Context document – Health Systems Strengthening through education and training – In Burkina Faso, Burundi, Ethiopia, Mali, Niger

Orange Knowledge Programme contribution to combating the (impacts of) the COVID-19 pandemic

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List of abbreviations

CPI	Country Plan of Implementation
HE	Higher Education
OKP	Orange Knowledge Programme
SRHR	Sexual and Reproductive Health and Rights
TMT	Tailor-Made Training
ToC	Theory of Change
TVET	Technical and Vocational Education and Training
WFP	World Food Programme
WHO	World Health Organisation

1. Introduction

This context document describes the purpose and intentions of the implementation of the Orange Knowledge Programme with regards to strengthening health systems in response to the COVID-19 pandemic. It targets Burundi, Ethiopia, Mali, Burkina Faso and Niger.

The current COVID-19 crisis has shown how a virus can have a disruptive impact on a global level. Many countries struggle to respond to a global pandemic of this size. Countries already coping with weak health systems have been severely affected, not only on a health system level but also on a socio-economic level due to the national measures taken to contain the virus. Although the numbers of contamination in Africa were relatively low in the beginning of the year, and there is still much uncertainty about the magnitude and duration of the COVID-19 crisis in developing countries, a humanitarian and economic catastrophe is imminent. This crisis has an impact beyond the theme of health: lockdowns restricting economic activities, stagnation in trade, impact on value chains and transport, a worldwide barrier to access to food, vaccines and medicines. The World Food Programme (WFP) expects the number of people in famine will increase from 135 million to 265 million in 2020.

This ongoing crisis calls for international solidarity. As the Dutch Minister for Foreign Trade and Development Ms Sigrid Kaag wrote in her letter to civil society organisations on April 8th, it is both 'our moral duty and a matter of enlightened self-interest' to look beyond our own borders in our response to the COVID-19 pandemic. The Netherlands has taken various measures to respond adequately to the COVID-19 crisis and its impact on developing countries. The government has made 111 million euro available within the budget for international cooperation focused on a first set of measures. Direct requests for humanitarian related support from international emergency organisations have been initiated within the Global Humanitarian Response Plan (led by the United Nations Office for the Coordination of Humanitarian Affairs), the Red Cross appeals and the Strategic Preparedness and Response Plan (World Health Organisation (WHO)). As the global pandemic has far-reaching impact on the most vulnerable countries and people in the world, the government has decided upon an additional 500 million euro to further support those in urgent need.

Strengthening health systems is an important pillar in preventing an even greater health impact in developing countries for both the short and long term. Education and training are effective means to deploy in strengthening both the capacity of health professionals and health organisations. The Orange Knowledge Programme (OKP), managed by Nuffic, has the ability to directly contribute to combating the (impacts of the) pandemic in the short and longer term through its existing international health partnerships and projects, and by developing a new focus on capacity development and training for community health care workers and health systems strengthening in relation to COVID-19.

Therefore, Nuffic has developed a multi-country, thematic OKP initiative to contribute to combating the (impacts) of the COVID-19 crisis through education and training. A thematic initiative ensures that best practices, innovation and lessons learnt are brought together to inform programming in this complex field.

2. Brief presentation of the Orange Knowledge Programme

The Orange Knowledge Programme (OKP) is the successor to the Netherlands Fellowship Programmes (NFP) and the Netherlands Initiative for Capacity Development in Higher Education (NICHE). The Orange Knowledge Programme merges the two preceding programmes into a single integrated approach, with the addition of new elements including increased involvement of alumni, attention to cooperation between knowledge organisations, and communication focusing on the presentation of results.

The main objective is to contribute to sustainable and inclusive development through the strengthening of organisations key to sectoral development in OKP partner countries. This will be achieved by developing the capacity, knowledge and quality of individuals as well as organisations both in the field of Technical and Vocational Education and Training and Higher Education (TVET/HE) and in other fields related to the priority themes in the OKP partner countries.

The Orange Knowledge Programme lasts for 5 years and is implemented through three types of interventions:

- individual scholarships;
- group trainings and;
- institutional projects focusing on sustainable improvement of technical and higher education capacity.

For this specific call, **only group trainings (TMT+)** will be offered.

The TMT Plus instrument is characterised by a stronger emphasis on sustainable embedding of results in organisations and on involving local/regional consortium partners. There is room for innovative approaches such as living labs, blended learning, study visits and short internships and the possibility to include investments of up to 10% of the OKP subsidy amount in the budget.

