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TECHNICAL HIGHLIGHT

Long-term Technical Assistance Advisors:

What can we learn from the Leadership, Management and Governance Project's experience?

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The USAID-funded Leadership, Management and Governance (LMG) Project improves the quality and sustainability of health services by building the capacity of local, regional, and national health leaders to adopt and institutionalize leadership, management, and governance practices.

Introduction

The USAID-funded Leadership, Management and Governance National Malaria Control Program Capacity Building Project (LMG/NMCP) provided long-term technical assistance to National Malaria Control Programs (NMCPs) through long-term technical advisors (LTAs). These LTAs were successful in building individual staff and organizational capacity to lead and implement national malaria control efforts. Over the span of the project, LTA support contributed to improved staff motivation and organization, and overall NMCP functioning. The LMG/NMCP experience suggests that the LTA model could be utilized in a variety of contexts. This technical highlight utilizes the experience of the project and the LTAs themselves to summarize the key structures, required skills sets, and best practices to ensure effective long-term technical assistance for NMCPs.

Background

From 2013 to 2017, the USAID-funded LMG/NMCP project provided technical assistance to NMCPs in seven countries – Burundi, Cameroon, Côte d'Ivoire, Guinea, Lao PDR, Liberia, and Sierra Leone – to build their capacity to effectively implement national malaria strategies. With the majority of funding for national malaria control efforts coming from the Global Fund, LMG/NMCP's support focused on effective mobilization and management of Global Fund grants, and comprised three main objectives with respect to NMCPs:

- **Objective 1:** National Malaria Control Program effectively manages human, financial, and material resources
- **Objective 2:** National Malaria Control Program develops and directs policy and norms for the implementation and surveillance of the national malaria control strategy
- **Objective 3:** National Malaria Control Program mobilizes stakeholders to participate in national malaria control coordination and implementation efforts.

LMG/NMCP's technical assistance to each country was provided primarily by a resident full-time LTA whose role was to serve as both an in-house technical expert and a day-to-day coach; working to build individual staff capacity, strengthen the NMCP's ability to manage Global Fund grants, improve partner coordination and collaboration of malaria control efforts across the country, and ultimately equip the NMCP to lead its country's fight against malaria.

