



ENGAGING STAKEHOLDERS IN HEALTH SYSTEM ASSESSMENTS: A GUIDE FOR HSA TEAMS

July 2011

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Mission

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DISCLAIMER

The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development (USAID) or the United States Government.

CONTENTS

- Acronyms.....vii**
- Acknowledgments..... ix**
- 1. Overview of the Stakeholder Engagement Guide..... 1**
 - 1.1 Who Should Use This Guide?..... 1
 - 1.2 Why Use This Guide?..... 1
 - 1.3 Why Is Stakeholder Involvement Important? 1
 - 1.4 Who are the Stakeholders?..... 2
- 2. Plan Assessment..... 5**
 - 2.1 Doing Initial Planning of the HSA with Key Contact(s).....5
 - 2.2 Listing of Stakeholders and Contact Information 5
 - 2.3 Planning and Preparing by the Internal HSA Team..... 5
 - 2.4 Conducting Pre-Assessment Visit..... 6
 - 2.5 Engaging in Pre-HSA Communications..... 6
- 3. Conduct Assessment (Data Collection Process)..... 7**
 - 3.1 Launching the HSA in Country..... 7
 - 3.2 Collecting Data..... 7
 - 3.3 Conducting the In-country Debriefing Session..... 8
- 4. Synthesize Assessment Findings and Develop Recommendations..... 9**
- 5. Validate Findings and Prioritize Interventions..... 11**
 - 5.1 Reviewing the Report..... 11
 - 5.2 Validating the Findings and Recommendations..... 11
 - 5.3 Prioritizing the Interventions 12
- 6. Finalize Assessment Report 13**
- Annexes..... 15**
 - Annex 1: Facilitator Tips & Tools 17**
 - Annex 2A: Agenda for “Extended” HSA Team Planning Meeting..... 27**
 - Annex 2B: Sample Draft Calendar for MOH in HSA Capacity Building Exercise 29**
 - Annex 2C: Sample HSA Calendar for an Accelerated HSA with Report Writing and Validation In Country 31**
 - Annex 2D: Illustrative Stakeholder Contact Lists..... 33**
 - Annex 2E: Sample Internal Team Planning Meeting Agenda 37**

Annex 2F: Team Roles & Responsibilities	39
Annex 2G: Guide to Pre-Assessment Visit Interviews.....	41
Annex 2H: Sample Launch Workshop Invitation.....	43
Annex 3A: Sample Launch Workshop Agenda (Overview)	45
Annex 3B: Launch Workshop Design.....	47
Annex 3C: Sample Launch Workshop Powerpoint Presentation Slides.....	51
Annex 3D: Sample Launch Workshop Report	59
Annex 3E: Agendas for Daily Team Meetings During the Data Collection Process and Final Team Meeting.....	73
Annex 5A: Validation Workshop Design.....	75
Annex 5B: Validation Workshop Agenda (Overview)	79
Annex 5C: Prioritization Workshop Design	81
Annex 5D: Prioritization Workshop Agenda (Overview) ..	87

LIST OF TABLES

Guyana Health System Assessment Draft Schedule – July 11–Sept 11, 2010.....	29
Health System Assessment Team: Preliminary Assessment Schedule in Angola, August 2005	31
Who's Who in Guyana HSA.....	33
Kenya HSA Contact List.....	34

LIST OF FIGURES

Figure 1. Framework for Stakeholder Engagement.....	3
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ACRONYMS

DFID	United Kingdom Department for International Development
HCW	Health Care Worker
HIS	Health Information Systems
HR	Human Resources
HRH	Human Resources for Health
HSA	Health System Assessment
HSS	Health Systems Strengthening
IT	Information Technology
M&E	Monitoring and Evaluation
MOH	Ministry of Health
NAPS	National AIDS Program Secretariat
NGO	Nongovernmental Organization
NIS	National Insurance Scheme
PHR <i>plus</i>	Partners for Health Reform <i>plus</i>
PPT	PowerPoint Presentation
Q&A	Question and Answer
QA	Quality Assurance
SWOT	Strengths, Weaknesses, Opportunities, Threats
TA	Technical Assistance
TBD	To Be Determined
TPM	Team Planning Meeting
USAID	United States Agency for International Development
WHO	World Health Organization

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I. OVERVIEW OF THE STAKEHOLDER ENGAGEMENT GUIDE

This document is a guide for Health System Assessment (HSA) teams to use in effectively engaging a variety of stakeholders in the HSA process from start to finish.

I.1 WHO SHOULD USE THIS GUIDE?

It is critical for all HSA team leaders and team coordinators to utilize this tool when conducting an HSA, and for team members to familiarize themselves with this document as well. It can also be shared with the stakeholders themselves, to add to the transparency of the HSA process.

I.2 WHY USE THIS GUIDE?

This step-by-step guide discusses how an HSA team can involve a wide range of health system stakeholders – government, nongovernmental and civil society groups, research and academia, and the private sector – throughout all phases of the HSA. It supplements the *Health Systems Assessment Approach: A How-To Manual (Version 2)*,¹ describing stakeholder engagement in greater detail than does the manual, and provides user-friendly job aids, tools, and guidance for each of the proposed methods of stakeholder engagement.

This chapter presents an overview of the steps in the stakeholder engagement process. Chapters 2 through 6 provide detail on each step, and list tools (in annexes) that can be used or modified to carry out that step. Annex 1 provides tips and tools for facilitating meetings and conversations, which help engage stakeholders throughout the HSA process.

This guide also has annexes that contain sample tools associated with each step of the stakeholder engagement framework. Like the text of this guide, the tools supplement those found in the HSA manual. The tools are timelines, meeting agendas, and PowerPoint presentations (PPTs), and other documents used in the HSA carried out in Guyana and other countries in 2010. Each HSA team should adapt the tools to the stakeholder context of their assignment.

I.3 WHY IS STAKEHOLDER INVOLVEMENT IMPORTANT?

Engaging stakeholders throughout the HSA process is critical to the accuracy and completeness of the assessment itself, and to the likelihood that stakeholders will “buy into” the assessment findings and that assessment findings will lead to real changes in the health system being assessed. Bringing various stakeholders into HSA scoping and planning, identification of research questions, prioritization of recommendations, and other conversations can help tailor the HSA to the country context – again increasing the likelihood that key players in the country’s health system will act upon assessment recommendations. The framework in Figure 1 outlines actions that HSA teams can take to engage

¹ The *Health System Assessment Approach: A How-To Manual* is available at: www.healthsystemsassessment.org

stakeholders throughout the implementation of the HSA. This framework generally follows the assessment steps in the aforementioned HSA manual.

I.4 WHO ARE THE STAKEHOLDERS?

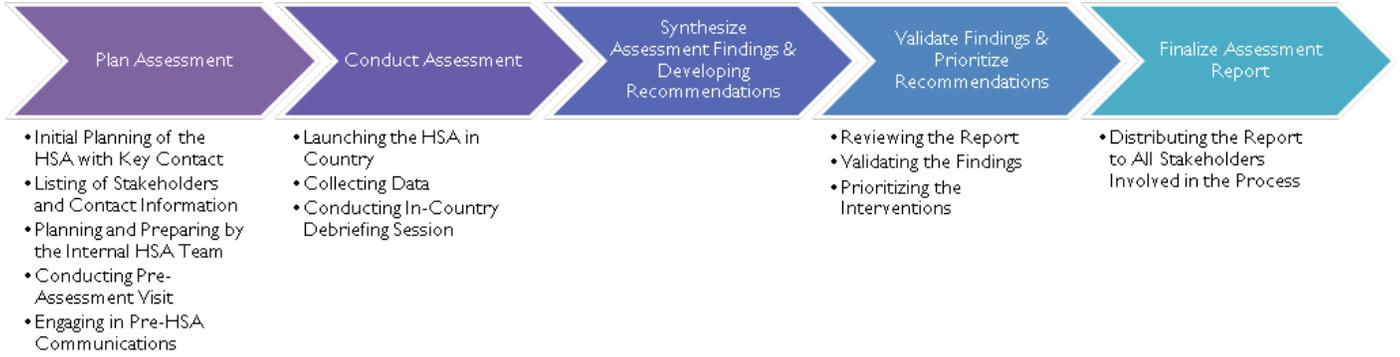
“Stakeholders,” as used in this guide, are individuals who represent organizations that have an interest in the health system being assessed; they can be country nationals or staff of partner organizations working in country.

Before considering how and when to engage stakeholders, the stakeholders must be identified. Specific stakeholders vary from country to country, but the following list shows typical stakeholders:

- Ministry of Health (MOH): Minister and other senior officials, other staff (planning, human resources, other units)
- Other ministries: Of local government, finance, etc.
- Health development partners: United States Agency for International Development (USAID), World Bank, U.K. Department for International Development (DFID), Global Fund to Fight AIDS, Tuberculosis and Malaria, etc.
- Public Service Commissions
- Professional associations: Of doctors, nurses, etc.
- Nongovernmental organizations (NGOs), civil society representatives
- Research organizations, academic institutions, and other organizations that study and report on the health system
- Private sector organizations

It is important to consider each stakeholder’s interest in the HSA process. For example, will the stakeholder work closely with the assessment team in planning for and implementing the HSA? Will the stakeholder be a key decision-maker? Will the assessment team be responsible for building the capacity of any of these stakeholders to conduct HSAs in the future? The answers to these questions will help determine if you try to engage the person/organization throughout the HSA, or limit their involvement to certain steps of the process, i.e., planning the assessment, conducting the assessment (or data collection), synthesizing the findings of the assessment, validating findings and prioritizing recommendations, and finalizing assessment report.

FIGURE I. FRAMEWORK FOR STAKEHOLDER ENGAGEMENT



2. PLAN ASSESSMENT

In planning the assessment, the HSA team has five primary methods for enhancing stakeholder engagement (1) in the initial planning of the HSA scope and process with key in-country contacts; (2) through the identification and listing of local stakeholders; (3) through the identification of a team member who is responsible for stakeholder engagement early on in the internal planning; (4) by undertaking a pre-assessment visit; and (5) by strengthening pre-HSA communication with stakeholders to bring in-country stakeholders on board with the process, even before beginning the data collection.

2.1 DOING INITIAL PLANNING OF THE HSA WITH KEY CONTACT(S)

Initial planning of the assessment is done with the client, the entity that requested the HSA, and the organization that will benefit most from the assessment, if different from the client. This could be a government department, typically the MOH, and possibly the USAID mission. Discussions will determine the key stakeholders for initial engagement, and the degree to which MOH staff and/or other stakeholders will be involved throughout the assessment process. It also helps determine the HSA timeline, taking into consideration what works best for the stakeholders; that is, when they will be available and when they might need HSA findings to inform the development of the national health strategy and other planning efforts.

If the HSA team hires a local consultant to support the HSA process on the ground, it is important to involve this person early in the planning and identification of other stakeholders.

TOOLS IN ANNEX:

- 2A. Agenda for “Extended” HSA Team Planning Meeting
- 2B. Sample Draft Calendar for MOH in HSA Capacity-Building Exercise
- 2C. Sample HSA Calendar for an Accelerated HSA with Report Writing and Validation In Country

2.2 LISTING OF STAKEHOLDERS AND CONTACT INFORMATION

During these HSA planning meetings with the client and some key stakeholders, it is critical to begin to identify other stakeholders with whom the HSA team needs to engage at various steps in the assessment process. The list of key stakeholders should include their contact information and level of engagement.

TOOLS IN ANNEX:

- 2D. Illustrative Stakeholder Contact Lists

2.3 PLANNING AND PREPARING BY THE INTERNAL HSA TEAM

In determining at the outset of the assessment process the role of the HSA team leader and team members, it is critical to assign responsibility for ensuring that stakeholder engagement occurs throughout the HSA. Ideally the team leader assumes this role as the person with the closest

connections to the country and overseer of the HSA, but it can be delegated to another team member or supported by the HSA team coordinator, depending on how the team is staffed. During early team planning meetings (TPMs), this person would ensure that the team is considering the role of the various stakeholders throughout the HSA and is clear about how they will engage stakeholders in their individual activities.

TOOLS IN ANNEX:

2E. Sample Internal TPM Agenda

2F. Team Roles and Responsibilities

2.4 CONDUCTING PRE-ASSESSMENT VISIT

If the HSA budget allows, it is ideal to hold face-to-face interviews with individual stakeholders several (2–6) weeks before in-country HSA data collection begins. The objectives of these interviews/meetings are to:

- Present an overview of the HSA approach and outputs;
- Gain initial stakeholder input on the modules that would be most relevant to them;
- Determine stakeholder participation in the HSA process; and
- Begin to explore what it would take for stakeholders to buy into HSA recommendations.

Ideally the interviewers have process and interviewing skills, have knowledge about the stakeholders, and understand the country's health system and how the HSA fits into it.

If the HSA is designed to build the capacity of in-country stakeholders to do future HSAs, this pre-visit should also include a TPM or training with those stakeholders, and include detailed planning for next steps on the HSA. These stakeholders in essence become a part of the HSA assessment team, serving as 'extended' team members and are very engaged in every step of the process.

If budget or time constraints preclude a pre-assessment visit, then members of the HSA team can contact these stakeholders by email and interview them individually on the telephone or in conference calls.

TOOLS IN ANNEX:

2G. Guide to Pre-Assessment Visit Interviews

2.5 ENGAGING IN PRE-HSA COMMUNICATIONS

The HSA interviewer, team leader, or in-country client on behalf of the interviewer should follow up with an email or other communication to thank the stakeholder for his/her involvement, and tell him/her what's next in the process. This message also might invite the stakeholder to the HSA launch workshop (see next chapter).

TOOLS IN ANNEX:

2H. Sample Launch Workshop Invitation

3. CONDUCT ASSESSMENT (DATA COLLECTION PROCESS)

Stakeholder engagement during the in-country data collection period takes place through three activities: (1) the HSA launch workshop; (2) during the key informant interviews; and (3) during the debriefing session with the client.

3.1 LAUNCHING THE HSA IN COUNTRY

Before beginning national- or subnational-level key informant interviews for the assessment, it is critical to bring together as many of the key stakeholders as possible for a half- to full-day HSA launch workshop. The workshop should have a session to describe the HSA objectives and process to the stakeholders, but it should also be interactive, answering audience questions, clarifying their confusion, and responding to their concerns. Continuing to give the stakeholders the opportunity to voice what will make this HSA most meaningful to them will help ensure that they will do something with HSA results.

Attendance at the workshop by senior-level health stakeholders, even if their demanding schedules prevent them from attending the entire workshop, is important to show high-level support for the HSA and further ensure response to findings. Their presence would be helpful at certain points in the agenda, such as during the kick-off, or at the end as next steps are discussed. At the same time, absence of very senior people sometimes frees up the discussion among other stakeholders.

If time allows (certainly it requires more than a half-day workshop), the HSA team/workshop facilitators should elicit from the stakeholders the practical criteria they believe is most relevant for eventually prioritizing HSA recommendations. While this is a focus of step 5, spending some time on it earlier may help the team determine which recommendations are most critical given the country context.