For further information on the OKP, reference is made to annex 1.

3. Health Systems Strengthening

3.1 Current state of affairs with regards to COVID-19

COVID-19 in Africa

The pandemic was confirmed to have spread to Africa in February 2020. It is believed that there is widespread under-reporting in many African countries with less developed healthcare systems.

Experts worried about COVID-19 spreading to Africa, because many of the healthcare systems on the continent are inadequate, with problems as lack of equipment, lack of funding, insufficient training of healthcare workers, and inefficient data transmission. It was feared that the pandemic could be difficult to keep under control in Africa, and could cause huge economic problems if it spread widely.

Many preventive measures have been implemented in different countries in Africa, including travel restrictions, flight cancellations, event cancellations, school closures, and border

closures. Experts say that experience battling Ebola helped some countries prepare for COVID-19.

The spread of COVID-19 rapidly increased in Africa; at the start of July 2020, cases had exceeded half a million. Since August, the number of infections has decreased, but started rising again in October. The mortality rates of African countries, however, are relatively low compared to Europe due to the younger age of their populations.

The WHO also warned of the threat posed by COVID-19 to health workers across Africa. More than 10 000 health workers in the 40 countries which have reported on such infections have been infected with COVID-19 so far, a sign of the challenges medical staff on the frontlines of the outbreak face.

COVID-19 in the targeted countries

Burundi

Burundi has the lowest number of confirmed cases in East Africa. However, with a high population density and a fragile healthcare system, prevention measures are key to stop the pandemic from spreading.

Ethiopia

The pandemic was confirmed to have reached Ethiopia in March 2020. The national government led by Prime Minister Abiy Ahmed declared a five-month state of emergency in April 2020 but allowed economic activities to continue during the public health crisis. The impact of the Corona crisis is very tangible in Ethiopia; it has affected its export industry significantly, national elections planned for August 2020 were postponed and more than 26 million students are affected by school closures. Consequently, school feeding programmes for around 1 million children across multiple regions of the country have stopped.

Besides COVID-19, Ethiopia is also dealing with the consequences of heavy floods and a locusts outbreak, resulting in destruction of crops, loss of livestock and displacement, which in its turn leads to further food insecurity. The multiple issues are highly concerning given the already massive humanitarian needs in the country.

Mali

Mali was one of the last countries in Africa to record an outbreak of coronavirus, however the impact of the pandemic on the country is now widespread. While around half of COVID-19 cases in Mali have been confirmed in the capital Bamako, recent months have seen an surge of cases in Timbuktu and Mopti, threatening displacement sites like Socoura, where families live in tents in close proximity to each other and often have limited access to quality social services and reliable information.

The already precarious state of a large part of the population in Mali has been deeply affected by the coronavirus; poverty and living conditions have worsened considerably, food security remains worrying, and access to health services has been severely constrained.

Burkina Faso

Burkina Faso was already facing a complex humanitarian and security crisis when COVID-19 arrived in the country. Growing violence and insecurity due to mounting insurgent armed groups have affected 2,2 million people and the displacement of over one million civilians. As populations have fled conflict-affected areas, the demand for health services has continued to grow while attacks have decreased the number of functioning health facilities. The provision of quality health services has been hindered by a weak health system marked with poor data and low-quality comprehensive emergency health service including COVID-19 response[1]

Niger

In Niger, which is already facing the consequences of multiple crises (nutrition, conflicts, natural disasters), the lives of millions of people were abruptly interrupted when the first cases of the coronavirus were detected. Niger's first COVID-19 cases were recorded on 20 March 2020, but before that date the authorities at the highest level already took drastic and unusual measures, including the closure of borders and schools and limited access to places of worship. Combating the virus is a particularly difficult task in a country where the social and economic conditions of the population are already precarious, due to unequal access to health services for vulnerable populations. The pandemic, as well as the measures taken to prevent the spread of the virus, will disproportionately affect those whom are already vulnerable or marginalized, in particular displaced people, refugees and the communities that host them, nomadic or pastoral populations and minorities.[2]

Some examples of ongoing initiatives targeting COVID-19 impact

The United Nations is implementing the Global Humanitarian Response Plan for COVID-19 to fight the pandemic in countries facing humanitarian situations. The plan identifies ways to address the immediate health and non-health needs related to COVID-19 for the most vulnerable populations through health, water, sanitation, hygiene, food and agriculture, logistics, education and protection. Of the 63 countries covered by the plan, many are in Africa and Asia.[3]

3.2 The importance of strong health care systems

With millions of cases globally, the COVID-19 pandemic has exposed vulnerabilities in countries with the strongest existing healthcare systems, while countries with weaker economies and healthcare infrastructure face an especially hard challenge as the virus spreads. The spread of COVID-19 has reiterated the critical importance of building strong primary health care systems able to withstand acute events while continuing to provide the services required to meet most people's needs.

