

## LEARNING BRIEF

# Secondments in NTD sector: Understanding the challenges and opportunities of involving seconded staff in implementation of NTD programmes

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Ascend is managed geographically in two lots. Lot 1 focuses on 11 countries in East and Southern Africa and South Asia: Bangladesh, Ethiopia, Kenya, Malawi, Mozambique, Nepal, Sudan, South Sudan, Tanzania, Uganda, Zambia. We gratefully acknowledge the financial support provided by the UK Foreign Commonwealth and Development Office (FCDO) to fund the Ascend programme.

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## Acronyms

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<b>ASCEND</b>	Accelerating Sustainable Control and Elimination of Neglected Tropical Diseases
<b>CSO</b>	Civil society organizations
<b>FGD</b>	Focused group discussions
<b>HRIOs</b>	Health Records and Information Officers
<b>IDIs</b>	In-depth Interviews
<b>MDA</b>	Mass Drug Administration
<b>MEL</b>	Monitoring, Evaluation and Learning
<b>MoH</b>	Ministry of Health
<b>NGO</b>	Non-Government Organisation
<b>NTDs</b>	Neglected tropical diseases
<b>PPE</b>	Personal protective equipment
<b>SOPs</b>	Standard operating procedures
<b>WASH</b>	Water, Sanitation and Hygiene
<b>WHO</b>	World Health Organisation

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# Ascend program and its health system strengthening approach

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Accelerating the Sustainable Control and Elimination of NTDs (Ascend) is a £200 million investment from the UK government's Foreign, Commonwealth & Development Office (FCDO), to advance the impact and sustainability of national programmes tackling neglected tropical diseases. Originally due to be implemented between September 2019 to March 2022, Ascend comprises of two lots - one focusing on South Asia, East and Southern Africa (lot 1) and the other on West and Central Africa (lot 2). Central to Ascend Lot 1's approach is a close collaboration with national governments and other implementing partners, to enhance national approaches to NTD control and elimination. Ascend aims to contribute to the global goal of reducing the burden of selected NTDs so that they are no longer a public health problem.

The programme has the following intervention areas:

- 1) Treatment and prevention of disability, including mass drug administration (MDA), diagnosis and treatment, surgeries, morbidity management;
- 2) Increasing the integration of aspects of NTD programmes within the health systems;
- 3) Strengthening national health systems, integrating efforts to strengthen the relevant building blocks of the health system;
- 4) Data for targeting and monitoring, including impact assessment and alignment of NTDs with national and international MEL systems and processes; and
- 5) Cross-sectoral collaboration, in particular within the health and water sanitation and hygiene (WASH) and behavioural change communication (BCC) sectors.

At the inception phase of the program, Ascend identified that NTD departments within Ministries of Health were often under-resourced with staff positions often unfilled and with those staff in post having varying degrees of capacity to deliver comprehensive NTD interventions. It was a key aim of the programme to strengthen the MoH's ownership and direct delivery of NTD interventions.

In the past, other donors supporting NTD programmes, such as KalaCore and Accelerate, funded secondments in the Ministries and in many cases, NTD department leads asked Ascend to continue this support. While secondees provide a work-force that enables Ascend to contract Ministries of Health to deliver NTD interventions, secondees also have responsibility for supporting longer-term capacity building of the Ministries. While Ascend aimed to deliver a 'health systems strengthening' approach, little was known at the outset on how working with NTD departments could effect change on the much wider health system. But it was recognized that secondees were one mechanism through which wider effects on health systems, such as data information systems, supply chains or NTD delivery, could be achieved. This is in line with the WHO sustainability framework developed alongside the roadmap for NTD 2021-2030 and states that international donors and implementing partners will need to identify and utilize synergies beyond disease-specific programming and consider their potential roles in strengthening health systems.

Only a few scholars have studied the role of secondments to strengthen the capacity of MoH. For example, Hendrix-Jenkins et al (2015) reported on the experiences of secondments based at MoH in India, Afghanistan and Malawi to strengthen health policy-making and advocacy. They concluded that seconding is more relevant than ever as:

- 1) short-term training is considered insufficient to enrich the capacity of individuals, organisations and systems;
- 2) it supports the global health field in evolving from a top-down, expert-driven field focused on training individuals to one that employs cross-cutting approaches to strengthening organizations and systems; and
- 3) properly designed secondments are an ideal professional development tool for sustaining on-the-job support.

