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Working with ▶BACKUP *HEALTH* – STAGE

Guidelines for STAGE Applicants

Imprint

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Registered offices
Bonn and Eschborn, Germany
BACKUP Health
Dag-Hammarskjöld-Weg 1-5
65760 Eschborn, Germany
+49 (0)6196 79-1599
backup@giz.de
www.giz.de/backup

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A sustainable technical assistance approach for strong institutions in resilient health systems

"STAGE" is a technical assistance approach that has been launched by the German Development Cooperation's (GIZ) Project BACKUP Health. The aim of STAGE is to strengthen institutions in a country's health system by combining specific technical assistance with organisational development. For implementers of international financing mechanisms (e.g. GF, GAVI, GFF) this means that both identified challenges in grant management as well as overarching management issues in the organization are addressed. The STAGE approach strengthens health systems by enabling the respective organisations in a highly participatory manner to not only address particular challenges but also develop themselves in a sustainable way.

What is special about STAGE?

- **Institutional strengthening in a systems' approach**
  STAGE strengthens institutional capacities of organisations working in national health systems. This improves their ability to implement their projects and manage grants, which also allows them to better respond to the multiple expectations that various stakeholders hold towards them, including target populations and donors.

- **Modular approach tailored to partners' needs**
  STAGE offers 8 modules with clear change objectives and different units within each module. Partners can select up to 5 units per STAGE assignment, which allows custom-built projects based on an organisation's needs and stimulates the partners' reflection on opportunities to strengthen their organisational performance.

- **Sustainable results and institutionalising change**
  STAGE is a mid- to long-term commitment (6-18 months), both by BACKUP and our partners. One of the key principles of STAGE is the ownership that STAGE applicants have as they identify change objectives and the STAGE Facilitator encourages participation to create sustainable change processes.

- **Quality support**
  Instead of starting from scratch, STAGE builds on existing capacities, focusing on enhancing the quality and efficiency of existing process. In doing so, STAGE integrates quality management, organizational development and technical assistance.

It differs from ▶BACKUP 's usual TA mindset in key aspects:

TA Mindset – STAGE

	STAGE	Regular consultancy support
Objectives	To address a technical need and to evoke organisational development	To address a technical need
Strengths	• Providing technical support to specific identified challenges • Supporting systemic organisational development (e.g.) • Easy application process • Choice of modules which can be combined according to own needs	• Providing technical support to a specifically identified challenge • Less resource intensive (financial/time)
Challenges	• Cost-intensive • High investment from partner and BACKUP (financial/time) • Module-dependent	• Risk of short-term impact • Narrow focus
The role of BACKUP	Enabling the STAGE-applicant	Supporting the STAGE-applicant

Technical details
(Default set up, will be adjusted to the specific situation)

Visits		
Scoping visits	1 (10 days)	1 (10 days)
Focus visits	2 in-country (10 days) + 1 remote (5 days)	1 in-country (10 days) + 1 remote (5 days)
Follow-up visits	2 in-country (5 days) + 1 remote (5 days)	1 in-country (5 days) + 1 remote (5 days)
Team		
Scoping	1 international or national TL (Team Leader) + BACKUP	1 national/regional TL + BACKUP
Implementation	1 international TL, 1 national TM (Team Member), BACKUP	1 national/regional TL + BACKUP + backstopping
Contribution of STAGE applicant	Mandatory to finance the national STAGE Facilitator OR appoint a STAGE Co-Facilitator from staff	Optional to assign staff member as Co-Facilitator and provide further resources

How does it work?

Application and preparation

BACKUP Health will discuss with you whether STAGE is the right approach for achieving your objectives, including:

- Identifying TA needs
- Selecting up to five units for STAGE project
- Defining the partner's involvement (e.g. either financing a national STAGE Facilitator or appointing a staff member as STAGE Co-Facilitator)
- Filling out the STAGE request form

Scoping Visits (1 in-country, 10 days)

A few weeks after receiving the request, a selected STAGE Facilitator, the partner and BACKUP Health staff member will jointly conduct an in-country Scoping Visit in order to:

- Plan the rest of the project together with the partner (incl. STAGE Team composition, number of Focus- and Follow Up Visits, definition of activities, remote support and more). The default is 2 in country focus visits + 1 remote focus visit and 1 in country follow up visits + 1 remote follow up visit.
- Define project indicators ("Change Objectives"), assess baseline indicators and introduce first Quality Management approaches. This also includes agreeing on the data to be collected throughout the project for evaluating the success of the intervention.
- Identify Change Agents for the project
- Ensure the most suitable Units and Modules are selected and root causes of the partner´s challenges are addressed
- Create a TA Assignment Action Plan summarising the activities to be carried out to achieve the change objectives