An assessment of 25 essential services carried out by WHO in May showed significant disruptions to essential health services across the world. In many countries, both out-patient and in-patient services for non-communicable diseases such as diabetes, high blood pressure, heart diseases, cancer, and routine immunization have been greatly affected.

Across the world, family planning, antenatal care and institutional childbirth services have been reduced significantly, impacting efforts that were made to reduce maternal and

neonatal mortality. The most affected service has been mental health, which is so critical in these difficult times.

The pandemic has also increased demand for mental health services. Bereavement, isolation, loss of income and fear are triggering mental health conditions or intensifying existing ones. Many people may be facing increased levels of alcohol and drug use, insomnia, and anxiety. Meanwhile, COVID-19 itself can lead to neurological and mental complications, such as delirium, agitation, and stroke. People with pre-existing mental, neurological or substance use disorders are also more vulnerable to a COVID infection; they may stand a higher risk of severe outcomes and even death.

Strengthening and maintaining essential health services has been and should remain a core priority to combat the current health crisis and other health crises to come. Primary health care, which can meet more than 80 percent of people's health needs at every age and every stage of life, must be central to these efforts. Strengthening primary health care now will not only reduce the impact of COVID-19 on the health and wellbeing of billions, but also limit susceptibility to the next pandemic and ensure the world can one day fulfil the promise of health care for all.

Analysis of the health system in the targeted countries

Burundi

Burundi's health system is organized into three levels; the central level ensures the development of policies and strategies, planning, resource mobilization, management, monitoring and evaluation of performance, regulation, and coordination of the sector. The intermediate level with 17 provincial offices is responsible for coordination and support to districts. It ensures equitable distribution and efficient use of resources to districts. The peripheral level is represented by the health district considered as the basic operational entity of the national health system. It consists of an administrative base, a district hospital, and a network of public, licensed, or private health centres.

Burundi's health system suffers from a lack of adequate infrastructure and human resources to meet urgent community health needs. The country has an average of 1 medical doctor per 20,865 inhabitants and 1 nurse per 1,542 inhabitants. Moreover, there is an inequitable distribution of health workers with fewer of them working in rural areas. Hygiene and environmental sanitation are still precarious and expose populations to the contamination of infectious diseases of different natures. Access to quality water, essential for good health, is not guaranteed for a relatively large part of the population.

Ethiopia

Ethiopia's health care system includes primary health centres, clinics, and hospitals. Only major cities have hospitals with full-time physicians, and most of the hospitals are in Addis Ababa. Access to modern health care is very limited, and in many rural areas it is virtually non-existent. Health risks include ongoing community transmission of COVID-19, communicable disease outbreaks due to low literacy levels, poor and congested living

conditions, poor WaSH facilities and practices, mass gatherings and activities, and low vaccination coverage. Food insecurity and malnutrition, resulting from erratic rains and drought in some locations contribute to higher vulnerability of children and other people to infectious diseases and other disease conditions. Moreover, in early November 2020, an armed conflict broke out in the Tigray region of Ethiopia between national government and regional forces, which further affected an already strained health system. Conflict and population displacement leads to increased health demands to the facilities, due to new and pre-existing conditions and diseases, mental health burden, sexual and gender-based violence, and other sexual and reproductive health needs.[4]

Mali

The health situation in Mali is very precarious. The WHO indicates that many health needs of the most vulnerable populations remain unmet due to poor access to quality basic health services. Due to the crisis in the north and the centre of country, 23% of health structures are not functional with a limited presence of partners working in the management of primary health care; 18 health system attacks were reported by the northern and central regions of Mali in 2019 which leads to a more marked health coverage challenge in the North and Centre of the country. The Mali - Country Plan of Implementation - Orange Knowledge (966.82 kB) (nuffic.nl) moreover draws up a somewhat more detailed analysis of the Malian health system, as well as the challenges to be met (See P.P 6,7,8 and 9).

