SECTION 2: STEPS OF THE HSA APPROACH: CONDUCTING THE ASSESSMENT

MODULE 1, STEP 1—SHAPE THE ASSESSMENT

Figure 2.1.1 Steps in the Health System Assessment Approach

[insert]

1.1 Identify Client Priorities

Typically, the MOH and/or a development partner will request an HSA and will be the primary client(s) for the assessment. The first step in implementing the HSA is to shape the assessment focus and process through discussions with this client, as well as with key local stakeholders. This can be done by the team leader or by a senior manager if the team leader has not yet been identified. Discussions with the client should accomplish the following:

I. Define the specific purpose of each HSA and the kind of information it will provide the client. The HSA tool is designed for a "generic" assessment – one that will accommodate any country. From there, a client and HSA organizers must collaborate on how an individual HSA will produce the information the client needs, within the given time and resource constraints, and modify the HSA approach to address these needs – while still couching them in the context of the overall health system. The client may have prepared a scope of work (SOW) document for the assessment or requested the assessment team to prepare one. Table 2.1.1 presents examples of assessment modifications. See also Annex 2.1.A, which shows country HSA objectives generally, and Annex 2.1.B. for options for HSA modifications that were presented in a specific country.

2. Clarify how the HSA findings and recommendations will be used, and by whom. The HSA process has sometimes been done in conjunction with, and to inform, other activities in which the client is engaged (such as development of a health sector strategic and/or operational planning process, or analysis of the private sector in the health sector), and/or as a baseline for HSS activities. These client needs should be identified and discussed early on in the HSA planning process to ensure that the structure and focus of the assessment reflect client priorities.

3. If the MOH did not initiate the request for the HSA, ensure that the relevant stakeholders within MOH are aware and supportive of the HSA. MOH cooperation with and participation in the assessment process is essential for producing high-quality findings and recommendations that the government will accept and act on. Discussions between the MOH and assessment team should include topics such as the government's goals for the health sector, whether other, similar assessments have been conducted in the recent past, how the HSA might contribute to achieving these goals, the level of cooperation the HSA team will need from the MOH, and the types of outcomes the MOH expects. Even if the HSA's primary client is a donor, MOH support increases the likelihood of recommended HSS interventions being funded and implemented.

4. Identify recent country health sector studies to ensure that this HSA does not duplicate those studies but rather adds value. The client and/or the MOH may be able to inform the assessment team of such studies, or the team may identify them during its document review. It is important to agree with the client how the HSA will add value to any previous similar assessments.

Table 2.1.1 Sample Health System Assessment Variations, Modifications and Rationales

Variations*	Rationale
Variations in the level of application: • National level • Subnational level • Combination of levels	Most HSAs have been at the national level. A subnational-level assessment is appropriate in countries where the public health sector is very decentralized, where a national-level assessment has recently taken place (e.g., Nigeria, Vietnam), if there are areas of the country that require further investigation, if the country would like to investigate health disparities between regions, and/or if the country is considering programs in particular regions. See Annex 2.1.B for the HSA options presented to Kenya.
Variations in priorities • Health systems weaknesses • Service priorities • Level of focus on the private sector within the greater health system assessment	HSAs should be shaped to respond to client priorities and/or recognized areas of weakness in the health system, such as disease-specific areas. While HSAs can include these focus areas, findings should still consider how the broader health system influences these services and how disease- or service-specific issues impact the health system broadly. For example, the Ukraine HSA looked at HIV, TB, and family planning – within the context of the broader health system. The private sector is included in all HSAs, but in some cases, such as the HSAs done in six Eastern Caribbean nations, it has been given greater emphasis and consideration, including a separate summary chapter in the report.
Client involvement and stakeholder engagement: • Variations in team compositions used: o consultant team (local and international) o mixed staffing structure (both consultants and clients) o client/target audience team (i.e., MOH team) • Activities: o briefing meetings o stakeholder workshop o dissemination events	Clients who are looking for an independent assessment or are unable to commit staff time to the assessment may prefer an all-external team. Some assessments, particularly those conducted for health partners outside the MOH, have benefited from teams of external consultants who are able to provide results quickly, ask probing questions, and provide objective recommendations.
Various methods used for stakeholder engagement: • Early identification and engagement of key stakeholders • Early consensus building on tools and process • Verification of information through follow up consultations • Validation of findings and recommendations • Prioritization of recommendations	Different levels of stakeholder engagement (beyond inclusion in the assessment team) have been used in the planning, data collection, analysis, and dissemination phases. This can include identifying priorities and getting buy-in before the assessment begins, by involving stakeholders in the adaptation of the methodology, and through enhanced engagement during dissemination of results, prioritization of recommendations, and planning for implementation. See Section 2, Module 1, subsection 1.5 below, for a brief overview of stakeholder engagement in the HSA process.

Variations*	Rationale
Variations in data collection methods and scope: • Key informant interviews • Focus group discussions • Surveys • Literature review • Facility site visits • Stakeholder workshops	All the applications of the HSA methodology have included key informant interviews at the national level and most have included at least one or two targeted site visits to verify data collected at the national level. Some assessment teams have opted to do additional site visits or to vary the ways in which subnational data are collected, either by gathering additional information from stakeholders at the lower levels or by doing targeted data collection (e.g., Lesotho, Nigeria, and Vietnam). See Section 2, Module 3 below, for further guidance on subnational and facility visits.

5. Define the structure and scope of the final assessment report. The client and team should discuss and customize the structure and scope of the final assessment report. The draft report outline, incorporating the client's priorities, may be included in the assessment SOW. Note that among the technical chapters, the Country Overview is mandatory, although it may be customized to reflect client needs and the country situation. See Annex 2.1.0 for a suggested outline for the final assessment report.

6. Agree on deliverable timeline. HSA report timelines have varied from submission of the first draft within the two-week data collection period to submission several weeks after the data collection period, the latter to accommodate additional data collection and analysis and/or stakeholder engagement. See Annex 2.1.D for a sample timeline (embedded in an SOW).

If the HSA team drafts the SOW, the client should do a final review of and approval of the document. Once it is approved, potential team members can be identified and the SOW shared with them so they know their role and tasks. See Annex 2.1.D for a sample SOW.

1.2 Identify the Team Leader and Assemble the Team

HSA team members should be identified as early in the assessment process as possible. This can be done while discussions are ongoing with the client to clarify the priorities and scope of the assessment. Members of the assessment team should possess skills and knowledge that reflect the priorities of the client and objectives of the HSA. While each team member might have specific expertise in one or more of the core health systems functions, all team members should have the ability to work and to think critically across the functions. Table 2.1.2 summarizes the roles and responsibilities of assessment team members. It is recommended that a team comprise three technical experts in addition to the team leader, as well as an assessment coordinator (who may be one of the technical experts) and a local (in-country) logistics coordinator. At least one of the four technical team members should have private health sector expertise.

TIP BOX

LOCAL LOGISTIC COORDINATOR

Effective local (in-country) logistics coordinators play an important role in making an HSA successful. A good coordinator will save the team time in country by allowing the technical leads to focus on the technical aspects of their assignments, rather than on making appointments or arranging transportation. (See Annex 2.1.E. for Sample Logistic Coordinator SOW.)

Once the team is assembled, the team leader assigns modules to each technical team member based on his/her expertise and interest and taking into account the assessment's overall SOW. The team leader then prepares a SOW for each team member so that their roles are clear; the SOW covers their

responsibilities for data collection, analysis, and report writing for their modules, as well as their participation in general team activities. See the Annex 2.2.B for a table that can be used to organize the team members' writing assignments.