TOOLS IN ANNEX:

- 3A. Sample Launch Workshop Agenda (Overview)
- 3B. Launch Workshop Design
- 3C. Sample Launch Workshop PowerPoint Presentation Slides
- 3D. Sample Launch Workshop Report

3.2 COLLECTING DATA

The HSA data collection team ideally comprises people who will be involved in other steps of the assessment and especially in implementing the recommendations. HSA data come from existing documents and interviews with key informants. The participation of MOH staff and other local stakeholders, who know how the health system works in their country, is important for identifying and collecting the right documents and setting up interviews with the right people. Having these stakeholders attend the interviews also is valuable: it allows them to hear firsthand about health system problems, and they can help the HSA team ensure that the most appropriate questions are being asked and the right language is being used, to lead to the most targeted responses. Regardless of whether these stakeholders are involved in data gathering, they can be involved in some of the team's daily in-

country debriefing sessions to hear about intermediate progress, which might stimulate their new ideas and avenues for data collection, and propose new ideas for data gathering. Taking the time to involve stakeholders in these ways before starting data analysis leads to results that are more targeted to the context and therefore more likely to be accepted.

3.3 CONDUCTING THE IN-COUNTRY DEBRIEFING SESSION

Following in-country data collection, but prior to the HSA team's departure and ensuing data synthesis and assessment report writing, it is useful to take time to meet with key stakeholders, particularly those from the MOH, who have been closely involved in the HSA from the beginning to share preliminary findings. Note that this update is not a detailed presentation of the data collected, but rather continued 'engagement' of the key players. It is also a good time to reiterate the next steps and how the stakeholders will be involved.

As discussed in the *Health Systems Assessment Approach: A How-To Manual (Version 2)*, some HSA teams have elected to accelerate the assessment process and produce a first draft of the assessment report during the in-country data collection process. When this happens, the final in-country meeting can be used to validate preliminary findings and to help shape the recommendations. (If working under such a schedule, the team should refer to step 5.2 for guidance on validation workshops, instead of using the agenda in Annex 3E.)

TOOLS IN ANNEX:

3E. Agendas for Daily Team Meetings during the Data Collection Process and Final Team Meeting.

4. SYNTHESIZE ASSESSMENT FINDINGS AND DEVELOP RECOMMENDATIONS

Writing the assessment report includes: analyzing the data in a more detailed manner, synthesizing the findings and looking for cross-cutting data themes, and developing draft recommendations. Involving stakeholders in the report-writing process can enhance the quality and accuracy of the report. While this step typically takes place after the assessment team has left the country, it is still critical to virtually involve some stakeholders in report writing. The level of virtual engagement depends on the skills and interests of the people with whom you are working and their agreed-upon role in the process. It can range from contributing to the writing of the report to simply reviewing and commenting on a draft. Regardless of the role of the involved stakeholder in this step, it is critical for all to meet report deadlines, and for the HSA assessment team to maintain the momentum generated in country.

5. VALIDATE FINDINGS AND PRIORITIZE INTERVENTIONS

Validating assessment findings is essential to ensuring that country stakeholders own the recommendations based on those findings and will act on them. Report reviews, validation exercises, and prioritization of the recommendations are three ways to engage stakeholders in this step.

5.1 REVIEWING THE REPORT

Once the assessment report has been drafted, key stakeholders (MOH, USAID, others) are given time to review the draft and provide their reactions and input. They may wish to review the executive summary, specific chapters or sections, or the full report.

Because a detailed, comprehensive assessment report can easily exceed 100 pages, it is helpful to develop a mid-sized (30-page) summary report focused on findings and recommendations.

5.2 VALIDATING THE FINDINGS AND RECOMMENDATIONS

Ideally, the important step of stakeholder validation of findings and recommendations takes place before the assessment report is finalized, so that stakeholder input can be incorporated into the final report. The objective is to bring together as many of the stakeholders who will be involved in implementation as possible in a workshop setting to review the assessment findings and recommendations, provide input and reactions to the findings, suggest modifications to the recommendations, and identify recommendations that are closely linked to other categories. To expedite workshop discussion, attendees should receive a copy of the HSA report prior to the workshop in order to read and review it thoroughly.

Annex 5A contains a detailed design of the validation workshop, and Annex 5B contains an overview of the workshop agenda. While some workshop time is spent on presenting and discussing assessment findings (and giving those who have not read the report a short time to do so), the bulk of the time should be devoted to hearing stakeholders' reactions to the findings and recommendations and eliciting their ideas for modifications.

Workshop participants should be broken up into smaller groups by assessment module. Each group spends a half day proposing modifications to the findings and recommendations. (The groups are provided with laptops so that they can immediately capture their ideas.) The plenary group then reconvenes to discuss the proposed changes and agree on revised findings and recommendations. Accomplishing this requires disciplined facilitation, to move participants beyond mere criticism of the report and elicit their suggestions for improvement.

The validation workshop can take 1–2 days, depending on the country context and the number of stakeholders involved. The sample agenda in Annex 5A is for 1.5 days. Ideally, the validation workshop takes place a day before the prioritization workshop (if a prioritization workshop is held), to give facilitators and presenters time to revise materials. (This schedule can be modified to accommodate the preferences of the MOH and other key stakeholders.)

TOOLS IN ANNEX:

5A. Validation Workshop Design

5B. Validation Workshop Agenda (Overview)

5.3 PRIORITIZING THE INTERVENTIONS

Like the validation workshop, the prioritization workshop should be held before the assessment report is finalized and should bring together as many of the stakeholders who will be involved in implementation of assessment recommendations as possible. In fact, the participants can be the same stakeholders who were invited to the HSA launch workshop and validation workshop. At the validation workshop, participants prioritize the interventions associated with the recommendations, based on key criteria. This input is then incorporated into the assessment report.

The prioritization workshop builds directly on the work done in the validation workshop. Participants again break into small groups, each of which works on a technical module in the assessment. The break-out groups prioritize recommendations within each module. The plenary group then looks at all recommendations to decide if – given budget and other constraints – certain recommendations are of greater priority to implement, and how the priority recommendations across modules relate to one another. Here, facilitators should help the group look for larger themes among the recommendations. The participants also identify next steps for implementing the recommendations. Having high-level support for these exercises helps ensure the results actually feed into a country process.

A detailed design for the prioritization workshop is in Annex 5C. The workshop can take 1–2 days, depending on the country context and the number of stakeholders involved; the agenda outlined in Annex 5D is for 1 day. Such time (up to four days) is needed for the validation and prioritization workshops to allow for two-way interaction and communication, and for consensus building on critical decisions such as which recommendations will be the most useful for the country to implement. Time will be spent stimulating thought, encouraging analysis of different approaches, and assessing the merits of different interventions.

Stakeholder involvement – including that of high-level officials – in this workshop means the country will have:

- Agreed-upon priority interventions developed by those who know the country's health environment best;
- Commitment and buy-in of key stakeholders to proposed actions based on the HSA results, and
- Agreement on the process for moving forward on proposed priorities.

TOOLS IN ANNEX:

5C. Prioritization Workshop Design

5D. Sample Prioritization Workshop Agenda

6. FINALIZE ASSESSMENT REPORT

Based on the input, modifications, and prioritized recommendations offered from the validation and prioritization workshops, the HSA team finalizes the assessment report. The full report is then distributed formally to all stakeholders who were involved in the process.

ANNEXES

Annex 1: Facilitator Tips & Tools	17
Annex 2A: Agenda for “Extended” HSA Team Planning Meeting.....	27
Annex 2B: Sample Draft Calendar for MOH in HSA Capacity Building Exercise	29
Annex 2C: Sample HSA Calendar for an Accelerated HSA with Report Writing and Validation In Country	31
Annex 2D: Illustrative Stakeholder Contact Lists.....	33
Annex 2E: Sample Internal Team Planning Meeting Agenda	37
Annex 2F: Team Roles & Responsibilities	39
Annex 2G: Guide to Pre-Assessment Visit Interviews.....	41
Annex 2H: Sample Launch Workshop Invitation.....	43
Annex 3A: Sample Launch Workshop Agenda (Overview)	45
Annex 3B: Launch Workshop Design.....	47
Annex 3C: Sample Launch Workshop Powerpoint Presentation Slides.....	51
Annex 3D: Sample Launch Workshop Report	59
Annex 3E: Agendas for Daily Team Meetings During the Data Collection Process and Final Team Meeting.....	73
Annex 5A: Validation Workshop Design.....	75
Annex 5B: Validation Workshop Agenda (Overview)	79
Annex 5C: Prioritization Workshop Design	81
Annex 5D: Prioritization Workshop Agenda (Overview) ..	87

ANNEX I: FACILITATOR TIPS & TOOLS

This annex presents tips for facilitation, asking open-ended questions, and using flip-charts to aid in discussions. It explains what facilitation is, why it is important, what facilitation skills consist of and which tools are useful for effective facilitation. It also includes tips related to using the flipchart effectively. The tips and tools presented in this annex can be useful throughout the stakeholder engagement process. Perhaps the most critical and obvious facilitation skills opportunities in the process are during the launch, validation and prioritization workshops. In addition, these skills can be drawn upon during the team planning meetings which involve extended stakeholders, and in one-on-one interviews and conversations with stakeholders.

The articles included in this annex are reprints of facilitation tips and tools used in the Facilitator Training Program conducted by Training Resources Group, Inc.

FACILITATION SKILLS

by James A. McCaffery, Training Resources Group, Inc.

Introduction

Communication may appear to be simple, but it is one of the more complex things that human beings do. Many things can go wrong in this process. For example, we may send a message that we think is clear, while the person receiving it may not understand it in the way it was intended. Sometimes we have things on our mind, we are distracted and do not "hear" or listen very carefully.

The concept of facilitation means that we can promote effective, interactive communication with others through the use of a variety of skills. On one hand, it entails providing our contributions by stating things clearly and concisely; on the other, there are four very important **Facilitation Skills** that we can learn or enhance in a relatively short time: question asking, paraphrasing, summarizing, and encouraging others to contribute effectively to work processes and products.

In order for these skills to work effectively, we need to exhibit a certain respect towards others by listening without interrupting and communicating supportively (as opposed to abrasively or talking down to people). It also means that we need to adjust the content and process of communication to the needs and interests of others.

With continued practice one may become very adept in the use of these facilitation skills.

Question Asking

Question asking is a critical facilitation skill. Questions can be asked in two ways; as closed questions and as open-ended questions.

Closed Questions

Closed questions generally result in yes/no or other one-word answers. They should only be used when you want precise, short answers. Otherwise, they inhibit discussion. The closed question can be answered with one word.

Example:

Person No. 1: *Do you think that recommendation will work?*

Person No. 2: *No.*

Open-ended Questions

The open-ended question requires elaboration. "Tell me what you liked about that recommendation" seeks information. How? What? Why? are words that begin open-ended questions.

Person No. 1: *What did you like about that recommendation?*

Person No. 2: *I think it is a good strategy for resolving the issue, one that can be implemented without expending a lot of resources.*

Person No. 1: *What kinds of goals did the group set?*

Person No. 2: *They set a wide range of goals. The first was...*

Paraphrasing

Paraphrasing is simply restating what the other person has said in your own words. The prefix "para" means alongside, as in the word parallel.

The process of paraphrasing is very much like catching a ball and throwing one back except the ball you throw back is your own and perhaps a bit different from the original ball. Nonetheless, it is still a ball. You can throw back the other person's ideas by using such beginning phrases as:

1. *You are saying...*

2. *In other words...*

3. *I gather that...*

4. *If I understood what you are saying...*

The best way to paraphrase is to listen very intently to what the other is saying. If, while the other person is talking, we worry about what we are going to say next or are making mental evaluations and critical comments, we are not likely to hear enough of the message to paraphrase it accurately.

It is helpful to paraphrase when you want to make sure you (and others) understand a key point. You can even interrupt to do so, since people generally don't mind interruptions that indicate you are really striving to understand. For example: "Pardon my interruption, but let me see if I am clear about what you are saying..."

Example:

Person No. 2: *It seems the basic problem is that some of the people don't know how to use the management information system.*

Person No. 1: *In other words, you see the problem as lack of know-how.*

Another example:

Person No. 2: *I think the most important thing is to tell the staff member clearly and directly how he is contributing to the problem.*

Person No. 1: *So you are saying it's important to tell the staff member directly what kind of impact he is having on the problem.*

Summarizing

The purpose of summarizing is to:

- Pull important ideas, facts, or data together.
- Establish a basis for further discussion or to make a transition.
- Review progress or reinforce decisions that have been made.
- Check for clarity; check for agreement.

By using summarizing in a conversation, you can encourage people to be more reflective about their positions as they listen for accuracy and emphasis.

Summarizing requires you to listen carefully, in order to organize and present information systematically. Summarized information ensures that everyone in the discussion is clear about what transpired in the just-completed portion of the discussion.

For example, a person may summarize to ensure that another remembers what has been said or to emphasize key points made during a group discussion. In these instances summarizing is very useful. Some starter phrases to help you begin a summary are:

From our work this morning, I conclude that...

Let me try to summarize...

I think we agree on this decision from our discussion, I think what we are saying is that we intend to...

A real value of summarizing is that it gives you the opportunity to check for agreement. If people do not agree, it is better for you to know during the discussion than to find out later when a task is not completed or a deadline is missed. One of the most common complaints is that some people think an agreement has been reached, yet things do not occur as planned afterwards. In many instances, that is because there was not really agreement during the discussion.

As an example of summarizing, assume that someone named Joan has talked for 3 or 4 minutes, and you summarize as follows:

Let me see if I have it straight, Joan. First, you say the work is boring, not carefully scheduled, and finally, you are concerned about the number of hours people are expected to work, correct?

As another example, the discussion has gone on for several minutes and you summarize as follows:

In talking about this issue, we have come up with three main points. . .

In summary, this communication skill is a deliberate effort on the part of the facilitator to pull together the main points made by a person or group involved in a discussion.

Encouraging

In order to make it possible for others to contribute, or to speak up in either one-on-one or in group situations, they need to feel that their views are valued. What helps in these situations is to enhance the process of asking questions, paraphrasing and summarizing with both non-verbal and verbal cues.

Examples are:

1. Nodding one's head.
2. Maintaining eye contact, open body position.
3. Picking up on the last word or two of someone else's sentence.
4. Repeating a sentence, or part of a sentence.
5. Asking someone "Say more about that."
6. Saying "That's good – anybody else got anything to add?"
7. Saying "Uh huh."

Possible Cultural Implications

The use of these Facilitation Skills may vary from one culture to another, in particular those listed under "Encouraging Others to Contribute." By and large, these skills are appropriate, although adjustments may at times be necessary. They may be more or less difficult to do or understand between people who have different cultural backgrounds.