Burkina Faso

The national health system includes the private, public health sub-sectors and that of traditional medicine and pharmacopoeia. Risks and challenges in health care include the lack of a master plan in the private health sub-sector, insufficient application of legal texts and non-compliance with standards relating to the provision of services and the unstructured nature of the traditional care sub-sector. The major challenges in service delivery relate to improving the quality of services and care, strengthening community health care, consolidating achievements in the fight against HIV and AIDS and strengthening the provision of care for the various population groups, especially the most vulnerable. Burkina Faso suffers from a severe lack of qualified health workers at all levels, and the efficiency of the health information system needs improving to make it capable of supporting the planning and management of the most important health problems.

Niger

The health system is organized in three levels, corresponding to the administrative division of the country; the central administration decides on the general strategy and runs the national hospitals and health centres. The second regional level covers the eight Directions générales de la santé publique (DRSP), represented by the six regional hospitals and two reference maternities and the third level includes 42 Equipes cadres du district (ECD) in 42 district hospitals and the associated network of 578 Centre de santé intégrés and 1,201 cases de santé. The private sector includes around 200 health establishments, seven supply centres and 42 private pharmacies.

Risks and challenges in health care include the fact that the health system is under-resourced, more than 50% of the population does not have access to health services. The

quality of available health services and their coverage are both severely limited, and public health programmes are overstretched. Health service users have to pay substantial charges.

4. Identification of needs and suggested targeted interventions

4.1 Identification of needs

The overall objective of this thematic document and the call that will be published is to contribute to Health System Strengthening through education and training. As outlined above, the COVID-19 pandemic exposes weaknesses in human resources capacities in the Health sector. In other disease outbreaks (e.g. Ebola), the greatest impact on health was not caused by the disease itself, but by the disruption of the health system (and society at large). Nuffic encourages current and new implementers, knowledge institutions and training organisations, including NGO's, to develop joint proposals that contribute to capacity development in the health sector. Specifically, this call aims to fund initiatives that focus on both capacity development for health care professionals and strengthening health systems in general. Herewith both short term and longer term needs are addressed. Cooperation with existing OKP institutional collaboration projects and tailor-made trainings in the respective countries is strongly encouraged.

The scope of this thematic document is rather open to allow for a wide range of initiatives that contribute to Health System Strengthening. The following examples illustrate the type of interventions that will be considered:

Interventions focused on Capacity Development and training for community health care workers:

- Strengthening health workforce: Development of offline and online skills training to health care workers and inform communities about the virus, prevention and access to treatment. Reaching community health care workers with accurate and reliable information is key at district and community level, especially in the short-term;
- Strengthening service delivery: Establishment of Tele-medicine (doctor-at-a-distance) and call centre solutions, that are set up together with local Ministries of Health and support existing networks of community health workers in rural villages.

Interventions focused on Health system strengthening:

- Strengthening the health workforce: Training for biomedical technicians on how to use and maintain medical equipment. For example, a current OKP institutional collaboration project includes the development of a 'biomedical instrumentation' curriculum which could be expanded to include relevant knowledge for COVID-19 / disease outbreaks response;
- Strengthening health leadership and governance: Training related to local health governance: e.g. training health administrators on mapping and analysing the spread of diseases; using geographic information systems; financial management and planning in health; involving health professionals in health policy making;

- Strengthening health governance: Capacity building for medical professionals, preparing them better for task-shifting (e.g. need to assist on Intensive Care Units during epidemic);
- Strengthening health service delivery: Integrate outbreak response into broader primary health care capacity building.

Cross cutting elements

The following aspects are seen as crucial cross-cutting considerations for any response activity:

- **Psycho-social support and gender:** a crisis like COVID-19 can also cause fear and tension within communities and within households. Restrictions on freedom of movement could lead to (an increase in) domestic violence, gender based violence and mental health problems. Training and education should therefore also include awareness and psycho-social support.
- **Inclusiveness, cultural sensitivity and ethics:** COVID-19 is expected to widen inequities in societies. Information about the COVID-19 virus and its implications should be available to people with disabilities, and people speaking different languages or dialects. Digital exclusion needs to be minimalized. Additionally, cultural sensitivity and ethics play a crucial role as well. Cultural beliefs can sometimes be a hindering factor in accepting facts about a new and unknown virus.
- **Delivery through blended learning:** alternative means of delivering training while mobility is restricted is essential. This includes for example learning online, on mobile phones, through radio, and by working through existing organisations/local government structures who can share information offline as well. Supporting (higher) education institutions in strengthening or setting up e-learning facilities to continue as much as possible the regular programmes and co-develop meaningful e-courses also considered important, however this applies not only to the health sector.