Table 2.1.2 Roles and Responsibilities of the Assessment Team

Roles and Responsibilities		Tasks to Complete
Team leader	• Lead overall management of team activities, with clear performance expectations • Clarify the scope and timeline of HSA with client and team members • Determine the context-appropriate level of stakeholder engagement and develop stakeholder engagement plan • Ensure timely completion of the HSA within budget • Conduct data collection, analysis, and write 1-2 chapters of the assessment report • Lead team in synthesizing findings across modules • Review report drafts from individual team members and provide overall quality assurance for full report • Ensure external technical review of the report, and address comments from client • Deliver final report to client	• Identify team members, assign technical responsibilities, and lead team planning meetings, including meetings while in country • Prepare SOW for the assessment • Communicate regularly with client and key stakeholders regarding scope, timeline, and progress including initial and final debriefings while in country • Establish protocols for interview note-taking, sharing notes among team members, and report format before in-country trip • Plan and conduct stakeholder engagement activities and workshop(s), with full team • Work closely with assessment coordinator and with in-country consultants to ensure smooth logistics throughout the process • Oversee production of report including editing, translation (if necessary), and layout and design
Technical team members*	• Conduct data collection, analysis, and write report section for 1-2 chapters within specified time • Ensure consistency of analysis, findings, and recommendations with other building block chapters and for overall health systems context in the country • Participate in all team meetings and stakeholder workshops • Support team leader as needed	• Review HSAA manual: Sections 1 and 2 and assigned modules in Section 3 • Prepare for data collection: develop lists of documents, data needs, and potential interviewees for each chapter, based on information gaps • Review secondary sources before country visit; conduct in-country data collection and analysis, including travel within country as needed • Prepare zero draft of report chapter(s) before country visit; complete report chapter(s) during and immediately after country visit • Prepare the assessment logistics checklist and budget, and ensure team is following this (see Annex 2.2.4 for a sample logistics checklist)
Assessment team coordinator	• Support team leader in overall coordination of all team activities (as listed above) • Support HSA team to ensure timely completion of the HSA within budget • Could also be one of the technical experts on the team • Work closely with the local (in-country) coordinator	• Contract consultants and make travel plans • Work with team leader to arrange technical review (editing, translation (if necessary), and layout and design) of final report • Organize, with assistance of local in-country coordinator, any in-country dissemination events or stakeholder workshop (if needed) • Obtain documents and secondary data for team to prepare before country visit

Roles and Responsibilities		Tasks to Complete
Local (In-country) coordinator	• Support team leader in overall coordination of all team activities (as listed above) • Provide guidance to team on in-country protocols, including usual daily working hours (start, lunch, end), holidays, introductions, etc.	• Schedule key informant interviews, as specified by team leader with assistance from client, or in-country stakeholders • Contract local translator(s) to work with the team (if needed) • Make all local arrangements and transport for all in-country data collection and interviews • Make all local arrangements for stakeholder workshop(s) including invitations, venue, and meals • Provide specific comments on the draft assessment report, so that authors can improve the quality of the report.
Technical reviewer	• As a health systems expert, provide an independent objective review of the draft assessment report	• Provide specific comments on the draft assessment report, so that authors can improve the quality of the report.

* Team members may include consultants and client or MOH staff with relevant technical expertise.

1.3 Agree on the Scope, Priorities, Time Frame, and Dates

From the beginning, the team leader has been communicating with the client to identify the priorities, special needs, and specific areas of interest that will determine which core health system function modules and topic areas (within each core health system function) require the most focus. In addition, If the client is not the MOH, consultations with key MOH stakeholders are also important to increase the probability that the findings and recommendations are accepted and used locally as well. It is recommended that the assessment include indicators from across all core HS functions to provide a comprehensive picture of the health system. However, the assessment can and should be tailored to the topic areas within each module that address the priorities and needs of the client. This early prioritization will focus the data collection and will provide more in-depth information for the indicators that are the most pertinent for the client.

The final SOW and key priority areas will be influenced by the following considerations.

- The number of assessment modules to be implemented determines the overall level of effort (person days). It is recommended that all seven core function modules be covered (Section 3, Modules 1-7). Each will require 3–4 person-weeks to complete. This estimate is based on one week for preparatory work and report writing, two weeks for field work, and up to an additional week to finalize the chapter and participate in the analysis across modules and formulation of recommendations. It does not include travel time. Additional effort will be needed for editing, translation (if necessary), and layout and design.
- The number and capacity of people on the assessment team influences the time required for the HSA, as does the expected level of engagement with stakeholders. If all six core health system function modules will be implemented, a team of four is recommended, where the team leader covers one core HS function and each of the three team members covers two other functions. Experience suggests that teams larger than four may need more time to complete the assessment and the report, given the additional coordination required. The expertise of the team members, availability of data, and type and level of final report requested will also influence the time frame. Finally, arrange editing, translation (if necessary), and layout and design, can add several weeks.

- The level of client and/or stakeholder involvement also influences the time line and budget. In several countries, the HSA included capacity building of local stakeholders to conduct this and similar assessments. HSA teams could also have the opportunity to engage stakeholders in participatory mapping or analysis workshops. Modifications like this increase both time and budgetary requirements.
- The level of the assessment is another influencing factor (see Table 2.1.1). In planning provincial- or district-level visits, the assessment team should consider site selection criteria in consultation with the client, an NGO, or other stakeholder; budgetary and time limitations; and additional preparation time to develop field questionnaires or discussion guides based on the building block chapters.
- The level of assessment of the private sector will also affect team planning (see Table 2.1.1). In planning consider which organizations and stakeholders are most important to speak with as well as how the private sector operates within the greater health system context and along the core health system functions. Tools to assess private sector participation such as through the SHOPS Strengthening Health Outcomes in the Private Sector http://healthsystemassessment.org/tools could be utilized by team members with experience in assessing the private sector.

Based on the considerations listed above, the team leader will estimate the overall time frame and dates for implementation of all assessment steps and activities, including the team's organizational and logistical preparations, and each team member's preparation, fieldwork, and post-field work activities.

1.4 Discuss Stakeholder Roles in the Assessment Process

Stakeholder involvement from all sectors in the HSA process from start to finish is critical to assessment accuracy and completeness, as well as use of its findings and recommendations for decisions and actions. Early on, the team, together with the client and MOH (if the client is other than the MOH) should decide on the approach to stakeholder engagement that would be the most beneficial. Stakeholders can take on a number of roles, include: client, key decision maker, and/or user of the assessment findings; key informant to provide input into the assessment; partner or member of the assessment team; partner to validate assessment findings and recommendations

When Should Stakeholders Be Involved?

Ideally HSA teams should meet with stakeholders prior to and after the assessment is carried out, to inform and solicit their support, participation and ultimately validation. Ideally, the team leader and client should decide on the number and type of stakeholder workshops that would be the most useful. However, HSA approach recommends working with these stakeholders through four main types of stakeholder encounters, shown in Table 2.1.3. The first encounter takes place before actual field work and data collection begin; a larger launch workshop would happen early on in the field work; the consultative meetings would take place during different points of the data collection phase, and a final validation workshop would occur after findings have been compiled and recommendations developed.

The following details the numerous ways stakeholders can contribute to the HSA and suggestions for when to involve them.

- Shaping the assessment: During this first step, reach agreement with the client on how stakeholders will be involved during the HSA process and document decisions in the SOW, the schedule of activities, and team composition.

- Mobilizing the technical team: The team may engage stakeholders during this step through conference calls or a pre-assessment visit to the country to determine how they would like to be engaged in the process.
- Collecting data: The team may conduct a small initial workshop with stakeholders and all assessment team members as well as the client or hold a larger more formal launch workshop at the beginning of the field visit. These workshops are designed to give stakeholders an overview of the HSA approach and its outputs, and allow them to ask questions and suggest topics that they hope the HSA will address, which will guide the team's data collection. It is also important to involve stakeholders early on in this phase in order for their voice and position to be heard and considered during the assessment. Stakeholders may provide important background information, research findings, and core health system function assessments and findings.

Local stakeholders may be included as team members, directly involved in data collection process. Members of the team who are local stakeholders can contribute to the team's discussions about the results of the HSA. If time and resources allow, stakeholders could be engaged in participatory fashion throughout the data collection period to collect additional information or better understanding of background and context.

- Consultation and verification with stakeholders: After findings are analyzed, organize small consultative meetings with individual or groups of stakeholders to verify any questionable information, seek further input or revisit any issues pending.
- Validation and Prioritization with stakeholders: After a first draft of the assessment report has been developed, share the report with key stakeholders and if possible and budget allows hold a workshop to disseminate key conclusions and recommendations in order to garner input from participants. The idea of a dissemination and validation workshop is to enable key stakeholders to hear the results and recommendations and comment on them while prioritizing key interventions.

Who Are the Stakeholders?

In any given health system, there can be many and diverse stakeholders. The list below aims to provide a comprehensive list of stakeholder types, by institution. Which stakeholders are important to engage for the purpose of the health system assessment, and which should be included for data collection further on will depend on the focus of the assessment.