Preparation of the project

In the preparation of the project, the STAGE team for the assignment will be set-up and plan the work ahead. The composition of the STAGE facilitation team will be tailored to the specific STAGE intervention, but usually consists of:

- 1 international STAGE Facilitator as a team lead
- 1 national STAGE Co-Facilitator
- Backstopping provided by BACKUP, as agreed during the Scoping Visit

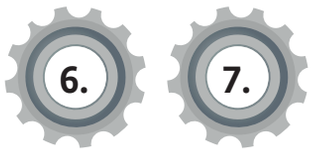
Focus Visits (2 in-country, 10 days + 1 remote, 5 days)

The Focus Visits are the main part of the STAGE assignment. Usually, during which:

- The STAGE Facilitators and the partner work together to meet the agreed Change Objectives by carrying out the TA Assignment Action Plan
- The progress made towards the overall assignment objective agreed on during the Scoping Visits is assessed, with a view to strengthen the sustainability of the intervention
- The STAGE Facilitators plan and prepare the following Follow-Up Visits together with the partner

Work in-between visits

STAGE Facilitators provide additional remote support on a regular basis (as agreed during Scoping Visit), with the potential of backstopping support by BACKUP staff.



Prepare and Conduct Follow-Up Visits (2 in country, 5 days + 1 remote, 5 days)

During the in-country **Follow-up Visit**, the STAGE Facilitators will:

- Collect end line data to assess the progress towards stated objectives
- Work with the partner to address outstanding issues or access additional support for trouble-shooting
- Support the sustainability of the intervention (e.g. anchoring changes in the institutions and completing M&E requirements)

Final Monitoring

The final Follow-up Visit, usually conducted by the STAGE Facilitators remotely, can be used for:

- Assessing end line data and the success of the STAGE measure
- Further anchoring the changes in the organization
- Finalisation of outstanding processes
- Final adjustments to interventions

The STAGE Facilitators will receive a reporting template for the final report, which is to be submitted to BACKUP up to two weeks after the final Follow-up Visit. Debriefing calls will be conducted with all relevant stakeholders (e.g. Global Fund).

The typical STAGE assignment follows these steps:

Requirements and Application for STAGE

STAGE applicants, BACKUP Health and the STAGE facilitation team will jointly work towards the success of STAGE measures. The success of STAGE depends on their shared commitment and engagement. As part of this partnership, STAGE applicants should be prepared to contribute to this partnership in the following ways:

- Make long-term commitment to a 6-18 months implementation
- If possible, either finance a national STAGE Facilitator or appoint a STAGE Co-Facilitator
- Commit necessary human, financial and time resources along the entire STAGE process
- Commit to adopt changes sustainably after the STAGE assignment is over

A short overview of Modules and Units can also be found below.

Requesting STAGE support follows the same approach as requesting BACKUP Health support in general: please submit a project outline using this template to backup@giz.de. After receipt, BACKUP Health will advise on the right approach and provide the respective official application documents.

Application guidelines for ▶BACKUP STAGE

Applying to STAGE involves the following steps:

1. Develop a one- to two- page Project Outline describing

(i) the STAGE applicants, its organisational structure and role in the health sector,
(ii) the challenges faced by the applicant
(iii) the pre-selected module(s) and the related units – if already identified.

The Project Outline must be sent to backup@giz.de.

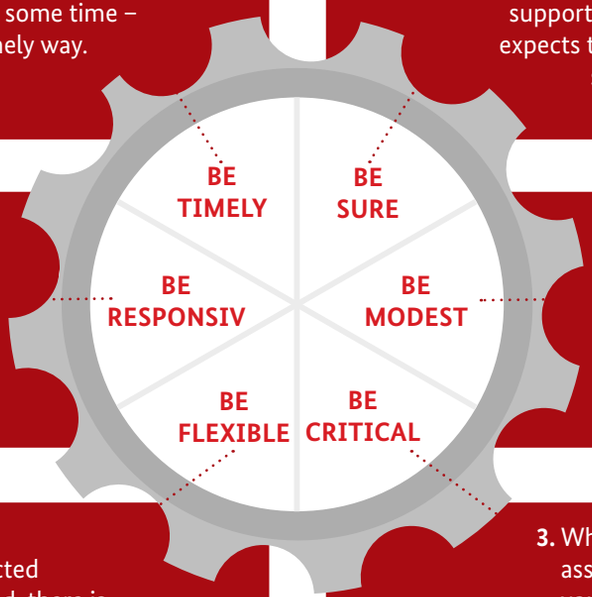
2. Review and refinement of selected modules with BACKUP.

3. BACKUP will then send the STAGE application material, where the applicant can select the desired modules and units. When selecting units, please also note the application guidelines below.