Strategic Response: The Long-Term Technical Advisor

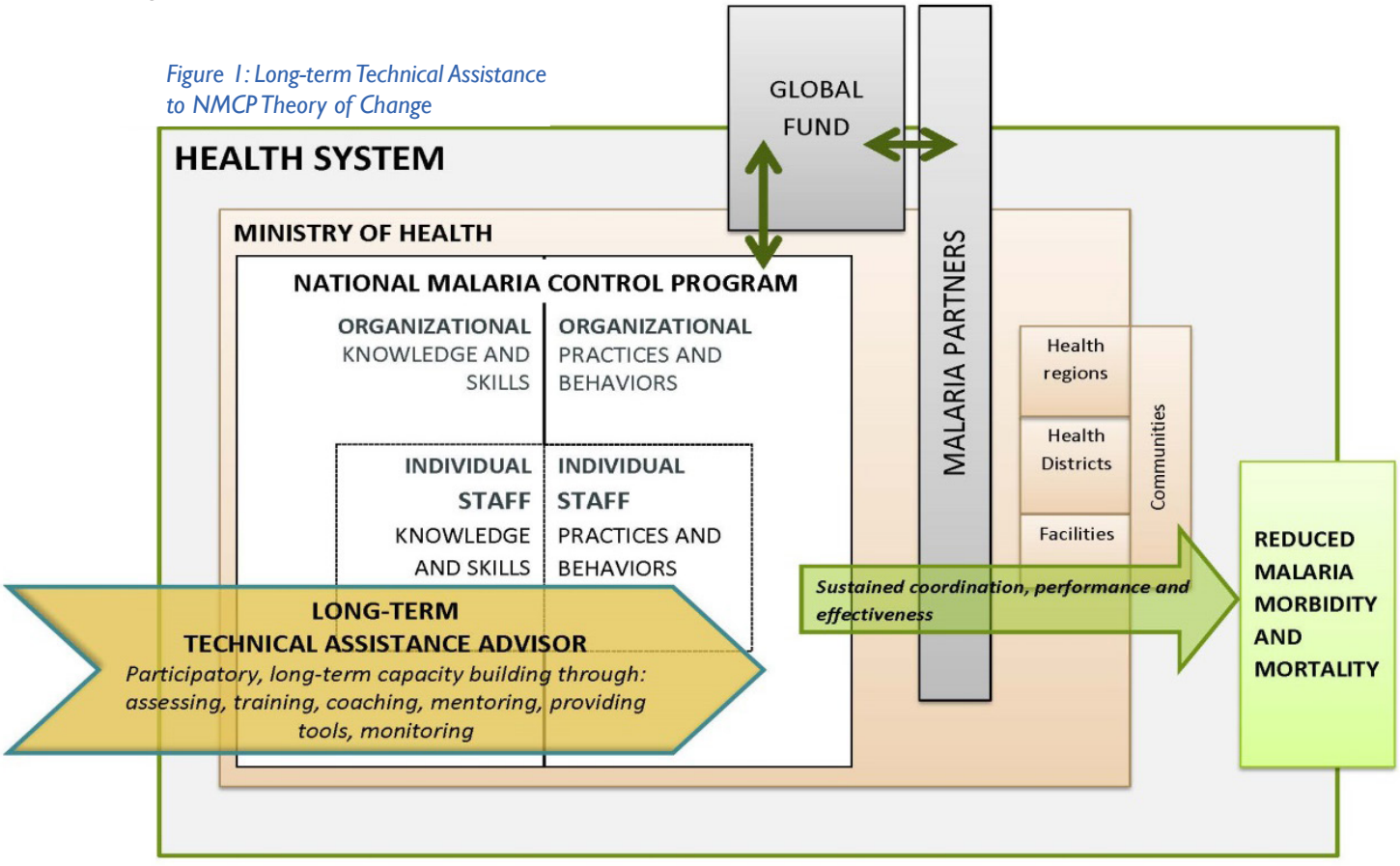
LMG/NMCP used an LTA model to build the skills and capacity of NMCP staff across seven countries with expressed needs. In each country, the LTA was embedded within the NMCP for two to four years. Table 1 outlines the period of LTA technical assistance by country.

The role of the LTA was to provide technical assistance and ongoing leadership, governance, and management training and coaching to NMCP staff and leadership. The support provided by the LTAs aimed to strengthen the capacity of the NMCP to effectively implement their national malaria strategies, with a specific emphasis on effective management and implementation of each country's Global Fund grant. Co-location at the NMCP offices allowed LTAs to provide ongoing advice, training, assistance, and coaching in order to equip staff with the necessary tools and skill set to carry out their work as effectively as possible. This interactive approach to learning and knowledge emphasized knowledge transfer and diffusion, experiential learning, and behavior modeling. The theory of change for this model is displayed in Figure 1 below.

Table 1: LTA support in each LMG/NMCP project country

Country	Dates
Burundi	September 2014 - June 2016
Cameroon	August 2016 - August 2017
Côte d'Ivoire	April 2014 - August 2017
Côte d'Ivoire, Supply Chain Management	January 2014 - August 2017
Guinea	November 2015 - August 2017
Lao PDR	October 2013 - August 2017
Liberia	April 2015 - April 2016
Sierra Leone	January 2014 - August 2017 May 2015 – March 2016 July 2016 - May 2017 June 2017 – August 2017

Figure 1: Long-term Technical Assistance to NMCP Theory of Change



Implementation Results

LTA effectiveness was rooted in a relationship based on mutual respect and trust between the LTA and the NMCP team. By the end of the project, NMCP leaders considered LTAs to be trusted advisors whom they could turn to for mentoring and coaching as challenges arose. According to a study conducted by the LMG/NMCP project in 2016 and 2017, NMCP staff confidence in their abilities to carry out their daily job functions increased by an average of 31% during the LTA's tenure, of which 17% is attributed to the LTA's support.[1] Results from the study also highlighted that other malaria stakeholders – including USAID missions, WHO, UNICEF, and Global Fund grant sub-recipient staff – felt that the NMCPs had become better organized, more assertive, more strategic, and more capable organizations.

