

Re-imagining Technical Assistance



About this project

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

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



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What was our starting point

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

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



COVID-19 pandemic is a wake up call

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

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

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

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

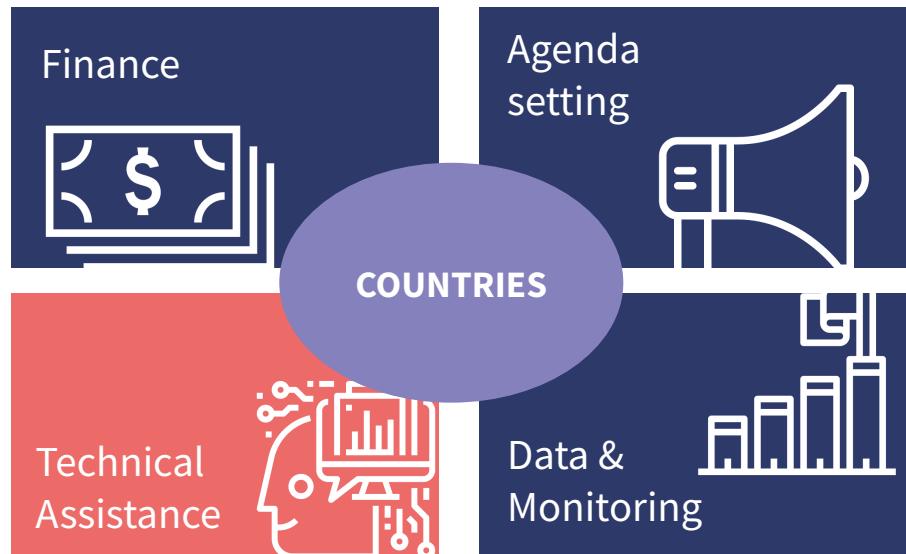
Experience from the Ebola Virus disease outbreak: In Guinea maternal & child health indicators significantly declined & did not return to pre-outbreak levels one year post-outbreak.

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

The four functions of the global health architecture

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

Technical assistance has lagged behind with new approaches.

