



GLOBAL INTEGRITY

Data, Learning & Action for Open Governance

USING PARTICIPATORY APPROACHES FOR HEALTH SYSTEMS STRENGTHENING

About Global Integrity

Global Integrity is a non-profit organization that works with government and civil society partners in countries and communities around the world, supporting their efforts to address complex challenges relating to corruption, the use of resources and the delivery of public services. We have a diverse and global team of 15 staff members in north and south America, Europe and Africa, with our main office at the [Open Gov Hub](#) in Washington D.C., which we co-founded in 2012.

Established in 2005, we have a track record of developing and deploying innovative approaches to assessing and addressing governance-related challenges. Since 2015 our work has helped to put learning-centered and adaptive approaches at the heart of the governance and development agenda, as well as informing policy and practice relating to transparency and open data. To find out more about our work, please visit our [website](#), and see this [two page summary](#) of our strategy and the ways in which we implement it.

About the Project

The problem

In many countries around the world, people are not able to access the health services they need, which contributes to disappointing health outcomes. In developing countries this often extends to basic and essential services. This has dire implications for individuals, families, communities, and the ability of countries to meet their commitments to ensure healthy lives and promote well-being. Despite, in most cases, the best intentions of those responsible for improving the delivery of health services and enhancing wellbeing, these problems persist. They persist for a variety of reasons relating to the severity of the health challenges that a country faces, the technical capacities that a country has, the ability of a country to access and invest financial resources, and the level of commitment to delivering better health services that a country's leaders have. Many of these reasons have some roots in governance and accountability breakdowns, which are sometimes overlooked when actors focus on the technical challenges that health systems face.

The specific reasons why countries struggle to deliver health services effectively vary by country, within countries, and across different health issues. Nevertheless, regardless of the

specific challenges that countries face, both health outcomes and the patterns of service delivery that contribute to those outcomes are shaped by the interplay between multiple actors in complex systems. These actors include patients, medical staff, hospital administrators, pharmaceutical companies, politicians, regulatory authorities, finance ministries, development partners, and civil society watchdogs. When this system of actors works well together, health service delivery improves. When they don't, it doesn't. At a time when countries are facing the additional challenges of COVID-19, supporting locally-led efforts to enhance the performance of health systems in order to improve the delivery of health services is more important than ever.

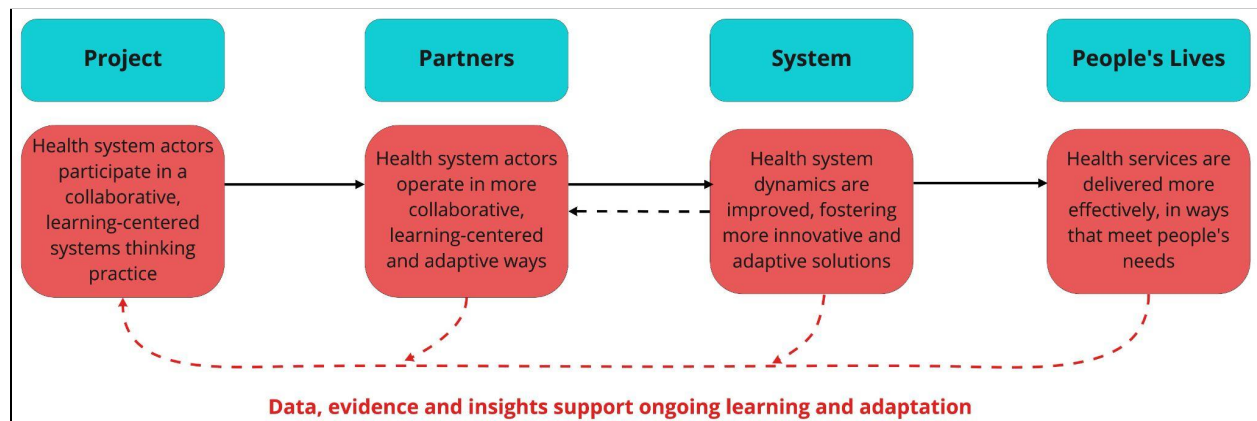
Our approach to addressing that problem

This project, funded by the Bill and Melinda Gates Foundation, aims to support the people and organizations who are part of health systems to address the interrelated technical and political economy problems that limit the performance of those systems and their ability to deliver health services effectively.

