

The plans would inform how the TAs and the departments identified the inputs and the support the TA could provide, what the units themselves would do, and a timeline of activities. To keep the learning targeted to the most important and timely gaps, the initial plans included a maximum of three or four objectives, each of which would entail several inputs and/or activities; plans were updated annually, with HP+ support.

Strengthen: To dispel the common notion that “training equals learning,” the project introduced several capacity strengthening approaches and reviewed how the capacity development process differs across hierarchies (individual, organizational, and interorganizational). Reinforcing *individual competencies* for improved performance requires targeted knowledge and training for skill development, mentoring, and opportunities for practice with feedback. Advancing *organizational capabilities* (technical and operational) often involves the clarification and revision of staffing and structures; iterative co-creation or refinement of new or existing policies and procedures based on best practices; and real-time joint learning through practical application, adaptation, and institutionalization of new norms. For *interorganizational and relational* capacity development, the TAs were encouraged to use their professional and social capital to foster stronger networking and interaction with other health system actors by convening multisectoral forums, planning for government and donor engagement, and supporting new strategic partnerships.

Monitor and Evaluate: The annual action plans served as a monitoring tool for progress throughout the year. HP+ organized quarterly reviews with each department and USAID to discuss progress, check milestones, and identify challenges and proposed solutions. The TAs participated in weekly HP+ Mali staff meetings to ensure their secondments were aligned with and beneficial to other aspects of the project.

They spent one day per week at the HP+ office to share approaches, challenges, and solutions and to receive additional guidance from local and international HP+ technical staff. Along the way, learning discussions centered on how well the TAs’ colleagues were *performing* and *achieving results* with their new knowledge and skills, if they were working more *independently* and requiring less TA support, how they were *institutionalizing* new tools and ways of working, and if they were *adapting* new learning to other contexts. These are all key indicators of sustainable capacity development.

Capturing Performance Improvements

In 2020, HP+ gathered information to understand and describe the outcomes of the secondments. Senior HP+ Mali staff conducted key informant interviews with supervisors of the TAs using a set of guiding questions to capture their feedback and assessment of the secondments. In addition to their supervisors’ feedback, each TA provided written responses about their own contributions, results, and lessons learned—an opportunity for them to reflect on their efforts and describe key contributions, learnings, and thoughts for next steps.

Overall, the respondents expressed appreciation for how the TAs supported their departments by working alongside individuals and teams, providing targeted small group training, and coaching staff on the application of new skills and procedures. Supervisors recognized the value of the TAs’ ability to consult on existing operations and work with ministry colleagues to design, test, and operationalize better tools, practices, guidelines, and protocols.

The next sections summarize the context, pathways for learning, and performance improvements related to the TAs’ support in three of the departments.

IMMUNIZATION SECTION: Stronger Data-Informed Skills and Procedures in Logistics, Budgeting, and Cold-Chain Management



Prior to TA support, the Immunization Section had few appropriate and standardized tools for monitoring vaccine management and the cold chain at different health