Some of the lessons learned included getting the fundamental design right through ongoing dialogue with involved stakeholders, building team trust from the beginning, and explicit monitoring and evaluation of the secondment from the beginning together with the host organization.

Currently, there is no evidence available on the role of secondees in the NTD field. More insight is needed on how secondees can contribute to the implementation of NTD programs and more long-term capacity building of the Ministries. Moreover, insight is needed into barriers and enablers for successful contribution of seconded staff.

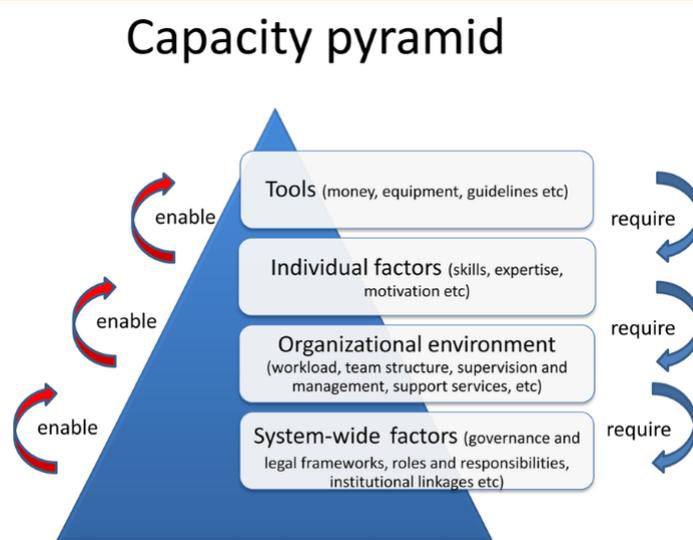
**This learning brief explores the role of seconded to MoH staff in Ascend programme implementation and MoH capacity building for NTD control.** It aims to inform Ascend and partners on lessons learned from about the ways forward to strengthen NTD control. The focus is on MEL seconded staff and the countries Nepal, Malawi and Mozambique.

## Taking a deep dive

We conducted a **qualitative research study** focus on monitoring and evaluation (M&E) seconded staff in Nepal, Mozambique and Malawi. These countries provide a broad perspective from both Asia and Africa and had M&E secondments present for 6 months or longer.

The research team used the health workforce capacity building pyramid **conceptual framework** to guide the data collection (Figure 1). This framework outlines the factors that can influence programme implementation and capacity building processes, namely tools available (money, equipment, guidelines), individual factors (skills, expertise, motivation), organizational environment (workload, team structure, supervision and management, support activities) and system wide factors (governance and legal frameworks, roles and responsibilities, institutional linkages).

As the Ascend program HSS strategy itself is not explicit in different areas of capacity building, we used the following **definitions** for the purpose of this study (based on the organizational capacity development training organized by Ascend for secondees in October-December 2020):



**Figure 1.** Health systems workforce capacity pyramid showing factors that influence change (adapted by from Potter and Brough by Cometto et al (2019)).

- **individual capacity** relates to Ministry staff’s knowledge and skills;
- **organizational capacity** to the development of tools, guidelines, standard operating procedures (SOPs) and absorption of seconded staff (continuation of job positions using MoH domestic funds) and
- **institutional capacity** to change in MoH’s organizational culture and norms.

Data collection tools were a combination of a desk review of Ascend program documentation and qualitative in-depth interviews with the Ascend global and regional program staff, seconded staff, and MoH staff collaborating with the secondees (Box 1). Annex 1 shows a detailed list of respondents. Notes were made during the interviews and this data were coded and analysed in MS Word according to the topics outlined in the topic guide. Interviews were recorded to capture quotes of the respondents. The data from the interviews and desk review were triangulated to arrive at overall findings.