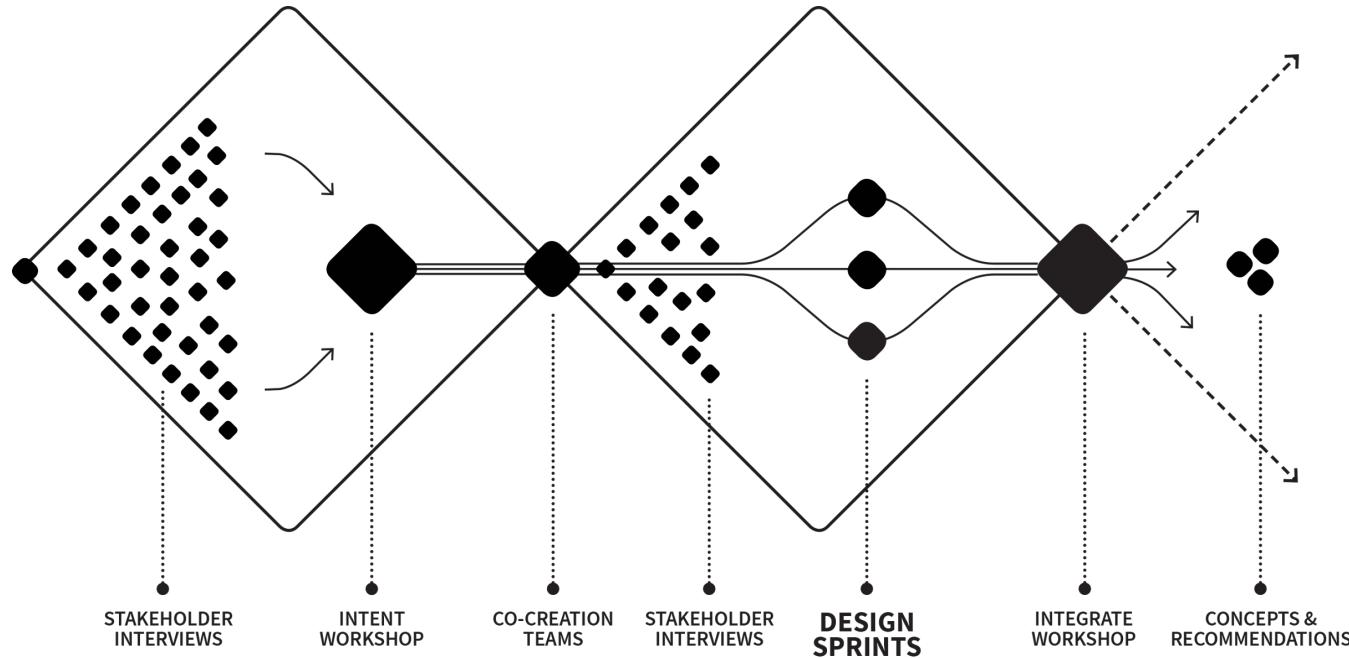


BMGF MNCH strategy 2018

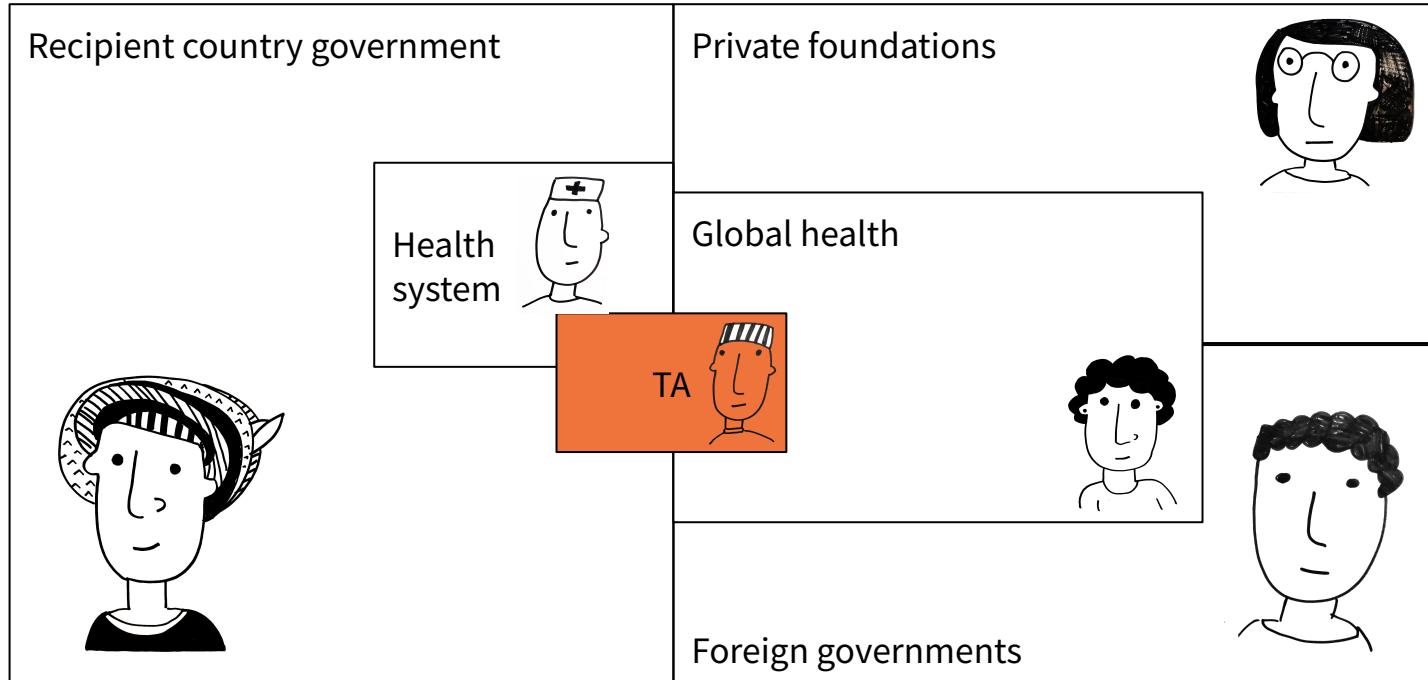
Using a human-centered and participatory design process, we ignited new types of conversations, and co-created new visions for technical assistance.



The design process: moving through diverging and converging phases



Technical Assistance is a complex system within systems...



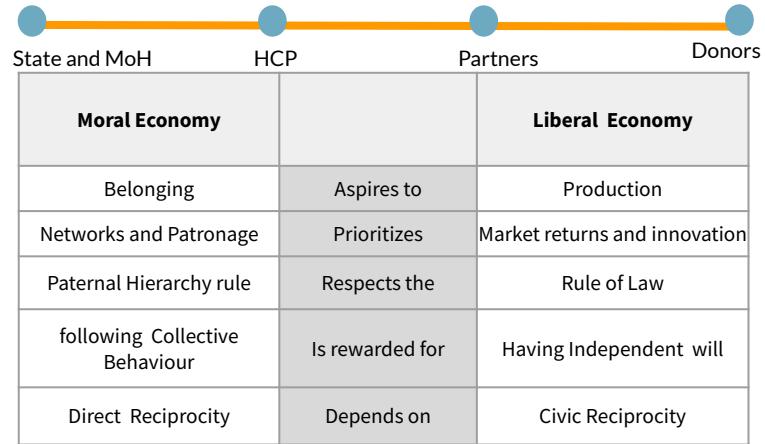
Competing value systems undermine trust and cooperation between key actors

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.



The diagram illustrates the spectrum of value systems among key actors in Technical Assistance (TA). A horizontal orange line represents the spectrum, with four blue circular markers indicating the positions of different actors: State and MoH, HCP, Partners, and Donors. Below the line is a table that maps each actor to either a 'Moral Economy' or a 'Liberal Economy'.

