbers than the quality of TA they provide.

Initiatives don't usually outlive donor funding
The co-creation process does not guarantee local buy-in or funding commitments from local leaders. By the time funding dries up, civil servants involved in the project will already be looking for another paying initiative to secure their income. This reduces the lifespan of partnerships and potential impact of the work.

TA initiatives can leave behind gaps in basic health services when the funding dries up.
TA initiatives without clear exit strategies can sometimes create dependencies. Building local capacity, on the other hand, can have a lasting effect.

IN ACTION

Extend the planning periods beyond the typical 5 years to ensure targets can be achieved and monitored

Include a mandatory sustainability plan to help prioritize long term gains, and see significant measurable results

Ensure local stakeholders are involved early and equipped to take over once the funding dries up

"[We need a] sustainability mindset from the donors. Don't focus so much on the end result. All donor activities should be focused on improving the system. Let's leave the service delivery to the government. We should focus on improving the systems. Taking one doctor or nurse out of the facility for a day is not going to change anything in the long term."
- Implementing Partner

"When someone wants to come to the DRC and offer me a plan, I always ask and what happens after?"
- MOH

"The types of questions that external countries ask have changed in the last 15 years, they have become more quantified and driven financially; they want to see an impact too quickly, so we are not allowed to make mistakes."

"The cost of a consultant is too huge to transfer over to local authorities. Person might cost $10k. But the local gov can't even afford to pay $500. The model needs to be sustainable on the local level."
- Bilateral Partner

3.3 Strengthen the internal state accountability mechanisms

Increasing accountability between all actors and investing in the country's internal accountability mechanisms will help build a more reliable system for partners to invest in. However, to make sure that funds are not misappropriated, donors often tightly control how money is managed, relying and trusting in their own accountability systems over those of the state. They end up creating a more opaque environment where financial flows and information are not readily shared.

Internal accountability mechanisms are weak
The lack of capacity and funding for institutions in charge of evaluation and implementation of safeguards, sanctions, and enforcement of laws contributes to non-compliance with reforms and reinforces a behavior of impunity.

Efforts to limit misappropriation end up weakening the government's ability to govern
In Partner's effort to reduce misappropriation, funds are rarely made available to public administrations. This makes them more dependent on partners, reinforcing their inability to provide basic services and assume responsibility for its duties.

IPs are accountable to the people that pay them
IP are accountable to Donors, with whom they have agreements and who pay their salaries. They are less responsive to governments, which usually depend on their work to secure basic health services.

IN ACTION

Reinforce governmental accountability mechanism and institutions to minimize dependence on third parties

Hold actors accountable to the government and each other

Help strengthen accountability mechanisms at all level, especially sub-national level, so finances can be directed closer the beneficiaries

"The state has the capacity to manage the funds. But due to donors' lack of trust in the government, NGOs are the ones who receive and manage the money allocated to support health zones."
- Program Director

3.4 Invest in existing structures and work with local resources

Better infrastructure promises better provision of health care and easier access to certain sectors. Investing in institutions and local infrastructures, even if it increases risk of fraud, strengthens the country's health system in the long run. Donors/partners, however, prefer to bring their own resources and build new structures to most effectively support their objectives, rather than invests in local infrastructures.

Precious funding that could be used to fix the current system is used instead to build new infrastructure from scratch
Over time, the new infrastructure ends up taking up more and more resources that would otherwise support the strengthening of the existing system. The new infrastructure is mostly reliant on project funding, which eventually comes to an end. The new infrastructure is left with little funds to operate when partners leave and the old infrastructure, fully reliant on outside help, is less operational than before.

Building infrastructure requires navigating local politics
Taking responsibility for building better infrastructure requires assessing the priorities of all stakeholders, negotiating who will bear the costs reviewing competing priorities and budgeting between all actors (MOH and partners).

IN ACTION

Ensure local stakeholders have an appropriate work environment and supportive infrastructure

Work with the existing structure and internal resources even if it means sacrificing immediate gains

Avoid reliance on process, models and resources that are not sustainable once donors leave

"The best sailors are those on riverbanks. People who are not doing the work and are not in the middle of the mess are the one shouting how things should be done from the side lines. We tell them, do progress but not with our money!"
- Bilateral partner

3.5 Transition away from dependence on donor funding

Governments have become dependant on the financial help they receive from the international community. The government "is subjected to" funds and does not control how the money is allocated. This not only makes it difficult for the leadership to realize their vision but it also fuels a passive and unreliable behavior toward their communities.

With little control over how funds are managed and allocated, administrations become passive, avoiding to make changes in a system that doesn't seem to benefit them.
MoH employees become less proactive and willing to take on work as they see the country priorities ignored and their request rejected over the ones of TA providers.

Financial incentives unintentionally weaken the authority of the state
When tempted by access to resources, government deflects effort away from accountability for the problems being addressed. When donor funded programs receive better monetary incentives, the system turns civil servants away from their original duties.

Incentive structures put in place by donors do not work well in the long term
Once the donors leave, without a structure to motivate the volunteers, the initiatives often fail. In the DRC, the lack of decent wages, long-term stability and the absence of both positive and negative sanctions leads healthcare providers to develop their own alternative sources of income.

These secondary savings may allow some to benefit from greater personal security and independence, but lead providers to focus less on their primary duties.

Communities with a strong sense of autonomy carry out their work more efficiently, often creating their own, self governed structures independent from the official system
These initiatives are fragile and often exist thanks to the strong will of a few well-networked individuals that tinker with various opportunities to sustain the group and perate thanks to a strong sense of cultural unity based on cooperation, transparency and individual commitment.

IN ACTION

Hold the state accountable and responsible for funding its own system

Promote self-sufficiency programs to ensure financial sustainability at national and local level

"There is too much external funding in DRC, this weakens the country. The DRC becomes very dependent on external funding. The health budget is low, lack of resources and national funding." -- Bilateral Partner
- Bilateral partner

"I can't really talk about it because my boss is here, but I have my own clinic, of course. To live in Kinshasa. No one can survive without the income provided by the state and bonuses."
- Hospital Nurse

"Working for a donor allows me to have fuel every morning to get to work, whereas if I worked for the state, it would not be safe, so I understand when [state officials] ask for daily allowances, but that makes things more complicated."
- Implementing Partner

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.

