

USING PARTICIPATORY APPROACHES FOR HEALTH SYSTEMS STRENGTHENING

Process and materials

July 2021

Activities and timeline (first cycle)

- > Launch and prep calls
- > Formative research
- > Tailoring PSTA
- > Crafting Problem statement
- > Finalizing Learning Questions
- > Workshop

	9/8	16/8	23/8	30/8	6/9	13/9	20/9
Launch Call							
Continued prep calls							
KIIs/Desk research							
Tailor PSTA							
Problem Statement							
Learning questions							
Mapping/Planning Workshop							

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Launch Call (week of 9 August)

- Goal – introduction to each other and to the PSTA approach
- Agenda
 - (5 min) Introductions
 - (5 min) Overview of GI TOC + overall systems thinking approach + learning questions
 - (5 min) Intro to AHIC work
 - (10 min) Mid-level detail on Prep activities (CT)
 - (10 min) CSA Kenya – informal presentation of focus for PSTA approach
 - (10 min) Ipas Malawi - informal presentation of focus for PSTA approach
 - (15 min) Open discussion about goals, interests and questions (YM moderate)



Prep Calls (weeks of 16 Aug – 6 Sept)

- Goals – to discuss and finalize details (including how to tailor PSTA to countries) for the project and Mapping/Planning Workshop
 - Proposed plan: 1 call/week with each CSO partner
- Prep call topics:
 - 16 Aug – stakeholders for workshop and KIIs (possibility to merge with listening tour?) + brainstorming for problem statements
 - 23 Aug – logistical prep for workshop
 - 30 Aug – KII and desk research learnings + how to use these to tailor workshop plan
 - 6 Sept - brainstorming learning questions + review of problem statement

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Interviews/research (weeks of 16 Aug – 23 Aug)

- Goals – to identify right stakeholders (voices at the table for the workshop) and to gather perspectives to incorporate into tailored PSTA
- Proposed plan:
 - CSO partners + GI + AHIC agree on goals and approach for research (16 Aug week mtg)
 - *Note – also discuss possibility to merge this with listening tour TBD*
 - GI to develop flexible template for interviews and research
 - Partners undertake interviews and research (16/23 Aug weeks)
 - Discuss incorporating learnings during Aug 30 week meeting

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Tailoring PSTA (weeks of 23 Aug – 30 Aug)

- Goals – to use learnings and experiences to adapt PSTA (especially Mapping/Planning workshop) to country and health system problem focus
- Proposed plan:
 - Discussion point for each meeting
 - Week of Aug 30 specifically – CSO + GI + AHIC walk through the materials and plan for the workshop and revise in real time based on learning and experience
 - MEL – ensure we are capturing these adaptations
 - *Note – also ensure we are planning as needed logistically (travel, venue, potential virtual connections) + discuss feasibility of social events*

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Crafting problem statement (weeks of 30 Aug – 6 Sept)

- Goal – to develop a statement that describes the overarching health system problem that CSA/Ipas will focus the PSTA work on
- Proposed plan:
 - CSA/Ipas draft problem statement week of 30 Aug, based on experience and on feedback from interviews and research
 - Discuss problem statement during meeting week of 6 Sept and revise in real time

Activities and timeline (first cycle)

- > Launch and prep calls
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- > Crafting Problem statement
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Finalizing learning questions (weeks of 30 Aug – 6 Sept)

- Goal – to develop a set of learning questions on which the MEL will focus that represent evidence that both GI and partners want to surface related to PSTA
- Proposed plan:
 - GI draft learning questions week of 30 Aug, based on experience and on feedback from interviews and research
 - Discuss learning questions during meeting week of 6 Sept and revise in real time

Activities and timeline (first cycle)

