Co-Designing and Implementing An Approach for Community-Inclusive Systems for Health

August 27, 2020 | 9:00AM-10:30AM EST
Hosted by the S4H Working Group
Vision:
The Systems for Health Working Group seeks to promote people-centered, **Community-Inclusive Systems for Health**, which deliver packages of health interventions, connecting social and health care structures, and valuing the agency of communities to own their future.

A collaborative publication included in the BMJ Global Health Supplement on **The Alma Ata Declaration at 40** reflects the evidence-based concept of **Community-Inclusive Systems for Health** as an organizing platform to advance these issues.
We are interested in cross-cutting issues, which contribute to strengthening systems for health, such as:

- The full integration of community-based systems into national health systems and strategies
- Community health human resources
- Community management structures
- Social capital
- Civil society engagement
- Social accountability and health systems’ responsiveness
Systems for Health Working Group focus areas

- **Community inclusive systems for health** -- previously known as “Beyond the Building Blocks”

- Social Accountability

- Community Health Worker Program Optimization
Strategic Thinking: Strengthening Systems for Health (SS4H)
Lessons from a practical systems thinking co-design approach

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Save the Children®
acknowledgements

Save the Children

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• SCI Kenya Office & East-Africa Regional Office

Design and Facilitation Team:
Sarah Ashraf, Lani Crane, Lynn Kanyuuuru, Angela Muriuki

Thanks to Supporters, Facilitators, and Technical Colleagues
Kim Coletti, Rashed Shah, Robert Clay, among others.
Flashback

How did I get here?  (Byrne, D. 1980)
Why? What have we learned?

1. All mid-size projects should and can contribute to HSS
2. No project can promise everything
3. Use a “systems for health” vision from the start
4. Systems Thinking?
   Address *practically* the ‘messiness’ of the implementing environment and health systems in both design and evaluation

Projects cannot do everything.

We implement on a continuum from gap-filling to systems strengthening.

The field of ‘health systems strengthening’ is complex and evolving.

NGOs, as all implementers, can bring innovations in health systems strengthening.

*but*

We cannot escape our global responsibility for contributing to systems strengthening.

We need to state and assess better whether we do one or the other.

Our teams need *accelerated* learning, and strategic guidance.

We need method and a deeper bench for design and evaluation approaches.
‘systems thinking’

find “the simplicity on the other side of complexity”

Context – Relationships – Perspectives - Boundaries
Three ‘Build’ or ‘Borrow’ Innovations

1. From Health Systems to Systems for Health

2. A Practical ‘Systems Thinking’ Approach

3. Systems Strengthening in Projects

Bob Williams + Martin Reynolds + ES/LC’s mistakes

USAID/MEASURE Evaluation HSS M&E Guide, WHO...

We stole good ideas from everyone we could!
SS4H CO-DESIGN AS IMPLEMENTED
NAIROBI, DEC 4-6 2019
WHAT HAVE WE DONE?

- A three-day co-creation / training on health systems strengthening WITHIN existing projects [Nairobi, Dec 4-6, 2019]
- Participants: health advisors/leaders of 2 mid-size projects
  - ICSP / Nitunze (urban health, child survival, nutrition)
  - OFDA project
- Evaluation: immediate and up to six months post workshop
CONTENT

- Preliminary orientation and pre-reads

- Three Days – Six Modules

- Evaluation (as planned): immediate + 1 month + 3 months + 6 months
Preliminary material and modules 1-2
Laying the foundation

- Roadmap of the workshop
- Systems for Health – child-centered / person-centered
- Get real: SS4H does not fit in a box, in a block, or on a clock
- Context analysis
- Stakeholder analysis – power – politics – opinions → P.E.A.
Module 2 Worksheet examples

Culture, power, history

More research needed?

Context “categories” (WHO, George A., Shanklan A.)