**Box 1: Key data used**

- **Desk review** of terms of references of the secondees, Ascend HSS strategy, overview of seconded staff, training report for organizational capacity training for secondees
- **In-depth interviews** with 19 people (see Annex for details):
  - 3 people from Ascend global team
  - 4 regional Ascend managers
  - 3 regional M&E managers
  - 2 seconded MEL staff (Mozambique, Nepal) and 1 seconded NTD program coordinator staff (Malawi)
  - 3 country leads (Mozambique, Malawi and Nepal) and
  - 1 STTA staff (Malawi)
  - 2 Ministry staff (Nepal, Mozambique)

## Supporting NTD program implementation and building MoH’s capacity

### Contracting of secondments

Ascend’s country work plans include a range of seconded positions to the national NTD programmes, covering areas such as M&E, finance, supply chain and program officers. In total 53 secondments were contracted to fill urgent capacity gap in national programmes (Table 1). The number of seconded staff differed per country and ranged from three to ten people. While in all countries seconded staff were placed at national level, Nepal also filled positions at provincial level. Ascend closely collaborated with the MoH for the recruitment of secondees to assure ownership. For example, Ascend and MoH jointly developed terms of references (ToR), selected, shortlisted and interviewed candidates.

**Table 1. Overview of staff secondment in Ascend**

Country	Total secondments	Positions				
		Program managers	Data	Supply management	Finance	Other
Bangladesh	5	Program & Data Management Assistant for VL	National Epidemiology Consultant LF and VL, Surveillance Medical Officer (SMO) (n=2), , MEL Advisor for LF & VL, Data Manager for LF			,

Country	Total secondments	Positions				
		Program managers	Data	Supply management	Finance	Other
Ethiopia	7	VL Officer (n=3),	M and E (n=3),		Finance Officer	
Kenya	1		MEL advisor			
Malawi	3	NTD Coordinator	MEL officer	Supply chain		
Mozambique	4	Programme officer (Programme implementation)	MEL Advisor		Finance officer	Programme officer (Capacity building)
Nepal	10	NTD Programme Manager, Program Support Officer	NTD Data Manager			Provincial Coordinator (n=7)
South Sudan	3	Program Officer	MEL Officer	Supply chain technical assistant		
Sudan	3		MEL and Data Officer		Finance Officer	Policy and Strategy Officer
Tanzania	5	LF programme officer, Schistosomiasis Programme officer	Data manager	Drug and logistics (supply chain)	Finance officer	
Uganda	3	VL Coordinator	Data manager, MEL officer			
Zambia	2		MEL advisor			Supply Chain advisor
Zanzibar	4	Schistosomiasis Programme officer	ME Advisor	Drug and logistics (supply chain)	Finance officer	
<b>Total</b>	<b>53</b>					

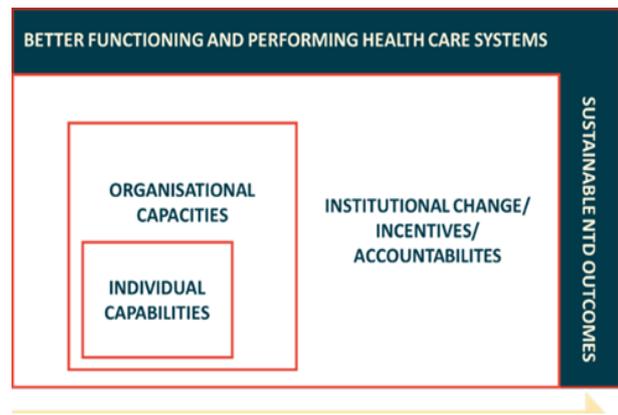
### Roles and responsibilities of seconded staff

According to the ToR, the main responsibility of the M&E secondee is to implement the country MEL framework outlined in the Ascend MEL strategy. Examples of specific tasks are (Annex 2):

- to support the development and implementation of monitoring procedures and tools;
- to facilitate and support the MoH in data collection and the flow of data within project field teams to inform quality programming;
- to analyse available data to assess which populations are at risk of being left behind; to support operational research endeavours, documentation and evidence to guide innovative approaches to NTD programme interventions.

All tasks were designed to be performed in close collaboration with Ascend, MoH and collaborating partners.

In addition to programme implementation, seconded staff were also tasked to contribute to broader capacity building of the MoH for delivery of NTD programmes. These particular tasks fit in Ascend’s broader health systems strengthening (HSS) strategy that aims to strengthen individual staff capabilities, organisational capacities and creating institutional change (Figure 2) for the delivery of NTD programmes.