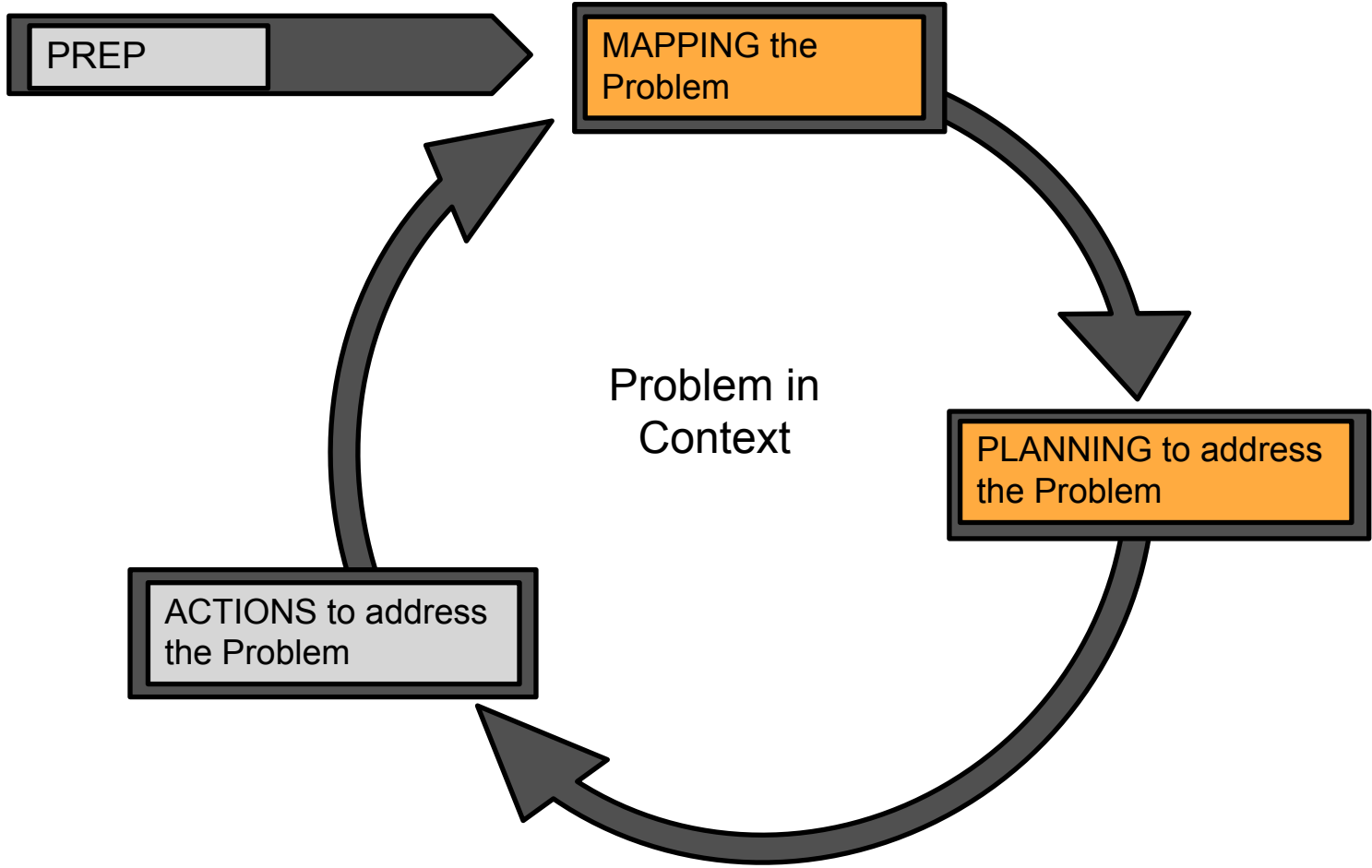
- > Launch and prep calls
- > Formative research
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- > Crafting Problem statement
- > Finalizing Learning Questions
- > **Workshop**

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Mapping and Planning Workshop

- First two parts of the PSTA cycle – MAPPING the problem and PLANNING to address the problem
- Goals:
 - Stakeholders develop new and better understanding of system problems that may be underlying or driving the focus HS problem
 - Stakeholders develop new and better understanding of the roles of context and other system stakeholders in helping/hindering those system problems
 - Stakeholders develop preliminary action plans to address system problems that are responsive to underlying drivers



Mapping and Planning workshop

Original approach	Revised approach
	Trust and engagement building exercises (beginning + throughout)
Systems problem mapping	Systems problem mapping (root cause or similar)
Context mapping	Understanding context (including stakeholder roles)
Prioritization mapping	
Stakeholder mapping	
Entry point mapping	Prioritizing entry points
Entry point prioritization	
Action planning	Action planning
Listening Tour	<i>Listening tour – if possible</i>
Social events	<i>Discuss feasibility of social events with partners</i>

Mapping and Planning workshop – Proposed approach



(Part 1) Systems Problem Mapping – what are the drivers and causes underlying the focus HS problem?