The approach we take is based on two key points that shape our understanding of the dynamics of complex systems, including complex health systems.

- First, the dynamics of such systems are shaped by a variety of factors which range from the more technical (rules, regulations and the availability of resources) to those that relate more closely to the political economy aspects of the system (power, capabilities, incentives and relationships).
- Second, while common principles may apply across different systems and contexts, effective approaches to addressing complex, systemic and context-dependent challenges that stand in the way of better health outcomes emerge through cycles of action and learning that are led by actors within the system.

Our approach involves providing tailored support and facilitation for participatory systems thinking and associated cycles of collaborative action and learning. This approach builds on a growing consensus about the contribution that problem-driven cycles of action and learning can make to addressing complex and systemic challenges that have both political economy and technical aspects, and to improving the governance and functioning of such systems.



We believe that by participating in these processes, health systems actors will enhance their capacity to improve the dynamics of those systems, by operating in more collaborative, learning-centered and adaptive ways. For instance they will develop their abilities: to understand the systemic nature of the challenges they face; to strengthen their relationships with other actors in the system; to enhance the flow of information and feedback in the system; to collaborate more effectively; and, to co-design, implement and test ways of strengthening the system of which they are part.

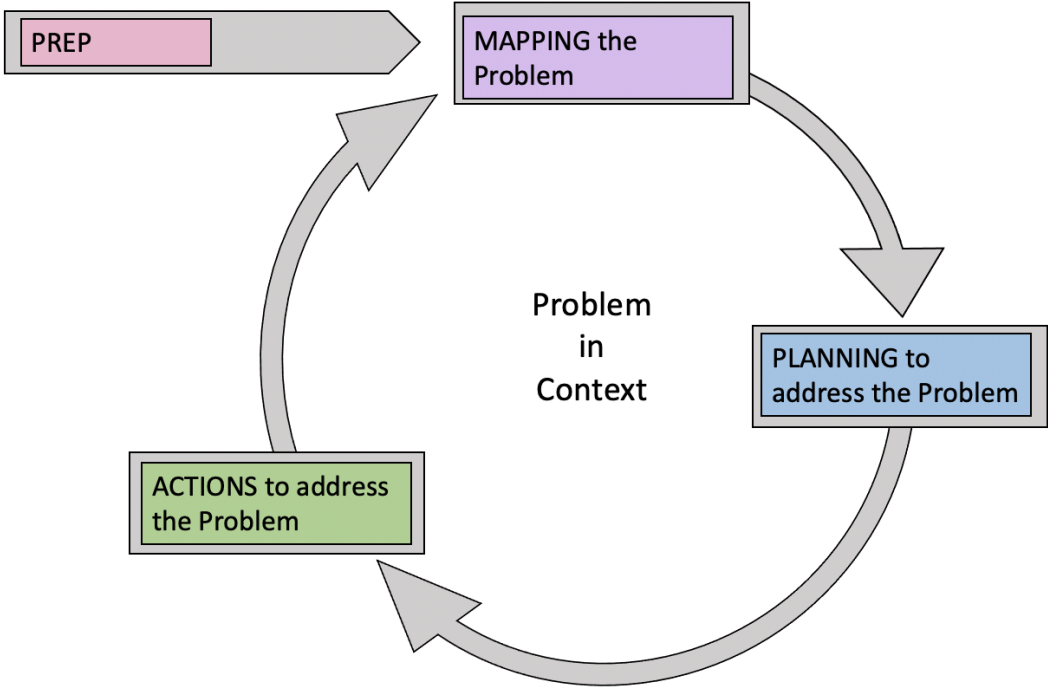
By operating in more collaborative, learning-centered and adaptive ways, we hypothesize that health system actors will in turn strengthen the capacity of those systems and their constituent actors to innovate, learn and adapt their way towards addressing the challenges that stand in the way of the effective delivery of essential health services. And we hypothesize that this, in turn, will contribute to health services being delivered more effectively, in ways that better meet people's needs.