- MOH and Social Security Agencies: Minister, key officials, staff from planning, human resources, or other units
- Other ministries (e.g., local government, finance) or health-related bodies
- Local or regional authorities (e.g. County governments, district health officials)
- Development partners' health team staff: World Bank, USG in-country health team staff (USAID and/or other agencies with significant and relevant investments in health and health systems), U.K. Department for International Development (DFID), Global Fund to Fight AIDS, Tuberculosis and Malaria, WHO and other U.N. agencies, others.).
- Coordinating bodies (e.g., Health Sector Coordinating Committee, Sector-Wide Approach, Country Coordinating Mechanism)
- Private sector commercial (for-profit) providers, multinationals or national corporations involved in health as funders or employers
- Professional associations, councils, and unions (e.g., for doctors, nurses)

- Licensing bodies and regulatory commissions
- Public service commission and regulatory agencies (e.g., for insurers, health professionals)
- NGOs, representatives of civil society, religious/faith-based organizations
- Private provider organizations
- Key Implementing Partners from development partner agencies and organizations

Table 2.1.3 Options for Stakeholder Workshops and Consultations

Type of Workshop	Description	Attendees	When Held
Pre-data collection stakeholder meeting	• Small meeting that serves to orient primary stakeholders and local team members, who have not been intimately involved in the preparation stages, to the assessment methodology, roles and responsibilities, in-country data collection process, and (in some cases) the technical content being discussed. • May be a formal workshop, or simply a meeting of key individuals and the assessment team.	• Primary stakeholders, local team members and, potentially, individuals from the client organization who will be participating actively in the assessment.	• Before the fieldwork is conducted.
Launch workshop	• Larger workshop used to orient key stakeholders who are external to the HSA team to the approach. • Intended to introduce the assessment approach to a larger group of health system stakeholders, solicit input on the health system constraints and priorities, and ensure buy-in from local key informants.	• Key stakeholders who are external to the HSA team.	• At the outset of data collection field work.
Stakeholder consultation and engagement (if needed)	• Series of sessions with key stakeholders • Intended to leverage the knowledge and expertise of key stakeholders for greater understanding of the system and the actors that are important in the system. In later sessions, these small groups can help in interpreting the data, the cross-cutting analysis, and ensuring that recommendations are actionable and feasible.	• Either individually or with small groups of 3-5 key stakeholders • Meetings are facilitated by an HSA team member	• As needed during the HSA field period, or longer, if the analysis continues beyond the field visit

Type of Workshop	Description	Attendees	When Held
HSA validation and prioritization workshops	• Used to (I) validate findings and recommendations after the report has been written, reviewed by in-country counterparts, and revised for formal dissemination to external audiences and (2) prioritize the recommendations for action. • Critical steps in moving assessment recommendations from suggestions to action • HSAs may include either a validation workshop alone or a prioritization workshop or both.	• Client and local • stakeholders	• Can happen before HAS team leaves the country, following data collection, or during a second trip, after the report has been drafted or completed. • Generally occur after the report has been read by key ministry stakeholders and is approved for wider discussion.

MODULE 2, STEP 2—MOBILIZE AND OPERATIONALIZE ASSESSMENT TEAM

Figure 2.2.1 Steps in the Health System Assessment Approach

[PENDING Figure 2.2.1]

1.5 Customize the Logistics Checklist and Field Visit Calendar

A sample checklist of the preparatory tasks and logistical steps is presented in Annex 2.2.A. This checklist should be customized based on the priorities, resources, and time available for the assessment.

There may be only one field visit, during which data are collected, the assessment findings are presented, and the report is drafted. Alternatively, there could be up to three field visits: a pre-assessment visit, the data collection visit, and, weeks later, a third visit to present and discuss the report findings at a validation and prioritization workshop. Before field work begins, the team should consult with the client and others to identify the geographic focus of the assessment (if there is one) and/or the best locations for travel to gather provincial-level data. Clients, other contacts, and country reports may also provide information on key informants for the assessment. See Table 2.2.1 for an illustrative field visit schedule.

Table 2.2.1 Illustrative Schedule for the Field Data Collection (Including Validation Workshop During the Current or a Follow-Up Visit)

Sat	Sun	Mon	Tues	Wed	Thurs	Fri
6 AM: Arrival Team meeting with local consultant 1:00-5:00 to review interview schedule, documents collected, USAID meeting, get other guidance from local consultant	7 Full-day team meeting to review zero drafts of chapters and prepare for data collection and/or launch workshop	8 AM: Meeting with client to review schedule and prepare for data collection and workshops PM: National-level interviews AND/OR Launch workshop[a] Evening: Team check-in and write-ups	9 Send invitations for stakeholders workshop National-level interviews including discussions with group of NGO representatives Evening: Team check-in and write-ups	10 National-level interviews including discussions with group of private sector representatives Evening: Team check-in and write-ups	11 National-level interviews Evening: Team check-in and write-ups	12 Meeting with client re: info gaps and logistics for next week 2 team members do province visit and 2 team members continue national interviews Write-ups
13 Final drafts of each chapter by 5:00[b] OR Team meeting to review SWOTs, begin synthesizing findings across modules, and prepare for additional data collection	14 Team meeting to synthesize findings across modules and distill conclusions and recommendations Write up options Send draft report to person doing quality review OR Additional national-level key informant interviews	15 Team members split to visit 2 more provinces Evening: Team check-in and write-ups	16 Conference call with person doing quality review to hear feedback on report Return from provincial visits	17 AM: Team meeting to share info from provincial visits, revisit findings and recommendations Briefing for client on preliminary findings and recommendations for stakeholder validation workshop OR Additional national-level interviews	18 Prepare for stakeholder validation workshop AND/OR Additional national-level interviews	19 Stakeholder validation workshop OR Full-day final team meeting to formulate recommendations and validate findings
20 • Write up results of workshop • Send latest draft of report to the client within a week after departure				OR Finalize report after visit and return for validation and prioritization workshop		

[a] See Section 2.1.4 for more information on the types of and variations to stakeholder workshops used in the assessment process. If the HSA team decides a launch workshop would be appropriate and/or beneficial, the workshop invitation should go out at least a week before the workshop and official data collection should begin after the workshop.

[b] The second week in country will vary depending on client needs. Teams have typically either prepared and reviewed the first draft of the report to share with the client on the final day in country OR utilized the time to collect additional information and postponed validation for a second visit.

1.6 Prepare Assessment Budget

The budget should be estimated early in the planning process in order to balance assessment priorities with budget realities. Table 2.2.2 provides an assessment budget template. The team leader should track all expenditures to ensure that the HSA is completed within budget.

Table 2.2.2 Template Assessment Budget

Note: Additional lines and items can be added to this template as needed.

Line Item		Rate	Unit	Number of days (Level of Effort) Total (Rate x Quantity)	
Name	Team Leader	$	/day	35 days	$
Name	Team Member	$	/day	30 days	$
Name	Team Member	$	/day	30 days	$
Name	Team Member	$	/day	30 days	$
Name	Team Coordinator	$	/day	10 days	$
Name	In-country consultant/ logistics coordinator	$	/day	15 days	$
Subtotal Labor					
Travel					
Travel – airfare	Destination	$	/trip	4 fares at that rate	$
Per diem	Destination	$	/days	12 days	$
Other costs – local travel	Destination	$	/trip	#	$
Other costs – visa		$	/trip	#	$
Other costs – misc.		$	/trip	#	$
Subtotal travel					$ Subtotal
Subcontracts/ Outside services					
Conference room	Stakeholder workshop	$	/day	# days	$
Coffee service	Stakeholder workshop	$	/person	# people	$
Audiovisual equipment	Stakeholder workshop	$	/day	# days	$
Driver and car		$	/day	# days	$
Translators		$	/day	# days	$
Subtotal Subcontracts					$ Subtotal
Other costs					
Postage		$			$
Communications		$			$
Other		$			$
Subtotal Other					$ Subtotal
Total Assessment Budget					**$ (Sum of Subtotals)**

1.7 Schedule and Conduct Team Planning Meetings

At the outset of the assessment, the team should meet to review the purpose of the assessment and the HSAA manual, and to assign responsibilities. SOWs for each team member should be reviewed. The assessment approach and the client's objectives should be discussed to make sure all team members have the same understanding of how the assessment is to be conducted and the purpose of the end product. See Annex 2.2.B for a sample team planning meeting (TPM) agenda.

By the first TPM, all team members should have done some research on their assigned chapter and/or core health system functions. Each team member should have a good sense of the public documents and data that are available, and the documents/data that are still being sought, as well as a preliminary list of key institutions (if not individuals) at which to schedule interviews during the field work. At the TPM, the report outline, including writing assignments, internal deadlines for drafts, and numbers of pages per chapter should be decided.

A second TPM may be scheduled after the preparatory work has been completed and before fieldwork. The focus of this meeting should be to review progress on compilation and review of documents, progress on writing the zero draft of each chapter, identification of information gaps, preliminary findings, and scheduling the field work. An early draft of the report should be prepared at this stage. During this meeting team members prepare for fieldwork logistics and the stakeholder launch workshop serves to ensure that meetings, key informant interviews, and planning for field visits are well-coordinated so as not to place extra burden on counterparts. See Annex 2.2.B for a sample report outline/table of report writing assignments. This is explained in greater detail below in Module 3, Step 3: Data Collection.

PRE-DEPARTURE LESSONS LEARNED FROM PREVIOUS HSAS

- Communicate regularly (including phone calls) with client to build relationship and get country support for the HSA process.
- Establish a clear point of contact at the MOH for updates, information, and approval.
- Prepare as much background research as possible before reaching the country so that the team members arrive well informed.
- Prepare a zero draft of the report. Zero drafts can help the team leader determine where the module leads are at in their preparation prior to departure. Sharing zero drafts among team members before departure encourages better overall understanding of the health system, understanding of knowledge/information gaps to be filled, as well as hypotheses to be tested, prior to arrival in country.
- Organize a team meeting four weeks in advance of field work for clarifying expectations and planning.
- Be careful to not underestimate the amount of LOE required particularly for the team leader, as he or she is responsible for the report in its entirety and may have to step in to produce missing pieces.