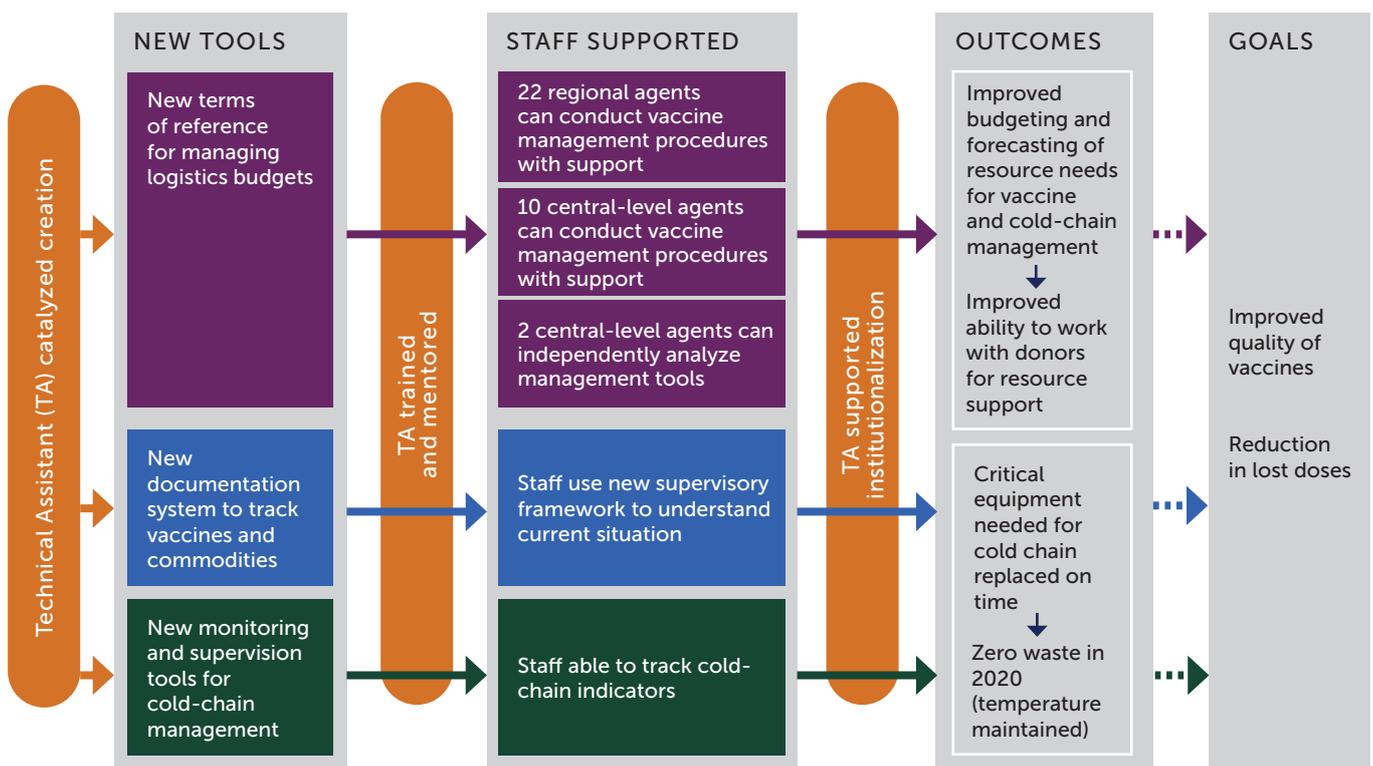
system levels. Without access to accurate, up-to-date information—such as the locations of different types of refrigeration and their corresponding renewal dates—effective administrative planning was difficult. In addition, resource coordination with donors was hampered, in part due to inaccurate budgeting and forecasting of needs. For instance, in recent years, Gavi, the vaccine alliance, did not release up to half of its obligated funds to Mali because it could not obtain detailed operational plans on how vaccines and resources would be spent.

As depicted in Figure 1, the seconded TA worked with different teams to co-develop

new monitoring tools and processes and to strengthen the technical and managerial skills to use them. These processes were aimed to improve logistics, vaccine and cold-chain management, and accurate budgeting and forecasting for supplies (vaccines, consumables, and cold-chain equipment). The Immunization Section now has tools and practices for better management. Several interim milestones in this process include the following:

- Improved central planning, including an inventory tracking tool for weekly review of vaccine stock data, created with help from the TA. All the agents in the Immunization Section and agents in the vehicle fleet have mastered the tool, and the regional and district levels can now use it to plan for the renewal of cold-chain equipment and fleet management. The inventory is reviewed monthly in districts, quarterly at regional levels, and quarterly by senior management to continue to improve projections based on consumption rates. Regular planning meetings of the logistics group were also established.

Figure 1. Technical Support to the Immunization Section



training and mentoring, enabling them to carry out functions independently and oversee the frontline surveillance at their respective levels. For example, in Kayes, staff now know how to investigate cases of diseases that have the potential to become epidemics, including COVID-19, at their levels (one at the regional level and one at the district level). One of the three officers from Bamako who has finished the two-year training and mentorship program is now supporting the National Immunization Center with surveillance monitoring.

Based on his contributions thus far in data quality and field epidemiology, the TA has been appointed by the General Directorate of Public Health to coordinate setting up a training module combining sessions on field epidemiological surveillance and health emergency management. This module, once validated, will be an important step in strengthening the competence of agents involved in epidemiological surveillance at all levels of Mali's health system.