Asking Questions	Summarizing
<p>Open: Invite a person to respond freely and to elaborate</p> <ul style="list-style-type: none"> • What did you like about...? <p>Closed: Limit a person's response to "yes" or "no," a choice among alternatives, or very specific information</p> <ul style="list-style-type: none"> • Do you think that recommendation will work? 	<p>Restating a series of key points</p> <ul style="list-style-type: none"> • What you've said so far is ... • So the options as you see them are ... <p>• First, ...</p> <ul style="list-style-type: none"> • So far, you've mentioned four suggestions • So, in summary ... • Let me try to summarize what I've heard...
Paraphrasing	Using Encouragers
<p>Restating a thought in your own words</p> <ul style="list-style-type: none"> • Are you saying that ... • As I understand it, ... • In other words, ... • What I hear you saying is ... • So you think that ... • You mean that ... • Let's see if I understand ... • So what you're saying is ... 	<ul style="list-style-type: none"> • Nodding one's head • Maintaining eye contact, open body position • Picking up on the last word or two of someone else's sentence • Repeating a sentence, or part of a sentence • Asking someone to, "Say more about that" • Saying, "That's good – anybody else have anything to add?" • Saying, "Uh huh"

SUGGESTED OPEN-ENDED QUESTIONS: CLARIFYING AND EXPLORING

1. Background

- What led up to?
- What have you tried so far?
- Can you remember how it happened?
- What do you make of it all?

2. Identification of Problems

- What seems to be the trouble?
- What seems to be the main obstacle?
- What worries you the most about?
- What do you consider the most troublesome part?

3. Example

- Can you give an example?
- For instance?
- Like what?
- What is an illustration you can give us?

4. Description

- What was it like?
- Tell me about it.
- What happened?
- How might you describe it in your own words?

5. Appraisal

- How do you feel about it?
- How does it look to you?
- What do you make of it all?
- What do you think is best?

6. Clarification

- What if this doesn't make sense to you?
- What seems to confuse you?
- What do you mean by?
- What do you make of it all?

7. Alternatives

- What are the possibilities?
- If you had your choice what would you do?
- What are the possible solutions?
- What if you do and what if you don't?

8. Exploration

- How about going into that a little deeper?
- What are other angles you can think of?

9. Extension

- What more can you tell me about it?
- Anything else?
- Is there anything more you would like to discuss?
- What other ideas do you have about it?

10. Planning

- How could you improve the situation?
- What do you plan to do about it?
- What could you do in a case like this?
- What plans will you need to make?

11. Predictions and Outcomes

- How do you suppose it will all work out?
- Where will this lead?
- What if you do – or what if you don't?
- What are the chances of success?

12. Reasons

- Why do you suppose you feel this way?
- How do you account for this?
- What reasons have you come up with?
- What is the logical solution to this?

13. Failures, Preparation for

- What if it doesn't work out the way you wish?
- What if that doesn't work?
- And if that fails, what will you do?
- What are some alternate plans?

I4. Relation

- How does this fit in with your plans?
- How does this affect your work?
- How does this stack up with your picture of yourself?
- How do the two plans relate?

I5. Evaluation

- In what way?
- Is this good or bad or in between?
- According to your own standards, how does it look?
- How would you evaluate all of this?

Why Use the Flipchart?

The flipchart is an important facilitator tool, not only for making presentations, but also for recording relevant information as it is generated. The most important advantage that flipcharts have over chalkboards and overhead projectors is that flipcharts facilitate group memory.

The concept of group memory involves two elements:

1. **Retention and Reference:** When participants are able to see a presentation's key points listed on a flipchart, and then have visual access to these flipcharts throughout the meeting or discussion, the repeated exposure ensures greater retention of the information.

Taping flipcharts to the walls allows participants to refer back to key points – reinforcing these points with their own examples, and building on them with new ideas. Participants become more engaged, and there is greater group synergy and interaction.

2. **Visual Record of Outcomes:** When the facilitator records ideas and suggestions on a flipchart as they are generated, participants have a visual "memory" of key points as the session progresses. Communication is clearer, because of the visual record that the flipcharts provide. And, at the meeting's conclusion, participants have a collective memory of agreements and outcomes, whether these are decisions, next steps, or new ideas.

Chalkboards, overhead projectors, and even the new electronic recording books with photocopy capability cannot match the flipchart for generating group memory. You can leave flipcharts hanging on the walls for days, allowing participants a chance to stay after a session – or to return early the next day – to review them. Chalkboards, on the other hand, are erased as the session continues, and overheads flashed onto the wall quickly disappear into the darkness.

What You Should Chart

Flipcharts can serve as a useful tool in most situations, but not everything that goes on in a session must be charted. Outlined below are components that in most cases should be charted.

1. **The Agenda**

Whether the agenda is predetermined or developed at the beginning of a session, it should be recorded on a flipchart. Doing so encourages shared responsibility in achieving the agenda, as well as ongoing assessment of progress.

2. **Key Presentation Points**

Preparing flipcharts to accompany a presentation, as noted earlier, increases the likelihood that participants will retain more, and build on the information as a group. The flipcharts, which can be prepared in advance, should only highlight key points as clearly and succinctly as possible. In determining key points, the session leader should ask himself or herself, “What are the most important messages that I want people to grasp?”

3. **Proposals/New Ideas**

Record on the flipchart new ideas and proposals that are generated during brainstorming sessions or participant presentations. This visual record captures the ideas and proposals so that they are not lost, and it also lets people know that their ideas have been heard.

Meetings often end up stalled (or, worse yet, result in conflict) when participants repeat suggestions and proposals they think haven’t been heard or accepted. Recording ideas on flipcharts acknowledges them, without necessarily requiring any further action.

4. **Emerging Issues**

Issues often surface that are not part of the planned agenda. It is beneficial to capture these issues on the flipchart to acknowledge them (for the same reasons stated before), and, if appropriate, to develop strategies for resolving them.

5. **Action Items/Next Steps**

Although participants may leave sessions agreeing on what needs to be done, they often are not sure about who will do what, by when. Flipcharts help consolidate a group’s agreement on next steps. It is also helpful to type all action items and next steps from the flipcharts and hand them out as a written reminder to participants.

Tips for Charting

Using flipcharts as an effective facilitation tool is not always as easy as it might seem. How you prepare flipcharts and how you record ideas and important points can have an impact upon effective communication. Listed below are some tips for producing flipcharts that enhance communication.

1. Words recorded on a flipchart should be large enough for all participants to read comfortably. Use the flat edge of the marker, as opposed to the tip, so that letters have some thickness to them.
2. Use words sparingly on a flipchart. Only record major points and key phrases. Ask yourself when preparing flipcharts, “What is essential for participants to remember?”
3. When recording participant responses and ideas on a flipchart during a meeting, capture the essence of what the speaker is saying in as few words as possible. Use the speaker’s own words if they are clear and appropriate. If not, paraphrase back what you believe the speaker intended to say, and, if you are correct, then record those phrases.
4. After charting, read information back to the group, and ask if any clarification is necessary. It is important that the words recorded on the flipchart reflect what the participants intended to say.
5. When preparing flipcharts before a session, use different colored markers to write and highlight words (however, don’t use more than three colors on any one flipchart). Flipcharts thus become more attractive visual aids. Color also helps draw attention to a particular key word or phrase.

6. Don't use light-colored markers (red, yellow, pink, etc.). Although these colors highlight words well, participants who are more than a few feet away will have difficulty reading words written in them.
7. Be creative with your flipcharts. Box in key words, use arrows, and draw figures that illustrate important points.

The Flipchart and Facilitator Style

Finally, a few words should be mentioned about the flipchart and facilitator style. The flipchart is a facilitation tool, not a crutch. It's not intended to take the place of your lecture notes. The "talking points" on your flipchart serve to focus the group's attention, and assist you in keeping your thoughts organized. When referring to points on the flipchart, don't hide behind the flipchart stand. Move to the side or off to the front as you speak. Touch key words on the flipchart once in a while to give them emphasis.

One way to keep people from reading ahead and losing focus is to place a small strip of masking tape at the bottom center of the page, and bring the bottom of the page up to cover the flipchart to the point on which the current discussion is based.

Organize multiple flipcharts on a given topic from right to left on easels or across a wall. If you hang your flipcharts on the wall prior to the session, keep them covered, and rehearse their location to avoid a frantic search in the middle of your presentation. For flipcharts layered on one easel, a small piece of masking tape makes a good tab.

Keep any task instructions displayed on a flipchart throughout the task so participants can refer to them as needed. If you are using flipcharts to help the group record its thoughts or actions, you can display the charts on the wall as they are developed.

ANNEX 2A: AGENDA FOR “EXTENDED” HSA TEAM PLANNING MEETING

Detailed below is the agenda for the team planning meeting used to bring “extended” team members from the Ministry of Health in Guyana into the core of the health system assessment team. The Guyana HSA was used as an exercise to build the capacity of MOH staff to undertake similar assessments in the future. Therefore, the “extended” team members were more closely involved than ministry counterparts typically are; they participated fully in the assessment planning, data collection, and report writing.

A second TPM agenda for internal planning is Annex 2E. Additionally, a more comprehensive TPM agenda is included in Annex 2G of the *Health Systems Assessment Approach: A How-To Manual (Version 2)*

Date: XX/XX/XXXX

Time: 1:30 – 3:30 pm

Agenda

HSA Team Members	In-Country Team Members
<ul style="list-style-type: none"> • Name: Team Lead • Name: Coordinator Technical Module Lead • Name: Technical Module Lead • Name: Technical Module Lead 	(List Ministry of Health staff members here)

Extended Team Meeting Objectives

- Agree upon the process and timeline going forward, including team roles and responsibilities
- Familiarize the extended team with the draft discussion guide and share reactions and questions
- Gain a shared understanding of key informants and stakeholders, and agree upon whom to contact and how to engage them in the coming weeks
- Discuss additional details in preparation for the trip, such as facilities for site visits, and priority areas of modules/potential areas of overlap
- Identify any next steps

AGENDA

1:30 Team introductions

- Share current understanding of roles and responsibilities of each team

1:45 Overview and discussion of process and timeline

- Overview from Health Systems 20/20, discussion and questions from extended team

2:30 Discuss key informants and stakeholders

- Summarize who we have already involved
- Brainstorm to identify anyone missed or additional informants to contact
- Agree upon how to follow-up where appropriate
- Discuss preparations for stakeholder launch workshop

3:00 Discuss additional details in preparation for the trip

- Facilities for site visits
- Priority modules/overlap
- Others?

3:20 Summary of next steps

3:30 **CLOSE**

ANNEX 2B: SAMPLE DRAFT CALENDAR FOR MOH IN HSA CAPACITY BUILDING EXERCISE

For the Guyana HSA, MOH staff members were involved throughout the planning, data collection, and report-writing phases in order to build their capacity to undertake similar assessments. The following calendar was provided as an overview to the process. Note that during the weeks of July 18 and July 25, technical chapter leads were contacting and working closely with ministry counterparts to help shape the priority questions and outline the information already available. Although this was a capacity-building exercise and this level of involvement is atypical from the MOH counterparts, it is beneficial to the process and should be encouraged if the ministry agrees to become thoroughly engaged in the process.

GUYANA HEALTH SYSTEM ASSESSMENT DRAFT SCHEDULE – JULY 11–SEPT 11, 2010

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
Jul. 11	12	13	14	15	16 HS 20/20 and ministry call
Jul. 18	19 HS 20/20 team members talk to MOH counterparts individually this week	20	21	22	23
Jul. 25	26 Data collection guides and background information due from each team member, by module	27	28	29	30
Aug. 1	2 (holiday) HS 20/20 team meeting	3 Full-day meeting with HS 20/20 and MOH	4 Kick off (stakeholder meeting) (TBD) Start national-level interviews Daily check-in meeting	5 National-level interviews Daily check-in meeting w/ ministry counterparts	6 National-level interviews Daily check-in meeting w/ ministry counterparts

Sunday Aug. 8	Monday 9	Tuesday 10	Wednesday 11	Thursday 12	Friday 13
	<p>National-level interviews</p> <p>3-hour meeting with extended team on field questions for site visits</p> <p>Daily check-in meetings w/ ministry counterparts</p>	<p>Leave for site visits (2 teams, one night out in the field?)</p>	<p>Site visits, return in the evening</p> <p>Daily check-in meeting</p>	<p>National-level interviews</p> <p>Daily check-in meeting w/ ministry counterparts</p>	<p>Full-day final team meeting with full extended team; meet to formulate recommendations and validate findings</p>

ANNEX 2C: SAMPLE HSA CALENDAR FOR AN ACCELERATED HSA WITH REPORT WRITING AND VALIDATION IN COUNTRY

An “accelerated” HSA is one in which the assessment report is written and validated while the HSA team is in country for the data collection, as was done in Angola in 2005. Unlike most HSAs, MOH and USAID staff were not involved with this assessment on a day-to-day basis, but the team did do a client debriefing session and a formal stakeholder meeting at the end, and these events served to validate the assessment findings and recommendations.

HEALTH SYSTEM ASSESSMENT TEAM: PRELIMINARY ASSESSMENT SCHEDULE IN ANGOLA, AUGUST 2005

Sat	Sun	Mon	Tues	Wed	Thurs	Fri
6 Team meeting with local consultant: 1:00–5:00 pm To review: Interview schedule, documents collected, USAID meeting, getting information from local consultant, guidance for team as visitors	7 All day team meeting with write-ups To review: Technical discussion on health system strengthening (presentation)	8 Meeting with USAID: planning Interviews Team check-in Write-ups	9 Send invitations for stakeholder workshop Interviews Team check-in Write-ups	10 Interviews Team check-in Write-ups	11 Interviews Team check-in Write-ups	12 Meeting with USAID: Unanswered questions, guidance Potential province visit Interviews Team check-in Write-ups
13 Final drafts of Ch. 4 by 1:00 1:00–5:00 team meeting: Analyze options for Mission	14 Optional team meeting Write up options: Send to PHRplus to review (Sun pm or Mon am)	15 Potential province visit Finish interviews Reflect on how tool has worked (Mon or Tues) Afternoon free	16 AM: PHRplus feedback on report to team Design stakeholder workshop 6:00 pm conference call with PHRplus	17 Briefing for USAID on options/ stakeholder workshop, review of draft report	18 Prepare for stakeholder meeting	19 Stakeholder meeting
20 Write up results of workshop Reflect on how tool has worked Send latest draft of report to Mission before departure						

ANNEX 2D: ILLUSTRATIVE STAKEHOLDER CONTACT LISTS

Presented below are two illustrative contact lists, from the 2010 Guyana and Kenya HSAs. These lists were used for planning purposes to organize stakeholder engagement and ensure all team members knew who was who in the HSA process.