4.2 Expected calls: Tailor-Made Training Plus (TMT+)

TMT+ calls will invite proposals for customised group trainings (Tailor-made Training Plus) to address the abovementioned challenges. The Orange Knowledge Programme aims to strengthen the capacity of local organisations through education and training. Interventions should target local (education) institutions or organisations involved in the provision of Health System Strengthening.

Tailor-Made Training Plus supports local organisations by training a selected group of staff. They can also be used to train professionals who have a common training need, but who are not staff members of the same organisation. An organisation from a partner country and a Dutch training provider must jointly formulate a training proposal. The joint proposal must be submitted by a Dutch training provider, potentially on behalf of their consortia.

The Tailor-Made Training Plus consists of at least a tailor-made training that fits the thematic focus as specified in this document. In addition, the training may incorporate activities that clearly contribute to the content and goals of the Tailor-Made Training Plus. For example: short courses, internships, study visits. These activities should be worked out in the logical

framework of the proposal. Their results should be verifiable in the report presented at the end.

Preliminary planning of implementation:

Step	Date
Context document published on Nuffic website	In the week of 7 Dec 2020
First call published	In the week of 7 Dec 2020
Deadline call	1 Feb 2021
Selection proposals	As of 15 Mar 2021
Start of projects	As of 15 Mar 2021

4.3 Target group and countries

In line with the policy context (section 2.2), the calls Nuffic will publish December 7th will target health care professionals involved in health service delivery and health care organisations in **Burundi, Ethiopia, Mali, Burkina Faso and Niger.** We have targeted countries in which OKP (regional) projects related to SRHR/Health are currently being implemented. Indeed, our assumption is that the potential for synergy and impact will be higher in countries where the OKP already has a significant network and presence in SRHR and/or Health. Applicants have to aim for synergies with other ongoing OKP or NICHE initiatives in this country, as much as possible.

Applicants are expected to demonstrate a high level of knowledge regarding the country context for which a proposal is submitted, particularly with regard to the situation related to the current COVID-19 pandemic and its impact on the health system within this country. The content of the suggested projects must be coherently embedded in national strategies and policies and must contribute to their implementation.

Projects that will be developed need to take into consideration as much as possible the country plans of implementation in those countries where this partnership will be rolled out, especially in the area of SRHR / health and education, to avoid duplication of efforts.

4.4 Indicative budget

As a general indication, the agreed budget over the term of the programme is as follows:

Period of implementation 2020 – 2021	**Total Budget**
TMT+ Burundi, Ethiopia, Mali, Burkina Faso and Niger	Euro 1 200 000

OKP promotes co-funding and matching of funds. Countries concerned are classified by the OECD as an LDC. Proponents applying for Tailor Made Trainings and Institutional Partnership projects consequently are not obliged to include co-financing in their proposals but it is encouraged.

5. Envisaged Theory of Change and outcomes

A Theory of Change (ToC) was developed for the OKP programme. The Orange Knowledge Programme (OKP) expects to see the following change (objective):

- Contribute to sustainable and inclusive development through the strengthening of organisations key to sectoral development in OKP partner countries.

This will be achieved by developing the capacity, knowledge and quality of individuals as well as organisations both in the field of Technical and Vocational Education and Training and Higher Education (TVET/HE) and in other fields related to the priority themes in the selected countries.

The proposed projects must contribute to the following objective:

- Ensure healthy lives and promote well-being for all at all ages (SDG 3) (Note: this objective is not part of the OKP Monitoring and Evaluation Framework. When filling out the Logframe, indicate 'Other - Ensure healthy lives and promote well-being for all at all ages' under 'Priority theme')

Based on the analysis of needs and the consultations with the stakeholders, the projects have to contribute to the following thematic long-term impact(s):

- Better public and private health care in particular in relation to COVID-19 and other (future) disease outbreaks (**Note**: this long term impact is not part of the OKP Monitoring and Evaluation framework. When filling out the Logframe, indicate Other - Better public and private health care in particular in relation to COVID-19 and other (future) disease outbreaks)

The following medium-term impacts will contribute to this:

(I) Education system (TVET/HE) is of good quality, relevant and accessible (SDG 4);
(II) Partnerships between persons and organisations are inclusive and sustainable (SDG 17);
(III) Organisations key to (sectoral) inclusive development of partner countries are strengthened by inflow of enhanced workforce.