REPRODUCTIVE HEALTH SUB-DIRECTORATE: **Better Efficiency and Program Management through a Staff Development Plan**



Within the SDRH, several organizational needs were identified for the TA to support. Formerly, job descriptions were often unavailable,

leading to confusion on roles, functions, and accountability. In addition, systems for human capital and workforce development were not established, meaning that some individuals received multiple learning opportunities per year while others received none. This ad hoc approach resulted in quality lapses, staff inequities, and inconsistent program management. Without routine internal planning meetings, program implementation was uncoordinated and decisions and action items resulting from meetings with donors and other partners were not recorded. Moreover, there

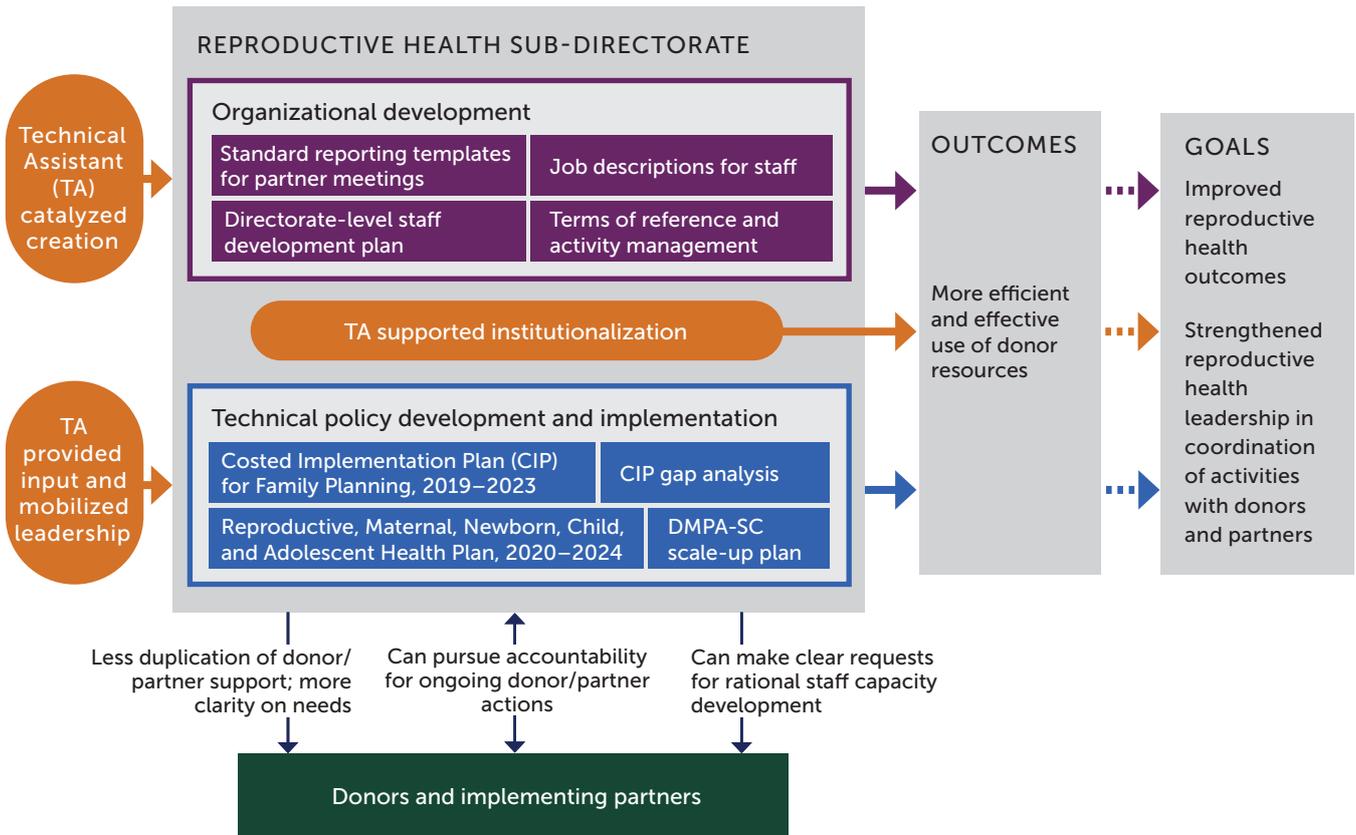
was not a clear strategy for engagement with donors and partners, leading to duplication of efforts and a lack of clarity on priorities and strategic support across the sub-directorate.

As summarized in Figure 3, the TA provided support for organizational development and technical work. To improve clarity on roles, the TA initiated a process to develop staff job descriptions in line with health reforms for the SDRH. While the TA started with the SDRH, TA support was generalized to other departments (e.g., Immunization and CDPHTI) and managerial positions within the Directorate General of Health and Public Hygiene. This is a first in Mali. The MOHSD also developed job descriptions for the new National Office of Reproductive Health. More than 50 job descriptions were created, which will provide staff with clear documentation of the scope, roles, and responsibilities to effectively carry out their jobs.