4.1 Move from a competitive to a collaborative environment

4.2 Create space to iterate: learn from best practices and failures

4.3 Strengthen community feedback loops

4.4 Build reciprocity in the evaluation

4.5 Change the data culture

4.1 Move from a competitive to a collaborative environment

Good TA requires vertical and horizontal communication from both the government and the partners. But lack of communication between programs and geographies, as well as the partners and the MoH, impedes quick decision-making and efficiency.

Opacity fueled by competition
NGOs that want positive results "fight for space", keeping the MoH in the dark about their activities and insertions in certain geographies, fueling individualistic and competitive behaviors between stakeholders. In the DRC, there is a clear lack of visibility of all the interventions and their progress. Roles are also not well defined and make reciprocity and accountability difficult at all levels.

Crisis response is collaborative and multisectorial
During a health crisis, programs communicate well, partners assume their roles towards facilitating conversations and actively share information.

Lack of accountability breeds mistrust in the health system as a whole and creates an over-reliance on personal connections which are time-consuming to develop and have to be frequently re-established.

Consultants are not fully trusted
Even if they sit within the ministry, some partners are seen as "occupying space", working towards their own interests and serving external partners. They don't regularly share their findings, models or results with the MOH, often missing alignment meetings which makes it difficult for the government to stay updated.

There are no strong communication structures to share decision-making
In the DRC, the role of Group Inter Bailleurs (GIBS) is to facilitate coordination between partners, but also to allow all partners to have an overview of each other's activities, and geographic areas and to avoid duplication of activities. However, GIBS is currently not open to members of the government.

Lack of communication causes poor resourcing at the sub-national level
The tasks to be accomplished and the role specifications needed are shared sporadically, which reinforces general confusion. Staff resourcing is impacted as the need of the sub-national level in terms of competencies rarely comes back up to national, who ends up sending people that are not suited for the task at hand.

IN ACTION

Facilitate dialogue between government and partners to align on priorities to minimize competition

Set up mandatory communication frameworks for all so that actors in the health ecosystem collaborate together to share their knowledge

Facilitate the distribution of decisions vertically and horizontally to improve the flow of tasks, MoH efficiency and maximize results

"Sustainability of government means unsustainability of NGOs. NGOs want to prove to donors that the ministry is incompetent to get the next round of funding."
- Bilateral Partner

"If there is no tragedy in the province, the ministry of health and water are not going to speak. The master of the orchestra doesn't have the stick. There is no dashboard for governance, it's like an orchestra paying without a score, a conductor so all the musician end up improvising"
- Bilateral Partner

4.2 Create space to iterate: learn from best practices and failures

Many stakeholders are currently not comfortable reporting true numbers, responding to a strong pressure from the top (both from government and donors) to demonstrate improvements. This makes it difficult to iterate and improve approaches.

Partners do not have the space or time to make mistakes
TA providers do not have space to make mistakes and experiment with different models. Letting them iterate and refine as they go would lead to stronger initiatives suited to the local context. As pressure for results weighs upon them, few IPs have the luxury to experiment and instead stick to models that they know work.

Due to pressure to show good results, failures rarely get documented
Implementing partners and civil servants are under pressure to demonstrate positive results, especially when indicators are tied to additional funding. It's common for them to misreport results because they feel like they are not allowed to fail. This is problematic as decision-makers don't have an accurate way to evaluate previous initiatives and end up repeating mistakes.

Best practices are not shared
Best practices and success stories are not shared across the system, hampering better planning in the long term.

TA puts emphasis on piloting innovative ideas
Some of these proven approaches never see the funding to scale. There is an assumption that local governments will fund scaling efforts, but this rarely pans out. Once donor money dries up, initiatives die off and there is no buy-in or ownership of initiatives. As a result, many new approaches are tried out, but few ever make it to scale.

IN ACTION

Rethink how best practices are collected, socialized, exchanged and disseminated to support better planning and avoid unnecessary mistakes

Build systems that provide feedback on performance, reinforce good behavior, and reward successes

Allow space to make mistakes. Create a culture where failures are seen as an opportunity to learn and iterate

Balance piloting new ideas with scaling proven approaches

"The type of questions asked by external countries have changed in the past 15 years. They want to see an impact too quickly, so we are not allowed to make mistakes."
- Bilateral Partner

"NGOs are experimenting and doing interesting things at the local level, but the systems that work are not connected at the provincial level."
- Donor

4.3 Strengthen community feedback loops

Local voices are not often taken into account during the planning of an initiative. This issue coupled with a lack of good communication between all actors means that the MoH is likely only reacting to issues rather than being proactive.

Community feedback is rarely considered in TA planning and evaluation
Community feedback on TA initiatives is often only done by word of mouth, if at all. Additionally, community leaders don't get a say in the TA they recieve.

Implementation locations are usually selected at the top, often without context, and might not correspond to actual need
Plans coming from implementing partners are sometimes based on old country indicators which leads to further misalignment to the current country context. Funding drives those on top to determine what's needed at the bottom without having all the information. Little reliable data is available to decision-makers to understand the true needs of communities.

IN ACTION

Strengthen formal community feedback loops before, during, and after the implementation of an initiative to support contextualization

Adapt continuous implementation of feedback from local voices on a regular basis to help assess the situation and help reframe priorities

4.4 Build reciprocity in the evaluation

Currently, TA is evaluated based on the outcomes of the project, not on the quality of the TA services provided. As TA is usually part of a project, it is rarely evaluated on its own. This leads to a feeling of non-reciprocity between the technical assistants and the MoH where assistants are perceived as their own assessors.

The evaluation of a service can be done remotely or through external consulting firms, and does not include the comments of the beneficiaries or the participation of state officials
Inclusive processes can be costly, so stakeholders often get left out of the evaluation process. This makes it difficult to understand the quality of service provided by the technical assistant to the government. Excluding government officials from the evaluation process reinforces the perception that TA providers are not accountable to anyone but the Donor.