2. MODULE 3, STEP 3—COLLECT DATA

Figure 2.3.1 Steps in the Health System Assessment Approach

[PENDING Figure 2.3.1]

2.1 Compile and Review Documents, and Create a Zero Draft

The HSA approach is an assessment based on review of secondary data combined with interviews and discussions with key stakeholders. A number of tasks need to take place before fieldwork begins including:

Compile and Review Documents

As early as Step 1, when the scope of the HSA is being shaped, the assessment team should begin to compile background information on the country, in particular all general health system documents they can find. (See an illustrative list in Annex 2.3.A.) The assessment coordinator assists the team in overseeing the collection and distribution of resources by:

- Doing a literature search
- Requesting documents from the client and in-country contacts
- Saving and distributing files/resources to the team members by the first team meeting
- Preparing the reference list for the final report

In addition, each module for the six core health system functions contains specific suggestions on other types of documents the HSA team should look for, and references in these documents will suggest still other relevant sources of information. Some of this information will be collected at this pre-visit stage through the internet, though other information will need to be gathered during the field visit directly during interviews with in-country counterparts. Each technical team member is responsible for locating and reading documents relevant to his or her core health system function, and compiling a bibliography of all documents consulted. During the desk research phase, HSA researchers should flag issues that are mentioned repeatedly across data sources for each core health system function. Each of these documents must be properly cited in the bibliography of the assessment report so that the information contained is verifiable.

Create Zero Draft

A “zero draft” is an early draft of a chapter or report developed prior to any fieldwork. Based on the initial document review, the technical team members should complete a zero draft of their assigned chapters. It can be as simple as an outline, with indications of the type of information that will be written under each subheading, or as "final" as a first draft with initial analysis of strengths, weaknesses, opportunities and threats for that particular core HS function that is only lacking some data and validation. In addition to helping guide the work of the technical team member who writes it, a zero draft is useful to the team leader and other team members, all of whom should review these drafts before the data collection field visit begins.

Zero drafts serve to:

- Identify, prior to the data collection field visit of the assessment team, information gaps and the types of key informants who can fill those gaps
- Highlight potential strengths, weaknesses, opportunities, and threats as well as those to be investigated during fieldwork
- Develop list of key informants and contacts
- Inform interview questionnaires, and the interview schedule itself if it is found that key information is needed that can only be located in country

- Update team members on core health system function-specific information and issues
- Provide the team leader an early opportunity to assist and/or correct the course of a team member who may not be producing the product that the team leader expects
- Map stakeholders and identify key informants. The technical team should begin a preliminary stakeholder mapping and analysis based on the document review (see Box below for further information). With this initial information on stakeholders, as well as based on information needs communicated by technical team members in advance of the field visit, the local logistics coordinator, perhaps with help from the client or key stakeholders, can identify and schedule the most appropriate persons to interview.
- Identify opportunities for stakeholder engagement i.e. where do stakeholders fill the gap – and where would it be useful to have them engage more deeply.

STAKEHOLDER MAPPING AND ANALYSIS

A thorough understanding of health system actors and their roles and influence as stakeholders to various health systems issues is very important in assessing the system and developing actionable recommendations. Stakeholder mapping and analysis techniques can help the assessment team be systematic about stakeholder identification. Some of the mapping and analysis steps can already be completed at the time of the document review. The following stakeholder mapping exercise is provided as an illustrative example, the assessment team can decide how far or how much more in-depth it wishes to go.

Stakeholder mapping is a process by which a network map depicting key stakeholders is drawn. During the mapping process, the assessment team identifies the actors in any given system, how they are linked (i.e. what kind of information or resources do they share), how influential they are, and what are their goals. This process is "low-tech" often conducted using large sheets of paper, sticky notes, markers, and some small items to mark influence. Actor types, as well as relationship types can be color-coded. Arrows can be single or bi-directional. The assessment team can undertake this exercise on their own, and update the actors and relationships as data collection progresses.

For more information, please see:

- The NetMap Toolbox: https://netmap.wordpress.com/about/
- USAID Stakeholder Mapping Worksheet: https://usaidlearninglab.org/lab-notes/who-matters-you-mapping-your-stakeholders

2.2 Prepare Contact List and Plan Stakeholder Launch Workshop

Prepare Contact List for Interviews

Based upon documentation examined during the initial review, each HSA team member should develop a contact list of key informants to speak with across levels of the health system and other key stakeholders and informants important to the assessment. For each contact, identify additional documentation that you may be missing and which they may be able to provide to you.

Central-level interviews focus on collecting information on the national health system. Sub-national field visits allow the team to interview local officials and get a first hand view of operations in the field. See Annex 2.3.B for an illustrative central-level contact list/interview schedule; it indicates the interviewee's position, and organization, the ideal interviewer(s), and report chapters that the interview will inform.

The HSA team leader ensures that if multiple team members need to interview the same individuals, that when possible team members conduct the interview jointly to avoid duplication of their time.

Plan Stakeholder Launch Workshop

This is the time to plan a stakeholder launch workshop to be held during the visit. A list of key workshop participants is derived from the contact list for interviews as well as other stakeholders external to the assessment. Workshop participants include those who may be key to issues related to policy, implementation or financing of any of the six core health systems functions. It is intended to introduce the assessment approach to a larger group of health system stakeholders, solicit input on the health system constraints and priorities, and ensure buy-in from local key informants. A sample agenda for the launch workshop is included in Annex 2.3.E. Planning the workshop(s) is the responsibility of the team leader, who should have met with the client early on when designing the HSA approach and timeline. Details for the workshop, including review of workshop objectives, agenda, draft findings, participant list, and logistics are the responsibility of the Team Leader in consultation with the client.

2.3 Develop Data Collection Guides and Conduct Interviews

Develop Data Collection Guides for Each Health System Function Module

Under the direction of the Team Leader, each assessment team member should prepare data collection guides for their core HS function under assessment. These guides are based upon information discussed and presented in each module. Although data collection guides seek to obtain both quantitative and qualitative data, the main focus of these guides are to help the assessment team organize information and ask the right questions when interviewing key informants. Through a series of questions and sub-questions looking at a variety of sources to cross-reference data obtained on the different sub-components of each of the six health system core functions, assessment team members collect information across the health system.

The *Data Collection Guides* are specific to each health system core function, and include:

- A list of questions and illustrative sub-questions to be asked;
- Other components of the health system through which information can be obtained through answering the question;
- Level(s) of the health system the question pertains to (e.g. National, Sub-National, Health Services, Community);
- Potential sources of data (e.g. documents, site visits, types of individuals, group discussions) where many of the answers to the questions can be found.

There are two types of data collection guides for asking questions and generating discussion: 1) Interview Guides and 2) Discussion Guides. Interview guides generally are used when speaking with one person and discussion guides are more flexible and can be used to get information from those present but also can be used to generate analysis, brainstorming and problem-solving.

Both are purposely designed to be flexible as they can be adapted to speak with people at various levels of the health system, provide individuals at the sub-national, service delivery and community levels

more opportunity to talk about what they consider the key issues to be, and what their possible solutions are.

In gathering data, it is important to ascertain any differences between how things are meant to work — often described in secondary source documents — and how things are really working.

Central-Level Key Informant Interviews

Central-level interviews focus on collecting information on the national health system. As part of pre-field visit interview planning, team members should identify and prioritize the questions that are relevant for the persons they would like to interview. These should be outlined as formal discussion guides. Such coordination among team members will help avoid duplicate questions being asked to the same individual and ensure that the sequence of the questions asked will be logical.

The HSA team members should do their best to accommodate interviewee schedule requests and be mindful of the interviewee's time constraints. Interviews should be limited to an hour in length to the extent possible. In no case should the team expect a single interviewee to sit for multiple interview sessions. Consolidating all the needed interviews into a single list prior to the field visit will enable the HSA team to identify overlapping information (and therefore interview) needs and to schedule interviews so that multiple technical team members will be able to attend the same interview. Alternatively, if multiple team members need information from the same individual but scheduling conflicts prevent all of them from attending, one team member can collect information on behalf of the other(s) and report the information collected back to the team. See Annex 2.3.B for an illustrative central-level contact list/interview schedule; it indicates the interviewee's position, and organization, the ideal interviewer(s), and the report chapters that the interview will inform.

Subnational Field Visits – Interviews and Observation Visits

Subnational-level key informant interviews are intended to validate findings from the central level and to dig deeper in order to discover more information about the topic. These interviews follow much the same protocol as the central-level interviews with interview or discussion guides and checklists for observation for each of the encounters.