WHO'S WHO IN GUYANA HSA

Name	Title	Organization	Contact Information	
			Telephone	E-mail
John Osika	Senior HIV/AIDS Advisor	HS 20/20		
Mursaleena Islam	Senior Economist	HS 20/20		
Julie Doherty	Health System Assessment Coordinator	HS 20/20		
Taylor Williamson	Health Governance Specialist	HS 20/20		
Stephanie Schalk-Zaitsev	Organizational Development Specialist	HS 20/20		
Kent Benson	Health Officer	USAID		
Nirvanie Persaud	Local Consultant			
Sarah Insanally	MOH Technical Planning Unit	MOH		
Ish Singh	MOH HIS Department	MISU/MOH		
Karen Yaw	MOH Economist	Planning/MOH		
Anna Rudge	Economist	Planning/MOH		
Arjung Deally	Strategic Information Officer	Planning/MOH		
Preeta Saywock	Surveillance Officer	Planning/MOH		
Natashia Archer	Management Trainee	MOH		
Dr. Shanti Singh	National AIDS Program Manager	MOH		
Dr. Leslie Ramsammy	Minister of Health	MOH		
Dr. Shamdeo Persaud	Chief Medical Officer	MOH		
Dr. Nanne Singh	RHS	MOH		
Dr. Gumti D. Krishendat	Coordinator CNCD	MOH		
Dr. Marcia Paltoo	Director, Adolescent Health	MOH		
Bethany Harberer	Public Health Advisor	USAID		
Edris George		USAID		
Dr. San San Min	Country Director	SCMS		

Name	Title	Organization	Contact Information	
			Telephone	E-mail
Silvia Gurrola Bonilla	Chief of Party	GHARP II		
Mala Hardeen-Persuad	Health Systems Officer	GHARP II		
Desiree Edghill	Director	CIDA		
Dr. Rosalinda Hernandez	HIV/STI Advisor	PAHO		
Dr. Javier Uribe	Health Systems and Services Advisor	PAHO		
Keith Burrowes	Executive Director	Health Sector Development Unit, MOH		
Dr. Julian Amsterdam	Director of Technical Standards (ag)			
Ms. Marilyn Collins	Director Food and Drugs Department			
Ms. Wallis Best Plummer	I-TECH			
Mr. Carl A. Bacchus	Chairman, Guyana PHARMACISTS Council			

KENYA HSA CONTACT LIST

Name	Role	Email	Phone
Lynn Adrian	USAID Kenya-Health		
Tiberius Basara	Consultant, Governance		
Julie Doherty	HS 20/20 HSA coordinator, Core Module and Svc Delivery		
Beden Gichangi	USAID/K Lead		
Mai Hijazi	USAID/W report reviewer (after return to US)		
Kate Hofer	HS 20/20 Research Assistant		
Dr. Kiambati	MOH, Governance		
Marc Luoma	HS 20/20 Team Lead and HRH Module		
Dr. Mbuva	MOH, Pharmaceutical Mgt		
Thomas Maina	MOH, Finance		
Lisa Maniscalco	USAID/W, HIS		
Mike Mills	WB Kenya		
Stephen Muchiri	HS 20/20 Finance		
Margaret Mundia	Logistics consultant		
Nyanchowa	MOH, HRH		
Dr. Bill Martin Osumba	MOH, HIS		
Dr. Samuel Were	MOH, Svc Delivery		
Chris Lovelace	WB Regional HSS Hub		
Dr. Ramana Gandham	World Bank Africa Region		
Sandra Erickson	Donor Coordinator		

Name	Role	Email	Phone
Rosalind Kirika	MSH/SPS Kenya, Pharma Module		
Joseph Mukoko	MSH/SPS Kenya, Pharma Module		

ANNEX 2E: SAMPLE INTERNAL TEAM PLANNING MEETING AGENDA

The following sample team planning agenda can be used for internal team planning with the HSA team, to ensure focus on stakeholder engagement. A more comprehensive TPM agenda is also included in Annex 2G of the *Health Systems Assessment Approach: A How To Manual (Version 2)*.

HSA Team Planning Agenda, Date

- 9:30:** Get agenda overview and updates on latest from the MOH.
- 9:40-10:00:** Check in on team roles and responsibilities.
- Hear briefly from each team member about his/her understanding of his/her role.
 - Clarify the difference between key member roles.
 - Talk about roles in country.
 - **Discuss who is responsible for stakeholder engagement and what this will look like at different stages going forward.**
 - Briefly touch upon the roles each module lead is playing with his/her counterpart and how to best play that out.
- 10:00-10:40:** Get updates from each technical member on each module: What are some key findings to date, what are some gaps in the available information, what additional documents are needed; also, update on any communication with MOH. Also discuss any emerging areas of concern.
- 10:40-11:00:** Discuss next steps on technical modules: Completed the data collection guides pre-travel, drafting background sections of reports including "profiles" as needed for each module, identify gaps and any strengths and weaknesses that already have emerged (use index cards – so we can use them in-country during our all day technical analysis in country).
- 11:00-11:30:** Discuss launch workshop: Consider group discussion questions – a combination of general questions (that all groups would cover) as well as a couple of specific questions for that technical area.
- 11:30-11:45:** Additional discussions related to timeline, logistics, planning.
- 11:45:** Next steps

ANNEX 2F: TEAM ROLES & RESPONSIBILITIES

Outlining and discussing team roles and expectations is an efficient way to ensure that all team members are aware of and agree to their roles on the HSA. It is also useful to identify who will be responsible for engaging stakeholders. The following is an example from the 2010 Kenya HSA.

Kenya HSA Team Roles & Responsibilities

Expectations for the team

To produce an HSA report with the most relevant, up-to-date information for all indicators, that meets the expectations of the multiple clients including the MOH, the USAID mission, and other in-country stakeholders.

Team Leader

- Liaise with the clients (USAID mission, ministry, and other stakeholders) to ensure clarity and consensus on expectations, deliverables, and timelines. Serve as primary communication conduit with stakeholders.
- Ensure the clear performance expectations of all team members.
- Provide regular, timely, and frequent feedback to team members.
- Help to manage changing timelines, priorities, etc., keeping all team members informed of changing expectations.
- Provide quality control for individual team member input.
- Provide editorial oversight of the report.
- Serve as technical lead for one module.
- Facilitate daily team meetings in the field.
- Keep HSA methodology within established budget.

Health Systems 20/20 HSA Coordinator

- Support the Team Leader in all of the above-mentioned tasks.
- Carry out one technical module of the assessment.
- Ensure cross-country cohesion in the HSA methodology.
- Support the team, including identifying external resources/support.
- By managing the logistics consultant, ensure that team field logistics are arranged.

Technical Leads

Carry out one or two modules of the assessment, including:

- The technical lead will be accountable for producing their assigned module of the Kenya HSA, following the USAID HSA methodology, and working in coordination with the other members of the HSA team. Data collection will be conducted through secondary sources, key informant interviews, and site visits.
- Work with team leader and HSA coordinator to ensure understanding of expectations in terms of quality and timeliness.
- Participate in all team planning meetings prior to the assessment trip, and all team meetings in country.
- Conduct a thorough literature search, obtaining the most up-to-date information for each indicator of the assigned module. (Ideally, all indicators can be filled in prior to the assessment trip, using interviews, site visits, etc., to confirm findings or to fill in any vague or out-of-date information.)
- Produce a zero draft of the module prior to the second team planning meeting.
- Identify key informants for the assigned module(s) before the assessment trip. Submit names and contact information to [team leader /HSA coordinator /logistics coordinator] for scheduling of appointments. (It is expected that additional sources will be uncovered during the assessment trip.)
- Actively participating in in-country meetings with the mission, ministry, and other stakeholders as requested by the team leader.
- Work with and assist other technical leads, as needed, by collecting necessary information from other modules during key informant interviews.
- Revise the assigned report chapters according to the published timeline.
- The technical leads will also be expected to participate in the site visits.

Role of the Research Assistant

- Identify, collect, and catalog for easy retrieval by the team members relevant documents, surveys, and other related background and historical reference materials as requested by the team.
- Assist with identification of key informants.
- Compile, manage, and oversee information collected through key informant interviews, focus group discussions, site visits, and other background research.
- Produce a final bibliography of all sources utilized in the assessment.
- Provide additional research support to the team leader, as required.
- Manage all contractual procedures, in coordination with the logistics consultant.

ANNEX 2G: GUIDE TO PRE-ASSESSMENT VISIT INTERVIEWS

This document serves as an overall guide to pre-assessment visit stakeholder interviews. Note that the flow and questions may vary depending on who the stakeholder is.

I. Set the stage

- Be clear about the goals for this meeting:
 - To present an overview of the HSA goals and process;
 - To gain stakeholders' initial thinking on what is critical for them, or the group they represent, in implementing the HSA; and
 - To develop an approach that will maximize MOH ownership of the findings.
- Set the tone of excitement for working together on this important activity.

II. Present an overview of the HSA – What it is

Using the concept note as a guide, walk them through what an HSA is and the kind of outcomes expected from this assessment.

III. Present an overview of the HSA – How the process works

Present an overview of the key steps in the process and how the HSA works. Highlight key steps where the stakeholder will be involved (during the kick-off, for a more in-depth interview, during the prioritization workshop, etc.). Also, if known, ask how this fits into the country's strategic planning process. For example, in Guyana, particular emphasis was on streamlining health system strengthening efforts and responding to Global Fund requests.

IV. Highlight why it is key for this particular stakeholder – and benefits him/her

If it hasn't come up already, share what you know about this particular stakeholder and how this process will be of benefit to them in particular. Emphasize why his/her participation will be critical to the success of the HSA.

V. Take general questions

You may want to do this along the way – after you present the overview of the HSA, for example, ask if the stakeholder has questions.

VI. Ask key questions

While this is at the end of the meeting, it is critical to reserve time to explore stakeholder questions to both help inform the HSA process as well as to get more buy-in and commitment from them. Questions to pose may include:

- What do you think would be the most important thing we pay attention to when we carry out the assessment, so that the MOH will take ownership of the findings and recommendations?
- Do you know of information on earlier assessments or other literature that would help us as we begin the HSA and give us the most up-to-date information? Where could we find those documents?
- As we think about conducting site visits, what information would you like us to focus on?
- (To engage them more in the process, ask):
 - What challenges do you imagine we will face in implementing the HSA?
 - What advice can you give to make this assessment successful in achieving the outcomes as possible?
 - Overall, what would make this HSA meaningful for you and the group you represent?

VII. Wrap up the meeting

Remind the interviewee that we will be spending more time with him/her in the coming weeks during the kick-off meeting as well as during the in-depth interview. Encourage him/her to follow up with any questions. Thank them for their time.

ANNEX 2H: SAMPLE LAUNCH WORKSHOP INVITATION

**RE: Invitation to participate in an HSA Launch Workshop for the
Guyana Health System Assessment**

Dr. Janice Woolford
Maternal Child Health Director
Ministry of Health
Brickdam, Georgetown

Dear Janice,

You are cordially invited to attend a Health System Assessment (HSA) Launch Workshop in anticipation of the upcoming Guyana HSA. The Ministry of Health, in collaboration with the United States Agency for International Development (USAID), will launch a national HSA beginning August 4, 2010.

The workshop will provide an overview of the HSA and an opportunity to discuss key health system challenges in a small group setting. The assessment will focus on the six main components of the health system: service delivery, human resources for health, medicines and medical products, health information systems, health financing, and health governance. It is envisioned that the findings of this assessment will provide the government of Guyana, donors, policymakers, and other key stakeholders with valuable information about the opportunities and challenges for health system strengthening in Guyana.

The consensus-building workshop is scheduled to take place on **Wednesday, August 4, 2010, at 9:00 am, at the Regency Hotel, Hadfield Street, Georgetown.**

Please find the meeting agenda attached.

Sincerely,

Hon. Leslie Ramsammy
Minister of Health

ANNEX 3A: SAMPLE LAUNCH WORKSHOP AGENDA

Below is the launch workshop “overview” agenda used in the 2010 Guyana HSA. Please see Annex 3B for a detailed launch workshop design to prepare for and facilitate this type of workshop.

Guyana Health System Assessment (HSA) Launch Workshop August 4, 2010

Objectives

- To discuss the HSA process and the Health Systems Strengthening (HSS) Landscape in Guyana
- To provide input related to the strengths, weaknesses, and barriers within each HSA function/module
- To share hopes and expectations for the HSA process and implementation going forward

9:00 Welcome (MOH representative)

Introductions

Objectives and Overview of the Workshop

Overview of the HSA Process

- Concepts, Goals, and Landscape of Health Systems Strengthening
- HSA Implementation Process and Data Collection

Questions and Answers

10:30 BREAK

10:45 Stakeholder Input: Small Group Work

- Discussions by Health Systems Function/Module
- Exploration of Strengths, Weaknesses, Barriers, and Potential Strategies
- Report-outs

Stakeholder Engagement Going Forward

- Sharing of Hopes for Results of the HSA: Making it Meaningful
- Sharing of Hopes for Involvement in the Process

Summary of Next Steps

12:30 CLOSE

ANNEX 3B: LAUNCH WORKSHOP DESIGN

Health System Assessment (HSA) Launch Workshop: Design

Ideally the room will have round tables, each of which seats six-eight people. The set-up would include notepads and pens on the tables, as well as notecards (15-20 per table). Instruct participants to sit with people they don't know or from different organizations. This can be done by hanging a flipchart sign instructing them to sit accordingly. It's also ideal to have name tags and name tents for participants.

Ideal to have the six module areas written on flipcharts near the tables so that when we get to that point, it is easy to identify where to self-select.

9:00 Starting the Meeting – facilitator welcome everyone

Introduction of the Minister

Welcome (Minister of Health or senior MOH representative)

Introductions (Facilitator)

- First introduce self as facilitator and stakeholder engagement coordinator on the HSA team. Then have others introduce themselves – HSA team members should state that they are part of the team and which module they are working on.

PPT task: Please share:

- Your name
- Organization/Project
- Title/Role

9:30 Objectives and Overview of the Workshop

First, give overview of workshop objectives on **PPT** and on **flipchart**

- To discuss the HSA process and the Health Systems Strengthening (HSS) Landscape
- To get input related to the strengths, weaknesses, and barriers within each HSA function/module
- To share expectations for the HSA process and implementation going forward

Then review the flow of the session using the **Agenda Handout**.

Finally offer guidelines for the session on **PPT**

- Active participation
- Share your views and questions openly
- Be concise in your comments

- Balance your opinions and the needs of your representative group
- Put cell phones on mute

9:40 Overview of the HSA Process

Explain process: Go through HSA process slides, holding questions to the end. Can write questions on notecards as facilitator is talking. Recognize that some participants may be familiar with the process, but others are not and we want to ensure that everyone is clear about what we are discussing today.

On **PPTs**, present an overview the following: (provide participants **handouts** of the PPTs, three per page)

- Concepts, goals, and landscape of HSS
- HSA implementation process and data collection

10:00 Table task:

- Discuss your reactions to the presentation
- Share any questions you have for John and write them on the notecards.
- Identify a spokesperson, and the priority order for your questions as we may not get to all of them.