To support workforce development, the TA helped the Directorate General of Health and Public Hygiene Training Unit develop a questionnaire to identify priority areas for capacity strengthening. The TA also analyzed documents and participated in staff meetings to further identify areas for performance improvement. With the deputy director's approval, the TA devised a comprehensive Directorate Training Plan that focused on improving knowledge and skills, with opportunities for practice on the job, supported through mentoring. Representatives from different sections of the MOHSD reviewed and endorsed the plan. Now there is clear guidance on what positions receive which trainings, when, and why. The plan also serves as a tool for the directorate to target and mobilize funding to operationalize it.

The TA helped three SDRH staff better manage technical activities, such as the national family planning campaign or support for the introduction and scale-up of the DMPA-SC contraceptive, by introducing terms of reference

Figure 3. Technical Support to the Reproductive Health Sub-Directorate



that specify the context, objectives, expected results, and methods for activities. The staff now consistently and independently prepare high-quality terms of reference. This has helped to better identify bottlenecks in implementation and has improved the quality of activity reporting. This improved process has gone so well, in fact, that other departments within the ministry have adopted it. Coordination efforts are now also improved, thanks to new tools and processes the TA helped to create and institutionalize. These include templates for partner meetings, routine documentation of proceedings and decisions, and action item follow-up procedures.

In addition, the TA provided assistance with developing and implementing policy and program frameworks, including the Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH) Plan for

2020–2024; the rollout of plans to introduce DMPA-SC; and improved coordination for planning and implementing the National Family Planning Promotion Campaign. The TA also worked closely with the SDRH team to create an Excel-based local adaptation of the financial gap analysis tool for Mali’s Costed Implementation Plan (CIP) for Family Planning, 2019–2023. This tool allowed donors and partners to clearly specify their funding commitments to different CIP components (demand generation; service delivery; commodity security; enabling environment; and coordination, supervision, and monitoring) and respective activities. The TA’s support on the application of the gap analysis tool enabled the Family Planning Focal Point to collect and enter data and create data visualizations for presentations with only modest support from the TA. The SDRH team is starting to apply their knowledge and skills in financial gap analysis to other plans.

Allowing for Flexibility and Adapting to Needs

Throughout the course of the secondments, HP+ recognized that flexibility over how the hosting organization deploys the seconded TA is important, not only for TAs to sustain effective relationships, but also so that TAs can gather insights and identify other areas for improvement. Responding to requests for the TAs to participate in related departmental activities outside of their capacity development action plans may have extended timelines for achievements but it also provided opportunities to adapt capacity strengthening to address emerging and urgent public health priorities.

For instance, as the COVID-19 pandemic began in 2020, three of the TAs pivoted and integrated interventions to help their departments address the challenge (see Box 1). In particular, the TAs working with the immunization and DHIS2 staff described how the staff's timely use of prior skills-building and systems improvement in logistics, cold-chain management, and disease detection and epidemic analytics served the pandemic response. Skilled and confident officers in both departments added to the capacity to mount more effective COVID-19 responses.

The experience of the secondee placed within the Ministry for the Promotion of Women, Children and the Family is another example of adapting a secondment to the reality and pressing needs of the host. In this case, the ministry faced many challenges in strategic planning and resource mobilization, which led to it being under-staffed for its mandate. Given the context within this ministry, this secondment evolved to the TA temporarily filling a staff position. The TA did not have the opportunity to provide the department-wide, long-term capacity strengthening support that the other TAs provided to their departments.

However, the TA did significantly contribute to the work of the department, including

Box 1. Technical Assistants Deliver Surge Support for Mali's COVID-19 Response

The TAs were well placed to help their respective departments respond to COVID-19. Specifically, they:

- Helped immunization staff review and share challenges and lessons learned in developing resilient supply chains via sub-regional webinars; contributed to the national plan for vaccine rollout and a funding needs assessment; and assisted with developing the MOHSD's national COVID-19 response plan.
- Trained field epidemiologists at the CDPTHI in COVID-19 case finding and case management; these officers are at the forefront of detection, contact tracing, and follow-up in their respective regions/districts.
- Contributed to improving a family planning and reproductive health supervision tool to use in the context of COVID-19 and provide data on how COVID-19 affects family planning/reproductive health service use; also offered clinical guidance for reproductive health services within the COVID-19 context, including on infection prevention and control protocols and social distancing measures for the clinic.
- As part of International Children's Day, contributed to the assessment of health education messages about COVID-19 for and by children who were hospitalized or residing in internally displaced settlements.