Sub-national field visits allow the team to interview local officials and get a first hand view of operations in the field. The local coordinator can help identify interviewees and schedule interviews with them. See Annex 2.3.C for a sample subnational discussion guide.

Discussion guides for the subnational level are generally finalized after national-level key informant interviews take place (but prior to the site visits). This enables teams to identify key issues for further exploration. Discussion guides should be site-specific. Annex 2.3.0 contains, for example, data collection and discussion guides for interviews with a provincial or district health office and a visit to a health facility.

DOING A SUBNATIONAL INTERVIEW

- Contact regional offices in advance of a site visit.
- Travel with a letter of authorization from the ministry.
- Plan the interview approach
  - Team members could separate to conduct interviews at more facilities
  - Interviews may be individual or group interviews
- Team members who travel to visit sites could, in some instances, collect data for the whole team.
- Diversify the type of facilities visited according to assessment priorities, such as: national, regional, and local; primary, secondary, and tertiary service providers; urban and rural; laboratories, pharmacies, medical facilities, etc.

The HSA team should consider the following factors when planning site visits to regions:

1. Which and how many subnational (state, province, or district) representatives[1] should the team interview? Consider the size and geographic diversity of the country.

2. What is considered the locus of power/authority in the health system (provincial, district, or municipal level)? Subnational health authorities play a role in health system performance, even in the most centralized health systems. Based on the overall HSA objectives and the data gaps identified in the document review, what are the priority questions that the team is looking to answer through the interviews with subnational representatives?

   Depending on the organization of the health system, these representatives could include health facility directors, clinic managers, district health department chairmen, health facility staff, clinic staff, laboratory technicians, pharmacists, patient advisory groups, etc.

3. Which and how many health facilities should the team visit? Consider the diversity of the country's health service providers (e.g., use Demographic and Health Survey [DHS] data on source of services) to determine the mix of public and private (NGO, religious, or for-profit) health facilities to be visited.[2]

4. Based on the overall objectives of the HSA and the data gaps identified in the document review, what are the priority questions that the team is looking to answer through interviews with facility representatives?

ADVICE FOR SUCCESSFUL INTERVIEWS

Ask for and try to get copies of documents. Whenever a respondent refers to a study, policy, law, or other document, ask for a copy, or at least a citation for the document. If needed, get an independent translation. Having your own copy will allow you to independently evaluate of the contents of the document and confirm the informant's interpretation of the contents.

Use consistent questions with flexible follow-up across all the sources interviewed. Interviews must be designed to get consistent information. Start with a list of questions, and try to cover all of them in the interview. In particular, when both the provider and patient are being interviewed, be sure to cover the same topics with each.

Seek information from multiple perspectives. Different parties may perceive the same situation differently, and an individual informant may not perceive it accurately, for many reasons. For example, some informants may not be privy to what is actually happening, or may only feel comfortable speaking about the ideal, or the way things should be. For this reason, it is important to verify the same "facts" in multiple interviews.

Document interview notes promptly. Document your interview notes every night. This is really important in order to identify follow up questions or information to be collected, prepare for future interviews and to share with other assessment team members if information relevant to their modules surfaces. If your team splits up to interview different informants, you can share your experiences through the notes. The notes then become an important resource as the team prepares the final report.

[1] The term "facility" can refer to medical centers, retail and public pharmacies, warehouses, laboratories, and other places where health services or products are delivered or handled.

[2] Note that the HSA approach methodology employs a qualitative approach to data collection through facility/ site visits. If the client or country stakeholders want a representative facility survey in order to obtain data for a quantitative assessment, there are well-known survey methodologies for this purpose, such as the Service Provision Assessment.

This HSA manual assumes that the assessment team members have relevant field-based research experience, including interviewing skills. Nevertheless, Annex 2.3.D provides some basic points of interview techniques and etiquette for conducting a successful interview.

TIP BOX

FIELD ASSESSMENT TIPS FROM HSA APPROACH MANUAL USERS

- Identify an experienced team leader, who has read and understands the health systems strengthening and the HSA approach, and who can do a good job providing guidance and facilitating group discussions.
- Hold regular debriefing meetings, as a team. Move beyond logistics discussions and get people linking ideas and sharing thoughts together early in the fieldwork. Create a system for regular sharing of information and ideas.
- Write up interview notes regularly (every 1-2 nights) and share with the team.
- Engage proactive and organized local coordinators and local technical experts.
- Present initial health system core function technical findings (SWOT) after the first week in-country in a team meeting.
- Hold regular debriefing meetings with local stakeholders (both formal and informal). Validate preliminary results and, later, hold dissemination event for the final report.
- Time is short - try to make appointments ahead of the field visit and give priority to the most essential interviews. This often entails holding meetings with national-level health authorities early in the assessment, then subnational, and other stakeholders.
- Don’t leave the country without having gathered all supporting documents from local stakeholders. It is much easier to get them in person than through later emails.
- Celebrate your accomplishments together as a team, such as with a team dinner!

3. MODULE 4, STEP 4—SUMMARIZE FINDINGS AND DEVELOP RECOMMENDATIONS

Figure 2.4.1 Steps in the Health System Assessment Approach

[PENDING Figure 2.4.1]

3.1 The Health System Assessment Approach

Analysis Method

The data gathered through the HSAA will include both quantitative and qualitative components found through desk review, key informant interviews and discussions and observation visits. Much of the indicator data collected from databases will be quantitative in nature. Policies, previous evaluations, peer-reviewed journal articles are likely to contain either qualitative or quantitative data, and sometimes mixed. The assessment needs to integrate all types and sources of data. Once the individual team member has collected the majority of data, this information needs to be reviewed and categorized within each health system core function.

Section 2, Module 4 describes the process that the HSA team will use to organize, analyze, synthesize and integrate findings and prioritize recommendations across modules. To prepare for this team effort, each team member must analyze the data collected for his or her module(s) to distill findings and propose potential interventions.

Then the entire HSA team meets to carry out a cross-system analysis looking at all of the functions. This cross-cutting analysis moves the team towards a set of conclusions across the entire system as well as individual conclusions within each health system core function module. The team member should be able to present findings and conclusions for his or her modules, first to other members of the team and eventually in the assessment report (see Annex 2.1.C for a suggested outline for the report). This process is interactive, findings and conclusions from other modules will contribute to sharpening and prioritizing overall findings and recommendations. Below are some generic methods for summarizing findings and developing potential interventions for this module.

3.2 Review and Organize Data by Health System Core Function

Even as data collection is ongoing, organizing and/or categorizing of the data coming from the various sources mentioned above should begin, as it will help to make sense of the extensive amount of information collected (Lockyer 2004). Organizing and categorizing the data facilitates the organization, retrieval, and interpretation of data, and it leads to conclusions and the development of theories based on that interpretation. It is important that the assessment team triangulate findings from multiple data sources so that the overall findings are verified and any remaining questions addressed.

What is triangulation?

Triangulation is a "method of cross-checking data from multiple sources to search for regularities in the research data" (O'Donoghue and Punch 2003:78).

Triangulation works because: "Just like multiple viewpoints allow for greater accuracy in geometry, (organizational) researchers can create more accurate hypotheses by examining relevant data from many different sources" (Kohlbacker 2006).

As a first step, each individual HSA team member should take stock of the data that they have collected within their module in order to develop preliminary core health system function profiles. Section 3, which covers the country and health system overview and the six core HS functions, includes detailed instructions for what sources and types of information to include in these profiles. Then, through categorization, they should narrow and group their findings into strengths, weaknesses, opportunities, and threats – a SWOT analysis – that affect a health system core function's ability to perform.

Identify Strengths and Weaknesses by Each Core Functional Area (SWOT)

The data collected for each of the core health system functions being assessed will likely make reference to, or at least imply, strengths and weaknesses. Identifying strengths and weaknesses is the first step of a SWOT analysis — a SWOT analysis identifies strengths and weaknesses that are internal to a system and opportunities and threats from the external environment. Figure 2.4.1 defines the focus of each quadrant of the SWOT tool.

Figure 2.4.1 Description of the Focus of a SWOT Analysis

	Strengths	**Weaknesses**
INTERNAL	• Strengths are elements of the health system that work well, contributing to the achievement of system objectives and thereby to good system performance. • Examples are the existence of training programs to improve human resource capacity or strong facility-level data collection and reporting capacity. • Recommendations should build on the strengths of the system.	• Weaknesses are attributes of the health system that prevent achievement of system objectives and hinder good system performance. • Examples are lack of public health sector partnerships with the private sector, health worker dissatisfaction with salaries, or extensive staff turnover. • Recommendations should suggest how to resolve system weaknesses.
	Opportunities	**Threats**
EXTERNAL	• Opportunities are conditions external to the health system that can facilitate the achievement of system objectives. • Examples are planned increases in external partner funding or the existence of a vibrant private health sector with which to form partnerships. • These factors can be leveraged when planning interventions.	• Threats are external conditions that can hinder achievement of health system objectives. • Examples are inadequate budget allocations to health or a currency devaluation that will depress health worker income. • Recommendations should suggest how to overcome these threats.