10:10 Facilitate Q&A, allowing 1-2 questions per table. We can collect any remaining questions.

10:30 Tea/Coffee Break

10:45 Stakeholder Input: Small Group Work with Self-Managed Break

Before going into the details of task, remind the groups of the following (**PPT**):

- This is their key opportunity to provide input on key HSA areas before we begin data collection interviews.
- They will be asked to self-select into a group based on their area of expertise/current work. Explanations of the six HSS module areas are in their folders for reference as they choose which groups to be a part of.
- Each group will have a facilitator and notetaker from the MOH team, as well as an HSA team member sitting in. However, we will be looking to participants to do the talking and idea-sharing.
- There will also be a piece of paper/**handout** at each table with categories for people to fill out names for interviewees within the area. The facilitator or HSA person will circulate this piece of paper during the discussion.

PPT Self-Selection for Small Group Task

- As you review the presentation on the HSS model, or the handout, select the area that you would be most interested in contributing to a discussion.
- Select a back-up area just in case there are too many people at your first choice.
- Vote with your feet – please go and join the group of your choice when the facilitator says it is time to do so.

PPT Small Group Task:

1. The facilitator of your group will guide you through discussions on the following questions:
 - What do you see as the key issues and priorities in this area for assessment?
 - Given the current situation in country, what do you see are the key strengths and weaknesses within this area?
 - What are some of the barriers for improving this health systems area?
 - What has been tried to address these barriers and weaknesses in this health systems area – what has worked, what hasn't worked, and what do you think might work as an effective intervention to strengthen this area of the health system?
2. There will be a notetaker taking detailed notes.
3. Nominate a recorder who will take notes on flipchart and visually capture key points of the discussion.
4. Nominate a spokesperson (not the facilitator or notetaker) to report out for your group.
5. Be prepared to report out within five minutes (at 11:30 am) on your top two strengths, top two weaknesses, and top two barriers.

11:45

Report-outs

Display the key flipcharts for reports at the front of the room.

Remind the reporters to take five minutes only; this is an opportunity to share highlights from the discussion. Say that the facilitator will ask them to stop if they go beyond that time. Ask a group to volunteer to report out first.

After each report, check to see if there are any clarification questions from the group before going on – important not to let people comment as we have limited time for this.

IF WE ARE RUNNING BEHIND... do a 'gallery walk' where flipcharts are lined up in order and people can read through them around the room. The task is the following (PPT):

- Find a partner – someone not from your own organization. Grab a few post-its or notecards and a pen.
- Go around and read through the flipcharts of the other groups. Write down where you have questions or reactions to what you are reading.
- Take about 10 minutes to do this.

Then take any key questions or overall reactions before moving on.

12:30

Stakeholder Engagement Going Forward

Remind participants about the HSA process that was explained earlier. Say that while this HSA will be conducted by the MOH Planning Team in partnership with the HSA team, we want to ensure that we will continue to gain their input going forward. We will likely be conducting interviews with them in the coming week or so, but in addition to that we want to get their ideas about the process.

Individual task:

On the notecard, write down your responses to the following two questions:

- What are your expectations for the results of this HSA – what will make it most meaningful for you and your representative group?

- In what ways do you want to continue to be involved in the HSA going forward?

Trio task:

- Stand up, and share your responses to the questions with someone you don't know very well or didn't work with today.

Ask the group if there were any common responses or thoughts they want to share with the larger group.

12:45

Summary of Next Steps

Share key next steps (**PPT**):

- Notes from this meeting will be compiled and used for development of HSA questions and the assessment report
- Interviews to collect data/missing information will be conducted
- HSA report will be prepared
- Dissemination and discussions going forward

Thank everyone for joining in the meeting, particularly since this is a busy time and there are other stakeholder efforts in which they have been involved.

1:00

LUNCH

ANNEX 3C: SAMPLE LAUNCH WORKSHOP POWERPOINT PRESENTATION SLIDES

The following PowerPoint presentation was used during the launch workshop in the 2010 Guyana HSA.



**Guyana Health Systems Assessment
Launch Workshop**

**John S. Osika, MD, MPH, MHMPP, CCST and
Stephanie Schalk-Zaitsev**
Health Systems 20/20 Project

Georgetown, Guyana
August 4, 2010



ATI Associates Inc.
2000 University Ave.
Aga Khan Foundation - Bangladesh - Brazil - Cambodia
IMC University - Global Health Institute - Kenya -
Communication - USA International - United States
School of Public Health - Training Resources Group

All Stakeholders
WELCOME



Introductions



- Please share:
 - Your name
 - Organization /Project
 - Title/Role

Workshop Objectives

- To discuss the HSA process and the Health Systems Strengthening (HSS) Landscape in Guyana
- To get your input related to the strengths, weaknesses and barriers within each HSA function/module
- To share expectations for the HSA process and implementation going forward

Workshop Guidelines

- Active participation
- Share your views and questions openly
- Be concise in your comments
- Balance your opinions and the needs of your representative group
- Cell phones on mute



John S. Osika, MD, MPH, MHMPP, CCST, FFPH

OVERVIEW OF THE HSA PROCESS

Concepts and Definitions of Health Systems

- A health system is '...the sum of all organizations, institutions and resources whose primary purpose is to improve health (WHO)'
- Health systems are a means to ensure that healthcare delivery responds closely to the burden of disease in an equitable and sustainable manner (WHO)

The Six Building Blocks of Health Systems (WHO definition)

- Pharmaceuticals and supplies procurement and management
- Human resource management
- Health information system
 - e.g. M&E and patient record system
- Health financing
- Health service delivery system
 - Laboratory services and provider networks, etc
- Governance

Goals of a Health System

- Improving health status by facilitating access to quality preventative and curative health services
- Promoting patient and public satisfaction with health services
- Protecting the poor and vulnerable against financial and other barriers to health services

Five Key Criteria of Health Systems Performance

-
- Equity
 - Access
 - Quality of services
 - Efficiency
 - Sustainability

Health Systems Strengthening: Changing Landscape

- HSS is defined as ...building capacity in critical components of health systems to achieve more equitable and sustained improvements across health services and health outcomes-WHO
 - Unprecedented levels of external funding globally – though under threat from the current global economic climate. This creates opportunities for us to integrate, system-wide approach to HSS. It allows us to overcome systemic “bottlenecks”
- Countries are facing the reality of delivering services, such as HIV/AIDS, TB, NCDs, malaria in weak health systems
- High demand to address weak health systems globally
- Increasing global momentum to invest in HSS. It would serve as an incentive for countries to develop HSS plans.

Global Attention to Health Systems Strengthening

- There has been increased national and international attention on health systems strengthening e.g. PEPFAR II, the Global Fund, the World Bank, WHO, MCC
- There was urgent need for a comprehensive tool/approach that helps program planners and policy makers to:
 - Assess health systems strengths and weaknesses
 - Prioritize key constraints and identify potential solutions for health systems strengthening
- Early assessment tools did not focus on looking at all facets of national health systems:
 - None allowed for integration across health systems functions, nor did they include guidance to develop recommendations

Driving Forces For HSS

- EXTERNAL FACTORS**
 - Increasing financial resources, changing health needs, dynamic environment (political priorities, globalization)
- INTERNAL FACTORS**
 - Health system issues
 - Inequity
 - Inefficiency
 - Ineffectiveness
 - Poor quality of services
 - Shortage of human resources of health

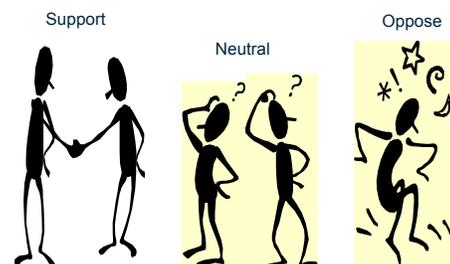
Guyana’s Recognition of Health Systems Strengthening

The key question is no longer whether Guyana should invest in HSS, but rather what Guyana should invest in, and how.

Objectives and Use of Health Systems Assessment

- Capacity building in national team members
- Rapid yet comprehensive/integrated approach to systematize health systems assessments
- Findings help inform stakeholders of critical systems strengths and constraints
- Should help prioritize HSS interventions
- Recommendations should build on global momentum to strengthen Guyana’s health system

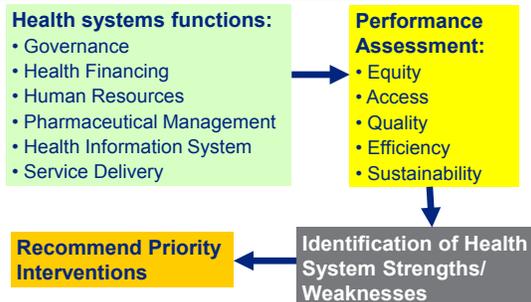
Common Positions on Health Systems Strengthening



Key Questions in the Guyana Health Systems Assessment

- What are critical health systems strengths and weaknesses?
- What are the key barriers to effective health system performance?
- What strategies can be applied to eliminate barriers to care?
- What are the priority interventions for health systems interventions?
- How can we create consensus and momentum to act on health systems strengthening?

Health Systems 20/20 HSA Framework



Technical Modules: Core

- Political and macroeconomic environment
- Business and investment climate
- Top causes of morbidity and mortality
- Structure of the main government
- Private organizations involved in health care system
- Organization of the health system and delivery of services
- Donor mapping and coordination

Technical Modules: Governance - what is it?

Effective health governance:

“competently directing health system resources, performance, and stakeholder participation toward the goal of saving lives and doing so in ways that are open, transparent, accountable, equitable, and responsive to the needs of the people”

Technical Modules: Governance (cont.)

- Information flow
- Transparency in policy formulation, planning, etc
- Social participation of citizens and system responsiveness
- Accountability
- Regulation

Technical Modules: Financing

- Organization of financial system and flows
- Revenue collection
- Pooling and allocation of financial resources
- Purchasing and provider payments

Technical Modules: Health Service Delivery

- The World Health Organization (WHO) defines *service delivery* as the way inputs are combined to allow the delivery of a series of interventions or health actions (WHO 2001)
- Includes both personal and public health services
- Includes platforms for health actions in facilities and also in communities

Technical Modules: Service Delivery (cont.)

- Availability of services
- Access, coverage, and utilization
- Organization of service delivery
- Service delivery outcomes
- Quality assurance of care
- Community participation

Technical Modules: Health Information System

- Health status and health system indicators
- Resources, policies, and regulation
- Data collection and quality
- Data analysis
- Use of information for management, policymaking, governance, and accountability

Technical Modules: Pharmaceutical Management

- Policy, laws, and regulations
- Procurement
- Storage and distribution
- Appropriate use
- Availability and access
- Financing

Technical Modules: Human Resources for Health

- Planning
- Policies
- Performance Management
- Training and Education

Intervention Approaches to Acting on HSA Findings

- **The Big Bang Approach**
 - Fast, immediate results, little time for resistance
 - If wrong, cause huge system disruption
- **The Step-by-Step Approach**
 - Slow, cautious, medium to long-term results
 - Resistance to change can slowly emerge

Prioritizing Results

- Prioritization based on selected criteria (i.e. feasibility, cost-effectiveness, political will, resources, disease burden)
- More comprehensive prioritization scope
- Requires stakeholder participation and consensus on criteria and weighting

Documented use of the Tool

USAID's Health System Assessment Approach – A How-To Manual Documented uses as of December 2009

Country	Year	Audience	Objective
Azerbaijan	2005	USAID	Input into pharmaceutical management
Angola	2005	USAID	Inform health sector programming
Benin	2006	MOH	Input for 5 year health strategy
Pakistan	2006	USAID	Inform health system activities
Yemen	2006+	MOH	Framework for health system review
Malawi	2006	USAID	Input into bilateral design
Ghana	2006	USAID	Input into assessment of insurance
South Sudan	2007	MOH	Input into GAVI HSS proposal
Vietnam	2008	PEPFAR, MOH	Assess 2 provinces and build local capacity for future province assessments
Namibia	2008	MOHSS	Input for 5 year health strategy
Nigeria	2008	Sec PHC, PEPFAR	State performance assessment
Senegal	2008	MOH, USAID	Input for health strategy
West Bank	2008	MOH, USAID	Input for 5 year health strategy
Vietnam	2009	MOH	Assess 6 provinces
Cote d'Ivoire. Add for 2010.	2009	PEPFAR	Input for country action plan

Summary

- The HSA will help Guyana identify strengths and weaknesses in the health system
- Your input and involvement is critical
- We are entering into a process for greater dialogue about the way forward
- Thank you, in advance, for your hard work



Table Task

- Discuss your reactions to the presentation
- Share any questions you have for John and write them on the notecards
- Identify a spokesperson, and the priority order for your questions as we may not get to all of them

Enjoy!

COFFEE BREAK

Small Group Work Overview

- Key opportunity to provide input
- Self-select into topic area of interest – handout in folders can help you decide
- There will be a facilitator and recorder at each table – will look for your participation and a volunteer reporter
- Piece of paper on each table – please add any key interviewees to consider as we go forward

Self Selection for Small Group Work

- As you review the presentation on the HSS model, or the handout, select the area which you would be most interested in contributing to a discussion.
- Select a back-up area just in case there are too many people at your first choice.
- You will vote with your feet – please go and join the group of your choice when the facilitator says it is time to do so.

Small Group Work Task

1. Discussion questions (facilitator-guided):
 - What do you see as the key issues and priorities in this health system area for assessment?
 - Given the current situation in Guyana, what do you see are the key strengths and weaknesses within this area?
 - What are some of the barriers for improving this health system area in Guyana?
 - What has been tried to address these barriers and weaknesses in this health system area – what has worked, what hasn't worked, and what do you think might work as an effective intervention to strengthen this area of the health system?

Small Group Work Task, Cont'd

2. There is also a note-taker capturing details of the discussion.
3. Nominate a flipchart recorder will take notes and visually capture key points of the discussion.
3. Nominate a spokesperson to report-out for your group, who is not the facilitator but can be the recorder.
4. Be prepared to report out within five minutes on a key issue or highlight from your discussion.

Gallery Walk

- Find a partner – someone not from your own organization. Grab a few post-its or notecards and a pen.
- Go around and read through the flipcharts of the other groups. Write down where you have questions or reactions to what you are reading.
- Take about 10 minutes to do this.

Stakeholder Engagement Going Forward



- On the notecard, write down your name and your responses to the following two questions:
 - What are your expectations for the results of this HSA – what will make it most meaningful for you and your representative group?
 - In what ways do you want to continue to be involved in the HSA going forward?
- Stand up, and share your responses to the questions with someone you don't know very well or didn't work with today.