4. Duly sign (by all parties) and send the application back to backup@giz.de.

5. A final review of the selected modules will be conducted, in close collaboration with BACKUP.

To apply for STAGE and select the most suitable units, BACKUP Health recommends that partner organisations keep these 6 points in mind:



1. A STAGE project can only be successful when fully supported by the partner. BACKUP Health expects the partner organisation to provide substantial own contribution, both financially and timely

2. Select only as many modules as you can handle in one project. BACKUP suggests not to choose more than 5 units in åΩdetailed description of each unit and ask BACKUP Health for support and clarification if needed.

3. When selecting units, critically assess if they are suitably addressing your main challenges.

4. The facilitator(s) conducting the Scoping Visit will revise the selected units together with you. If needed, there is still a chance to adapt the selection.

5. The success of STAGE projects depends on the effective communication and smooth collaboration between BACKUP Health, the STAGE Facilitator and the partner organisation.

6. The process from handing in the first project outline until the first focus visit can take some time – so think ahead and apply in a timely way.

LIST of Modules

MODULE 1

Improving Planning and Programme Revisions

BACKUP can help to improve the capacity of programme or grant implementer in dealing with delays, unexpected changes, risks, capacity gaps and other challenges related to the implementation of the grant. The content of the TA would include results-based-planning and re-planning, activity tracking, effective communication and negotiation, documentation, better utilisation of the PR Dashboard and leadership support.

UNIT A
Improving skills for result-based operational planning and budgeting

UNIT B
Introducing tools for activity tracking and re-planning, and practising their utilisation at programme or grant implementer level

UNIT C
Improving the quality of activity plan review meetings at programme or grant implementer level

UNIT D
Introducing tools for routine and non-material programme revision and practice of routine programme revisions

UNIT E
Integrating results of risk and capacity assessments and other risk indicators into daily operational planning (at all levels)

UNIT F
Communicating more effectively and efficiently between applicant and implementing partners

UNIT G
Communicating more effectively and efficiently with the CCM

UNIT H
Communicating and negotiating more effectively and efficiently with GF (and LFA)

UNIT I
Using the PR-Dashboard more effectively for routine monitoring, provision of feedback and decision-making

UNIT J
Fixing and resolving technical issues experienced by the PR with the PR-Dashboard

UNIT K
Introducing the PR-Dashboard and CCM Summary (whole-of-country approach) as a tool for effective grant management, monitoring, planning and oversight

UNIT L
Strengthening leadership for proactive and responsive planning to enhance programme or grant implementation, including team empowerment

UNIT M
Improving information management (filing, communication lines, back-up systems)

= particularly relevant for Global Fund receipients

MODULE 2

Managing Data Challenges

BACKUP could assist STAGE Applicants to avoid delays in reporting and errors in forecasting (financial and PSM) due to delayed, incomplete and low-quality data. The content of the TA would include methods that allow recipients to use imperfect data for programmatic reporting, decision-making and forecasting; enhance the input and use of data in the PR Dashboard; and specific interventions to improve data quality (namely the improvement of indicators where denominators are unclear, the standardisation of data collection and validation processes including roles and responsibilities, development of job aids and tools to assist in data collection and reporting, and leadership support).

UNIT A

Using imperfect (e.g. incomplete, inaccurate, unreliable) data for programmatic monitoring, reporting, and decision-making

UNIT B

Striving for improved quality data and use of imperfect programmatic data for decision making

UNIT C

Mentoring STAGE Applicant's Logistics Management Information System (LMIS) to address challenges related to Procurement and Supply Management (PSM) data and reporting

UNIT D

Establishing baseline, denominator values and/or regional targets for Performance Framework/PR Dashboard indicators

UNIT E

Fixing glitches experienced by PR in using the PR Dashboard (and using the PR Dashboard more effectively)

UNIT F

Using the PR-Dashboard for monitoring, performance analysis and provision of feedback (to SRs or Subs) despite imperfect data

UNIT G

Clarification of STAGE Applicant and Sub-Implementers (e.g. Sub's) roles and responsibilities regarding data management and reporting

UNIT H

More effective and efficient communication by STAGE Applicant with Ministry of Health/and or donor around data-related challenges (e.g. DHIS2 constraints)

UNIT I

Strengthening leadership for data-based decision making

UNIT J

LMIS and eLMIS problem solving and tools for improvement
(*related to Unit C*)

MODULE 3

Strengthening financial management

STAGE can support STAGE Applicants to minimize bottlenecks in financial management. The content of the TA would include clarification of roles and responsibilities and the establishment/adjustment of procedures including manuals and SOPs and adequate communication, accounting skills and leadership support. In addition, STAGE could support eligible PRs in developing a transition and action plan for re-assumption of fiscal responsibility from Fiscal Agent to PR.

