University of Manitoba

IGPH Approach to Technical Assistance for Program Delivery

A. INTRODUCTION

MISSION

The mission of the Institute of Global Public Health (IGPH) at the University of Manitoba is to improve health equity globally.

AIM

The IGPH aims to improve public health policies and programs through:

- High-quality research
- Education and training
- Developing innovative program delivery models

PARTNERS

IGPH works in collaboration with partners in the countries of focus, which include **Nigeria and Kenya in Africa,** and **India and Pakistan in Asia**, prioritising the most marginalised and vulnerable communities.

Under programs delivery, IGPH aims to design and implement comprehensive and scalable evidence-informed programs, to inform and influence public health outcomes.

The critical approaches to program delivery adopted by IGPH are

- **Direct Intervention (DI)**
- **Technical Assistance (TA)**

"Technical Assistance is a dynamic, capacity-building process for designing or improving the quality, effectiveness, and efficiency of specific programs, research, services, products, or systems. A TA system continually assesses TA needs and monitors the relevance and utility of an evolving base of experience, knowledge, and technology. It assists others in adapting and applying new knowledge, technology, and innovative practices to improve outcomes and increase impact"[1].

The TA provided by IGPH and its partners is rooted in the program science approach and defined as the systematic application of theoretical and empirical knowledge to optimise the scale, quality, and impact of public health programs. This approach brings together program implementers, academicians, researchers, policymakers, government departments, communities, and community-based organizations into building strong and sustained partnerships. Through these partnerships, IGPH can continuously conduct a systematic assessment of the needs of the program or institutions that request for TA or require TA. Medium and long-term plans are designed using a collaborative process and implemented to provide timely technical support in response to the ever-changing needs. TA also acts as a platform for linking research to action and policy, to meet the specific public health needs.

Thus, IGPH intends to continue with providing TA to government institutions, national and international networks, and civil society organisations, to improve availability, access, quality, utilization, and impact of public health programs in the focus countries.

This document is the culmination of our collective learnings derived from providing technical assistance to various institutions and programs over the last 15 years.

[1] Gary R. West , Sheila P. Clapp , E. Megan Davidson Averill & Willard Cates Jr. (2012) Defining and assessing evidence for the effectiveness of technical assistance in furthering global health, Global Public Health, 7:9, 915-930, DOI: 10.1080/17441692.2012.682075

B. STRATEGIC APPROACHES

IGPH and its affiliated partners have found the following strategic approaches instrumental in providing technical assistance:

B.1 Adopting multiple approaches to providing TA based on context and needs:

IGPH and its partners have learned that, while delivering TA, numerous methods have to be adopted depending on the TA recipient's context and conditions.

Some of the critical strategies that have been effective are:

- Embedded team of experts within the institutional system of the TA recipient
- Design and demonstration of pilots/ innovations
- Capacity building including on-site (classroom) and off-site (direct or virtual) training
- Intensive on-site expert mentoring for a shorter period
- Creating platforms for sharing and learning.

IGPH plans its TA approach based on a systematic assessment of programmatic needs, priorities, and the TA recipients' context. Irrespective of the method, the TA provided by IGPH and partners, is through the engagement of a multidisciplinary team who work cohesively.

IGPH provided TA to FHI360 led LINKAGES project funded by USAID to scale up key population programs across several countries. Through this partnership, IGPH provided TA to 11 countries in Africa and the Caribbean, using multiple approaches, including on-site expert visits, training, and virtual support. Each country TA team included a specialist for program outreach, clinical services, and monitoring and evaluation. Through this multidisciplinary team, the TA improved the quality of implementation and achieved the desired outcomes in those countries.

Our experience has taught us that embedding a TA team within the TA recipient's institutional system is more impactful compared to engaging a consultant for a short period. TA providers who are embedded within the TA recipient's ecosystem; facilitate collaboration, increase the TA providers' visibility and availability, and enhance transparency and accountability. The physical sharing of space with the TA recipient and the regular interactions between the recipient and provider are essential and valued, leading to closer engagement.

We can see examples of this approach in the TA provided by IGPH and IHAT through the Technical Support Unit established and embedded within the National Health Mission under the Ministry of Health in Uttar Pradesh, India. IGPH and PHDA have also led a similar Technical Support Unit embedded within the National AIDS and STI Control Programme (NASCOP), Ministry of Health in Kenya, to support Kenya's HIV prevention program.