It is important to first conduct an individual SWOT analysis by each of the six core health system functions. This categorization helps you narrow your analytic focus to a short list of predominant issue causes and results. Figure 2.4.2, taken from a recent HSA report on St. Lucia, suggests as many as 15 SWOTs or themes can be identified within each of the six core HS functions, The example from St. Lucia below analyzes the country HIS and provides an illustration of the narrowing of the researchers' focus to a smaller more succinct number of issues.

Figure 2.4.2 Sample SWOT on Health Information Systems, St. Lucia 2012

Strengths	**Weaknesses**
• Electronic HMIS system has been purchased • Strong project management team leading efforts to roll out electronic HMIS • Routine reporting taking place across public health facilities, generating data • Good technical infrastructure in place across health facilities to support a new HIS hospital	• Limited staff to support needs of a nationally implemented electronic HMIS • Absence of unique patient identifier nationally limits capacity of HIS to track patients • Poor timeliness of data consolidation and dissemination limits effectiveness of data driven decision policy making • Limited funding to complete all projected phases of HIS roll-out
Opportunities	**Threats**
• Leverage the E-GRIP work plans and team to move the dialogue on a national identifier forward • Timely data from health facilities using the HIS increases the ability to drive demand for data • Leveraging fledgling telemedicine efforts at Tapion hospital promotes broader health improvement (internal and external to Saint Lucia)	• Weak functional specifications process at early stages of HIS acquisition limits ability to match functions to needs • Delayed focus on reporting capacity of the HIS may lead to further delays in consolidating data • Unknown data quality may weaken value of HIS rollout • Technical support requirements of the HIS will be beyond the manpower capacity of the HMIS unit

Source: Rodriguez, O'Hanlon, Vogus, et al. (2012)

Interviews also can be used to verify SWOT themes identified through triangulation. Interviewers should note different perspectives and attitudes that government, private sector, and civil society representatives may have about SWOT issues, and probe the reasons for those differences. In addition, interview discussions may yield new SWOT points, especially around issues that often are not documented, such as informal payments, governance, and new or changing strategies. SWOT issues should be narrowed to those that local stakeholders feel strongly about or that seem to be having the most impact across all parts of the health sector. Figure 2.4.3 shows an example of a SWOT table for the financing health system core function. It merges strengths and opportunities, and weaknesses and threats, as the two groups are interrelated.

Although still early in the process, each team member should begin thinking about key problem areas, contributors to the problem (causes), and potential interventions, within the core HS function area assigned in preparation for the next phase of analysis. How to carry out a causal analysis is discussed in the following section.

Figure 2.4.3 Sample: Verified SWOT for Financing Core HS Function

Strengths and Opportunities	Weaknesses and Threats
• Availability of HCF strategic plan, legal, and operational frameworks • Implementation of HCF reforms • Initiation of risk pooling mechanisms • Ownership and commitment of government on Health Care Financing	• HCF strategy is outdated (1998) • Role of private sector in HCF not clear • Scaling up of CBHI and financial sustainability of risk pooling mechanisms is an issue • Absence of institutionalization of resource tracking mechanisms • Waiver is not effectively implemented in all region

Source: Unpublished PPT from North African HSA Debriefing Meeting

Root Cause Analysis

At this point each of the HSA team members should think through the underlying causes of the SWOT points of each of their core HS functions. This causal analysis can also be carried out to identify a problem and brainstorm solutions. Through multi-level problem analysis (sometimes referred to as a root cause analysis), the various interconnected and underlying causes of problems are identified. This helps to broaden the thinking about issues and look beyond a single cause. Root causes are best defined as problems that can be addressed through specific and feasible interventions. For example, "insufficient supervision" or "lack of training on topic X" might be a root cause (say, of poor health worker performance), whereas “poverty” is not.

There are many techniques for doing root cause analysis, one technique is doing a "cause and effect" or "fishbone" diagram. At a minimum, team members should consider for each weakness, “Why does it exist,” and then for each reason, “Why does that situation exist?” Discuss and analyze potential implications of the final list of high-level problems. In particular, note any political sensitivity and think about how best to address these in the stakeholder workshop or other debriefings. The To stakeholder consultations can be used to go through parts of the root cause analysis, in a participatory way. In addition, the local consultant on the team should actively advise the team and guide in this regard.

TIP BOX

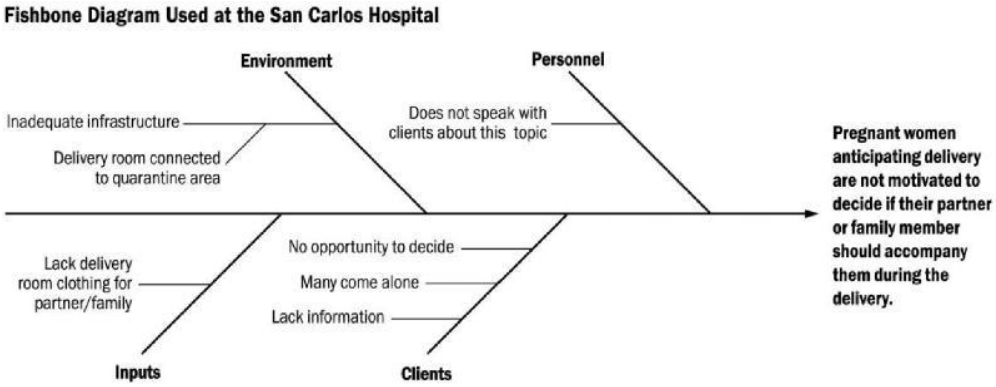
CAUSE AND EFFECT (ROOT CAUSE) ANALYSES

If team members need more structure to their examination of root causes, they can start by examining the situation at the service delivery level.

- Are standards of care defined?
- Are medicines, equipment, and other materials available?
- Are staff available and motivated at the service delivery level to provide care?
- Is care accessible?
- The next set of questions look for deeper causes of problems identified here.
- To what extent are human resources issues affecting quality and quantity of care?
- To what extent is financing affecting these areas?
- To what extent are stewardship (governance) issues and information availability affecting these areas?
- To what extent is the private sector overall contributing to service delivery?

Figure 2.4.4 below shows a simple root cause analysis using a fishbone diagram.

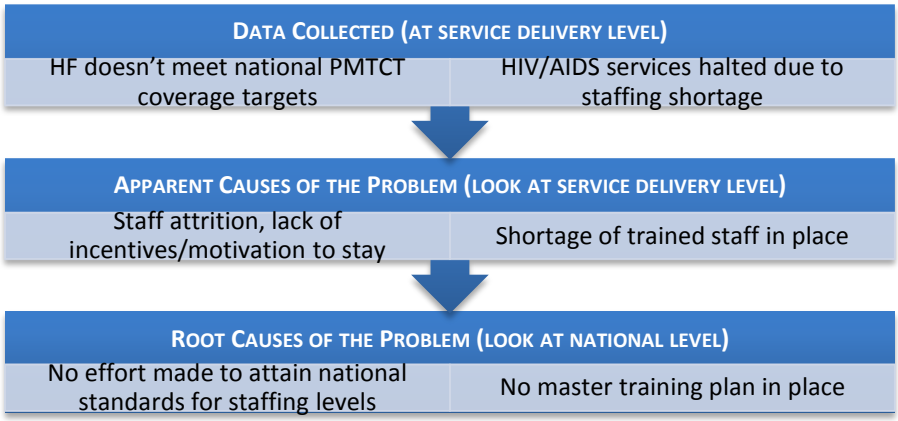
Figure 2.4.4 Root Cause Analysis Using a Fishbone Diagram



Source: Health Care Improvement Project: http://www.hciproject.org/improvement_tools/improvement_methods/analytical_tools/cause_effect_analysis.

Alternatively a root cause analysis can also be configured as a cyclical diagram whereby each point along the way effects the next circulating back to the initial cause or as a set of arrows illustrating a causal ladder from problem up through levels of the health system. For example, the multi-level causal analysis is depicted in Figure 2.4.5 shows a flowchart as an example of how a problem identified at the service delivery level can be traced back to its causes at other levels in the health system.

Figure 2.4.5 Flowchart for Multi-Level (Causal) Problem Analysis



In the above example, by identifying a problem at one level of the system, and following up on that same problem with individuals from different levels of the health system, the team member is able to examine how issues related to staffing, training, administrative actions or policy ideas are (or are not) being followed through and implemented at the service delivery level. Likewise, this type of analysis will help to determine whether statements made at one level of the system are accurate or upheld at other levels of the system.