Next Steps

- Notes from this meeting will be compiled and used for development of HSA questions and the assessment report
- Interviews to collect data/missing information will be conducted
- Health System Assessment Report will be prepared
- Dissemination and discussions going forward

ANNEX 3D: SAMPLE LAUNCH WORKSHOP REPORT

Guyana HSA Launch Workshop: August 4, 2010

FINAL REPORT

As a part of the USAID-funded Health Systems 20/20 Project's Health System Assessment conducted in the country of Guyana in August 2010, a workshop was held on August 4 from 9:00 to 1:00 pm to engage stakeholders in the launch of the assessment. The meeting was held at the Regency Hotel in Georgetown, and was facilitated by Health Systems 20/20 team member Stephanie Schalk-Zaitsev. The following describes the workshop and its results.

I. Objectives, Agenda, and Attendees

The objectives of the workshop were:

- To discuss the HSA process and the Health Systems Strengthening (HSS) Landscape in Guyana
- To get input related to the strengths, weaknesses, and barriers within each HSA function/module
- To share expectations for the HSA process and implementation going forward

The agenda for the workshop is included in *Attachment One*.

There were 42 attendees among Guyanese stakeholders, in addition to the six member Health Systems 20/20 team. The participants who attended the workshop are listed in *Attachment Two*.

II. Opening from the Minister of Health

Dr. Ramsammy offered a heartfelt and insightful opening speech to the group. He included a historical perspective of the evolution of HSS in Guyana, as well as some data on how things currently stand. He also shared his full endorsement of the HSA process and the promise it holds for the future health and productivity for the citizens of Guyana. Notes from his presentation can be found in *Attachment Three*.

III. Overview of the HSA Process

Dr. John Osika, team leader for the Health Systems 20/20 HSA team, presented an overview of the HSA process including concepts, goals, and landscape of HSS as well as the HSA implementation process. After the presentation, participants were asked to share their questions, which included:

- Clarification of the HSA process:
 - What data are feeding in?
 - How long will the process take?
- What sort of evaluation will take place to demonstrate whether this HSS activity is successful? There have been other more comprehensive studies in the past and they have not demonstrated improvement.
- Is it necessary to do a SWOT [Strengths, Weaknesses, Opportunities, Threats analysis]?
- How does this assessment support the Global Fund HSS grant? We have been over-studied and the reports are in the desk. Each time we get funded there is a new study. You guys are doing the same thing we have already done.

- How are you, coming from the US, going to impact a country like Guyana, when you can't even strengthen your own system in the US?
- How are you addressing the views of the clients?
- Guyana has not previously conducted an HSA. Can you advise us on the value of a snapshot assessment? Could this lead to a more comprehensive assessment?
- How will the HSA affect the localities and regions where the actual issues exist when much of the assessment is centralized?
- How do we engage the right stakeholders and at what level (top, service delivery)?
- By what yardstick do we measure our progress?
- How do we ensure the information is accurate and honest?
- For client involvement, will the private sector be involved?
- How does HSA include the broader political aspect of governance in the picture?

IV. Stakeholder Input: Small Group Work

a. Governance

Key issues

- No systematic way for the public/beneficiaries to provide feedback to the health system in Guyana
- Overlapping occurs i.e. no clear distinction or separation between roles of state (politicians/policymakers) and providers
- Advocacy group for clients/providers of health care in Guyana is minimal/few. This may result due to the lack of empowerment
- No clear indication of importance of accountability at all levels (providers, clients, policymakers)

Key strengths/weaknesses

- Central leadership of MOH is very strong which means that the strength of the tripartite is less relevant
- Donor trust in Guyana remains high
- Population size and area size are manageable
- Guyana is democracy

Barriers and solutions

- Health policies not updated on regular basis
- Lack of triangulation of data sources already in existence
- No identified entity to execute the accountability mechanism within the health system

b. Service Delivery

What are the key issues and priorities for the health system in this area?

- Equity and accessibility – geographic make-up of the country makes it difficult. How can we overcome that barrier in a way that improves accessibility?
- Quality of services – facilities have been scrutinized lately for service quality. Lab services, mental health, emergency response.
- Frequently staff are trained in Georgetown and then they go back to their regions and lack the equipment necessary to use their skills.
- Mental health – What really is happening? Where are people getting the care and support?
- Efficiency – response time to conducting lab tests (flow through the system)
- Equity – there are specialists in Georgetown but across the river there are only generalists with limited resources.

- Costs to access the system (economic status) – transportation to facilities where they can deliver, lodging, meals.

Strengths

- Services are free and available to all residents
- Enhance environment – quite a bit of work has been done to improve facilities
- More training in more areas
- More facilities in far-reaching areas
- Clear structure of the different services in the package of services
- More specialized care is available through specialized programs (new burn unit in Georgetown hospital)
- Health promotion is being used much more than ten years ago (move from curative to preventive)
- Lots of scheduled outreach services, health fairs being conducted by, not only the MOH but by NGOs, faith-based organizations – more sectoral participation
- Increased donor support
- Intersectoral participation
- Community involvement esp. with HIV
- Planning – the strategic plan influences plans for all sectors and it was developed in a participatory manner

Weaknesses

- Dissemination of information to the regions – region ten has not seen the strategic plan.
- Feedback is weak (on strategic plans – MOH is not soliciting feedback).
- Prioritizing vertical programs. We need money for general health (chronic and other needs).
- Community ownership is low in areas where programs are unfunded. (What impact does low economic status have on disease burden and access to prevention efforts – stems from low community ownership of activities without payment.)
- Access to basic services in the hinterlands. Difficult and costly to access services if you are outside of a facility – maybe prohibitively so.
- People skip the health centers and go straight to the hospital, where they can access the higher-tech services.
- If services are scattered, then patients need to go from the doctor to the lab, back to the doctor, etc.

Barriers to improving health system

- Money
- Transportation
- Adequate trained staff in the right locations
- Staff retention
- Adequate materials and equipment
- Staff attitudes, job satisfaction, morale
- Communication
- Lack of capacity to plan at the regional levels
- Materials
- Sustainability of vertical, donor-funded programs

- Cuban doctors who are used to working in partnership, with backup services and other personnel, are struggling in a system without this support
- Patient care – long wait times

What has worked?

- Giving people from the hinterlands scholarships to learn skills to use in the community... but they need more training and they need the supplies to use their training when they return
- We could use more agencies to train additional ... i.e., Red Cross could assist with training nurses on mental health
- Improving primary education so that there are more folks in the hinterlands that could enter into medical programs
- Providing accommodation when you send students for training (high school)
- Maternal and child health – there is a lot of feedback and in-house training. They are integrated and they get in-service training and technical support/feedback
- Region ten's youth-friendly services – planned from the national level, rather than the local level so they are not owned well
- Prevention of mother-to-child transmission – difficulty in integrating vertical programs once funding has been removed

Recommendations

- Improve participation and communication. Establish stronger ties between the MOH and community level –not just a formality but with active participation
- Equip hospitals and health centers.
- Upgrade services and different levels of care. District hospitals could do minor surgeries.

c. Health Information Systems

Public Sector

- Need for dedicated data/information personnel at lower levels
- No disaster preparedness or back-up of data and information
- Where is the supervision for data collection and verification
- Governance issues at regional levels because roles and responsibilities are unclear
- Is the data being disseminated accurately?
- Skilled human resources (HR) needed for better reporting and analysis
 - Significant at regional level as well
- Training is insufficient
- Donors demand reports in different funding periods which significantly increases workload
- Global Fund clarifications on reporting are overly burdensome
- Very little electronic data policies
 - Policies exist throughout region
- Timely submission of reports from and to all levels
 - Regional, national, international
 - Causes snowball effect of delays
- No regional data analysis
 - For decentralization, it is necessary to greater empower regions
- Inadequate technical assistance at all levels
- No proper succession planning

- HR capacity building necessary now
- Inadequate overall HIS infrastructure
- Lack of financial resources for infrastructure improvement and interventions
- Quality of data as it relates to M&E culture
 - Why data are important
 - Stakeholders have little perspective on importance and value of data
- Strength: gaps have been identified through various studies and evaluations

Private sector

- Private hospital does not have to share data with MOH because no agreements are in place
- What data are collected in the private sector on a regular basis
- MOH needs greater access to private sector data
- How can MOH HIS help the private sector
- There is private sector involvement in HIV/AIDS and other specific diseases but no integration with MOH on data collection and analysis
- Even though electronic/software is in place for tracking, not always used
- Hospitals are developing their own database systems independent of other systems
- Difficulty in private sector providing reports
- IT [information technology] system in hospital exists for finances, pharma, radiology, labs
- HIV/AIDS is stand-alone system, very demanding and does not permit integration with other systems
- No electronic or integrated medical records
- Funding from HIV/AIDS has assisted greatly in increasing HR capacity
- Other funding does not permit hiring
- Data are used in hospital to drive decision-making to some extent
- Most reports are for donors
- Records are kept more for financial audit purposes than for medical purposes
- Support for things like IT and maintenance take time from patient care
- Internal policies have not caught up with technological advancements

Priorities

- HR
- Finances
- TA [technical assistance]
- Importance of data sensitization
- Donor coordination
- Donor focus on sustainability and working WITH ministry
- Defining standardized M&E indicator/dataset
- Nationwide policies related to HIS [health information system/s]
- Efficient allocation of resources

Barriers

- Hiring/project staffing
- Long-term sustainability
- Creating buy-in and incentives from various levels
- Focused implementation of reforms

Additional

- Yohani talked about a revised M&E guide coming out in mid-August

d. Human Resources

Issues and priorities

- People are called on to do things that they weren't trained to do.
- Driven by a migration impact. Latest policy decision has been to increase numbers by different cadres. Migration – not only where people leave Guyana, but also where people leave MOH for the private sector or NGOs, people are still providing service though...similar service, just in a private capacity. Public service retention, not only retention inside Guyana.
- Internal migration is not as much of an issue as long as they are providing services.
- Guyana does a lot of training. But there is inadequate strategic planning to keep nurses and doctors in the country.
- Government doubles the number of people they train because half will leave. Is there a way to think through it strategically?
- We need a well-defined plan for HR. The current one is ad hoc. How many nurses need to be trained in the next (timeframe)? More strategic generally, not only in training.
- Training quality – increase the quality of the training for better personnel. Increase the quality of in-service training as well (continuing medical education). Current in-service training is ad hoc based on random workshops. Currently, health care workers' (HCW) responsibility is to work, not to get trained.
- Training is currently random in clinical services, but no training in HR development, need other types of clinical training as well.
- What about the working environment? Accident prevention. Working conditions. Safe environment.
- Especially field workers.
- Identifying working hazards? Minimize them and risks to patients. Recruitment process – numbers recruited against need? Planning – what is the system in which we are doing recruitment? (This should be based on trends, reducing drop-outs (15%), ending up with far less than started with).
- Selection process is a part (strategic plan for HR). Teacher training could be key as well. Drop-out issues: Some people have been taken without a science background. Inadequate space. Hot. Too cramped. Not enough support from staff.
- Overcrowding, but not necessarily in classroom. Also in labs.
- Too much focus on nursing.
- For other areas, the numbers are probably sufficient.
- Lack of training in terms of higher education was a retention issue.
- 1) Poor work conditions 2) Not necessarily salary, but benefits were an issue. Open credit for housing, taxi service. Free taxes to import cars. Energy credits? Cheaper cell phones, phone credit, etc. Other ministries provide them types of benefits? Salaries have to be increased across the board, but benefits do not have to be increased across the board. Incentive schemes.
- What about a recognition scheme?
- What are the work environment issues? Specify issues

- Crowding in wards, too many patients, not enough beds, too many chemicals and reagents (safety standards), pharmacists don't have time to teach patients about drugs.
- What about a stepwise plan for retention based on working time with the ministry?

Retention, strategic planning, work environment, and pre- and in-service training

Strengths and weaknesses

- There is a vision for increasing training across the health system, not just one area.
- Training is increasing
 - Variety of courses
 - More people being trained
 - Review of training curriculum
 - New programs – Public health and other specialist programs (Reintroduction) Anesthetic techs, etc.
- Building more infrastructure. Health facilities, etc. Ophthalmology center. Improving and expanding present structures and institutions.

Key strengths: vision, training quality and numbers, infrastructure improvements

Key weaknesses: inadequate planning, overall numbers of HCWs

Barriers

- Inadequate teachers and equipment. The ones that exist are quite good, but there aren't enough.
- Not enough information. Planners are not aware of what is taking place. Dissemination of HR information. Information on where students are working, etc.
- Transportation of students. There is a need to ensure that supplies are provided (textbooks, notebooks, teaching supplies, internet access, information services), intake policy of students is clear. Pre-service training.
- Timely appointments. Cuts across all government jobs, not just HCWs. Getting positions filled. Ensuring benefits.
- There are people who are funded by donors (project staff). How are these people integrated into government positions. Project staff get paid a lot more and don't want to work for the government after the project ends.
- Questions: How long does it take to hire people? What is the process?

Key barriers: Timely appointments, project staff get paid more, inadequate teachers, HR information dissemination

What has been done to address barriers?

- Timely appointments – discussions with public service ministry with relation to absorbing people. It is going slowly. Because positions have to be created.
- Inadequate equipment – donations have been received, but it is ad hoc. Poor planning for equipment hinders this.
- Equipment failure has been an issue. Attempts to create a program of planning so that Georgetown Public Hospital Corporation doesn't have to wait for something to fail beforehand. Identify the lifecycle of certain items. There is a maintenance program.
- There is a program for managing equipment within the MOH.

- Migration (Retention) – unknown what’s been done to address it. Nursing migration study. It is up to the government to create the retention strategy in planning process (TBD).
- Increasing the number trained in order to account for people leaving. But you can’t replace existing staff with new staff and expect the same quality. Who is training the new staff?
- Training in Cuba and bring in Cuban doctors to work in the health sector.

Key things done to address barriers: Cuban doctors and training in Cuba, increasing number of people trained, discussing with the PSM how to absorb project staff.

e. Financing

Background discussion: Brief overview of current financing structure – health financing is primarily through government revenue and donors. National insurance scheme (NIS) is self-funded through member contributions.

There are several committees – one important one for financing is the National Health Financing Committee. Couple of key mandates of this committee:

- Value of in-kind contributions from donors – valuation is being done now.
- Developing a financing strategy and financing framework.

1) What do you see as the key issues and priorities in this area?

- Lack of coordination amongst development partners and government – no formal coordinated framework for reporting. Also none for private sector. Need to develop a structured approach.
- Donors do report similar information to the Health Sector Development Unit but not all in the same format – also no reporting by region.
- Need to develop a database of all health facilities (incl. centers and hospitals) with a list of the requirements and needs for these facilities – so that funding can be allocated accordingly; also, need a database of where all the equipment and items are going (esp. from NAPS [National AIDS Program Secretariat]).
- Need to cost out the health sector strategy and use that as guidance for financing.

2) What are the key strengths and weaknesses?

- S: Ability to access external resources effectively
- S: NIS working well
- S: Training for financial reporting and capacity building
- S: Regional allocation done based on needs, population, service delivery, etc. (but not based on analysis?)
- W: No uniform reporting of financial data across sector (regions, donors, etc.)
- W: HR plan is good now but insufficient resources for them, esp. medical equipment.