**Figure 2.** Ascend’s health systems strengthening strategy outlining the need to strengthen individual, organizational and institutional capacity

The HSS strategy recognises that organisational capacity development is about getting appropriately trained and skilled people in the right posts at the right time, in organisations that are ‘fit for purpose’ and which operate in an environment with appropriate formal and informal incentives. Ascend is cognisant of the differences between capacity building, capacity supplementation and capacity substitution. Where secondees are being recruited to supplement the NTD programmes, Ascend’s approach is based on building sustainable organisational capacity to deliver NTD programmes through:

- Identifying/confirming the need for the post within the wider organisational requirements of the host organisation and ensuring there are clear terms of reference and mandate for the post holder.
- Prioritising national candidates over external international advisers, with the aim of strengthening the skills of local experts.
- Targeting training activities (for example, in finance, supply chain, safeguarding, inclusion of marginalised groups and contract management) at seconded staff as well as permanent MoH staff.
- Advocating with MoH/Ministry of Finance for the continuation of seconded positions and providing TA to help ministries budget for them in future planning cycles.
- Ensuring that seconded staff build the capacity of the system (for example, a key responsibility of supply chain specialist secondees is providing training and guidance to national and subnational staff on supply chain management).
- Providing secondees with training on organisational capacity building, safeguarding, introduction to NTDs and leaving no one behind (LNOB).
- Training materials, once developed, were compiled and shared with the relevant country’s Ministries of Health, Public Service Commission or other agencies responsible for ongoing staff training and development.

The need to contribute to individual, organizational and institutional capacity building is made explicit in the **terms of references** of M&E seconded staff, to various degrees. For example, while for Nepal the ToR of the M&E seconded staff is not so explicit, for Mozambique it does list tasks for capacity building. For example: “to provide support in capacity strengthening of the MoHP to establish MEL processes” and “Identify the training needs of the MEL and the NTD data staff and coach, train and mentor as needed”. Key performance indicators are linked to capacity building tasks and were designed to be monitored and assessed during the performance reviews. During an organizational capacity development training

organized in October-December 2020 by Ascend seconded staff developed work plans to further support capacity building and progress was planned to be monitored in the course of the project.

## The role of seconded staff in NTD program implementation according to stakeholder views

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The majority of respondents from Ascend staff at global and regional levels, seconded staff and Ministry counterparts saw the role of secondees as filling human resources gaps in the MoH. They explained that the Ascend programme could not be delivered without seconded staff. Furthermore, they experienced that seconded staff energized existing NTD programs.

- “Before the KalaAzar program was there but it was sort of sleepy program, it wasn’t working there was a good strong program manager, he or she was taking it forward, but it was sort of sleepy, it wasn’t energized, it wasn’t what it was today. This is what we do, we bring energy, suddenly the program wakes up and goes into this sort of overdrive mode, thanks to the pushing that is happening from Ascend and the staff, the activity of the seconded staff is pushing the government counterparts to actually implement the program.” – **Regional level Ascend staff**

There were differences in expectations about roles and relationship between seconded staff and the MoH counterparts. For example, in Mozambique the M&E seconded staff explained that their ToR describes a more supervisory, coaching and data quality assurance role. However, in reality the seconded staff experienced doing most of the work that government staff should do such as data entry and report writing. In Nepal on the other hand, the seconded staff perceived themselves as equal to MoH staff and doing activities such as surveys together.

- “We have just completed the LF confirmation survey for 4 mountain districts, we were together with the Ministry of Health and Population and Vector-borne Disease and Research Training Centre. We made a plan together, we conducted training for the enumerators and field workers together, we went to the districts together and in district level we have conducted orientation and municipality level. We have collected data with government officials and the professionals from the Ascend program. There is not really a difference that we are from Ascend and they are from the government, we are from the same place, from the same side, the government side. So it is really a good experience.” – **Nepal respondent**

## Building MoH’s capacity at individual, organizational and institutional level

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The interviews revealed various examples of organizational capacity for M&E built through seconded staff, such as development of tools, guidelines and standard operating procedures (SOPs). A major step was made in making countries adhere to WHO guidelines for NTDs control and submitting data and reports on

time. In Malawi, the M&E secondee helped the MoH to review its DHIS-2 platform to capture more NTD-related indicators. M&E secondees are also involved in reviewing and strengthening the NTD masterplan. Ascend’s secondee planned a review of DHIS-2 indicators for MoH to consider adopting it in NTData.org indicators. In Bangladesh, LNOB data have been included in NTD program monitoring by the M&E secondee. In Zambia, the secondees supported the MoH to improve data quality to meet the WHO JAP reporting standards, e.g. they helped standardise the data collection tools for both Schistosomiasis and LF MDAs. In Mozambique the M&E secondee supported the use of Cobo collect to conduct post-MDA coverage surveillance using a mobile platform, which makes data collection and analysis easier.