	Moral Economy	Liberal Economy
State and MoH	Belonging	Aspires to
HCP	Networks and Patronage	Prioritizes
Partners	Paternal Hierarchy rule	Respects the
Donors	following Collective Behaviour	Market returns and innovation
	Is rewarded for	Rule of Law
	Direct Reciprocity	Having Independent will
	Depends on	Civic Reciprocity

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 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

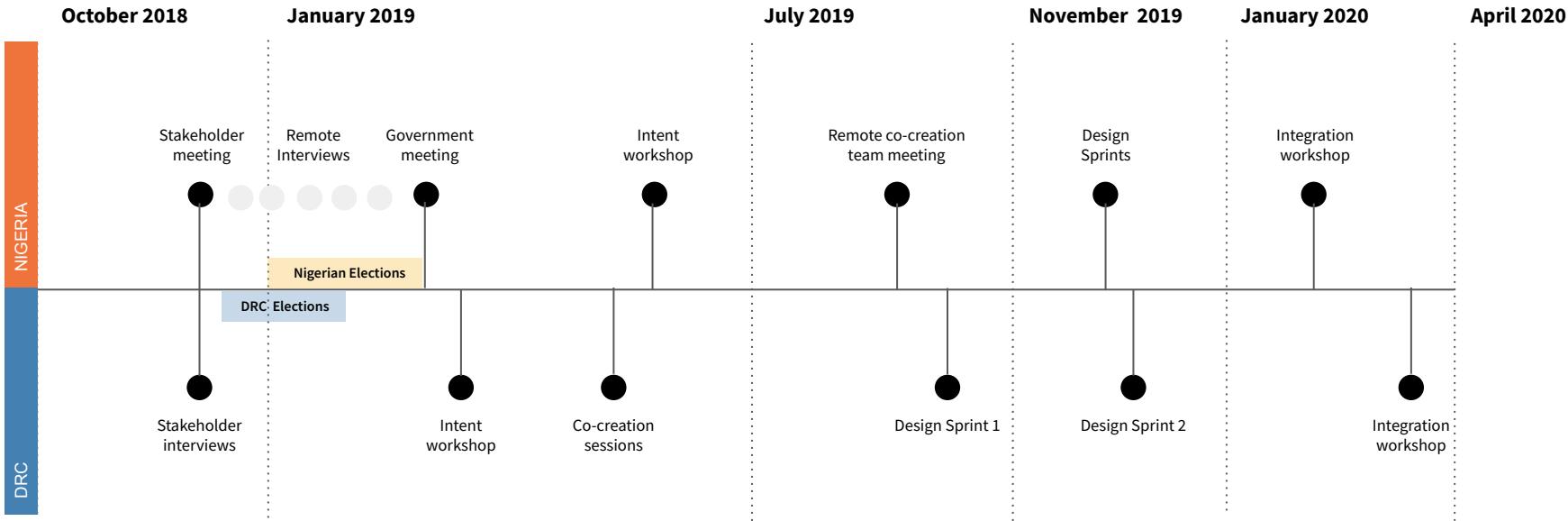
External actors attempt to collaborate more with the community so that TA has more impact