Similarly, once a gap or problem is identified in the health system, (e.g. high attrition rates by personnel at the health facility level), and a solution or intervention is found (creation of an incentive system for staff retention), and funding is found for this intervention, the success of implementation of this intervention can be analyzed through tracing of investments/inputs through outputs (incentive system designed and operationalized) to outcomes (lower attrition rates) to impact (reduced morbidity and mortality from malaria).

3.3 Identify Cross-Cutting Themes between Core Health System Functions

Analyzing findings across core HS functions works best through a team exercise. At this point the team will have six separate SWOT analyses. This information should now be organized by themes across the six core HS functions (modules). The tasks described below constitute a format of a half-day to a full-day HSA team meeting for discussing initial findings among team members and synthesizing conclusions across the six core HS functions. This meeting ideally occurs at the end of the first week of in-country data collection.

Team Meeting: Identifying Cross-Cutting Themes

Initial Report Out. Each team member should report out for 10—IS minutes on findings from each of his or her core HS function while other team members capture their ideas electronically and/or on a flip chart. Each team member's report-out should include:

- Main findings regarding the current status of the health system function area(s), including 10—I5 SWOT issues and their impact on health system functioning overall
- Initial thoughts on the underlying causes of the SWOT
- Identification of hypothetical or emerging themes coming from the SWOT
- Initial thoughts on recommendations and their rationale

Discussion at the performance criteria (Equity, Access, Efficiency, Quality, Sustainability) level: how do the SWOT issues identified contribute or detract from achieving better performance for each of the performance criteria? One approach used by some HSA teams in the past is to re-group SWOT issues according to their impact on each of the health system performance criteria.

Identify Cross-Cutting Areas. Based on the core HS function-specific findings presented during the report-out, the team identifies and summarizes the cross-cutting areas with the other core HS functions to determine whether or how these problems may be connected and how they affect health systems performance. This task serves to compare issues and identify cross-cutting themes across the core functions as well as issues that may be unique to the individual core HS function. From this conclusions can be drawn about both the wider health system in general and specifically within each of the six core HS functions. These should now be organized by themes directly linked to strengths, weaknesses, opportunities, and threats, and/or to issues that cut across the six core health system functions. This task results in:

TIP BOX

SYNTHESIZING CROSS-CUTTING ISSUES

Teams testing this approach found that the intense focus on completing individual modules can make it a challenge to move quickly to integrating and synthesizing across core HS functions (modules). What can be done?

- Hold daily debriefings among team members
- Proactively identify links and cross-cutting issues
- Share draft chapters early
- Hold several team sessions to discuss issues and problems

Team members should also ask key informants for their perspectives on strengths, weaknesses, opportunities, and threats.

- Compilation of the most important findings obtained from each of the core function modules
- Identification of additional findings unique to the individual core HS function modules
- Synthesis of the conclusions or results in a way that can be communicated clearly to others

- Early brainstorming to identify potential recommendations – both cross-cutting as well as for individual core HS functions - for action or intervention

Cross-cutting core HS function analysis should begin after all team members have collected at least enough data to arrive at preliminary SWOT issues for their core HS function (about halfway through the team's in-country trip[3]). Leave enough time to fill any new information gaps, verify and validate initial conclusions and recommendations with stakeholders, and receive feedback – as well as complete their originally planned tasks – before leaving country.

Table 2.4.1 provides an example of how the 2010 Guyana HSA captured cross-cutting issues. The table identifies the issues by technical area and organizes them by where the challenge originates and intersects with other core health system functions. That is, each row summarizes the cross-cutting findings for a specific core HS function. The columns identify how these issues impact other core HS functions. For example, in the governance component (first row), one issue is that regional health spending may not be aligned to the health budget. This is first a governance issue in that regional structures allow spending to be allocated away from health; because the issue manifests in health spending (or lack thereof), it intersects with health finance (second column).

TIP BOX

TEAM ANALYSIS EXERCISE

Working as a team to fill out a blank version of Table 2.4.1 can be a good exercise for organizing and examining cross-cutting health systems issues.

[3] 1 This timeline assumes that the assessment is conducted by an international team that makes one in-country trip of about two weeks. If the assessment is conducted by a local team or the assessment team agrees to produce the report after the in-country data collection, the same sequence can be stretched over a longer period.

Table 2.4.1 Key Issues Effecting the Core Health System Functions from Guyana HSA 2010

Source of Issues by Core HS Function	Governance	Health Financing	Service Delivery (SD)	Human Resources for Health (HRH)	Medical Products, Vaccines, and Technologies	Health Info System (HIS)
Governance		Spending on health in regions may not be fully aligned to the health budget and resources for health may be appropriated for other uses (4.3.1)	Service agreements do not always ensure accountability (8.2.1; 3.4.2)	Management capacity at the regional level is weak (5.4.5)	Lack of data on availability of medicines and medical products across facilities/ regions affects informed planning (6.7)	Limited use of existing health surveillance data for planning and policy making (7.12)
Health Financing	Limited coordination among key stakeholders affects resource al location across regions and disease-specific programs (3.3.2)		Free services imply no revenues at facility level, making needs-based budgeting and financing important (8.5)	Lack of trained staff and management capacity means that budgets are not always based on needs analysis (4.3.1)	Donor-supported medical products and medical supplies may require government resources for distribution (6.5)	Limited use of H I S in budgeting and financial planning (7.12)
Service Delivery	Relevant policies are in place but not fully implemented (3.6)	Significant funding for HIV/AIDS, relative to other disease priorities, supports improved service delivery Little or no financial incentives at facility level to improve quality of service delivery (4.4)		HRH shortage hinders the full implementation of the PPGHS, particularly in rural areas and at the primary health care level (5.2.5)	Transportation and general infrastructure challenges limit access to supplies and medicines, particularly in rural and hinterland areas (6.6)	Limited availability of data to monitor quality, efficiency, and use of services (7. 1 2; 8.5)

Source of Issues by Core HS Function	Governance	Health Financing	Service Delivery (SD)	Human Resources for Health (HRH)	Medical Products, Vaccines, and Technologies	Health Info System (HIS)
Human Resources for Health	Training, staff allocation, and hiring are inadequately coordinated across the range of stakeholders involved (3.3.2)	Little or no financial incentives for health workers to serve in country after training or to serve in rural areas (4.4)	Worker motivation is adversely affected by working conditions, including poor incentives and infrastructure (5.2.2)			No comprehensive HRIS – limited use of data in planning for and allocating HRH (5.2.3)
Medical Products, Vaccines, and Technologies	Coordination among key stakeholders is needed to develop systems to effectively allocate medical supplies across regions and diseases (3.3.2)	Lack of needs-based budgeting and financing for drugs and medical supplies across regions and diseases (4.3.1)	Prescribing practices are not standardized and comprehensive standard treatment guidelines are not finalized (6.4; 8.7)	Shortage of pharmacists can lead to unqualified personnel dispensing medications (6.8)		Electronic records maintenance is weakened by a lack of computers at public facilities (7.9.1)
Health Information System	Lack of coordination among key stakeholders affects development of HIS structures (3.3.2)	Funding for HIS is insufficient, including for data collection and analysis, especially at regional levels (7.3)	Data capture is driven by vertical programs (8.4.5; 7.12)	Poor HRH capacity to collect, compile, and analyze data, particularly in rural and hinterland areas (7.12)	Data on supplies and availability of medicines and medical products is not consistently available from all levels (6.7)	

Source: Health Systems 20/20 and Guyana Ministry of Health (2011)

3.4 Formulate Recommendations

The strength of the approach used in the HSA to assessing the health system is that it offers the possibility to look at many different facets of the system at the same time. The various technical areas assessed by using this manual interact with each other and affect one another's ability to function well. Thus, the process of synthesizing across modules is key for identifying pivotal opportunities and challenges, and making effective and appropriate recommendations. Some recommendations may apply to a single health system core functions; others may cut across core functions. Results of the assessment should be useful for the development, update or implementation of national policies and strategies. Implementation considerations reflect on social, cultural, political and financial feasibility of the proposed policy options.

In translating the results of the assessment in policy options and recommendations, it is critical that:

- A suitable approach is identified to ensure the actual use of the recommendations, (i.e. that they are incorporated in a document/ process/ mechanism with legal standing and linked to the budgeting cycle)
- Suggested interventions be budgeted and compared to planned allocations to determine affordability.
- The recommendations are linked to the national policy and governance milieu with consideration of the potential political will for adopting and implementing.

These recommendations should be organized in a summary document that can later be presented to stakeholders for validation. Once validation takes place, then any comments from stakeholders may be considered when finalizing the report.

Team Meeting

Develop Preliminary Recommendations. The next step is for the team to convene during a full day meeting to formulate overall strategies and recommendations based on the SWOT and root cause analyses. It is important, now that findings and conclusions have been reached that the team work together to generate both core HS function-specific and cross-cutting recommendations. Examples of recommendations can be found in each health system core function module (Section 3, Modules 2-7) in the table labeled "Illustrative Recommendations for Strengthening [specify core HS function]." Examples of actual impacts resulting from country interventions are also listed in Annex 2.4.B.