By focusing on motivating NMCP teams and country ownership through day-to-day coaching, direct technical assistance, and capacity and skills-building training, LTAs contributed to achievements in a number of areas. LTA support was instrumental in:

- **Mobilization of Global Fund grant funding:** by assisting four countries to develop and submit high quality New Funding Model concept notes, totaling over $235 million.
- **Improved internal coordination:** through the development of annual/monthly/weekly activity plans, conducting weekly staff meetings, and documenting and following up on action items.
- **Improved external coordination:** by assisting the NMCP in their respective countries to coordinate regularly with other national malaria stakeholders, revive thematic working groups, and revise and develop national malaria strategic plans.
- **Improved human resource management:** by assisting the NMCP to update organigrams and job descriptions for all staff; develop and implement codes of conduct, conflict of interest declarations, and staff performance evaluation processes; update hiring procedures; and create grant management teams.
- **Implementation of Global Fund grant activities:** by supporting and providing technical assistance in the planning, management, and logistics of mass insecticide-treated bed net distribution campaigns (at last count, more than 12 million nets were distributed), seasonal malaria chemoprevention campaigns, and activities to increase the number of women receiving three-dose intermittent preventive treatment of malaria during pregnancy (IPT3).

Conditions for LTA Effectiveness

After four years of experience, LMG/NMCP is better able to define what supports and inhibits LTAs' abilities to be effective and successful in their roles. Our learning can be divided into three areas:

1. The role and involvement of host organization leadership
2. The structure, profile, and duration of LTAs
3. Operational and technical support for LTAs

Role and involvement of the host organization leadership

Initial interaction with organization leadership

NMCPs that received LTAs were first identified by and approached by USAID missions in countries where NMCPs had expressed a need for technical assistance and a desire to improve management of Global Fund malaria grants. The LMG/NMCP home office team then worked directly with NMCP leadership to understand the specific challenges and gaps that the NMCP's leadership hoped to address with LTA, as well as clarify the assistance the project would provide. The project team worked with NMCP leadership to modify the LTA job description to include particular expertise that would be needed to best support the NMCP in each country, and then used this tailored job description to recruit for the LTA role. NMCP leaders were invited to interview top candidates, and their input was heavily weighed before hiring. This initial engagement established a tone of respect and mutual understanding between the project and the NMCP, even prior to the LTA's arrival in country.

LMG/NMCP's experience also demonstrates that motivated, solutions-oriented, NMCP leaders (Directors and Deputy Directors) who expressed interest in technical assistance support were able to take full advantage of the LTA's presence. When demand for the LTA came directly from the NMCP leadership, rather than from an outside authority such as the Minister of Health or the U.S. Embassy, the working relationship between the LTA and the NMCP as a whole was stronger and more productive.

1 Betsie Cialino, "What is the added-value of long-term technical assistance?" (lecture, Management Sciences for Health Brown Bag, Medford, Massachusetts, August 31, 2017).

The LDP+ across the project countries

In Côte d'Ivoire, the Leadership Development Program Plus (LDP+) was instrumental in equipping NMCP staff with the tools to improve grant spending and malaria prevention among pregnant women. As a result, the proportion of pregnant women receiving the third recommended dose of sulfadoxine-pyrimethamine (SP3) in the Agnéby-Tiassa-Mé health region increased from 16% (678/4,194) in January 2015 to 28% (954/3,350) in August 2015, falling just short of the target of 30%. The LDP+ was credited by the NMCP in Côte d'Ivoire for having improved staff motivation, efficiency, and internal communication.