More partnership/ collaboration is observed during TA process



How the process unfolded in Nigeria and the DRC

Project timeline and key design touchpoints



Perceptions of TA in Nigeria and the DRC

“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

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

“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

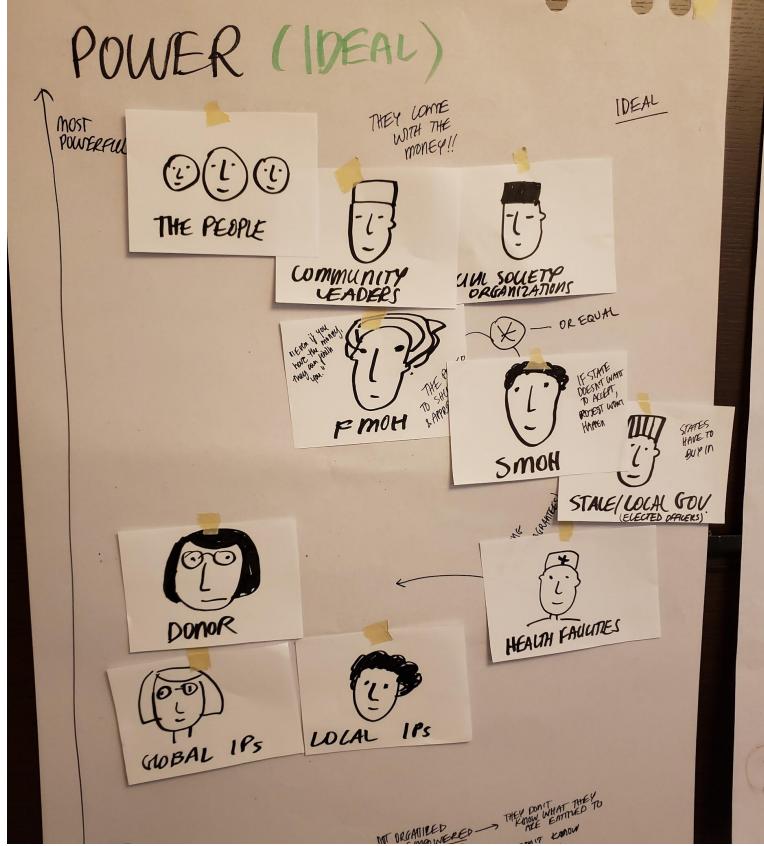
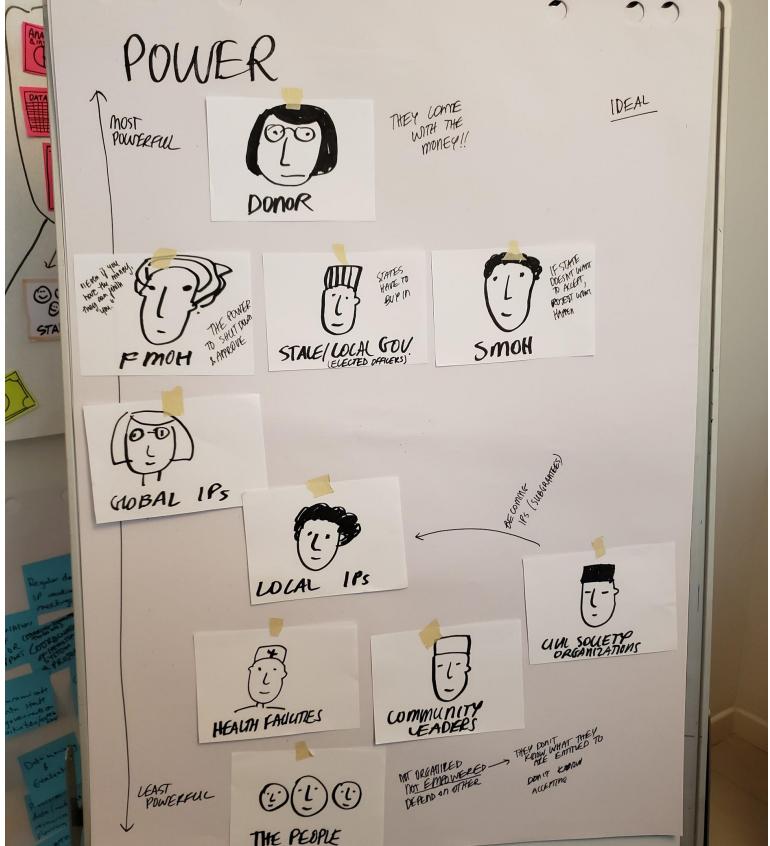
Mapping interactions between system actors



Mapping the TA journey and interactions (first work phase)



Exploring Power Dynamics (current & ideal)



Exploring Power Dynamics (*anthropological insights*)

Overview of Facilitators and Barriers of TA from different perspectives

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

What HCPs think of their interactions with Partners



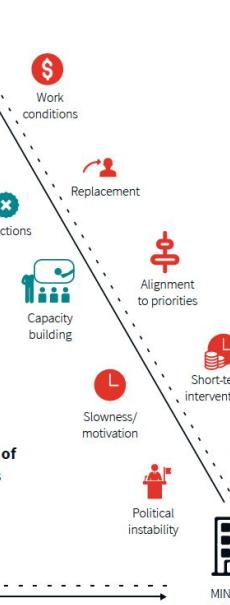
What Partners think of their interactions with HCPs



What HCPs think of their interactions with MoH



What Partners think of their interactions with MoH



LEGEND

- BARRIERS (Red circle)
- FACILITATORS (Teal circle)

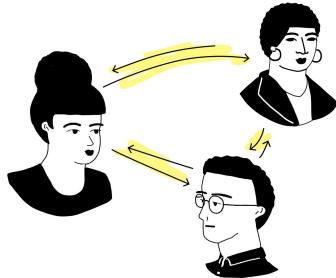
What MoH civil servants think of their interactions with HCPs



What MoH civil servants think of their interactions with Partners



Identifying opportunity areas for change



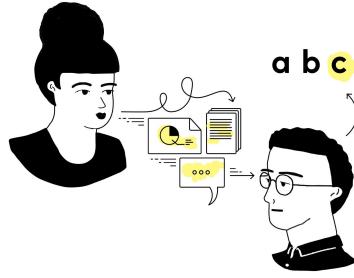
Re-imagining interactions to build **local ownership** for greater sustainability

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

NIGERIA

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?

DRC



Re-imagining feedback loops to support **strategic decision-making**.

How can data use and knowledge flow improve decision making and a shared understanding of what is working, what is needed, and what matters most?