TA implementers are perceived as unaccountable to the government, as they depend on the donors that recruit, manage and pay them
It manifests itself in a non-compliance of reforms and a lack of supportive behaviour towards project management of the State. It also contributes to the reinforcement of opacity and the lack of data sharing between implementing partners/NGOs and government bodies, and fuels individualistic planning based on partner needs rather than the country priorities.

IN ACTION

Evaluate TA directly, not only the larger projects in sits under, to improve the quality of service provided

Include beneficiary feedback through a joint assessment of TA services

“Partners should use the civil servants more because, with the database for instance, I have the impression that they say they support us but in fact they replace us because they have no interest in us becoming independent after they leave. And then everyone is surprised when nothing takes.”

4.5 Change the data culture

Actors in the TA system often fail to share or at times actively withhold data they collect. Lack of access to relevant, up to date data impedes decision makers' ability to make strategic decisions, and plan appropriately.

Evaluation data at the end of the project is not always shared with the MoH
As some partners are not sitting or sharing their results at the national level, important progress data is not passed on to programs. Communication and joint engagement is weak, increasing opacity.

Not enough reliable data is available to decision-makers to understand successful approaches and true needs of communities
Since data is not easily shared across the system and a lot of the available data does not accurately reflect the successes and failures of previous initiatives, decision-makers are often forced to rely on their instincts and global standards, rathers than customizing the approaches to what actually works in the local context.

Culture of opacity benefits those with strong personal networks
Informal information networks can take precedence over official communications. Decisions are made according to reasonings that remain unknown for many of those affected by them. In this labyrinth of content, an actor's power stems from his or her access to a well-informed network: what are the new projects, what are the areas financed by which donors, who has to resign, who should we call to advance a file?

Opacity hinders planning in the long term
IPs are seen as having no accountability to government. This contributes to increased opacity and the lack of data sharing between implementing partners/NGOs and government agencies, and feeds individualistic planning based on the needs of partners rather than on country priorities.

IN ACTION

Make local data available to the country, without any restriction of use

Remove data accessibility barriers for decision-makers

Shift incentive structures to promote data sharing across actors and vertically within each organization

"The data belongs to the partners before being public, and it can be very disabling because the Congolese cannot use it operationally."
- MoH

05

Next steps

What happens next?

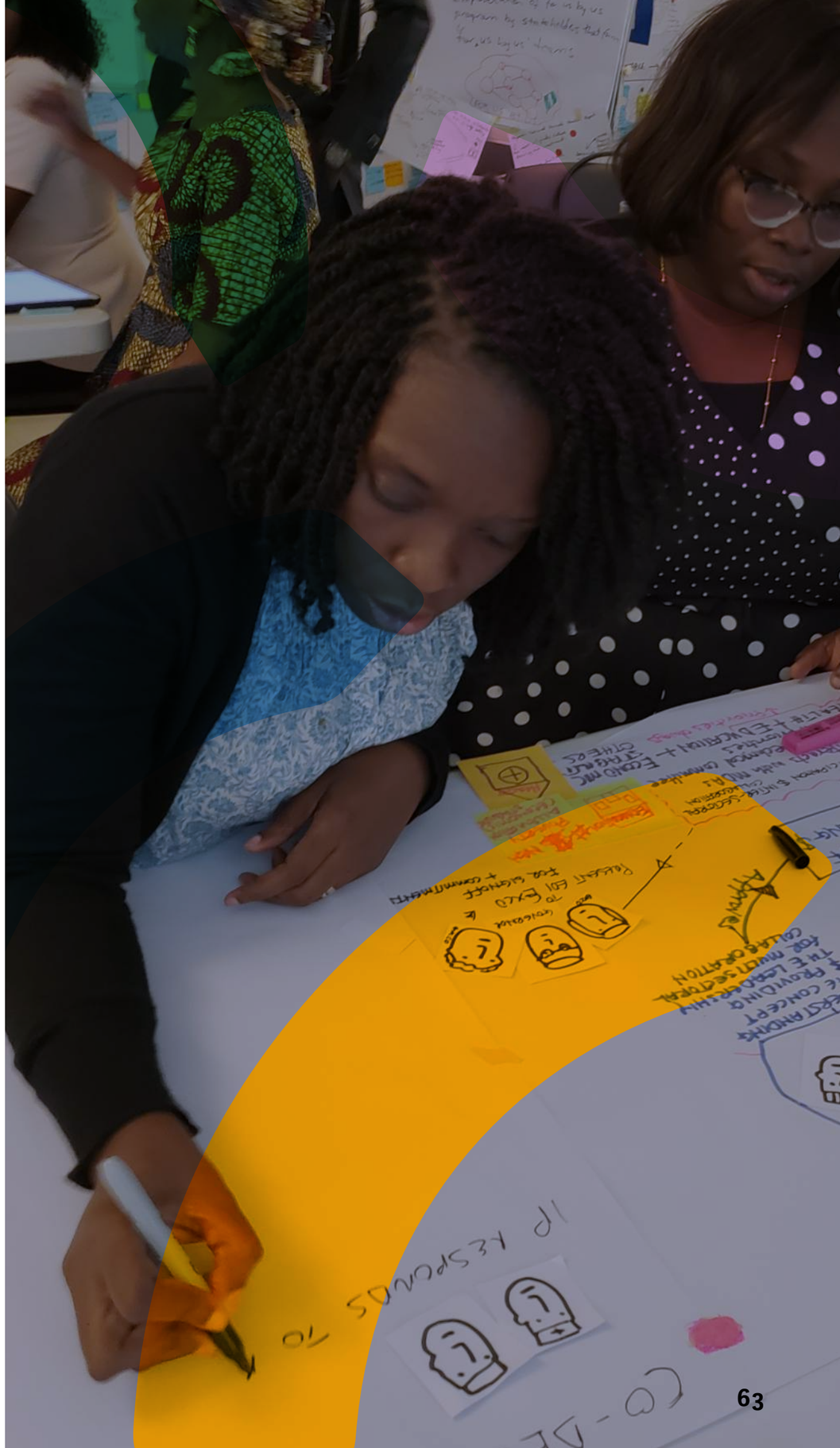
Recommendations to implement principles at a global scale

The efficient application of the principles under each of the 4 areas of change by all actors in the TA ecosystem is dependant on collaboration.