B.2 Developing and working under a shared common identity for enhanced collaboration:

Our experience has helped us learn that it is critical to build a common identity and branding, while providing TA to the government. Sometimes, a common new identity may have to be created for the fruitful implementation of the TA. At other times, the TA provider may have to take on the TA recipient's identity. We learned that creating a harmonised brand that merges with the TA provider and TA recipients' institutional brand is essential for adequate TA provision and sustained partnerships. Promoting an independent and parallel identity by the TA provider can reduce acceptance and diminish collaboration. We acknowledge that creating a shared identity is feasible if it is done through an institutional arrangement between the TA recipient, the TA provider, and the funder, and is geared towards achieving a common goal and purpose.

For example, IGPH provides TA to the National Health Mission under the government of Uttar Pradesh in India to improve outcomes related to the Reproductive, Maternal, and Child Health program. While providing this TA, IGPH, IHAT, the government of UP, and the funder came together to create a new identity called UP Technical Support Unit or UPTSU. This was a shared common identity and platform under which the technical assistance was provided and received towards well-defined goals and shared vision. The TA providing and receiving teams shared office space, work plans, and reporting structures to achieve common goals under this common identity and platform.

In contrast, in Kenya, the TA provided by IGPH and PHDA through the Technical Support Unit (TSU) to NASCOP under the Ministry of Health, has merged their identity with the NASCOP identity. They operate as extended teams of NASCOP for the HIV prevention program.

Another example is the South to South Learning Network (SSLN) for HIV Prevention formed by Genesis Analytics and IGPH under the Global Prevention Coalition banner within UNAIDS. Under this common identity of SSLN, the learning network works with ten countries in Africa with a high burden of HIV. They identify the key challenges in HIV prevention programs, and use knowledge and practices from the member countries and TA to overcome these challenges. The goal of the network and the roles of the various members under the SSLN (GPC, funder, implementers, and network countries) is clearly defined, allowing this common identity to thrive.

B.3 Ensuring alignment with the TA recipient's needs while proactively integrating new knowledge and practices:

Our experience makes us believe that the TA recipient and the provider's priorities should align towards a common purpose, to ensure teamwork. Defining expectations, agreeing on priorities and establishing terms for collaboration are critical. We have learned that identifying the TA provider and the recipient team's role helps establish boundaries, define collaboration areas and shape the mandate of cooperation throughout the engagement. In a long-term engagement, the partnership terms may get blurred; therefore, role definition and clarity are essential to establish. It is therefore, necessary to stay focused on the mandate as a TA provider. We also learned that finance, procurement, and staffing issues could become contentious issues. Hence, while providing TA, getting proactively involved in implementation related decision-making processes can be confusing and beyond the mandate. As a TA provider, we have to be present to address the TA recipient's emerging needs (which may not have been a part of the original terms of reference), as and when such situations arise.

In Kenya, when IGPH conducted the needs assessment with NASCOP and NACC, the TA recipient identified the setting up of a robust monitoring system for key population programming, as a priority. Within 4-6 months, IGPH developed a robust monitoring and evaluation system to ensure that the two institutions had access to good quality data through the system. This support built our credibility and assured the institutions that the TA provider was competent to address their needs.

An excellent example of providing support during emerging needs is the support that the UPTSU offered to the Government of UP, to manage the COVID 19 crisis. The UPTSU had to quickly adapt and create a data system that could collect and monitor COVID 19 related information for the state. UPTSU also had to adapt program implementation strategies and support the government in creating awareness, managing the returning migrant population to the state, and continuing MNCH services, amidst prevailing anxiety and fear.

B.4 Hiring and engaging a technically competent team that can build trust and confidence among the TA recipients:

IGPH found the recruitment and the training of the multidisciplinary team critical to addressing the TA recipient's needs. Such a team is more effective than individual short term consultants. A crucial aspect of TA provision is building credibility and value at all levels of engagement and continuously improving the TA recipient's processes and results. A TA team competent in knowledge, skills and attitude helps build trust and credibility through their contributions, early in the process. We found that the relationship between a TA provider and recipient is built on trust and confidence. Trust can be created and strengthened by sharing expertise, and offering quality inputs to address the gaps, and by respecting the TA recipient's leadership. Without such confidence, the TA recommendations may not be heeded by TA recipients, even when there is compelling evidence for their effectiveness. In partnership with government institutions, we learned that the leadership could change quite frequently, and hence building trust and credibility is a continuous process. In an environment of continually evolving leadership and direction, the TA provider can also become a part of the institutional memory, by their presence in the system.