We also saw a few examples of organisational capacity building, although such changes always take a longer period of time. For example, in Malawi, a new position of the NTD program manager is included in the annual budget of the MoH. In Nepal, MoH openly expressed the need to create NTD program manager position and committed to search for funds. The respondents could not share any examples of individual and institutional capacity built in Nepal, Mozambique or Malawi. Both Ascend’s regional and seconded staff explained that seconded staff have strengthened the knowledge and competences Ministry staff, for example in data collection, reviewing and reporting. However, the interviewed MoH staff from Mozambique and Nepal felt that seconded staff do not bring anything new or innovative what others can learn from but mainly support in the delivery of activities.

“ We needed the secondees because we were limited in terms of staff number. Evaluating the 'before and after, we see some improvement, but I don't feel a true impact in terms of technical support; I would say that they are still learning from me.” – **MoH counterpart staff**

## Barriers and enabling factors for seconded staff model

Through our interviews we investigated barriers and enabling factors for the seconded staff to contribute to Ascend program implementation and broader capacity building of MoH (Table 2).

**Table 2. Barriers and enabling factors for contributions of Ascend’s seconded staff**

Areas	Barriers (-) and enabling (+) factors
<b>Tools</b> (money, equipment, guidelines, etc)	- Ascend not providing resources for office equipment
<b>Individual factors</b> (skills, expertise, motivation, etc)	- Work behaviour among seconded staff - Ministry staff becoming less motivated after seconded staff come in + Secondee’s knowledge about a country’s health system + Personality and interpersonal skills of secondee + Relationship/trust between secondee and MoH staff
<b>Organizational environment</b> (workload, team structure, supervision and management, support services, etc)	- Change in workload due to Ministry decision to involve secondees in COVID-19 response activities - Staff shortage and frequent turnover in MoH - Higher salaries for secondees compared to MoH + Involving and targeting financial staff + Positioning of secondee within Ministry organizational structure

<p><b>System-wide factors</b> (governance and legal frameworks, roles and responsibilities, institutional linkages, etc)</p>	<ul style="list-style-type: none"> <li>- Long processes to create new job positions within government</li> <li>- Short time frame of Ascend programme</li> <li>+ Involving the Ministry right from the start in the design of seconded staff model</li> <li>+ Advocacy and awareness creation for NTD staff positions</li> </ul>
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In terms of **tools**, seconded staff in Nepal reported that the lack of office equipment was often a barrier to an equal working relationship. Government counterparts often asked seconded staff for office equipment (such as copy paper, mobile phones and laptops). While this is provided by other programmes, this was not done by Ascend. No specific enabling factors related to tools were put forward by the respondents.

**Enabling individual factors** were the knowledge and personality and interpersonal skills of the secondee and trust among the secondees and MoH counterparts. In Nepal, the secondee’s knowledge about the Nepali health systems context was perceived as being important. The seconded staff worked before for the government and took the seconded staff position after retirement. Personality and interpersonal skills were perceived important in the Malawi context. One of the secondees was a strong woman in a male dominated space. Without this personality she would not have achieved a lot. Also interpersonal skills of the secondee such as open communication could explain the high number of outputs delivered. Furthermore, trust in the relationship available and built and having someone who can facilitate this seemed an enabling factor in Malawi. Furthermore, respondents think it is important to consider where secondees are positioned in the MoH organizational structure.

“... as a young women in a very male dominated space, if she wouldn’t have been so strong, I think we had very different outputs. So being conscious of that is important. The kind of person you are recruiting, where you are putting him/her in the structure on paper, how that works out in reality and being flexible enough to shift things around. – **Respondent Malawi**

Individual level **barriers** were unprofessional **work behaviour of seconded staff**. For example, some secondees did not respond to request of Ascend regional managers, despite the dual reporting agreements. While it may be beneficial that they felt fully part of the Ministry, it made it difficult to monitor and support the work of these seconded staff from Ascend’s perspective. Another experienced barrier was the effect that when secondees come in to support there is a risk that **ministry staff becomes more passive in their work behaviour**.