developing its first operational plan, which allowed the ministry to properly assess implementation of its FY 2019/20 activities and prioritize programs for the FY 2020/21 cycle. The TA's work also created better alignment and coordination with donors and mobilized \$8 million (Canadian dollars) to provide funding for family planning/reproductive health-related activities. The funding, coupled with on-the-job capacity support of ministry staff, has allowed the MPWCF to conduct advocacy outreach using evidence created from HP+ tools, such as [RAPIDWomen](#) and the [Family Planning-Sustainable Development Goals Model](#), demonstrating the link between investing in family planning and women's empowerment and overall social-economic development.

Challenges, Lessons Learned, and Recommendations

The HP+ team strove to incorporate lessons learned throughout the process of placing, preparing, and supporting the TAs. Capturing the results of TAs' efforts through reflection and stakeholder interviews has helped consolidate key learnings and recommendations.

One identified challenge was that the memoranda of understanding between HP+ and each department specified that extra financial support for activity implementation was not included. Over time, in some instances, new (i.e., unbudgeted) department activities and/or new protocol implementation costs were incurred. This was a source of frustration and delay before the departments could find internal funding solutions.

HP+ recommends that sponsoring organizations make clear from the outset and reinforce messages about what level of financial assistance is offered (beyond TA salary) and what the hosts are expected to support with their own funds. That said, sponsoring organizations should carefully monitor implementation and consider adapting

the approach over time if the lack of funding impedes learning and institutionalization.

One lesson learned is that the TAs needed to effectively navigate the complementary yet divergent roles of directly implementing the respective departments' programs on one hand versus providing capacity development support to improve performance on the other. This was easier to realize for some TAs than for others, based on their own proclivities and comfort level with capacity strengthening, as well as department leadership expectations, relative preferences for the best application of the TAs' expertise, and other external factors.

HP+ recommends that sponsoring organizations include in TA job descriptions and selection criteria a strong emphasis on skills and experience in capacity strengthening. Organizations should also clearly articulate the competing demands on TAs' time, document the time that is reasonable to allot to each, and establish at the outset any conditions that would warrant prematurely ending the secondment.

Another lesson learned is that the TAs who had previous experience working with the departments they supported were most successful in identifying challenges and working with teams to implement solutions. However, HP+ does not recommend hiring TAs directly from among *current* ministry staff to avoid taking talent away from the ministry.

An important part of the secondments was the comprehensive orientation session on capacity development, which helped the TAs craft action plans based on specific objectives. Routine check-ins with HP+ staff and USAID helped with problem solving and monitoring.

HP+ recommends planning a more deliberate series of targeted sessions with TAs that focuses on learning methods, planning for turnover among leadership and staff, and tracking performance improvement (through use of a tool such as the [Organizational Performance Index](#) or the Government Performance Index).

HP+ also recommends more upfront planning for ways to institutionalize onward learning with decreasing external support.

Finally, because TAs are tasked with improving current levels of knowledge and skills among government staff and integrating best practices within systems, sponsoring organizations should contribute to ensuring that the TAs also benefit from learning opportunities and mentoring in their own technical fields. This will ensure that they stay current with best and emerging practices.

Moving Forward

HP+ has recently closed the secondments at the MPWCF and SDRH due to programmatic shifts and USAID restrictions on the use of funds after the political events of August 2020. The USAID Mission has requested that HP+ onboard another TA to work on health financing within the Ministry of Health and Social Affairs. In addition to the opportunity to strengthen the department's operations and staff skills, the experienced TAs will have the opportunity to share their insights with incoming TAs and HP+ will be able to adapt and incorporate its lessons learned. Going forward, HP+ will provide additional support to TAs to:

- Update action plans and facilitate increased uptake of learning activities into the formal department operational plans and budgets.
- Finalize new learning materials as department documents and ensure institutionalization of these and other new protocols.
- Help departments create plans to carry forward learning after the secondments end (e.g., prepare master trainers in anticipation of turnover among trained staff, update onboarding and routine staff development programs, and sustain new practices).

- Promote a routine (e.g., quarterly/semi-annual) forum amongst leadership across all donor- or partner-sponsored secondments, which could include any secondments regardless of sponsoring organization. This forum would serve to review progress and celebrate interim achievements and performance improvements, encourage departments to discuss common challenges and devise solutions, identify areas for collaboration, and leverage opportunities to expand the circle of learning.

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