Putting this into practice

Putting this approach into practice will involve working through a number of steps:

- **Set-up/Prep:** Defining the overarching health system problem in the context in which it exists, including identifying stakeholders who should play a role in mapping, planning, and acting on ways to address the problem.
- **Mapping:** Collaboratively working to identify the underlying causes of the health system problem, the technical and political economy factors that contribute to it, and the roles and characteristics of stakeholders that influence how the system functions.
- **Planning:** Designing actions to address the problems and stakeholder behavior changes identified in the Mapping step.
- **Acting:** Implementing the actions designed to improve health system functions.

Learning and adaptation provides the thread that runs through and around the cycles of mapping, planning and acting, supporting the efforts of participating actors to progressively hone in on the problems they are tackling and sharpen the approaches they are taking to address those problems. To support, Global Integrity will work with partners to generate data about the difference that their actions are making, and any other changes to the contextual dynamics, to inform subsequent cycles of mapping, planning and acting, thereby creating an ongoing cycle of action, learning and adaptation.



The opportunity for potential partners

Global Integrity is seeking to partner with civil society organizations (CSOs) that work on governance and accountability issues related to health based in one of ten focus countries (Ethiopia, Ghana, Kenya, Malawi, Nigeria, South Africa, Tanzania, Uganda, Zambia, or Zimbabwe) that are interested in embarking on this learning, implementation, and adaptation journey with us. Selected CSO partners will engage in the following process:

(Step 1) Set-Up (June/July 2021). Our partners would participate in a series of **systems-thinking co-design discussions** facilitated by Global Integrity and health systems thinking experts with experience in the focus countries to learn more about what systems thinking is, as well as how and why it can be a useful lens to apply when addressing complex social problems. We anticipate that CSO partners would bring to discussions a program or initiative that they are currently leading that is focused on one or more health systems problems

(such as reproductive health and family planning, maternal and newborn health, etc.). Using this program/initiative as a starting point, CSO partners would work with Global Integrity and health systems thinking experts to adapt the Participatory Systems Thinking approach to the specific context and health system problem on which they are working.

(Step 2-3) Mapping and Planning (July - September 2021). After completing the co-design discussions, CSO partners will work with national health systems thinking experts to identify the relevant stakeholders to engage in the remainder of the project. These will likely include individuals and organizations that are already collaborators of the CSO partner but may include other actors. Upon identifying these stakeholders, the CSO partner and stakeholders will participate in a series of facilitated **systems thinking discussions with country stakeholders**, facilitated by the national health systems thinking expert with support from the CSO. During this process, facilitators will support the following activities:

- a. Validating the focus health system problem;
- b. Identifying and prioritizing root causes and factors influencing the focus problem;
- c. Collecting stakeholders perspectives (virtual tour) and mapping stakeholders (including capacities, opportunities and motivations) that can influence the problem (positively and negatively);
- d. Determining entry points to influence stakeholder behavior; and,
- e. Designing an action plan to address problems.

(Step 4) Action (October 2021 - June 2022). During the 9 months following the initial discussions in Steps 2 and 3, the CSO partners would work with other health system stakeholders to implement and adapt the actions designed during the Step 3 discussions. We anticipate that the CSO partner will lead specific actions and/or engage with stakeholders to provide support in implementing actions designed in Step 3. The exact nature of the CSO role in this step will depend on the actions designed during the Planning step. During the Action step, Global Integrity will engage in regular check-ins with the CSO partner to discuss successes and challenges and to support the continued progress on the actions as well as generate evidence for learning and adaptation.

(Support for Learning and Adaptation) The Planning, Mapping, and Action steps described above are designed as part of a series of learning and adaptation cycles, accompanied by evidence generation that will help CSO partners and stakeholders to reflect on progress and what they learn about the system as they implement actions and adapt based on these learnings. Throughout the project, Global Integrity will be undertaking embedded evaluation and learning approaches, which involve accompanying partners to collect and analyze data on the progress and support and integrate learning into the project design; CSO partners will also be involved in collecting some data to support the learning component of this work. At 3-month intervals, CSO partners, stakeholders, and Global Integrity will reconvene to discuss and validate the experience of the systems thinking approach thus far as well as the evidence generated through the developmental evaluation. As part of these discussions, the CSO partner will support stakeholders in revisiting the work of problem identification and action design (from Steps 2 and 3) and update assumptions, understanding of the problem, and action plans as

necessary. At the conclusion of each of these discussions, the CSO partners and health systems stakeholders will cycle back to another round of revised implementation of actions.