(Part 2) Understanding Context – what is the role of contextual, technical and political economy factors (including system actors) in helping/hindering these problems?

(Part 3) Prioritizing Entry Points – what parts of the problems and context map do stakeholders have the best chance of changing?

(Part 4) Action Planning – what actions can stakeholders design and implement to address these problems and context factors?

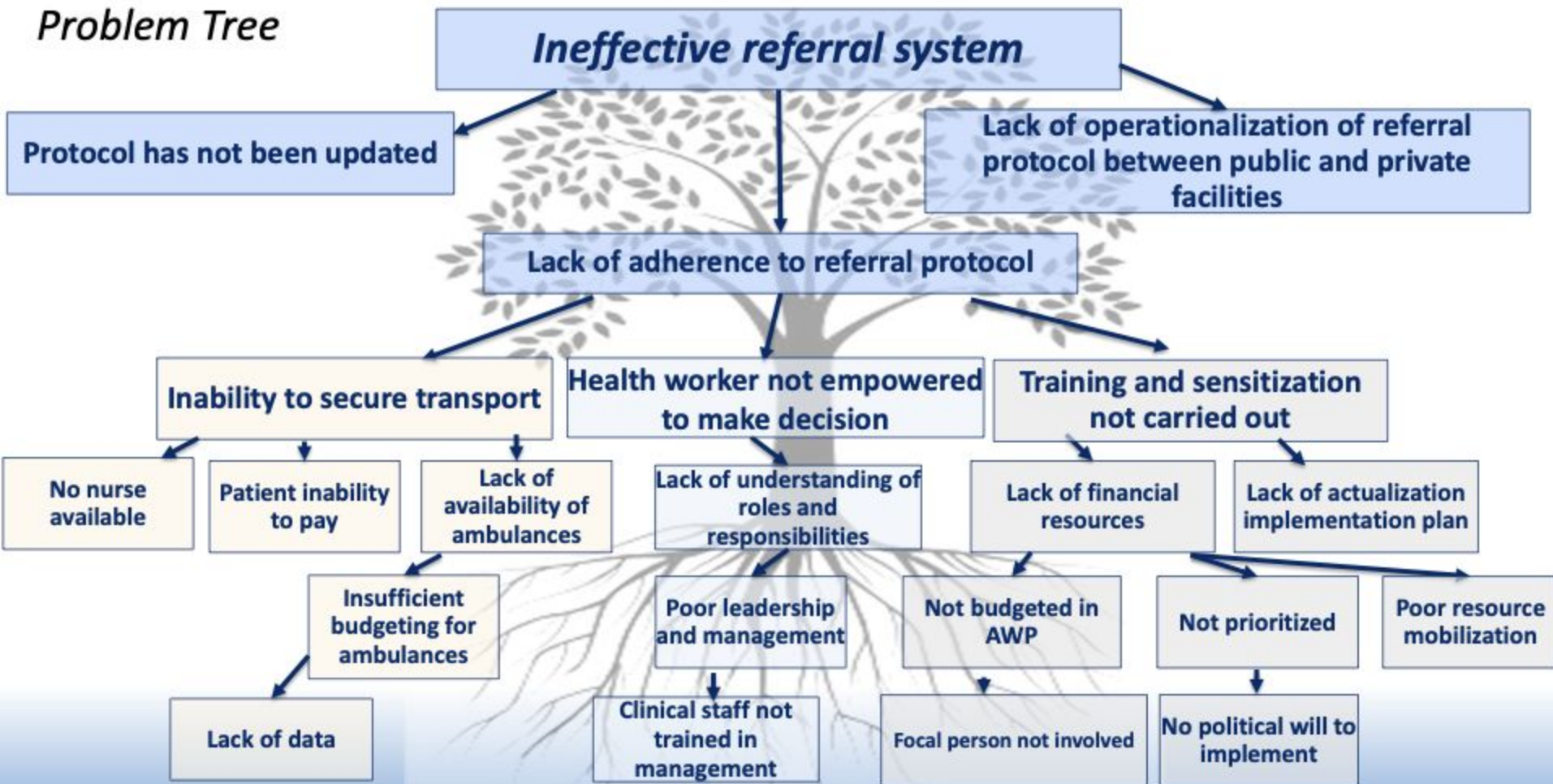
Part 1 – System Problem Mapping

- Kick off with discussion to validate draft problem statement
- Plenary discussion and brainstorming of first layer “root causes” (starting list developed from background research)
- Small (diversified) group work – each group focuses on one first layer root cause and conducts “5 why” mapping
- Discussion/voting on priorities within this mapping
- Plenary to share back and identify common root causes
- ***Output – system problem map***