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

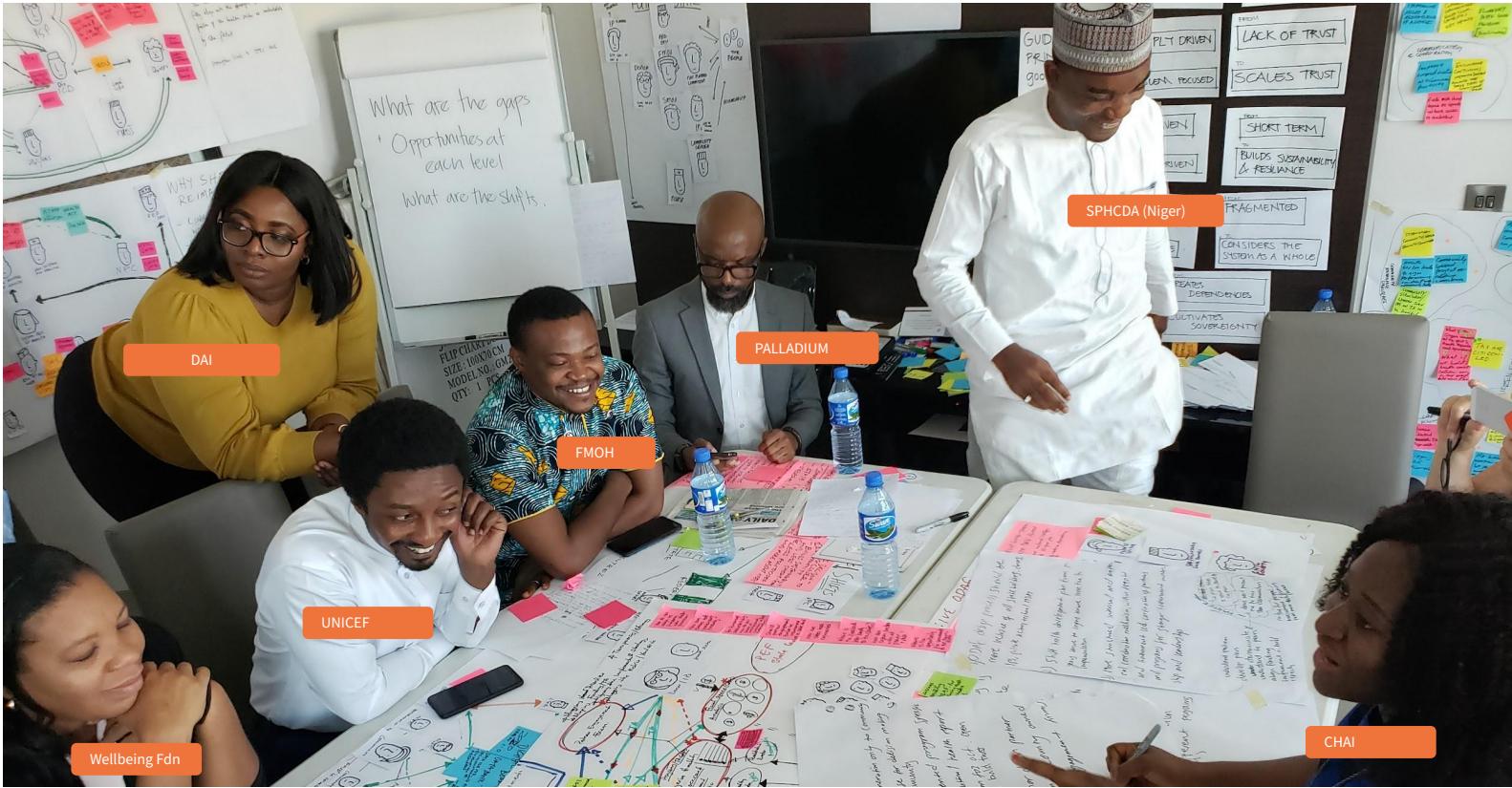


Re-imagining incentives to build greater **workforce capacity** & maximize impact