However, as individual countries do not have the power or ability to tackle systemic change of the application of TA at a global scale, donors and TA partners must come together to push the conversations necessary to change the way TA in executed and for these principles to be respected.

TA is an internationally established process. We recommend that, in order to move forward, it would be necessary to gather views and experiences from TA experts with an international experience (having worked in multiple countries with different contexts) in order to extrapolate global recommendations. We suggest using the design principles and provocations included in this document to facilitate these conversations.

It is important to note that the current principles would require a synthesis effort and the implementation of a wider additional audience point of view to be reflecting a truly global perspective as the richness presented in this documents originates from 2 countries only.



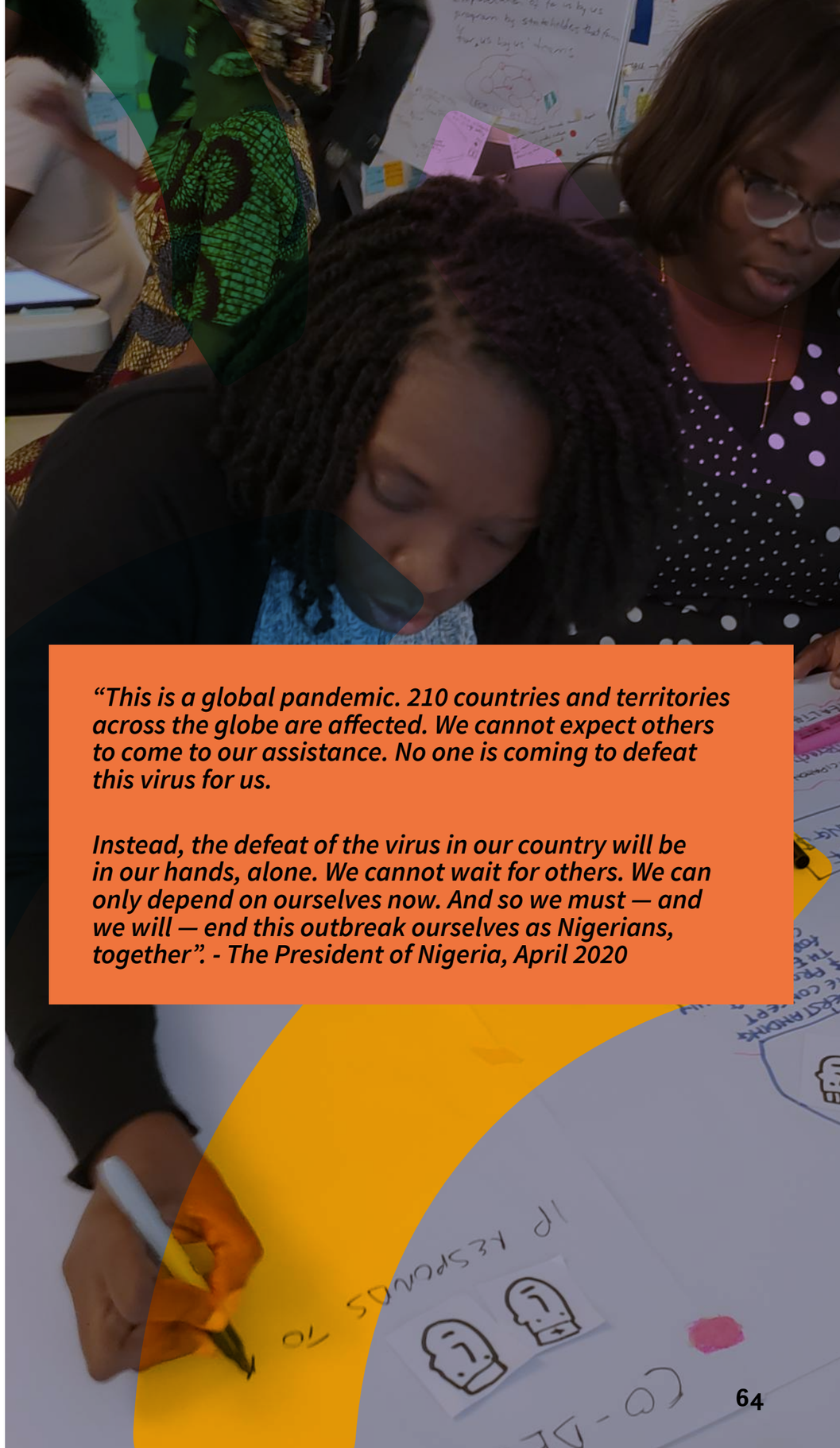
The relevance of re-imaged TA during times of COVID-19

The current COVID-19 pandemic is highlighting the challenge with dependence on external Technical assistance and an opportunity for the global health community to start acting on the principles immediately.

Covid-19 is a global pandemic and countries are busy focusing on their own health care systems. International travel is haulted and will be constrained for a yet unknown period of time. Many countries, usually relying on outside technical assistance are now left to figure out their health crisis by themselves. And countries (both high and low resource) are competing around the same supplies.

While resistance to change is often explained by change being too difficult, too costly, too complex, the current situation leaves no alternative but to act in new ways. The situation provides the global health community with a lof of new challenges and hurdles to overcome but it is the best opportunity to take action on the change we want to see.

The principles for good Technial Assistance are now more relevant than ever and they must be acted upon with immediacy and urgency.



"This is a global pandemic. 210 countries and territories across the globe are affected. We cannot expect others to come to our assistance. No one is coming to defeat this virus for us.