UNIT A

Planning for transition of fiscal responsibility from Fiscal Agent (FA) to PR

UNIT B

Clarifying of roles and responsibilities in financial management by PR and SRs

UNIT C

Communicating more effectively and efficiently with GF around financial management issues

UNIT D

Communicating more effectively and efficiently between STAGE Applicant and Sub-Implementer around financial matters

UNIT E

Facilitating the revision of financial procedure manuals and their adaptation to distinct levels of capacity

UNIT F

Strengthening leadership for transparency in financial management

UNIT G

Strengthening accounting practice (in response to GF management actions and perceived needs)

UNIT H

Strengthening fraud awareness, prevention and detection at STAGE Applicant and Sub-implementer

MODULE 4

Distribution and Reporting at the Last Mile Level

STAGE can assist the applicant to resolve last-mile distribution (LMD) challenges in ensuring the health products supply chain reaches all sites, including the most remote ones, and that high quality reporting/data is submitted by these sites to enable effective national inventory management, forecasting and accountability.

UNIT A

Review of transport, distribution, and health facility reporting situation, challenges and options for grant-funded (and other programme-supported) health products

UNIT B

Development of LMD Plan and Reporting/Accountability Solutions

UNIT C

Development of Tools/Job Aids for monitoring and supportive supervision of sites, stock management reporting, and follow-ups to ensure LMD solutions are effective

MODULE 5

Improved availability and maintenance of laboratory commodities and equipment at all levels

STAGE supports applicants in optimising their management of supply chains for laboratory commodities and diagnostic equipment by analysing supply chain problems, devising targeted solutions to overcome challenges and facilitating the efficient distribution of equipment across all levels of health programmes.

UNIT A

Situational Analysis, assessment of supply chain issues and challenges for labs; and prioritization of issues and opportunities for Improvement

UNIT B

Developing solutions to ongoing laboratory supply chain challenges

UNIT C

Developing SOPs, tools and job aids, and related coaching, to resolve laboratory supply chain issues and improve laboratory supply chain management

UNIT D

Planning and budgeting for regular dissemination and review of Laboratory Supply Chain tools, SOPs and job aids

MODULE 6

Guidance for effective PSM at health facilities, including at peripheral levels Objective

STAGE applicants and their sub-implementers will be aided in optimising PSM at health facility level by improving the reception, handling and management of medical equipment in health facilities, introducing data management systems to track stocks as well as training staff members. Measures will be tailored to the specific needs of health facilities that have been identified to face major challenges in PSM in consultation with the STAGE application and health facility staff, including in remote areas.

UNIT A

Situation analysis of health facility-level PSM challenges; devise plan and SOP for Programme Manager to address these

UNIT B

Mentoring and on-the-job coaching with targeted individuals and health facility sites facing PSM challenges

UNIT C

Tools development – Development of user-friendly guides, job aids, and other materials to guide personnel about good stock management practises, at the STAGE Applicant or Sub-Implementer and health facility level

UNIT D

Planning and budgeting for disseminating and follow-up of job aids and their sustained use in health facilities

MODULE 7

Planning and support capacity for community-based activities and meaningful community engagement

STAGE will facilitate the development of informed, capable, coordinated and sustainable community systems that will enable applicants to implement or course-correct community-based health interventions. Increasing the effectiveness of community-based interventions and their coordination with the formal health sector aims at devising sustainable health programmes and utilise synergies between community-based and formal health programmes.

UNIT A

Support for operational planning of community-based activities, including alignment with other interdependent activities

UNIT B

Support STAGE Applicant and Sub-Implementers in the participatory monitoring of the effectiveness of community-based activities

UNIT C

User-friendly data collection/monitoring tools and an orientation package for community-level end-users

UNIT D

Developing mechanisms for gathering service user/beneficiary feedback and community-based monitoring

UNIT E

Supportive supervision for community-based activities

UNIT F

Support for effective differentiation of service delivery to meet needs and maximise impact

UNIT G

Key and vulnerable population engagement

MODULE 8

Anchoring core competencies for working with the Global Fund

STAGE support will focus on developing applicants' capacities for successfully cooperating with the Global Fund and implementing Global Fund grants. Core competencies that are key for improving their work with the Global Fund include the monitoring, management and coordination of sub-implementers (SRs) and will be implemented in a sustainable manner by translating measures into their organisational structure.

UNIT A
Strengthening PR capacities to undertake effective SR capacity assessments

UNIT B
Strengthening PR capacities to manage SRs and service providers

UNIT C
Establishing routine procedures for onboarding of new SRs and service providers

UNIT D
Improving the organisational structure at the PR/SR level

UNIT E
Developing and using in-house capacity development plans

UNIT F
Establishing routine procedures for onboarding of new staff at PR/SR level