In Liberia, thanks to the success of the LDP+ within the NMCP, the LTA is now providing support in program scale-up for the Liberian Senior Ministry of Health staff members working on Global Fund grant implementation, after recognizing the program's impact and effectiveness.

The LTA in Guinea facilitated several cycles of the LDP+. Thanks to the success and impact of these activities, the coordination units of the NMCP decided to pilot a third phase of the LDP+ in two health centers in Conakry. This phase focused on the appropriation of the process by both the NMCP and health centers in an effort to ensure sustainability and strengthen malaria control interventions in the country using LDP+ practices and tools.

Initial months at post

Once an LTA was recruited to match the particular needs and priorities of the NMCP, he/she spent the first three to five months getting to know the NMCP team and conducting a baseline organizational capacity assessment using the organizational capacity assessment tool (OCAT). This period allowed LTAs to become acquainted with and learn to navigate the environment and context. As all LTAs were third country nationals, this initial period of integration was critical to building and understanding political and social complexities to identify key priority areas and challenges. By allowing some time for the LTA to integrate, they were able to build trust with NMCP staff and other national malaria stakeholders before introducing activities. This resulted in better informed, well-tailored, and more effective LTA support over the long term.

In these early months, LTAs also worked with NMCPs on their most immediate needs. In Cameroon, the LTA immediately worked with the NMCP to develop and submit a Global Fund funding application that was due just a month after his arrival, and in Côte d'Ivoire, the LTA immediately began working with the NMCP to review and resolve grant conditions that were blocking funding disbursements. In these cases, the LTA worked side-by-side with NMCP staff. By using their technical expertise to help the NMCP teams to address the most crucial challenges, LTAs were able to demonstrate their value early on.

Structure, profile, and duration of LTA

Structure of the LTA role

The role of the LMG/NMCP LTAs was defined as being a technical advisor for malaria, leadership, management, and governance. While the project had funding to support workshops, meetings, and trainings led by the LTA, the LTA did not manage the project budget. Structuring the LTA role in this way allowed the LTA to focus on assisting, advising, training, and coaching the NMCP, and eliminated confusion over the form of support the LMG/NMCP project could provide.

Each LTA, in collaboration with NMCP staff, developed an annual work plan based on the results and recommendations of their initial organizational capacity assessment and the NMCP's work plan for the year. These activities focused on supporting existing NMCP activities and priorities, and were sequenced in order to incrementally build staff knowledge, skills, and behaviors. For example, LTAs worked with NMCPs to improve human resource (HR) management by first reviewing existing HR documents and guidelines; then by updating organigrams and job descriptions; subsequently by introducing regular unit meetings and developing personnel manuals; and eventually by developing staff performance evaluation mechanisms. The impact of the LTA's support in building HR capacity is evident across project countries such as in Guinea, where the LTA had made it a priority to implement and maintain ongoing weekly coordination meetings which provide NMCP personnel an opportunity to discuss activity plans, challenges and problems encountered, and establish priorities for the coming week. As a result of these meetings, that NMCP's internal communication and rate

of activity implementation have improved significantly over the course of the project.

LMG/NMCP work plans included efforts to build leadership and management capacity using tools such as the Leadership Development Program Plus (LDP+), a process that develops people at all levels of an organization and empowers them to face local health service delivery challenges and achieve measurable results by utilizing hands-on leadership, management, and governance practices. The aim of the LDP+ is to help participants create an inspiring shared vision for addressing a priority area, apply leading and managing practices to improve teamwork and effectiveness, use the Challenge Model process to identify and achieve desired measurable results, and align stakeholders around a common challenge.

Work plan implementation was flexible by design, to allow the LTAs to shift support in the face of changing NMCP timelines, priorities, and even in the face of disaster, as was the case in Guinea and Liberia during the Ebola epidemic.