This will be achieved by the following outcomes:

A. TVET/HE organisations (in the selected partner countries and in NL) perform better their core tasks, firmly embedded in their environment (in line with country / regional specific labour market needs & aiming at inclusiveness) (this outcome applies only to knowledge-to-knowledge projects);
B. Enhanced knowledge and skills of individuals and organisations in line with country / regional specific labour market needs & aiming at inclusiveness (in partner countries and in the NL).

6. Monitoring programme progress

The organisations taking part in the OKP are asked to report on the progress of their projects and scholarships using a results oriented monitoring tool that will be provided by Nuffic. They will also record theirs successes and setbacks so that lessons can be learned from them as part of an organisational learning approach.

Nuffic will monitor and evaluate the OKP at programme level and will regularly discuss progress with the embassy and other stakeholders, especially regarding the progress

achieved related to the outcomes indicated above and the successes and failures, together with suggestions for remedying setbacks and, if possible, redefining strategies and adjusting forecasts in line with the targeted outcomes.

Annex 1 Brief presentation of the OKP

The Orange Knowledge Programme (OKP) is the successor to the Netherlands Fellowship Programmes (NFP) and the Netherlands Initiative for Capacity Development in Higher Education (NICHE). The Orange Knowledge Programme merges the two preceding programmes into a single integrated approach, with the addition of new elements including increased involvement of alumni , attention to cooperation between knowledge organisations, and communication focusing on the presentation of results.

The main objective is to contribute to sustainable and inclusive development through the strengthening of organisations key to sectoral development in OKP partner countries. This will be achieved by developing the capacity, knowledge and quality of individuals as well as organisations both in the field of Technical and Vocational Education and Training and Higher Education (TVET/HE) and in other fields related to the priority themes in the OKP partner countries.

In order to reach this vision, the programme will focus on the following medium and long term outcomes:

- education system (TVET/HE) is of good quality, relevant and accessible (SDG 4);
- organisations key to (sectoral) inclusive development of partner countries are strengthened by inflow of enhanced workforce;
- partnerships between persons and organisations are sustainable (SDG 17). Reference is being made to the Theory of Change for the OKP programme.

The programme will be implemented through three types of interventions:

- individual scholarships,
- group trainings and
- institutional projects.

For this specific call, **only group trainings** will be offered in the form of an integrated approach.

The following basic principles govern the programme:

Innovation: Is key to the development and implementation of the programme and is incorporated in all aspects of the programme.

Reciprocity and equality: More attention should be devoted to reciprocity and ownership should shift to the Technical and Vocational Education and Training and Higher Education (TVET/HE)organisations in partner countries. This means that the Southern partners play an active role in the design of collaboration projects, both as submitters and as reporters of progress. The new programme will also provide more opportunities for the joint financing of scholarships, training programmes or projects with the Southern region partners, reinforcing ownership and involvement.

Flexibility: This concerns flexibility in implementing the programmes as far as themes, countries, duration and financing methods are concerned, depending on the demand and the context. Flexibility is also required in any modifications that need to be made in response to changes in the context within which the programme is implemented.

Demand-driven approach: Is key with regard to ownership, sustainability and the efficient use of resources. Important components include collaboration between Southern and

Northern institutions, a comprehensive analysis based on available knowledge and reports, and the use of alumni.

Complementarity: The Knowledge Development Programme must be closely aligned with other centralised and decentralised programmes.

Co-financing: Where worthwhile and possible, the programme must stimulate co-financing.