Instead, the defeat of the virus in our country will be in our hands, alone. We cannot wait for others. We can only depend on ourselves now. And so we must — and we will — end this outbreak ourselves as Nigerians, together". - The President of Nigeria, April 2020

06

Appendix

Snapshots from the design process in each country

How the process unfolded in Nigeria and the DRC

Perceptions of TA in Nigeria and the DRC

NIGERIA

"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

"One reason 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

DRC

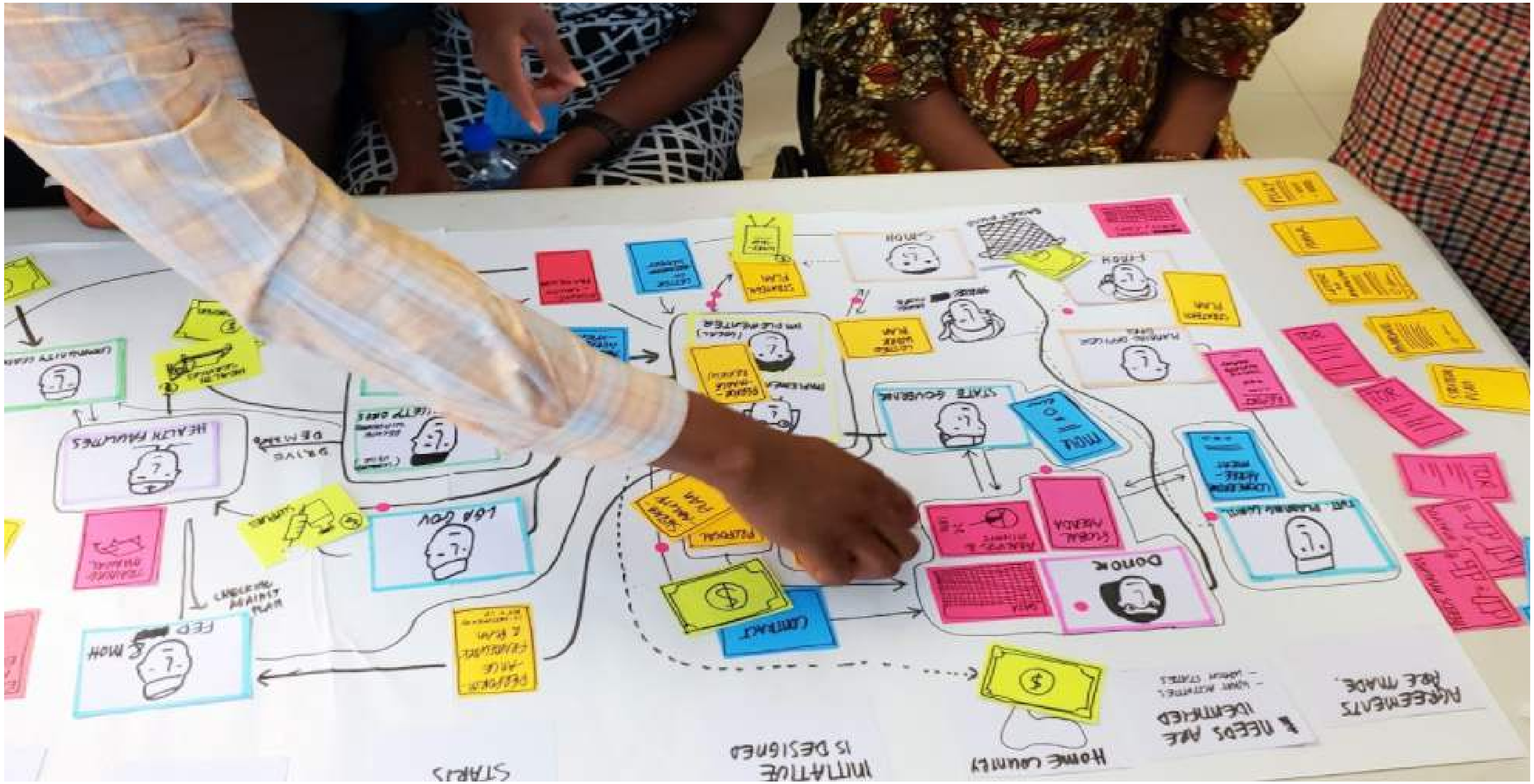
"TA should not be imposed and should be conform with the priorities of the country."
Multilateral Partner