3) What are the barriers for improving this area?

- Too many bosses – pulled in too many directions
- Bureaucracy
- Disease-specific funding, determined by donors; need to pool funding and allocate based on needs.

- 4) Recommendations – what works, hasn't worked, and what can work?
- NIS – works well but covers fully employed only by law, so difficult to expand (to cover broader families?)
 - Reassess cost recovery system – there is no cost recovery system right now
 - Add sin tax (on alcohol, etc.) to cover high cost services
 - Studied user fees
 - Could re-instate user fees, esp. in regional facilities for lab tests, to use within facilities

f. Pharmaceuticals

Budget

Strengths	Weaknesses
<ul style="list-style-type: none"> • The Malaria Coordinator stated that his biggest problem is cash flows while the Materials and Management Unit states that cash flow for them is not an issue once there is proper forward planning (needs input from MOH Planning and Ministry of Finance on this issue) • Gap funding from donors 	<ul style="list-style-type: none"> • Drugs continue to be a major problem in budgeting. Contributes to approximately 10% of the budget (local and foreign). • There are limitations of the national budget allocation, which is why we are seeking donor funding, but the new donor funding has a lot of stipulations on what is purchased and they stress unit costs. • The new donor stipulations are specific to where drugs are to be bought (places with good manufacturing practices and quality control, places with equivalency test). Stringent requirements with no flexibility once the proposal is approved (even with time lag). • There is insufficient planning in budget preparation by programs, which affects cash flows. There needs to be more timeliness, efficiency, effectiveness, and prioritizing by programs in planning and scheduling of budgets. • There are problems with prioritizing releases internally since at times the program needs do not align with the Ministry's budget releases.

Pharmaceutical Policy, Laws, and Regulations

Strengths	Weaknesses
<ul style="list-style-type: none"> • Guyana has one of the best and very strong supply chain systems and policies, as well as a strong legal framework in this area. • There is an efficacy study that is going on and it is supported by PAHO for the Malaria Programme [Surveillance of Antimalarial Drug Resistance (RAVREDA)] • The Food and Drugs Department (FDD) generally conducts randomized testing at points of service. • Materials and Management Unit does screening of drugs and are well trained in the field. E.g. TLC dissolution 	<ul style="list-style-type: none"> • Guyana's procurement policy is limited in that it is not flexible enough to meet the health sector needs. E.g., emergency procurement of drugs for outbreaks, etc. • Secondly it sometimes conflicts with some of the donor policies, e.g., Global Fund and the World Bank. This is usually disease specific. • There are serious problems with the procedures for pharmacy regulations. It is not clear that there is a broad Essential Drug Policy and if there is one it might be outdated since 2002/2003. No internally guided list for dispensations etc.

Strengths	Weaknesses
<p>test for anti-malaria drugs.</p> <ul style="list-style-type: none"> • There are Criteria for Bioequivalence Testing (in-vivo) for anti-malaria drugs to ensure quality, safety, and efficiency. • There is post surveillance in regions 	<ul style="list-style-type: none"> • There is little or no generation of procedures for pharmaceuticals. • The efficacy study was done just for the Malaria Programme and not for any other program. • There is no proper system in place for data collection for when drugs are sent out. • Randomize testing not systematic. • Post surveillance in the regions needs to be strengthened. Samples need to be taken from all over and be tested. Right now it is being done partially at the central level. It is being supported by the FDD at the regional level.

Procurement

Strengths	Weaknesses
<ul style="list-style-type: none"> • There is very effective national procurement Act, Laws, and Regulations • Competitive bids exist but need to be strengthened. There are two types of competitive process being used by the MOH, Materials and Management Unit – open (public tendering) and closed (restricted tendering) competitive methods. 	<ul style="list-style-type: none"> • No formal or documented mechanism of general storage regulation (standard operating procedure) for the Materials and Management Unit but use of standard bidding documents, guidelines, policies, and regulations as a tool for procurement planning and procedures. • The existence of a parallel procurement system can sometimes affect procurement operations but there has been an intensive move towards harmonization. Also there is no provision under the legal system for a parallel procurement system.

Distribution and Storage

Strengths	Weaknesses
<ul style="list-style-type: none"> • There is a standard operating procedure for each step of the storage and distribution process at the central level (Materials and Management Unit) and it is now in its transition stages in the regions. • The current software in place is serving all programmes under the MOH but has the capabilities to serve vertical programmes. 	<ul style="list-style-type: none"> • Lack of in-transit refrigeration and cold storage in peripheral sites. • Insufficient data are available at the peripheral sites. • Data available do not reflect disease prevalence. • Lack of staffing (HR) capacities in the regions. • Updated guidelines for treatment are required.

Appropriate Use

Strengths	Weaknesses
<ul style="list-style-type: none"> The current software in place is serving all programmes under the MOH but has the capabilities to server vertical programs. 	<ul style="list-style-type: none"> There are needs studies/information of appropriate use in the major hospitals (use of drugs and pharmaceuticals). Currently there is a PULL system for pharmaceuticals available at the central level (Materials and Management Unit). The PUSH system has not been implemented because there is no or accurate data available. An ideal system will by a PUSH-PULL system. Treatment guidelines need to be updated for the health personnel across the board.

Access to Quality Products and Services

Strengths	Weaknesses
<ul style="list-style-type: none"> A very high percentage of the population has access to quality products and services but this is very limited in very few places. But there are no data on percentage of usage. 	<ul style="list-style-type: none"> Geographic factor to be considered.

Financing

Strengths	Weaknesses
—	<ul style="list-style-type: none"> Weak – in terms of cost recovery and adherence.

GENERAL BARRIERS

1. Financing – long term
2. Storage facility in the regions, especially cold storage
3. Qualified persons available (HR)
4. Quality assurance (QA) – mechanism and labs
5. Logistics and access (coverage) for hinterland regions and some riverain communities
6. Decentralization of procurement of pharmaceuticals – there is the risk of improper procurement, stock-outs and lack of proper resource person, substandard drugs being procured
7. A weak QA system
8. The region needs to work on their recording keeping.

V. Expectations Going Forward

Participants were asked to respond to two questions on a notecard. The questions and responses are captured below.

What are your expectations for the results of this HSA – what will make it most meaningful for you and your representative group?

- Recommendations will be given, solutions maybe?
- Should be used for future HSA within the MOH
- I would hope that the strengths highlighted would be sustained or even improved, and the barriers would be address to improve our health system
- The report/assessment becomes a live document in that it will be utilized to inform the work of the MOH on a regular basis
- A more robust and relevant health system for the country
- Improved health care delivery especially in river and inland locations
- Once the parameters are thought out then the HSA can be very useful. I expect the HSA process to develop a mechanism that will improve the sector as a whole
- I think I could contribute to the progress of this meeting in discussion by obtaining a copy of the final report and my colleagues and staff can see how we can contribute to its success
- I am looking forward to the results – they should be as specific as possible towards recommendations and the action plan. My organization would really like to work on HSS plans identified
- The report generated from this exercise will inform future actions within the health services in Guyana, addressing all the six areas and building blocks
- The report will be used to measure future assessments and make comparisons for improvement
- This should be a participatory procedure that brings together key priorities for the health sector and informs the development of the next strategic plan. As focal point for HR, I hope the recommendations for HR strategic planning will be realistic, useful, and feasible
- That the HSA can be the final and foremost assessment for the sector in which donors accept. Development of an action plan (sequential). Integration into the health sector strategy
- Access to adequate funding (timely) – actual requests are granted
- To be able to have benefits and support to the entire health sector of Guyana. To be able to overcome the weaknesses of the health sector
- Issues affecting HIS in the private sector can be addressed in some way
- General improvement to the overall highlighted areas captured within the groups discussion. Also utilizing of the results in the incorporation of the core building blocks (HSS) within the new Health Sector Strategy for the country and also development partners and agencies
- HSS will be the benchmark other donors use across the health sector, e.g., PEPFAR
- HSA should be a tool to attract support for the weaknesses and barriers
- The results of the assessment could be shared at a similar forum (feedback)
- My expectation is that having assessed all of these modules in the health system in Guyana, there will be presented to us specific areas which can be improved and those areas prioritized and improved systems implemented

In what ways do you want to continue to be involved in the HSA going forward?

- However I can be useful
- There must be greater a greater attempt to have input from regular health meetings
- As a health care provider to be involved in this level of discussion in relation to the current work of the MOH is very important/ necessary and will be sustained
- Will like to see the private health sector more involved in the process
- Review of service delivery presentation
- I think the best way to continue is to have regular interface with key stakeholders in some informal formats
- I would like to be updated on the status of the assessment periodically. And I would most certainly be happy to assist in any way I can
- I would like to receive a copy of the report and to be involved in future assessments
- As involved as possible as the MOH sees fit
- Should be reviewed for final submission
- To receive updates on the progress via email
- To further participate in other international countries' HSAs or to help in evaluating or assessing their HSAs to see what international countries are doing with Guyana's HSS interventions
- Many of options – identify the MOH priorities
- Be able to review the section before final submission
- Be part of review group. There will be follow-up after initial interviews. Part of further discussions

VI. Next Steps and Close

MOH HSA Team Leader Sarah Insanally closed the meeting by thanking everyone for their time and participation, and summarizing the next steps going forward which include:

- Notes from this meeting will be compiled and used for development of HSA questions and the assessment report
- Interviews to collect data/missing information will be conducted
- HSA report will be prepared
- Dissemination and discussions going forward

Attachment One: HSA Launch Workshop Agenda

Attachment Two: Participant List

Attachment Three: Notes from the Minister of Health's Opening Presentation

ANNEX 3E: AGENDAS FOR DAILY TEAM MEETINGS DURING THE DATA COLLECTION PROCESS AND FINAL TEAM MEETING

The following hourly debrief meeting agenda was used to structure daily team meetings with the “extended” HSA team (which included Ministry of Health counterparts) during the 2010 Guyana HSA.

The second agenda attached was used to structure the final team meeting in Guyana. This was the last opportunity for the building block chapter teams to sit together with their country counterparts to discuss strengths and weaknesses identified during the data collection, discuss cross-cutting findings with other module writers, and define the way forward for report writing. In addition to this meeting, each module team met to discuss and prioritize the strengths, weaknesses, opportunities, and threats to present to the larger group.

HSA Extended Team Meeting

HOURLY DEBRIEF MEETING AGENDA: *Date (4-5 pm)*

I. Updates from Today: 30 minutes

Each module lead/team will spend about five minutes updating the rest of the team on their experiences from the day. Guidelines for updates include:

- This is a module team effort. The module team may need a few minutes before the meeting to consider what they will share.
- This is NOT a detailed report of what was heard in every interviews, and not a thorough review of notes.
- This IS an opportunity to offer key findings, surprises, something for further consideration or discussion.
- This IS also an opportunity to flag any key findings related to other module areas and key stakeholder groups (without going into too much detail).

2. Planning for Coming Day(s): 10 minutes

The team will review the interview schedule for the following days and make sure everyone is on the same page about who is going to which meeting. They can also flag any key secondary questions for others to ask in interviews. In addition, this is an opportunity to look a few days in advance about how the schedule is coming together.

3. Other Topics to Discuss (20 minutes)

- *Sample Topic:* Interviewing protocols and tips

As a larger group, review and discuss the interviewing tips and the script for how to conduct interviews. Discuss the importance of being open and facilitative, and the dynamic of the MOH person and how that may impact confidentiality in the interviews.

- Other?

HSA Extended Team

FINAL IN-COUNTRY DEBRIEF MEETING AGENDA: *Date (2 Hours)*

I. Updates from Last Meeting from Data Gathering: 30 minutes

Each module lead/team will spend about five minutes updating the rest of the team on their experiences from the past days. Guidelines for updates include:

- This is a module team effort. The module team may need a few minutes before the meeting to consider what they will share.
- This is NOT a detailed report of what was heard in every interviews, and not a thorough review of notes.
- This IS an opportunity to offer key findings, surprises, something for further consideration or discussion.
- This IS also an opportunity to flag any key findings related to other module areas and key stakeholder groups (without going into too much detail).

2. Discussion of Priority Findings and Cross-cutting Issues: 1 hour

Facilitated conversation among the large team related to those findings that are becoming a higher priority or cut across multiple modules. Comparisons of data related to the key findings and discussions of implications for the assessment and report.

3. Planning Next Steps: 30 minutes

The team will review the calendar going forward and agree upon deadlines and who will do what to write and compile the assessment report. The team will also agree upon next steps for following up and connecting with other stakeholders who have been involved.

ANNEX 5A: VALIDATION WORKSHOP DESIGN

DESIGN

Objectives

- Review the assessment findings and recommendations from the HSA
- Provide input for modifications to the findings and recommendations
- Identify recommendations that are closely linked to other categories

Materials

- 1 box of markers per table
- 2 rolls of masking tape to hang flipcharts on walls
- Name tents and name tags
- 2 packs of 5x7 notecards
- Handouts: agenda, copies of the findings and recommendations

Room Set up

Ideally the room will have round tables, each of which seats 6–8 people. The set-up would include notepads and pens on the tables, as well as notecards (15-20 per table). Instruct participants to sit with people they don't know or from different organizations. This can be done by hanging a flipchart sign instructing them to sit accordingly. It's also ideal to have name tags and name tents for participants.

Agenda: Day One

9:00 am Welcome and Overview of the Workshop

Welcome the participants. Have a senior MOH official officially welcome the participants.

Have participants introduce themselves rapidly. Please share (PPT)

- Your name
- Organization
- Job title
- Number of years working in the health sector in x country

Before reviewing the objectives, explain to the participants the overall process (PPT) for the coming days as follows:

- 1.5-day validation workshop
- Full-day prioritization workshop (30-40 participants)

Explain how these two events link together. Then say that the overall purpose of the today's workshop is to validate the recommendations from the HSA with stakeholders. While the report has been reviewed by some stakeholders, the recommendations have not been fully validated and discussed among stakeholders. This is an essential step before we begin to prioritize the recommendations.

Review the objectives and agenda for today on PPTs/handouts.

Provide guidelines for today's workshop.

- Active focused participation (this is a working meeting and full engagement is required)
- Offer suggestions for modifications in addition to your criticisms
- Focus on the benefit of the recommendation to the health system rather than focusing on the aspect of the health system you represent
- Ensure balanced participation from everyone in the discussion
- Turn off cell phones during the session

9:45

Presentation of Findings and Recommendations

Ask how many have read the HSA report, especially the chapter pertaining to their direct area of interest. Remind the group that the recommendations are presented in the report by building block:

- Service delivery
- Financing
- Pharmaceutical management
- Governance
- Health information systems
- Human resources

Review the key findings and recommendations using PPTs.

Ask for overall reactions to the findings and recommendations, whether they seem on target, realistic, specific enough, and actionable. Do not let the discussion go to specific comments; that is the next step in the agenda. Capture any of these reactions on flipchart.