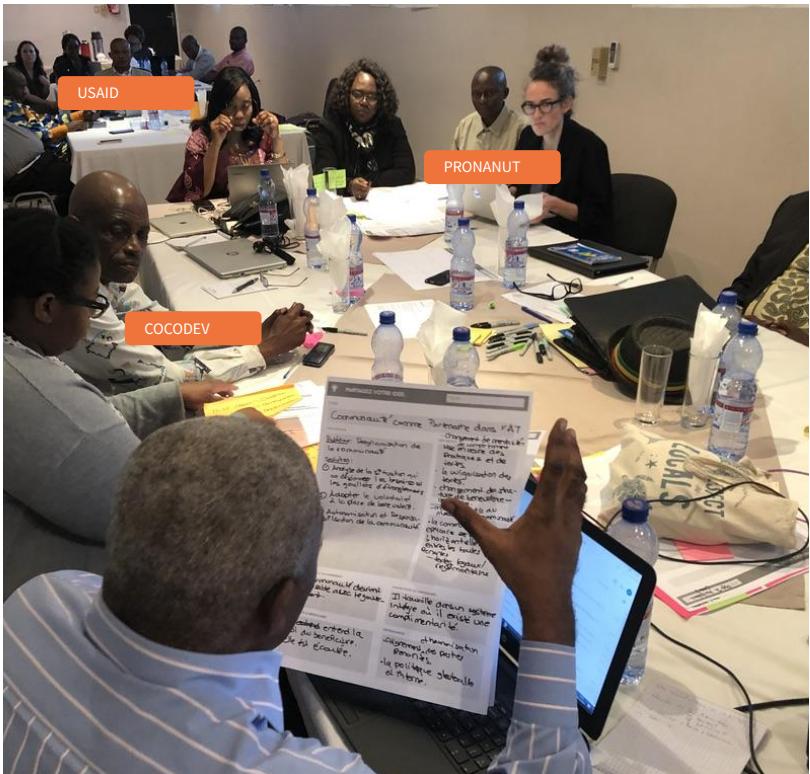
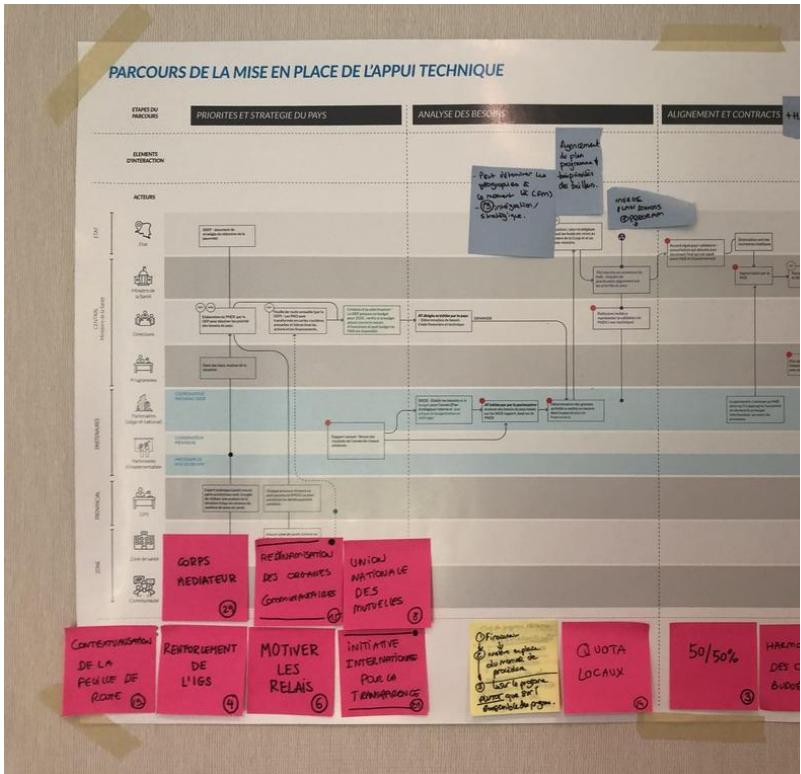
How might TA empower the workforce at all levels through strategic use of resources that align with real needs and leverage the dynamics of local context?

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

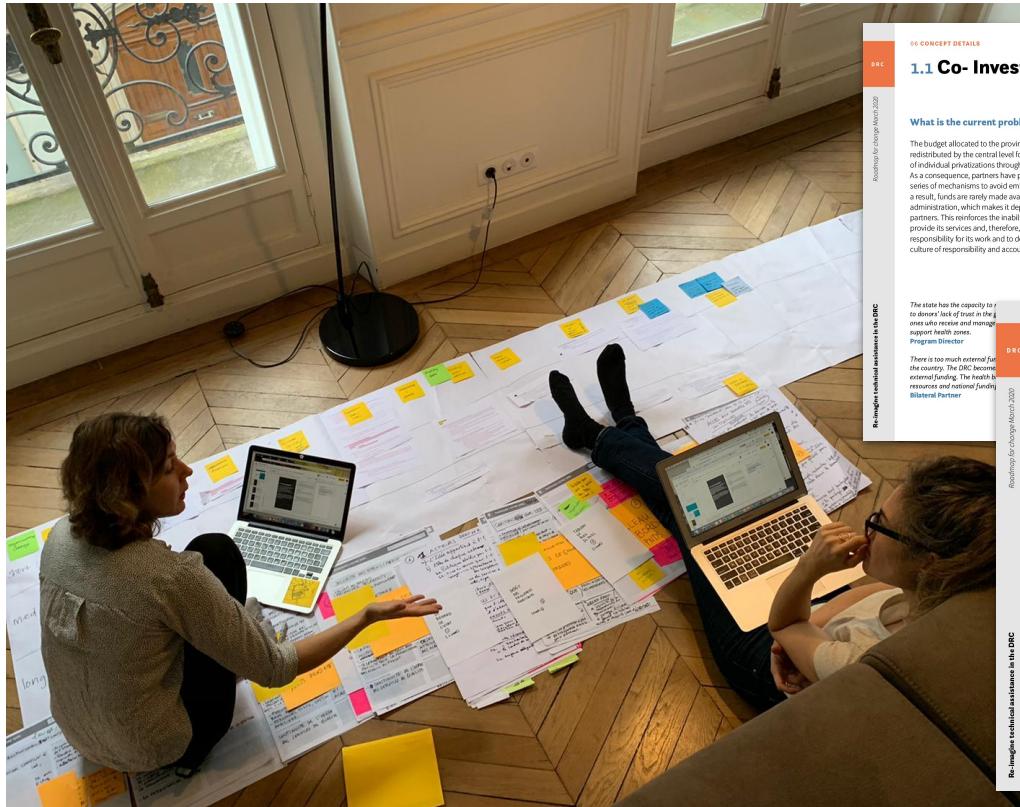
Co-creating and prototyping ideas



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



Development of the roadmap for change and concepts



00 CONCEPT DETAILS

1.1 Co-Investment

What is the current problem?