"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

"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

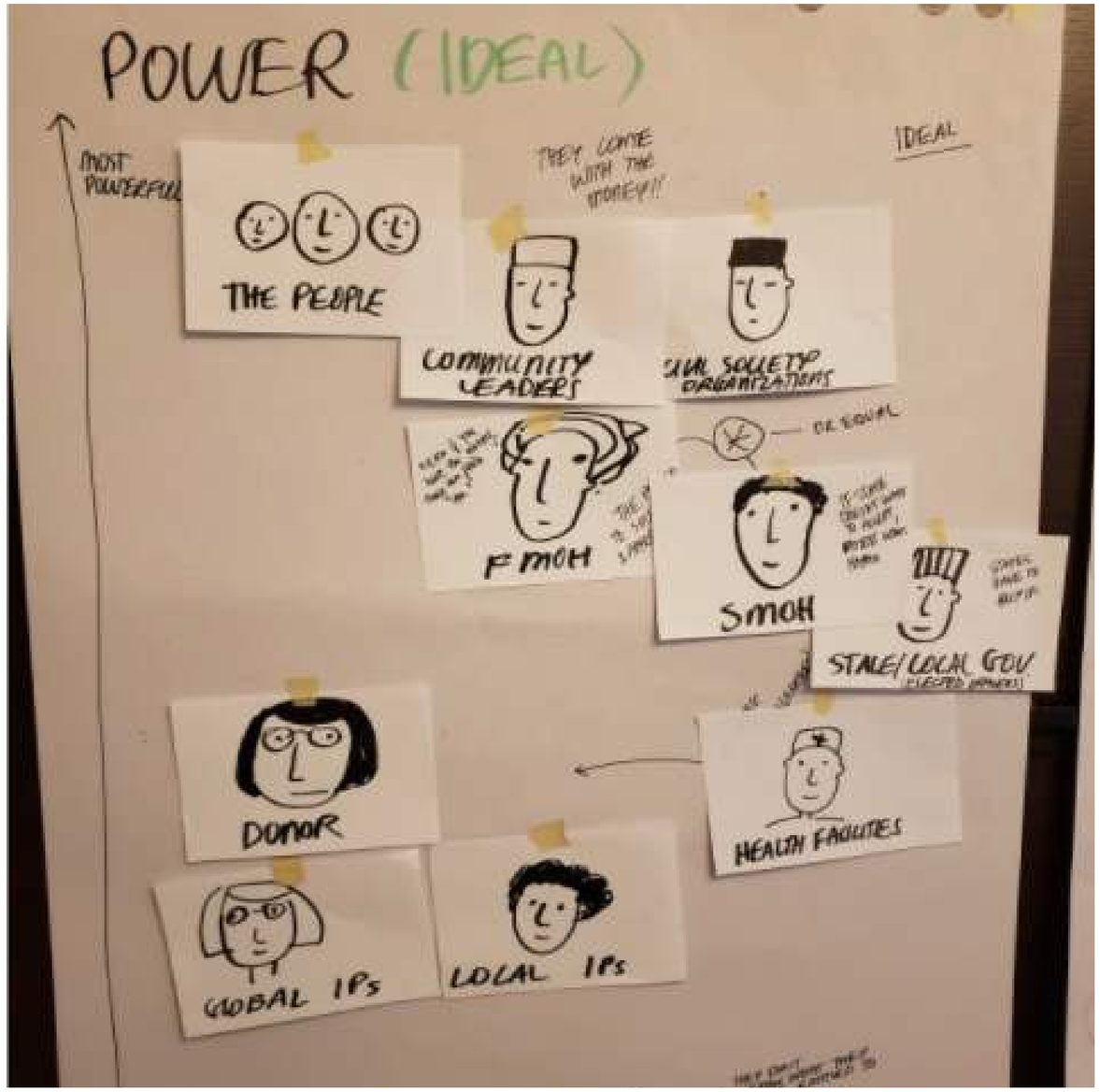
"TA gets a value if the receiving hand is also ready to accept. We should have a clear rationale for all outside technical support."
Ministry of health representative

Mapping interactions between system actors



Mapping the TA journey and interactions
(first work phase)

Exploring Power Dynamics in Nigeria
(current & ideal)

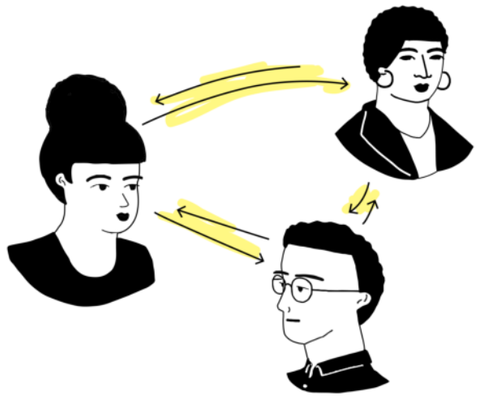


Exploring Power Dynamics in the DRC (anthropological insights)

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	**Re-imagining feedback loops** to support **strategic decision-making**	**Re-imagining incentives** to build greater **workforce capacity** & maximize impact
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?	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 TA empower the workforce at all levels through strategic use of resources that align with real needs and leverage the dynamics of local context?
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?	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?	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 in Nigeria

Co-creating and prototyping ideas in Nigeria cont.

Interactions for local ownership

A comprehensive health status report

Develop a health status report at all levels of the system, not just national, to guide health programming in the country. Put proper mechanisms in place to ensure that local stakeholders are engaged in priority setting. Ensure that these priorities are communicated to communities and that they guide donor investment and partner implementation efforts.

A federal committee to coordinate multi-sectoral strategies

A multi-sectoral committee is set up at the federal level to help address systemic challenges and determinants of health with a single strategy. This committee coordinates IPs and states to work together to create implementation plans that follow this strategy. Successful interventions are then submitted back to the federal level for scale up.

Feedback loops for decision-making

A more inclusive ODAF process

A new Official Development Assistance Framework (ODAF) is jointly developed by all partners and guides development, assistance, particularly health outcomes in Nigeria.

State-driven, problem-focused TA

Shift from donor driven to state driven TA that is problem focused and presents an opportunity for state actors to use the state strategic development plan and learning from TA to pilot to do more with less money, strengthen feedback loops and increase accountability through better resource management.

Community Dashboard

Digitalized central HMIS system that is community-focused and responds to the needs of every stakeholder. It focuses on community-level data as well as improving the feedback loops to ensure data comes back down.

Efficient investment platform

Government drives at TA system that ensures accountability, sustainability and ownership while eliminating double funding by donors. Donors will have access to quality community, health and fiscal space data. The system gives donors the opportunity to prioritize their investment and align implementation strategies with increased efficiency and transparency.