Questions to discuss with CSO partners + AHIC:

- Structure of small groups
- 5 why exercise – is this the best fit for stakeholders
- Ideas for prioritizing within the map

*Example
Problem Tree*



Part 2 – Understanding Context

- Plenary discussion and brainstorming of different types of context drivers (context, technical and political economy, with examples developed from background research)
- Small (diversified) group work – focusing on the prioritized problems from Part 1, groups map out context drivers in the three categories (context, technical, and political economy)
 - Potential second exercise – for political economy factors that focus on actors, mapping of alignment and influence?
- Plenary to share back and identify common context factors
- ***Output – context map***

Questions to discuss with CSO partners + AHIC:

- Structure of small groups
- Context exercise – is this the best fit for stakeholders
- Secondary exercise on actor alignment and influence – fit and potential sensitivities?

Thinking about context (part 1)

Contextual factors. These are factors that occur largely outside of (or more broadly than) the health system but that may have ripple effects regarding the system itself or other factors. These include:

- Historical and/or geographical context in which the problem is located;
- Socio-economic, political and cultural contributions to a problem; and,
- Shocks and windows of opportunity based on current global, regional, and national events.

Technical factors. Technical factors include those commonly considered “governance” or institutional elements of the health system, as well as the oversight and accountability mechanisms that are in place (or lacking) to ensure their proper functioning. These factors are those related to resources, policies and institutional structures (formal and informal) in place to govern health systems, including:

- Formal institutional structure (organizations, protocols, resources);
- Formal policies, plans, rules, rights, specific laws (e.g. Right to Health);
- Sectoral & bureaucratic (formal and informal) incentives, rules, norms & practices that influence behavior around a problem;
- Resources (financial, human, and other) for health services; and,
- Accountability policies, institutions, mechanisms and practices, especially those related to Performance and Finances within the system.

Thinking about context (part 2)

Political economy factors. Political economy factors refer to things about the individuals that make up the health system and that may ensure that they are more or less effective in their work. These can also include elements that are more tangible (such as technical capacity and decision-making authority) as well as those that are equally important but less concrete (power, incentives, and relationships):

- Key actors connected to the problem and their official/unofficial roles & responsibilities;
- Perceptions and experiences of HS stakeholders working with each other;
- Power dynamics and asymmetries across actors in the system; and,
- Characteristics of key actors as they relate to engaging with each other and with health system problems, including their willingness (attitude, incentives/interests) and capabilities to respond to a problem (roles, rules & resources).



Context

- Bandwidth issues for transferring health data

Technical

- Funding for data collection, capacity building

Poli/econ

- FLSP opposition to adding data collection to their tasks

Part 3 – Prioritizing Entry Points

- Plenary discussion and brainstorming – what makes a good entry point?
- Small (diversified) group work – going back to the systems problem and context map:
 - Preliminary voting of top entry points (long list)
 - Discussion of advantages and disadvantages for potential entry points and how critical these are to the overarching system problem
 - Final prioritizing of entry points
- Plenary to share back and identify common entry points
- ***Output – Focus problems and factors for first action plans***

Questions to discuss with CSO partners + AHIC:

- Structure of small groups
- General feedback on exercise

Part 4 – Action planning

- Plenary discussion and brainstorming – what goes into a good action plan and how do we know if it is “working”
- Small (diversified) group work – using template, develop action plans for prioritized entry points from Part 3
- Plenary to share back
- Big picture discussion and reflection on actions – are these too big, too small, too narrow, too broad?
- ***Output – Actions plans***

Questions to discuss with CSO partners + AHIC:

- Structure of small groups
- Does action plan template include everything we need
- How to best structure big picture discussion

Action plan template

- *Action description*
- *Intended Outcomes*
- *Risks*

Steps	Responsible person	Timeline	Resources needed	Resources available	Resource gaps	Step output (how we know it is complete)
XYZ						



To discuss further

- Trust and engagement activities
- Social events
- Big picture – does this approach get to our goals?