The budget allocated to the provinces is not redistributed by the central level following forms of individual privatizations throughout the system. As a result, the partners have developed a series of mechanisms to avoid embedment. As a result, funds are rarely made available to public administration, which is the main role of the partners. It is therefore the inability of the state to provide its services and, therefore, not to assume responsibility for its work and to develop a better culture of responsibility and accountability.

Solution

To help reduce the government's dependence on external funds and increase the sustainability and accountability of the government, the government co-invests up to a percentage determined by all stakeholders in the initiatives. The goal being, over time, to arrive at a contribution at least equal to that of the donors, to ensure equal stakes (losses and gains).

Features

00 CONCEPT DETAILS

1.1

Limits and feasibility

The state will first have to be selective and prioritize the type of projects that it wants to apply this model more regularly. This requires a budget review for the year.

This solution is not adaptable to all types of initiatives.

REFERENCES

With GAVI, the Ministry of Health invested in the purchase of goods and equipment before the signing of the agreement by the partners. Both feel responsible for monitoring where the money is going and the proper appropriation of funds.

Considerations

INTERNATIONAL

- N/A

00 CONCEPT DETAILS

1.1

ADVANTAGES FOR THE MINISTRY OF HEALTH

- State accountability to the community
- Reduces state dependence on donors
- Self-determination
- Right to monitor the use of funds and the objectives of the initiative

ADVANTAGES FOR THE PARTNERS

- Less risk-taking by having more confidence in the state
- Ensures equal stakes (losses and gains)

ADVANTAGES FOR THE COMMUNITY

- Ensures sustainability of programs after the departure of donors
- Reducing the monetary burden

Responsibility

Global TA Recommendation

Country TA Recommendation

Synthesizing ideal TA approaches

Building system to develop capacity	Building capacity	Filling capacity
Single health vertical approach	Integrated health approach	Multi-sectoral approach
Too expensive and starting from the scratch. Too micro. High administrative cost.		Everyone onboard. Take longer to establish. Complex and diverse stakeholder interests. Complex.
		
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.
		
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.
		



What do countries want and need from Technical Assistance?