In Karnataka, India, under the India Canada Collaborative HIV/ AIDS Project (ICHAP), IGPH hired a competent team of 6 TA providers to shadow and support the key program managers within the Karnataka State AIDS Prevention Society (KSAPS). These TA providers had technical area-specific competency and worked with their counterpart program managers within KSAPS to ensure that their programs were planned, implemented, and monitored efficiently for significant results. The credit of success always went to the program managers of KSAPS as natural owners of the program.

B.5 Building ownership of TA among the recipient:

IGPH and its partners consider TA as a strategic input that adds value to a systemic process, especially when the TA recipient is a governmental institution. A sound knowledge of shifting program priorities and implementation capacities is required to determine evolving TA needs and build ownership with the TA recipient. Hence, it is essential that the TA provider works as a part of the system and ensures that the decision-making is the TA recipient's role and responsibility. We must ensure that a culture of dependency is not created when providing TA. Thus, the TA process should build capacity, competency, and systems to empower the TA recipient, to achieve the goals over an agreed period independently.

While the TA recipient has the institutional experience and credibility with the community and stakeholders, and the TA provider brings along their knowledge and skills. Hence, the TA provider and the recipient should be collaborative in spirit rather than hierarchical. The IGPH also found that the partnership's focus on joint problem solving and the co-creation of approaches and actions towards a common goal, leads to positive outcomes.

In Nigeria, while providing TA to the National AIDS Control Agency (NACA), IGPH ensured that all capacity building efforts included officials from NACA. IGPH also initiated a training program on Program Science in partnership with NACA, to help the officials understand the approach and create a platform for knowledge sharing and dissemination.

B.6 Focusing on building and strengthening sustainable systems:

IGPH and its partners, through their TA to the government, have focused on building and strengthening the systems within the government. System strengthening was conducted to improve their absorptive capacity, thereby increasing the TA recipient's ability to perform their core tasks efficiently.

Improvement in absorptive capacity has been done through

- Short-term gap-filling
- Improvement in systemic processes
- Policy engagement
- Improving structures and systems

We learned that the TA for system strengthening also includes supporting the TA recipient to manage transient risk or identify potential risks, and providing support in developing and implementing mitigation strategies.

For example, based on the design and demonstration of the nurse mentor program implemented by the UPTSU, the government of UP decided to create the nurse mentor position within the health delivery system and scale it across the 75 districts in the state. The vacancy for the position was to be filled rapidly for which the IGPH and IHAT provided TA to the Government of UP, and was expected to bring on board a "vacancy management firm" (a professional HR firm) to expedite recruitment. This support to fill the new position and hire a high number of nurses, was a short-term gap-filling strategy to support the government. There was limited expertise within the government to take up human resource related responsibilities like the development of job descriptions, advertisement, shortlisting, assessments, interviews, etc., for this newly created position. Similarly, IGPH engaged with GoUP in long-term solutions to address the severe shortage of Clinical Specialists by developing the concept note and service rules for specialists' cadre.

B.7 Nurturing collaborative relationships at different levels:

We learned that technical assistance is not about creating a parallel hierarchical entity. Instead, it is a support function that needs to work with existing decision-making levels within the TA receiving institution. We found that close engagement leads to an environment of equality between the TA provider and the TA recipient, facilitating the "working with" paradigm rather than "working for." Therefore, embedded experts as TA providers within the TA receiving institutions promote collective action and accountability. Collaborative relationships also facilitate persuasive engagement to look at things differently and innovate.

While providing TA, IGPH has been mindful of change in plans and revision of timelines. Hence, it is essential to show flexibility and openness. Based on the ground realities, the TA providers may not have control over all circumstances. in such scenarios, while we acknowledge the need to innovate and support the TA recipient in finding solutions to address delays and deadlocks, it is also important to accept the reality if such solutions cannot be implemented as planned.