By structuring the LTA role to be one in which the LTA would utilize a variety of performance improvement approaches (assisting, training, advising, and coaching) depending on the situation, LTAs were able to position themselves as vital resources to NMCP leadership and staff. This allowed them to motivate and coordinate NMCP staff to address challenges themselves rather than do the work for them. LTAs found that contributing to building a trusting environment, and empowering staff to take ownership and address challenges through effective strategies are desired outcomes of the LTA role and could be achieved through the use of soft skills such as diplomacy, conflict resolution, negotiation, advocacy, facilitation, and communication.

Profile of the LTA

To be effective, we found that LTAs must possess strong technical and managerial expertise, as well as an ability to balance their technical capacity with soft skills.

Under LMG/NMCP, technical experience and competency in the areas of malaria control, Global Fund grant management, and organizational capacity building were key. Those LTAs with skills and experience in all three areas were able to provide the most effective and responsive support, and gain the confidence of their NMCP peers. At times, LTAs' reputations preceded them, as NMCP staff had researched who was coming and what they had accomplished even before their arrival.

The impact of LTA's technical expertise on the success of the project

In **Sierra Leone**, the LTA's technical expertise in malaria case management and control was critical in helping him identify priority areas for capacity strengthening. He played a key role in strengthening the capacity of District Health Management Teams (responsible for coordinating and providing malaria services to the districts) by organizing and implementing a series of step-down trainings on topics such as malaria case management (including SP-IPTp3, SP-IPTi and folic acid administration), data collection and management, and financial management, supervision, and reporting.

In **Liberia**, the LTA's experience in malaria microscopy strongly influenced his ability to support the NMCP throughout the planning, implementation, and analysis stages of the Liberia Malaria Indicator Survey (LMIS). The LTA's level of technical expertise and practice in the field were key to ensuring the activity was led by and owned by the NMCP.

In **Cameroon**, the LTA's previous experience allowed him to support the NMCP in developing an integrated plan to implement community activities in HIV, TB, and malaria. This helped streamline and coordinate country efforts in response to malaria as well as other critical diseases.

In **Côte d'Ivoire**, the LTA's previous experience working as a Global Fund funding agent allowed him to provide consistent technical assistance and support to the NMCP to develop, submit, and negotiate the next round of the malaria grant. The approved concept note mobilized over $104 million for national malaria control efforts from 2015 to 2017.

Equally important to relevant technical expertise, the LMG/NMCP experience highlighted the need for LTAs to possess specific soft skills and personal qualities. In terms of personal qualities, LTAs understood that they would be held accountable by their NMCP peers for "practicing what they preached." LTAs noted that in order to do their jobs well, they had to exhibit self-control, humility, patience, integrity, respect, cooperation, timeliness, flexibility, and follow-through.

Duration of the LTA

Under LMG/NMCP, LTAs were placed with NMCPs for two to four years. Initially, the project planned to place LTA with NMCPs for just two years, but after that time passed, NMCPs and LTAs were unanimous in their agreement that support should be extended for organizational improvements to solidify. When asked how long they thought the support should continue during the course of the LTA assessment, NMCP leaders stated the minimum duration for an LTA should be two years, and the maximum should be five, though this is currently solely based on feedback from beneficiaries. In contrast to short-term technical assistance, which typically aims to provide focused and directed assistance based on immediate short-term needs, with less focus on ownership, the aim of the LTA approach is to support local teams to effectively manage and implement work themselves. This is a long-term aim, for which a long-term approach is required.

Within the initially proposed two year period of technical assistance, Figure 2 below presents a recommendation for a timeline of activities to be carried out by the LTA.