Incentives for workforce capacity

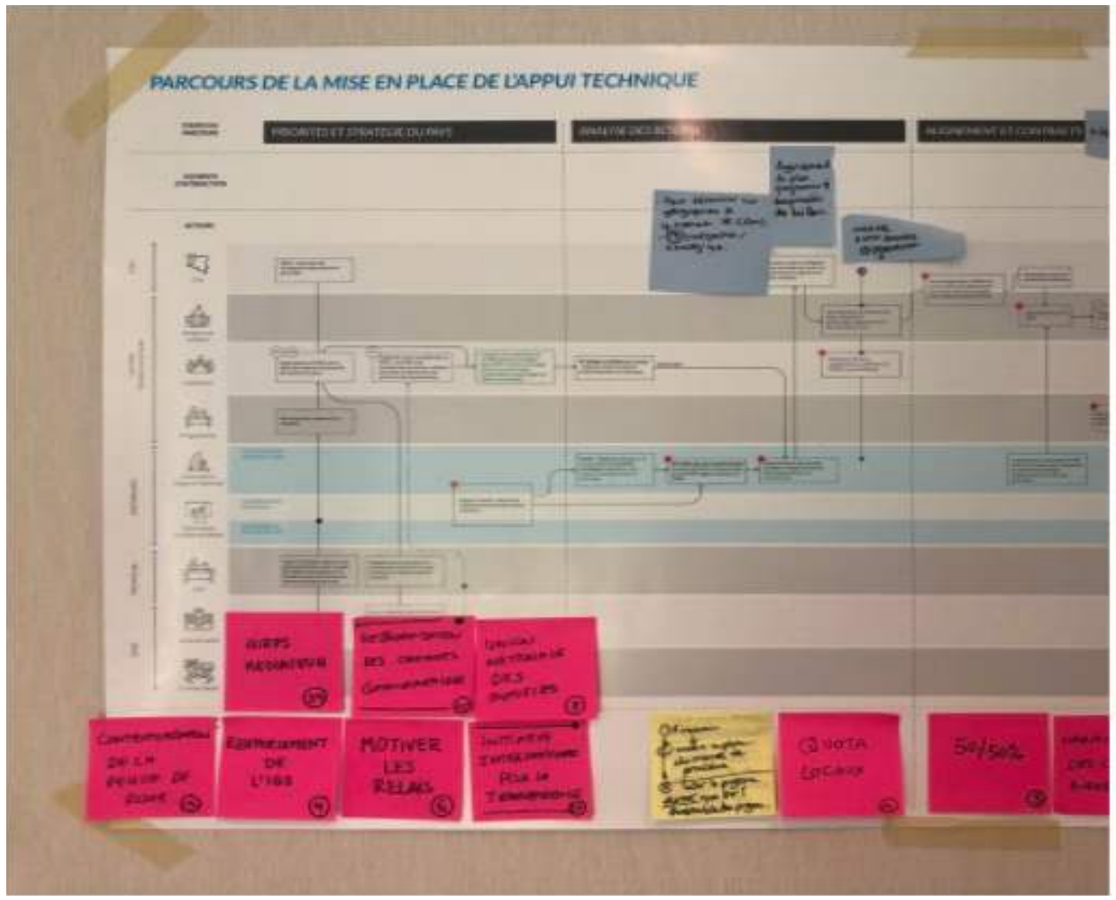
Training tracker system

Staff career development tracker that will help ensure equity in opportunity for training by creating a capacity profile for staff that will track training and be visible to heads of department, facilities, IPs, as well as HCW themselves.

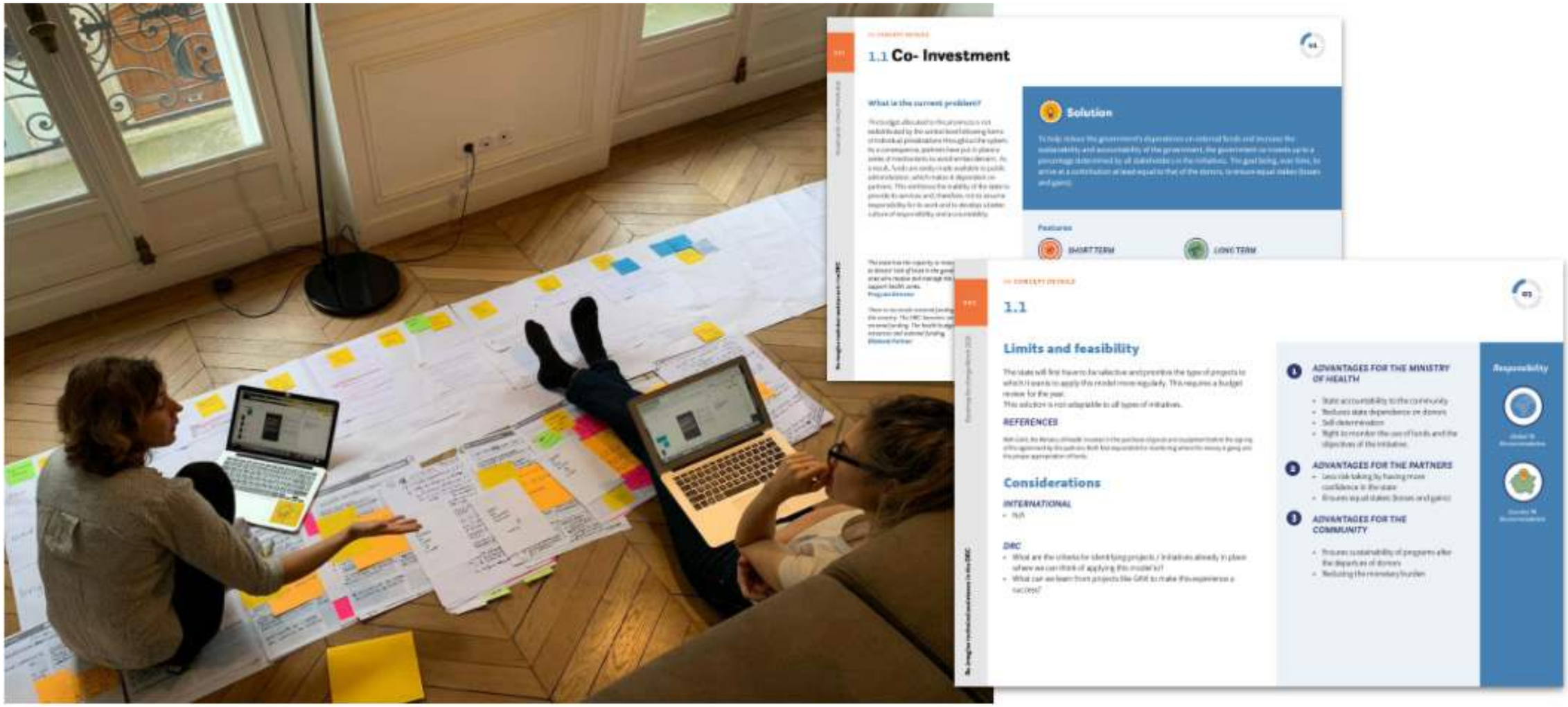
Rethinking incentive practices

A set of standards or principles for how incentives are awarded as part of the technical assistance process.