The TA provided to the National AIDS Control Program in Pakistan, was spearheaded by IGPH by engaging and providing leadership to the national and provincial surveillance and monitoring officers, who were a part of the government programs. This arrangement nurtured a collaborative partnership between the federal and provincial health departments, which led to the development of an effective HIV surveillance system in Pakistan. IGPH and its partner CGPH Pakistan have also supported the development of the Global Health Department (GHD) at the Health Services Academy, which is a federal based public health institution in Pakistan. The GHD is a collaborative effort between the HSA, IGPH, CGPH Pakistan, and the Federal Ministry of Health.

B.8 Creating learning spaces through open communication and sharing knowledge:

IGPH found that creating safe spaces for regular and open communication between the TA and recipient teams is vital to sharing knowledge. These spaces can be either virtual or physical. However, it needs to be structured to ensure that the teams share their challenges and problems openly, and find solutions together. We have found that the platforms created for sharing and learning are effective. They enable cross learning, dissemination of good practices and develop a community of practice that is critical to TA provision. Thus, safe spaces to exchange ideas, successes and challenges, have helped in advocating for innovation and change.

IGPH conducted a learning exchange between the Ministry of Health officials from Pakistan and the Ministry of Health in Kenya, to learn about a government-led intervention with sex workers. This learning exchange built confidence and commitment among Pakistan MoH officials to lead the HIV response with sex workers in their country.

Genesis Analytics and IGPH led South to South Learning Network's aim to create a community of practice for HIV prevention within Africa through TA, joint problem solving and sharing of good practices across the network members.

IGPH has led a Global Program Science Network, which provides space for researchers, implementers, policymakers across multiple countries to connect and share successes and challenges on public health concerns.

B.9 Measuring effectiveness of the TA:

We have understood that it is critical to monitor and measure the TA that we provide continuously. The measurement can be related to the quality, process, and outputs related to the TA provision in the medium term and the achievement of program outcomes in the long term. The involvement of the stakeholders is essential in the process of measurement. IGPH conducts regular meetings with the TA receiving institutions and the broader stakeholders. We acknowledge that designing a monitoring and evaluation plan with the inclusion of external evaluation could also provide objective evidence on the effectiveness of the TA. Hence, it is vital to integrate new knowledge, evidence from proven interventions, and research findings into the program to improve outcomes and impact. The regular measurement of the process and outcomes or the impact of TA also demonstrates the TA's value.

In Uttar Pradesh, IGPH and IHAT worked with external evaluators who undertook a regular evaluation of the RMNCH program outcomes and the TA support that aimed to improve the program outcomes.

C. PRECONDITIONS FOR EFFECTIVE TA DELIVERY

Based on our experience, effective TA delivery needs a few preconditions.

C1. TA should be based on the recipient's need:

Every TA should be a felt-need of the recipient, rather than being based on the needs identified by the funder or the TA provider. However, this need cannot be ongoing, and the TA must have an endpoint, mutually agreed upon by the TA recipient and provider, based on the achievement of common goals and outcomes.

C2. The TA recipient should be open to change and innovation:

The TA recipient needs to be open to innovative approaches, based on the TA provider's evidence. Achieving program outcomes may require out of box thinking or showing leadership and commitment to unconventional options. While the TA provider can arm the recipient with the proof and information they require, the recipient needs to show commitment and ability to make those decisions and implement the same. Readiness to receive TA and integrate new knowledge or technology into practice is critical.

C3. Funding commitment towards the TA process:

IGPH believes that public health challenges need long term sustainable solutions. Hence, providing TA to design and implement these long-term solutions requires a commitment from the recipient and the funder. Providing TA for public health is not a quick fix. It requires long-term collaboration and funding to hire capable and qualified TA which can strengthen their capacity to work with multiple stakeholders with diverse needs and cultural requirements.

PARTNERSHIP

The Institute for Global Public Health partners with India Health Action Trust (IHAT) and Karnataka Health Promotion Trust (KHPT) in India, Partners for Health and Development in Africa (PHDA) in Kenya, Centre for Global Public Health (CGPH) in Pakistan and West African Centre for Public Health and Development (WACPHD) in Nigeria.

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