One of the organizational barriers, was the decision by Ministries to **involve secondees in COVID-19 response related activities**. This reduced time available for Ascend activities. Furthermore, **frequent staff turnover** at the MoH made it difficult to sustain built up individual capacity building in departments. **Shortage** of the Ministry staff also raised the question to who the knowledge and skills should be transferred. Finally, the higher **salaries** for seconded staff compared to the Ministry staff was perceived as a barrier for absorption of secondees. It will be difficult for the Ministry to offer the same amount.

**Involving financial staff** in the creation of new job positions was an **enabling factor**. Their involvement is important as they make the final decision for the creation of new positions. Furthermore, it was also

experienced that the fact that **secondees are located in the office** made them more accepted by MoH counterparts as compared to donor program staff representatives located outside the government office who just visit periodically.

**System wide factors** that were **barriers** for creating organizational capacity in terms of absorption of seconded staff were the **long duration of government processes** to create a new job position. In Nepal, the process to create a new job position in the government is extremely long and can take about 5 years. **Advocacy and awareness creation** for absorption of NTD programme job positions alongside the Ascend programme implementation was perceived as being important.

Respondents also explained that capacity building and broader health systems strengthening takes time and that with the **short time frame of Ascend programme** it is hard to expect change. **Involving the Ministry right from the start in the design**, of the secondment position is important to ensure that the same position can be created by the Ministry after the Ascend program finishes.

“ *This is a question many development partners ask. You know health systems strengthening is not a one-year activity. The development partner have been there for 30-40 years focussing on system strengthening and still the system is not perfect there are many gaps and weaknesses. So it takes time. What I mean we [the Ascend program] are here for a year, we have received good feedback but still there is a long way to go.* ” – **Respondent from Nepal**

## Conclusion

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This study has shown that working through seconded staff can show positive results, facilitate implementation of NTD programme related activities short-term and potentially build local capacity long-term. To be more successful, it is important to address barriers and facilitating factors. For example, more attention can be paid to building trust and a sense of team among secondees, ministerial counterparts and donor (such as Ascend team) to strengthen their collaboration and ensure that there is a transfer of knowledge and skills.

Ascend was designed as a three-year programme, but was early terminated by FCDO due to broader budgetary issues. Moreover, the implementation was heavily hindered by Covid-19 pandemic. Such a short programme implementation time-span does not allow broader systemic and organisational changes to take place, as those often take longer time. However, it is important to continuously monitor the plans for organizational capacity strengthening that are being implemented. Discussing and working with the government on the sustainability plans can help increase the likelihood that staff positions for NTD control will be absorbed within governments.

# Annexes

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## Annex 1: Overview of respondents

Country	Name	Position	Organization
Global/regional	Kate Hargreaves	Team Leader Ascend	Crown Agents
	Matilda Nash	Health governance specialist	Abt Associates
	Yussuf Daud	Head of operations	Crown Agents
	Elodie Yard	Regional manager	Oriole Global Health
	Sharone Backers	Regional manager	Abt Associates
	Paschal Mujasi	Regional & Supply Chain Manager Africa	Crown Agents
	Dr Sharad Barkataki	Regional manager Asia	Crown Agents
Regional	Andreas Nshala	Regional MEL manager Africa	Crown Agents
	Sanjeev Meister	Regional MEL manager Asia	Crown Agents
	Martin Owino	Regional MEL manager Africa	Abt Associates
Nepal	Satya Acharya	MEL secondee	Crown Agents
	Pradip Rimal	Program manager secondee	Crown Agents
	Nastu Sharma	Country lead	Crown Agents
	Lila Bikram Thapa	Senior public health officer	MoH
Malawi	Angus Parkinson	Country lead	Oriole Global Health
	Timothy Kachule	STTA	Crown Agents
Mozambique	Sergio Romeu	MEL secondee	Crown Agents
	Gertrudes Machatine	Country lead	Abt Associates
	Marilia Massangaie	Head of NTDs Program	MoH