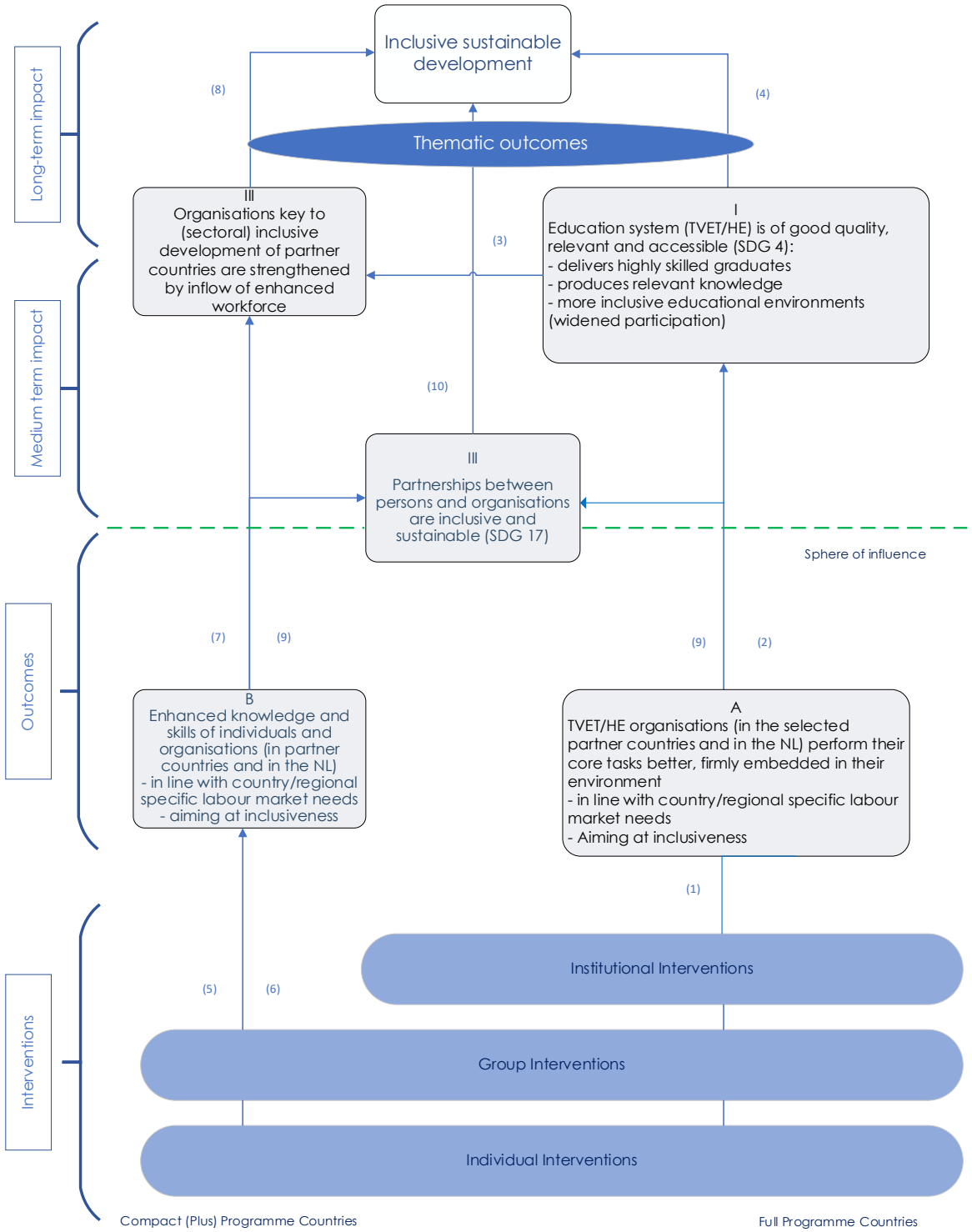
Inclusion: The programme provides opportunities for marginalised and discriminated groups and integrates a gender perspective.

Focus on results: The programme focuses on presenting results stemming from knowledge development at individual, institutional and group levels.

Alumni: The programme creates a connection between knowledge professionals in the Southern region and the Netherlands. The new programme therefore places greater emphasis on alumni policy in all instruments.

Annex 2. Theory of Change OKP

Overview of Theory of Change, please read the textual version here.



[1] https://www.who.int/news-room/feature-stories/detail/who-provides-a-guiding-light-for-burkina-faso-s-covid-19-pandemic-response

[2] Conflict, resilience and COVID-19 in Niger – ACCORD

[3] WHO urges greater COVID-19 health services in Africa's humanitarian settings (newsweaver.com)

[4] https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/hc_bulletin_oct_2020.pdf