Due to the short timeline of the project, we do not expect to observe big changes to health outcomes before the close of the project; however, Global Integrity will work closely with CSO partners to identify and assess progress on key intermediate outcomes that are necessary for achieving sustainable health systems changes. Further, we hypothesize that the participatory systems thinking approach will lead to partners taking actions (both during the project and after it ends) that will continue to trigger changes that ultimately affect health system functioning, even if these changes cannot be observed during a 14-month project.

How partners can expect to benefit from this project

As partners in this project, CSOs can expect to have several types of support and learning opportunities, including:

- Direct engagement with and coaching from a health systems thinking expert with experience in their country;
- Access to resources and methodologies for more effective adaptive and learning-centered project design and implementation, with support from Global Integrity (a recognized leader in adaptive learning) as part of a Gates Foundation-funded initiative;
- Support in integrating the participatory systems thinking approach into work that partners are already leading to strengthen health systems;
- Opportunity to be a part of a multi-country community of practice with other CSOs implementing the same approach in their countries and contexts; and,
- Inclusion and engagement in the production and dissemination of project communication and learning products, which will bring additional attention and interest to CSO activities.

While this opportunity does not include a sub-grant for CSOs to undertake this work, Global Integrity will cover the costs of workshops and discussions included as part of the approach. As such, CSO partners will not be expected to fund direct costs related to this work.

Expectation of CSO partners

We anticipate that the activities described above will require CSO partners to: engage in several Set-Up discussions with Global Integrity and national health systems thinking experts to prepare for the approach (2-3 days total); undertake interviews or discussions with health systems stakeholders (2-3 days total); participate in the first Mapping and Planning workshop (2-3 days total); and participate in the 3-month learning checks (1 day each). CSOs will also engage with stakeholders during the action cycles to support progress on health systems strengthening actions and will have regular check-ins with Global Integrity to discuss progress.

These estimates are based on the expectation that some support and engagement is likely to be virtual due to continued COVID-19 restrictions. We are committed to working with selected CSO partners to adapt the project to the changing needs and restrictions related to COVID-19.

Qualifications of potential partners

Our ideal partners are organizations (NGO, public or private sector) that:

- Believe in the power of learning and have a deep interest and motivation to learn more about the potential of participatory systems thinking and learning approaches to support more efficient and equitable delivery of health services.
- Are currently involved in, or supporting, efforts to ensure the efficient and equitable delivery of health services, especially how different elements of the health system have been affected by COVID-19.
- Have interest and/or experience working on the governance and accountability aspects of public health services delivery challenges.
- Have strong knowledge and connections with other actors involved in national or subnational health systems.
- Are well-positioned and respected by main stakeholders and institutions and communities within the context where they operate, with the experience and capacity to convene various system actors.
- Are fluent in both written and oral English.

How to apply

If you think that this project could be a good fit for your organization and you meet the above requirements please submit your expression of interest (EOI) by completing the [following questionnaire](#).

Proposals will be evaluated according to the following criteria:

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|---|-----|
| Fit with existing work. Existing CSO health systems program or initiative that would be a good fit for participatory systems thinking approach | 20% |
| Interest in systems thinking. CSO interest in learning about and integrating systems thinking into their work. | 20% |
| Convening capabilities. CSO has capacity to convene health systems stakeholders to address the target problem | 20% |
| Governance and accountability experience. CSO has experience working on health governance and/or health accountability issues. | 20% |
| Health systems knowledge. CSO has strong knowledge and experience working on health systems issues in their country/context. | 20% |

For questions, please contact our project coordinators Raquel Rubio at raquel.rubio@globalintegrity.org and Yeukai Mukorombindo at yeukai.mukorombindo@globalintegrity.org

Organizations should submit EOIs by **the 4th of June 2021**. The EOIs will be reviewed and organizations that qualify will be contacted for an interview.

We are looking forward to getting to know your organization and start this journey together soon!