Keep the primary audience in mind,[4] is it the MOH, an external development partner such as the USAID Mission, is it a private commercial pharmaceutical company? Consider the needs of the HSA target audience and how recommended investments or actions will impact both the country and the client. Similarly, in deriving the strategies, make sure to continually ask these four questions: How can we use the strengths, address or bypass the weaknesses, take full advantage of the opportunities, and defend against any potential threats?

[4] If the MOH is the primary audience, for the HSA, recommendations should be linked to objectives and strategies outlined in MOH policy documents.

Each recommendation should be assessed for:

- Its expected results (what will change because of this intervention?)
- Potential impact on health system performance (in terms of equity, access, quality, efficiency, and sustainability)
- Its feasibility (could it actually be implemented?)
- The speed with which it can be implemented (is this something that is a short-, medium – or long-term action?
- A rough assessment of cost implications (low, medium, high).

Each core health system function-specific recommendation should:

- Link directly to a conclusion or set of conclusions, health outcome or result and client objectives and/or country sector strategy
- State whether it applies to the national or regional level
- Where possible, provide an actionable example or two on how to implement the recommendation, and link it with a potential actor or set of actors who can take action for implementing the recommendation, as well as with a set of ideas for funding sources.

Each cross-cutting recommendations should:

- Include specific action items delineated by core HS function so that specific MOH departments and/or other stakeholders will take ownership of recommendations
- Address the client's priorities
- Include a short explanation of the challenges underlying the issue being addressed by the recommendation

Each recommendation should be actionable and feasible/within the power of key stakeholders to act

Identify Remaining Gaps. After the team discussion of recommendations, members should make a list of additional information, validation, or discussion needs and assign team members to address these needs.

4. MODULE 5, STEP 5—DRAFT, VALIDATE, AND FINALIZE ASSESSMENT REPORT

Figure 2.5.1 Steps in the Health System Assessment Approach

[to be inserted]

4.1 Draft the Full Assessment Report

The HSA team leader is responsible for providing the technical team members with guidance on the structure of the assessment report and the date by which the first drafts of the chapters should be completed. It is important to ensure consistency in the structure of the core health system function modules. For example, including a SWOT analysis summary box and a short list of topic-specific recommendations at the end of each core HS function chapter is useful. Step 1 provides a sample report outline (see Annex 2.1.C) that details all the sections that the person compiling the report (generally the assessment coordinator) should be aware of.

Some HSA teams choose to revise and update the zero drafts of chapters into first drafts while in country so that they can present preliminary findings at a stakeholder validation workshop immediately following the in-country data collection process. Other teams use all the time in country for data collection and draft the report after the trip, in which case a representative of the team returns to do the validation workshop at a later date. If the assessment team does not complete the first draft while in country, the team leader should ensure that all draft chapters are completed and submitted for compilation into the full report within two weeks of finishing data collection.

After the in-country data collection process and pre-departure debriefings of stakeholders, the team should hold a final team meeting to incorporate feedback from the debriefings into the draft assessment conclusions and recommendations. Team members must judge which feedback to incorporate, weighing the feedback against (1) client priorities, (2) historical information, (3) reliability of stakeholders' data sources, and (4) other evidence.

Once the first draft is completed, if resources allow, the HSA team should ask a technical reviewer external to the team to review the draft. This person may be from the same organization as the team or from another organization (such as a another international development partner), but should be a health systems expert who can do an independent, objective review from another perspective, providing comments that will allow the report authors to improve the quality of the report content. The external technical review (and author response) is done before the team shares the report with the MOH, the client (if different from the MOH), and other key stakeholders involved in review and approval. (See also Table 2.5.1 for an overview of the review process.)

The entire first-draft review (including writers' response to review comments) process will likely take 4–6 weeks. The report can then be edited before its submission to the client for approval and dissemination. However, as discussed in the next step, it may be preferable to keep the report in draft form until after the validation workshop.

4.2 Validate Findings and Conclusions and Prioritize Recommendations with Local Stakeholders

Validation of findings is necessary to ensure broad ownership of and action on the report findings and recommendations. For this reason, it is recommended that teams hold a formal validation workshop with stakeholders, either at the end of data collection or during a post-assessment visit, depending on client needs, scope of the assessment, and/or budgetary constraints. If resources don't allow for a more formal validation exercise, pre-departure then at a minimum hold a debriefing meeting with key stakeholders in the MOH to disseminate findings and preliminary recommendations and let them know that a more formal report review process will take place later on either through a return visit or

remotely. If a return trip is not possible due to either time or budgetary constraints, then validation can be done electronically by sending the draft report to stakeholders highlighting relevant areas for their review and feedback.

It may also be useful for the team to debrief and discuss the findings and preliminary recommendations with key individuals, either with development partner groups or in the MOH, or other key partners such as professional medical associations or private sector leaders, while in country for the data collection process. This is the ideal scenario so that stakeholders can learn about key findings and conclusions and preliminary recommendations and provide any comment or feedback to the HSA team for follow up before they depart the country.

The specific objectives of the validation workshop are:

- Review the assessment findings and recommendations
- Create opportunities for dialogue and collaboration among stakeholders from diverse sectors (both public and private)
- Further identify the synergies between recommendations in across different core HS functions and between sectors
- Revise the recommendations based on feedback from stakeholders

The target audience for the validation workshop should be public and private sector stakeholders who participated in the development of the assessment findings, stakeholders who will lead implementation of the recommendations, and development partners that are likely to fund recommended interventions.[5] Participants are asked to determine if the recommendations are consistent with the findings and if any recommendations need to be revised or added. Annex 2.5.A contains a suggested workshop agenda.

It should be noted that while there will be a brief presentation of findings and recommendations at the beginning of the workshop, most of the workshop time will be devoted to discussion of the recommendations. Therefore, each workshop invitee should receive a copy of the draft HSA report beforehand and should arrive at the workshop familiar with the report contents.

In addition to validating recommendations, stakeholders may be engaged to prioritize the recommendations. The benefits of a prioritization exercise is to provide for:

- An agreed-upon priority of recommended interventions developed by those who know the health environment best
- Commitment and buy-in of key stakeholders to proposed interventions based on the HSA research results
- Agreement on a process for moving forward

The exercise is most frequently combined with the validation exercise. The country context and the preferences of the MOH and other key stakeholders may dictate that prioritization is not necessary or beneficial for the country at the time the HSA finishes.

The proposed prioritization method is based on key criteria that are practical in nature and include importance, feasibility, risk, affordability, duration, and impact of proposed interventions. Annex 2.5.A

[5] Stakeholders are likely to come from the MOH, other ministries, the private sector, commercial entities, professional organizations, NGOs, and USAID and other donors

provides a sample agenda and plan from a validation and prioritization workshop that was held in a sub-Saharan African country. The Private Sector Assessment Guide Assessment to Action (www.shopsproject.org) is also an excellent resource for information on a participatory assessment approach.

4.3 Finalize Report and Recommendations

The report finalization process varies from country to country depending on client and user needs. If the assessment team leader returns to the country for a formal validation workshop, generally the MOH would like to review and approve the draft report before the workshop. It is suggested that the report remain in draft format until after the workshop, so that workshop comments can be incorporated. In addition the report will benefit from an outside technical review prior to finalizing. Once this is done, the report can then be finalized and disseminated.

4.4 Conclusion

Table 2.5.1 provides an overview of the recommended HSA report preparation and review process.

Table 2.5.1 HSA Report Review and Revision Process

HSA Team incorporates relevant findings and reviewer feedback to create:	Due Date	This reviewer provides feedback:
Draft 0: Core HS function chapters; chapter on cross-cutting findings	Pre-field assessment	Team leader
Draft 1: Core HS function chapters; chapter on cross-cutting findings	Immediately post-data collection	Team leader
Draft 2: Core HS function chapters; chapter on cross-cutting findings; executive summary; conclusions and recommendations	Approximately 2 weeks post data collection	Team leader (and optional stakeholder validation workshop)
Draft 3: All sections drafted and organized; including front matter, references, and attachments	2 weeks after draft 2	Technical reviewer[b]
Draft 4: All sections consolidated	1 week after draft 3	Editor and team leader[a] (may include several rounds of editing/discussions/ Q&A)
Final Draft #1	1-2 weeks after draft 4	Client and local government stakeholders
Final Draft #2	TBD	Editor and team leader (may include several rounds of editing/discussions/ Q&A)
Final HSA Report - Complete	TBD	

Note: Q&A = question and answer

[a] Individual assessment team members address and/or incorporate feedback and comments into their respective chapters. The assessment coordinator consolidates chapters into one draft report and provides support to the team members and leader throughout this process.

[b] The technical reviewer (and other team member) roles and responsibilities are described in Section 2, Module 1, Table 2.1.3.