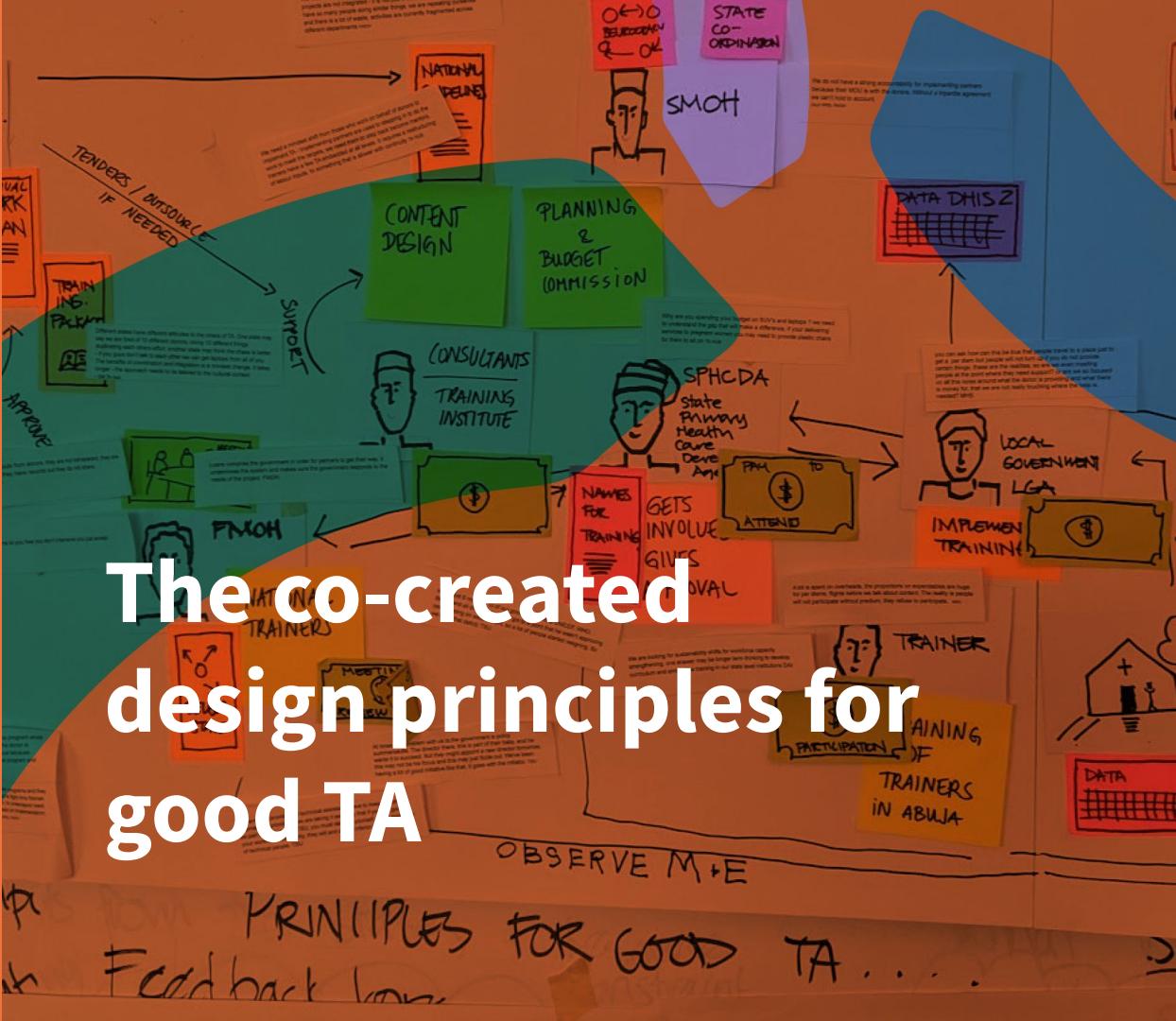
TA critical shifts

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

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

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

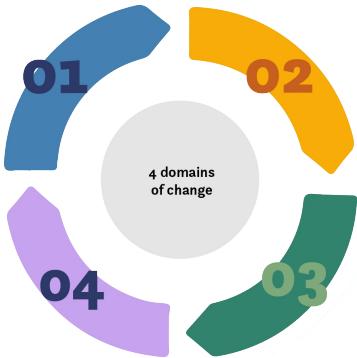
The co-created design principles for good TA



The four domains of change to good technical assistance

Optimize finance to build on the long term

Encouraging better management of finances, budget and incentives in order to ensure that resources are used more efficiently and are distributed in a more balanced way within the health system. Promoting government accountability and strengthening the health system.



Reduce external dependencies in favor of sustainability

Put in place sustainability mechanisms to reinforce the durability of initiatives once the donors and funding agencies have left.

DRC

Specific focus on finance

Support to reinforce governance

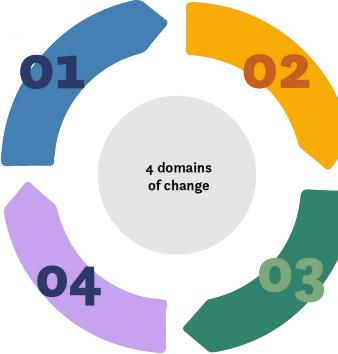
Ensure that the approach is TX's country-led, that the objectives and rules of engagement are common to all, and that the limits, roles and responsibilities of all TA actors are supporting, rather than executing, state responsibilities.

Cultivate collaboration and transparency

Develop platforms and procedures for stakeholders in the health ecosystem to collaborate and share knowledge. Build collaborative mechanisms that encourage more reciprocity between actors and better governance.

Strengthen existing system and Infrastructure

Shift away from creating dependencies and parallel systems through short term quick fixes. For sustainable change, build instead on the existing infrastructure and capability, even if it means sacrificing immediate gains.



Foster Strong Governance

Shift from implementing donor-driven initiatives to a country-led approach which is guided by local priorities and follows clearly defined and enforced rules of engagement for all.

Cultivate Collaboration

Shift from a competitive to a collaborative environment in which all actors benefit from a shared set of priorities and work together to maximize outcomes.

Nigeria

Specific focus on trust

4 domains of change

Focus on the system as a whole

Health issues can rarely be treated in isolation. TA in its broad approach should shift away from investing in individual technical verticals to strengthening the system as a whole by exploring partnerships for an integrated, multi-sectoral approach to problem solving, and distributing help more equally.

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.



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.

Nurture the existing system

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

01

Focus on the system as a whole

1.1 Start with a realistic, timely plan

1.2 Adapt a comprehensive, multi-sectoral approach

1.3 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

Nurture the existing system

3.1 Adapt 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

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.

“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

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.

“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

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.

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

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 be enough time to fully implement and observe the effects of some interventions.

“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

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

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.

“Ownership means you can’t start the project without government approval and participation.” -- FMOH

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.

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

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.

“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

“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

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.

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

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

Conclusions



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

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

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

- **The proposed critical shifts and principles of TA are not only relevant but urgently needed**
- **Country ownership and focus on the whole system is an imperative**
- **COVID-19 has changed the mindset of "meet in person" a cost driver in TA**
- **Strengthen national and regional institutions to coordinate efforts and make context-specific recommendations**

How?

Invest in technology rather than travel

- Use virtual platforms for capacity building
- Fewer workshops & associated travel will save TA dollars and time.

Reimagining TA and capacity building activities without travel: virtual HCD sessions through modular content that can be used by teams who are supported through virtual video sessions



Reimagined TA

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

The DRC validating TA principles during COVID-19