10:45

BREAK

11:00

Small Groups – Discussion of Findings and Recommendations by Building Block

Say that the findings and recommendations will be discussed in six groups, each representing one of the health system building blocks based on the report. *Note: depending on the numbers, this may need to happen in three groups, assigning two building blocks per group.*

Designate six tables, one for each of the building blocks. Ask for a show of hands of those interested in each building block to make sure that the groups are roughly equal in number. The number in each group doesn't have to be the same, but you should avoid having one group with 15 and another with three people, for example.

Be clear that the purpose of the next activity is to make sure that the recommendations are on target and consistent with the findings of the HSA. The purpose is not to prioritize the recommendations: that will be done later in the week. Then give the following task on PPT:

Task

1. Ask everyone to take 45 minutes individually to review the findings and recommendations for their assigned building block. During that time make notes on any modifications you would make to the findings or recommendations.
2. Then, as a group, review and discuss your questions and modifications. Review the findings and recommendations and determine if the recommendations are:
 - Relevant
 - Important
 - Timely
 - Feasible (from a time and resource perspective)
 - Specific
 - Comprehensive (are any missing?; should any be removed?)

Have the groups record their work and make modifications using a laptop to capture the specific changes they are proposing.

Record your proposed modifications to the recommendation on PPT or flipchart.

Be prepared to share your proposed modifications to the recommendations to the larger group.

Appoint a spokesperson to present your revised recommendations.

You have two hours.

12:30

LUNCH

1:30

Continued Group Work

3:30

BREAK

3:45

Group Report-outs

Ask each group to report out in 15 minutes.

After each report out, allow for 15 minutes of plenary discussion and reactions to the proposed modifications for each building block. This means each group will have about 30 minutes in total.

You will ideally finish the reports/discussions of three groups by the end of the day. The activity will resume on the following day.

5:30

Close for the Day

Agenda: Day Two

9:00 Overview of the Day

Remind participants of where we left off in yesterday's report-outs. Highlight the remaining agenda to review the rest of the reports, and then spend some time looking across all of the recommendations.

9:15 Continued Report-outs

Go through the reports for the remaining three module groups, with 30 minutes per report-out.

10:45 BREAK

11:00 Plenary Discussion

Say that now that we have examined the modifications and recommendations for each building block, we want to spend some time looking at the entirety of the recommendations.

Discuss the two following questions in plenary.

- Are there any overarching recommendations that are missing? *These are recommendations that may not be specific to a building block. Two examples are 1) the lack of a qualified office within the MOH that provides direction and leadership for HSS and 2) the lack of an interagency mechanism to coordinate work on interventions that go beyond what any one national agency can do.*
- What synergies do you see between the recommendations? Which ones are dependent on recommendations in other building blocks? *An example is the financing needed to address HR constraints and hire new health workers.*

Capture the main points on flipchart.

12:15 Summary and Next Steps

Review the main points from the workshop's discussions and what was accomplished.

Review the schedule and agenda for the prioritization workshop (PPT).

Hand out evaluation form (or ask participants to write on notecards) that answers the following questions:

- What was most effective about the workshop?
- What was less effective about the workshop?
- What is the single most important thing to you about today's workshop?

12:30 CLOSE

ANNEX 5B: VALIDATION WORKSHOP AGENDA (OVERVIEW)

HEALTH SYSTEM ASSESSMENT VALIDATION WORKSHOP:

AGENDA

Objectives

- Review the assessment findings and recommendations from the HSA
- Provide input for modifications to the findings and recommendations
- Identify recommendations that are closely linked to other categories

Day One

- 9:00am** Welcome and Overview
Presentation of Findings and Recommendations
- Q&A
- 10:30** **BREAK**
Small Groups – Discussion of Findings and Recommendations by Building Block
- 12:30 pm** **LUNCH**
Continued Group Work
- 3:30** **BREAK**
Group Report-outs
- Discussions of Proposed Modifications for Three Groups
- 5:30 pm** **CLOSE**

Day Two

- 9:00 am** Overview of the Day
Group Report-outs
- Discussions of Proposed Modifications for Three Groups
- 10:45** **BREAK**
Plenary Discussion: Cross-Cutting Recommendations
Summary and Next Steps
- 12:30** **CLOSE**

ANNEX 5C: PRIORITIZATION WORKSHOP DESIGN

DESIGN

Objectives

- Review the results of the validation workshop and agreed-upon recommendations
- Use key criteria to prioritize recommendations to respond to the research findings within each module group
- Discuss and further prioritize key recommendations to be implemented across module groups
- Identify next steps related to implementing the recommendations

Materials Needed

- 1 box of markers per table (6-8 boxes)
- 2 rolls of tape to hang flipcharts on the walls
- Name tents and name tags
- Pens and pads for participants
- 2 packs of 5x7 assorted notecards
- Red, yellow, and green cards per participant
- Handouts: agenda, copies of the revised findings and recommendations

Room Set-up

Ideally the room will have round tables, each of which seat about six people. The set-up would include notepads and pens on the tables, as well as note cards (15-20 per table). Instruct participants to sit with people they don't know or from different organizations. This can be done by hanging a flipchart sign instructing them to sit accordingly. It's also ideal to have name tags and name tents for participants.

AGENDA

8:30 Welcome and Overview of the Session

Welcome attendees. Introduce senior official to kick off the meeting, if appropriate. Then move to introductions of workshop attendees. Ideally most if not all participants will have worked together in the previous (validation) workshop; if so, the introductions could be done in a briefer way. Have attendees share (**PPT**):

- Your name
- Organization/Title
- Your hope for today's workshop

Review the **objectives** and **agenda** of the session on PPTs/handouts, drawing upon their hopes and sharing how we might address those hopes. Discuss how this step builds upon the work done from the validation workshop. Share how each person can contribute to helping narrow the recommendations given his/her familiarity and contributions to the report, as well as experience working on the HSA and/or country context/knowledge.

Propose some **guidelines** for the full-day session:

- Active, focused participation (need to stay present for the whole day, this is a 'roll your sleeves up' working meeting and full engagement is required)
- Avoid the tendency to revisit the research or the findings (Ample time was spent on this in the validation workshop; this meeting is to help move forward on the recommendations about the findings)
- Keep in mind the needs of the health system of the whole country, beyond the part of the system you represent (some stakeholders may have an agenda given the group they represent – this guideline is to try and have everyone wear a larger, 'leadership' hat)
- Be objective and realistic in the recommendations you put forth
- Avoid side conversations
- Be concise in comments offered to the larger group

Take any additions from attendees, get agreement before moving on.

9:00

Review Results of the Validation Workshop and Agreed-upon Recommendations (HSA Team Lead)

Briefly review results of the validation workshop and the agreed-upon recommendations in particular. This overview needs to be accompanied by PPTs, but should not take more than 15-20 minutes. The attendees of this meeting will have attended the validation workshop.

Ask the group if they are comfortable with the revised recommendations as they were presented, and if there are any lingering questions before we move on to prioritization.

9:30

Discussion on Criteria (HSA Team Lead/other subgroup members)

First, share the definition of prioritization and the importance of this task as a part of the HSA Process (PPTs).

- What is Prioritization?
 - "To arrange or deal with in order of importance" (American Heritage Dictionary)
 - "To put things in order of importance" (American Heritage Dictionary)
- Prioritization in Health
 - "Actions established in order of importance or urgency to the welfare or purposes of the organization, patient, or other person at a given time." (Mosby's Medical Dictionary)

- Limited budget; high demand for resources
- Systematic approach to distributing available resources among demands to create the best health care system possible, given constraints (Hauck, Smith and Goddard, 2002)
- Set through social and political processes
- Key Stakeholders' Engagement
- Approaches to Prioritization
 - Defining categories of care – limits opposition but neglects allocative efficiency and creates conflicts of interest
 - Utilizing explicit criteria – achieving agreement on criteria and weighting is not easy
 - Using technology assessments – choosing technical efficiency over economics or community preferences
 - Using formulas or models – creating a common currency for measuring and comparing benefits (i.e. DALYs). Requires a lot of data and excludes economic efficiency

Next, share the key performance criteria that were used to develop the recommendations and exist as a part of the HSA assessment process. Present the following table in summary form on PowerPoint PPT:

Criteria	Key Components
Equity	<p>Equity is refers to fairness in the allocation of resources or the treatment of outcomes among different individuals or groups.</p> <p>We can look at equity in different ways – in terms of how resources are allocated among regions and districts, whether immunization rates are much higher in some regions than others, whether poorer and richer people pay the same for drugs at health centers. What dimension of equity is most important is up to you.</p>
Efficiency	<p>Efficiency concerns how well resources are used to produce the desired outcomes and could be defined as the ability to obtain the best possible value for the resources used.</p> <p>There are several components to efficiency. Technical efficiency refers to whether resources (funding, staff, drugs) are used to produce the maximum output. So if nurses are only treating six patients a day, using their time to analyze data or conduct health talks would increase their output. In addition to increasing outputs from your given resources, efficiency also refers to using resources in ways to maximize overall benefits. You might move a surgeon from the hospital in the capital and post him in a rural district. This might result in some people in the hospital waiting longer for non-emergency surgery, but people in the rural district now have a surgeon for emergencies. So the rural district is much better off, and the capital city slightly worse off, and total health outcomes should be better.</p>
Access	<p>Access is a measure of the extent to which a population can reach the health services it needs.</p> <p>Access does not only imply physical access, such as whether there are health facilities. Access also refers to whether there are economic, cultural, or other barriers to health services that people might face. Removing financial barriers or cultural stigmas may be important to improving access.</p>

Criteria	Key Components
Quality	Quality services are ones that satisfy patient needs. Patient needs may be clinical (trained staff, medicines, and supplies, providing the appropriate treatment) or non-clinical (respectful treatment, privacy, short wait time.)
Sustainability	Sustainability is the ability of the health system to maintain its activities. Sustainability considers both whether the system has sufficient financing to maintain its activities, and whether the system has the institutional capacity to maintain its activities.

Ask participants if they have any questions about the performance criteria.

Next, introduce the concept of the practical criteria we would like to use for today's prioritization, and how they differ from the performance criteria above. Say it is critical that they understand these criteria and go through an explanation of each.

Criteria	Key Components
Importance	<ul style="list-style-type: none"> • Addresses critical gaps and bottlenecks • Risk if need is not addressed
Feasibility	<ul style="list-style-type: none"> • Ease or complexity of implementation • Available human and technical resources • Political feasibility
Risk	<ul style="list-style-type: none"> • Risk of failure or underachievement • Potential negative impacts
Affordability	<ul style="list-style-type: none"> • Total funding required • Likelihood of mobilizing total funds from government and donor sources
Impact	<ul style="list-style-type: none"> • Visibility of impact • Breadth of impact across services or on target services • Breadth of impact across populations or on target populations

Ask if there are questions about the criteria we will be using. Ask if there are any additions to these criteria – anything that we have missed that would be critical to the context of this country?

10:00 Introduction of Small-Group Work on Prioritization within Module Group

Create small groups (6–8 people per group) with mixed perspectives (can be the table groups from the beginning, ideally the same groups that worked on validating the findings and recommendations from the previous workshop).

Small-Group Task

Individually, review the list of recommendations.

As a group:

- Decide which recommendations are more important than others based on the selected criteria: importance, feasibility, risk, affordability, and impact.

Ranking scale: 1 = least significant, 2 = somewhat significant, 3 = significant, 4 = very significant, 5 = most significant

- Once the recommendations have been ranked, categorize the recommendations according to timeframe for implementation

Timeframe: immediate = 1–6 months; short term = 6 months–2 years; medium term = 2–5 years; long term = 5+ years

- Once you have determined your rankings and timeframes, discuss how these can be connected to national strategies and plans.

Designate a chairperson and rapporteur.

Be prepared to present your ideas to the larger group after lunch.

Make sure each group has a flipchart and markers.

12:00 LUNCH

1:00 Large Group Discussion and Agreements on Priority Recommendations

Have each group present its prioritized list of recommendations using the flipchart. After each group has presented, allow a few minutes for others to ask any questions of clarification.

To gain a larger sense of agreement across the groups, once the module-based group has presented, ask the larger group to visually share their agreement. Distribute red, yellow, and green cards per table. Explain the voting methodology for using these cards.

When asked to vote, please show the group:

- A green card to indicate: 'I agree with the prioritized criteria as listed – let's move forward.'
- A yellow card to indicate: 'I have some concerns about the criteria, but am willing to move forward.'
- A red card to indicate: 'I do not agree with the criteria, and am not comfortable moving forward.'

Spend time on red cards, and as time allows yellow cards after each group reports. Should take 20 minutes per group.

3:00 BREAK

3:15 Plenary Discussion: Prioritizing Across Modules

Ask the group to reflect upon all of the priority recommendations offered by each of the module groups. Which priorities are cross cutting – address multiple modules? Discuss these in plenary and list on flipchart.

Given the priorities, is there one module that rises to the top as more of a priority than others? Which ones and why?

Which ones become the priorities among all of the priorities?

Take notes on their responses and summarize what you are hearing before moving on to next steps.

4:15 Strategy for Moving Forward

Discuss as a large group (*or if the group is more than 30 people, consider having a brief pair or trio task first*) how to move forward with the results of this workshop including next steps. Ask the group the following questions:

- How might we present these priority recommendations to decision-makers?
- After we have agreement on priorities, what will the process be for moving forward to develop implementation plans?
- How can we connect this to the national strategies and plans?
- How can we ensure ongoing stakeholder involvement?

Flipchart key points made during the discussion.

An alternative approach for the above would be to have each question on a flipchart, and allow participants to go and stand by the question that most interests them and offer advice to the MOH team on this question by writing it on the flipchart and then presenting it to the larger group for reaction. This might be a more active way to hold this discussion, especially if there are larger numbers of participants.

5:00 Workshop Evaluation

Distribute a handout (or have participants record on a notecard) for everyone to complete evaluating the workshop, responding to the following questions:

- What did you find to be most effective about this workshop?
- What did you find less effective about this workshop?
- What is your advice to the MOH HSA team in moving forward?

5:15 CLOSE

ANNEX 5D: PRIORITIZATION WORKSHOP AGENDA (OVERVIEW)

HEALTH SYSTEM ASSESSMENT VALIDATION WORKSHOP: AGENDA

Objectives

- Review the results of the validation workshop and agreed-upon recommendations
- Use key criteria to prioritize recommendations to respond to the research findings within each module group
- Discuss and further prioritize key recommendations to be implemented across module groups
- Identify next steps related to implementing the recommendations

9:00 am	Welcome and Overview Review Results of the Validation Workshop and Agreed-upon Recommendations Plenary Discussion on Criteria Small Group Work: Prioritization per Building Block
10:30	BREAK Small Group Work, Continued
12:00 pm	LUNCH
1:00	Large Group Discussion and Agreements on Priority Recommendations
3:00	BREAK Plenary Discussion: Prioritizing Across Modules Strategy Going Forward
5:30 pm	CLOSE