Co-creating ideas to solve for the TA journey pain points in the DRC



Developing a roadmap and concepts for the DRC



DRC + NIGERIA

Developing a roadmap and concepts for the DRC cont.

05 **DOMAINES DE CHANGEMENT ET PRINCIPES POUR L'AT**

Feuille de route pour le changement

DOMAINES DE CHANGEMENT LE **RENFORCEMENT DES CAPACITÉS** EST INDISPENSABLE ET S'APPLIQUE À CES 4 DOMAINES DE CHANGEMENT.	**01** **Optimiser les finances et bâtir pour le long terme**	**02** **Accompagner pour renforcer la gouvernance**	**03** **Cultiver la collaboration et la transparence entre tous les acteurs**	**04** **Réduire les dépendances en faveur de la pérennisation**
PRINCIPES DE DESIGN A RESPECTER LA COMMUNAUTÉ, LES DONATEURS, LES PARTENAIRES ET LE GOUVERNEMENT SONT TOUS CONCERNÉS ET DOIVENT TRAVAILLER ENSEMBLE POUR METTRE EN PLACE CES PRINCIPES	• ***Diriger le financement au niveau provincial plutôt qu'au niveau central.*** • ***Minimiser la duplication des activités et financements des zones de santé et la dispersion des fonds.*** • ***Optimiser les dépenses et favoriser le renforcement des structures à la base et l'amelioration des infrastructures.*** • ***Implémenter un système d'initiative qui favorise la responsabilisation des acteurs et de l'État.*** • *Refléter les coûts opérationnels réels du contexte d'implémentation.* • *Changer les structures d'incitation pour que le gain individuel contribue au bénéfice collectif.* • *Répartition équitable des fonds à l'intérieur du pays* • *Supporter les sources de financement innovante internes au pays* • *Se conformer aux accords et aux engagements*	• ***S'aligner sur des objectifs et priorités communs.*** • ***L' AT est dirigé par le pays en respectant les règles d'engagement.*** • ***Ne pas exécuter mais accompagner, avec respect.*** • ***Éviter une approche à l'emporte-pièce. Adapter l'AT au contexte.*** • *Penser au malade plutôt qu'à la maladie comme facteur central.* • *Équilibrer l'aide apportée aux provinces de manière équitable.* • *Les assistants techniques se doivent d'être des experts qui aident au renforcement des capacités* • *Valoriser les connaissances, demandes et besoins communautaires.*	• ***Vulgariser les décisions stratégiques à tous les niveaux*** • ***Partager les leçons apprises sur des plateformes verticales et horizontales.*** • ***Identifier, socialiser et récompenser la réussite.*** • ***Renforcer la redevabilité envers le pays et l'évaluation des services de l'AT*** • ***Évaluation conjointe des services de l'AT.*** • *Passer d'un environnement compétitif à un environnement collaboratif transparent* • *Rendre les données accessibles à tous.*	• ***Construire pour la durabilité financière après le départ des donateurs au niveau national et local*** • ***Valoriser les ressources locales (materielles,fiancieres) même si cela signifie sacrifier certains gains immédiats.*** • ***Appropriation des projets par les communautés*** • ***Accroitre les allocations budgétaires étatique au niveau de la santé*** • *Accroître la durabilité et la réflexion à plus long terme* • *Renforcer les modèles d'évaluation et de responsabilisation interne au pays pour minimiser la dépendance envers les tiers partis.* • *Mettre en place des mechanisme de responsabilisation du gouvernement apres le départ des bailleurs.*
CONCEPTS				
RECOMMANDATIONS GLOBALES POUR L'AT	• *Repenser l'impact des incitations et financements* • ***Favoriser le dévelopement des infrastructures*** • *Financement des provinces pour faciliter la décentralisation* • *Favoriser les financement des infrastructures*	• ***Un appui multisectoriel***	• *Partages de meilleures pratiques* • *Indicateurs santé du pays est la conséquence de la provision de l'AT*	• ***Plan de pérennisation des initiatives*** • ***Plan d'investissement pour la pérennisation des initiatives (bailleurs)***
RECOMMANDATIONS PAYS POUR L'AT	• *Communauté comme bailleurs* • *Co-investissement* • ***Mise a jour de cartographie des interventions***	• ***Revue des TDRs pour les assistants techniques*** • ***Manuel de procédure de la RDC*** • ***Cartographie pour coordonner plusieurs***	• ***Cadre de concertation obligatoire*** • ***Tableau de bord de décisions stratégiques***	• ***Plan d'investissement pour la pérennisation des initiatives (état)*** • ***Renforcement de l'IGS/l'IPS***
RECOMMANDATIONS POUR L'ETAT	• *Harmonisation de calendrier et catégorisation des financements* • *Plateforme de plaidoyer constituée de groupes de pression multisectoriels à destination des décideurs.* • ***Plan de mobilisation des ressources mis a jour***	• *Contextualisation de la feuille de route* • *Cartographie du bas vers le haut*	• *Boucle de rétroaction communautaire dans l'évaluation*	• ***Mutualisation des soins adaptés aux dynamique communautaires*** • ***Motiver les volontaires de relais*** • ***Motiver les agents de santé***

3

Synthesizing ideal TA approaches in Nigeria

Current focus of TA

Future potential

	Single health vertical approach	Integratedhealth approach	Multi-sectoral approach
Building system to lop capacity	Too expensive and starting from the scratch. Too micro. High administrative cost.		Everyone onboard. Take longer to establish. Complex and diverse stakeholder interests. Complex.
Buildingcapacity	Immediate results. Availability of human resources for health. Not sustainable. Capital intensive. Depending.	Skills gap among health workers. Poor governance and accountability. Limited by dearth of resources.	Works if there are policies supporting or backing it up. Poor linkages between TA efforts across sectors. Complexity.
Filling capacity	Not sustainable No skills transfer Weakens system Short term Time efficient, quick wins	External TA may not readily transfer capacity.	Cross fertilization of ideas reduces costs. Addresses determinants of health not just illness. Builds on external best practices for various sectors.