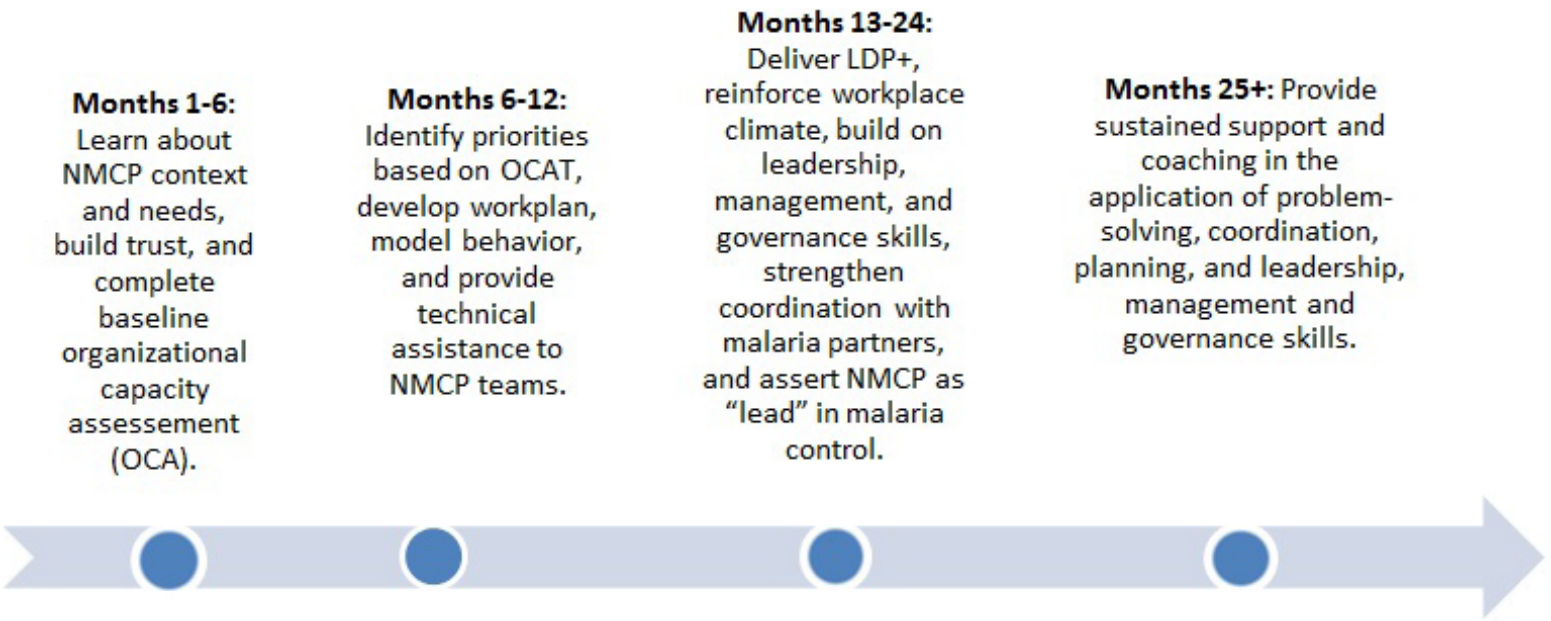
Operational and technical support for LTAs

While the focus of LTAs is to support NMCP staff to carry out their functions and achieve their goals, LTAs themselves require support to be effective. Under LMG/NMCP, we found that LTAs were able to focus on their objectives when they were provided a range of operational, administrative, and technical support by their home office support staff.

While the majority of LTAs' work was hands-on assistance, advice, and coaching, at times their training activities required operational and administrative support to secure meeting space, arrange transportation, organize refreshments, and print materials. Since these tasks can become rather time-consuming, most LTAs were able to use both MSH country office and LMG project home office operations and administrative resources. In countries without a local MSH office, the project contracted part-time administrative support through local staffing agencies to assist LTAs.

On a related note, LMG/NMCP maintained a home office team that was dedicated to responding to LTA questions, needs, and requests. Responsive and consistent technical and administrative home office support was important to the successful management of the project. Biweekly touch bases between the home office team and each LTA to discuss activity

Figure 2: Timeline of activities to be carried out by the LTA



updates, administrative support needs and challenges were instrumental to ensuring the timely provision of support and assistance to advisors.

LTAs also received regular technical support and guidance. This included opportunities for coordination among all LTAs, training on tools and approaches, and help from short-term consultants to assist with specific activities. LTAs participated in quarterly coordination calls organized by the home office to share their successes and challenges from the previous quarter and to receive feedback and suggestions from their LTA colleagues and the USAID/President's Malaria Initiative (PMI) Activity Manager. Annual coordination meetings brought LTAs and home office staff together for a week to provide training, discuss successes and lessons learned, coordinate activities, and plan for the coming year. LTAs and project staff particularly appreciated these meetings, and recommended that they be held as frequently as every six months, if possible. When needed, LTAs also worked with the LMG Project home office team to identify consultants to help facilitate LDP+s and other trainings.

Beyond smooth project management, these forms of support to the LTA also created a support network and team spirit among the LTAs and the project team. As embedded advisors, LTAs stated that they at times felt isolated and struggled with their identity as part of the NMCP team, part of the LMG/NMCP project team, and an employee of MSH. Instituting regular support from the home office helped to mitigate this, and fostered the attitude that LTAs were important members of the larger LMG project.

Lessons learned

The nature of the LTA's role introduces several unique challenges to the success of his or her capacity building efforts. Chief among these are "mission creep" and disruptions when LTAs change during the course of the project.

While LTAs had clear scopes of work, their daily presence within the NMCP could sometimes be confusing to the people with whom they directly worked. LTAs would sometimes be asked to do the work of NMCP staff or, once trust was established, an LTA might be asked to take on leadership roles that were beyond their scope. Under LMG/NMCP, LTAs were at times asked to draft and finalize specific deliverables that should have been assigned to NMCP staff, were expected to manage staff, and were also asked to represent the NMCP director at high-level meetings. To clarify and maintain the LTA role, it was vital to set and maintain expectations early on, and to ensure that all NMCP staff and partners were familiar with the LTA's scope of work. LTAs found that setting boundaries and making it a priority not to participate in or assist with work that the NMCP staff themselves were responsible for and capable of doing was difficult at times, but remained central to keeping the focus of support on capacity building rather than on providing direct technical assistance. While the ability to build trust and a positive working relationship with staff is fundamental, LTAs noted that without establishing boundaries or clarity of their role within the organization, there was the risk of them taking on more than expected, which could be counterproductive to the capacity building process and lead to a shift away from priorities.

LMG/NMCP countries that experienced a transition in LTAs during the course of the project underwent a common challenge. In several cases, LTAs left their positions for other opportunities and had to be replaced. New LTAs found it difficult to take over and continue from where their predecessor had left off, particularly when they did not have time to interact with the previous LTA. LTAs who joined the project later noted that they integrated more slowly into the NMCP team and took longer to begin supporting activities. To mitigate this effect, we recommend overlap between LTAs if at all possible. This would require the implementing organization to quickly identify and hire a replacement when an LTA departs. It also would require that the departing LTA be given the time to meet and orient and debrief their replacement and review priority actions, current and past challenges, as well as the dynamics and the overall work climate/environment. If an in-person handover is not possible, we recommend a series of phone calls as well as frank handover notes that detail particular political, technical, and social sensitivities.

Conclusions

LMG/NMCP's adoption of the LTA model provided invaluable support to NMCPs, strengthening the fundamental leadership capacity and management skills of these programs to lead national malaria control efforts in their respective countries. Through their work, LTAs have shown an ability to build the trust and skills of their local colleagues, integrate and adapt as a team, and ultimately ensure that the support and technical expertise that is needed to build capacity is provided. These key requirements of effective long-term technical assistance ensure that countries are able to sustainably lead efforts in the fight against malaria. The LMG/NMCP experience should be taken into consideration when implementing LTA as part of any capacity-building effort, ensuring that a particular focus is placed on the skills and qualities of an LTA as key determinants of the impact and effectiveness of the capacity building support they will provide.

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