Table 1. Examples of stakeholders

<table>
<thead>
<tr>
<th>Level →</th>
<th>Country / Region</th>
<th>Local Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>National</td>
<td>Health and other line ministries, representatives of public administration, national-level initiatives, councils of traditional health and regulatory agencies</td>
<td></td>
</tr>
<tr>
<td>District</td>
<td>District and other line ministries, nutrition programmes, IPV programmes, voter and other line regulatory agencies</td>
<td></td>
</tr>
<tr>
<td>Facility</td>
<td>Traditional chiefs, prefects, local government officers</td>
<td></td>
</tr>
</tbody>
</table>

Political

Village councils, development committees, local assembly, sub-committees

Health service organizations

Public, private, faith-based, traditional

Health facility management/governance

District representatives of health committees, health committees, board, management teams

Professional networks/workforces

District representatives of nurse, midwife, specialists, health workers, training institutions, association of community health workers

Outreach and auxiliary health workforce

Representatives of health workforce

Non-governmental

District representatives of insurance agencies, service providers, health promoters, community empowerment programmes

User groups, communities, civils

Representatives of service users, women and men, patient groups, community development groups

Service users

Representatives of service users, women and men, patient groups, community development groups

Civi society

Civil and traditional media, MCHCI networks, advocacy organisations, national MCHCI campaigns, social accountability initiatives

Errors

Representatives of donor organisations

Challenges, representatives of donor organisations

Surprising popularity of context and stakeholder analysis!!
Module 2 Worksheet examples
Module 3 – defining the system in focus

Group work will use one Systems Thinking approach:

- **Drawing a Rich Picture** of the systems that define the problem, which justifies your project’s existence, at multiple levels

- **Inter-relationships**
  - Consider how stakeholders, functions, and structures interact and affect each other.

- **Perspectives**
  - Think about the perspectives which come from all these interacting parties (remember the mapping of stakeholders)

- **Boundaries**
  - What are the boundaries of influence (greater, smaller) on the systems for health? And what will be the boundaries defining your project’s work with these health systems?

First Prioritized List of Systems Strengthening Interventions
Rich picture
### Group work

#### Table: Boundary decisions

<table>
<thead>
<tr>
<th>Systems issues in project mandate</th>
<th>Known to be out of project mandate</th>
<th>Distant factors targeted through strategic advocacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>*</td>
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</tr>
</tbody>
</table>

#### Table: Project for contributions to strengthening systems

The group scribe should complete the following table based on the exercises to this point.

<table>
<thead>
<tr>
<th>Systems strengthening objectives (max 3)</th>
<th>Key relationships</th>
<th>Key perspectives</th>
<th>Strategic or implementation insights for your project</th>
</tr>
</thead>
<tbody>
<tr>
<td>By the end of our project we will have made a significant contribution to systems strengthening, and the health system will demonstrate significant positive change in:</td>
<td>This will have improved, strengthened, optimized the following critical systems relationships:</td>
<td>Complete as many sentences as useful:</td>
<td>Important do’s and don’ts; critical process steps to consider; threats and risks for strategic achievements; important consideration</td>
</tr>
<tr>
<td>1.</td>
<td>•</td>
<td>•</td>
<td>•</td>
</tr>
<tr>
<td>2.</td>
<td>•</td>
<td>•</td>
<td>•</td>
</tr>
<tr>
<td>3.</td>
<td>•</td>
<td>•</td>
<td>•</td>
</tr>
</tbody>
</table>
Nitunze extracts from documentation

Table (Homework / Post-Session): Project for contributions to strengthening systems

The group scribe should complete the following table based on the exercises to this point.

<table>
<thead>
<tr>
<th>Systems strengthening objectives (max 3)</th>
<th>Key relationships</th>
<th>Key perspectives</th>
<th>Strategic or implementation insights for your project</th>
</tr>
</thead>
<tbody>
<tr>
<td>By the end of our project we will have:</td>
<td>This will have improved, strengthened, optimized the following critical systems relationships:</td>
<td>For &lt;define stakeholder&gt; the meaning of the positive change will be &lt;…&gt;</td>
<td>Important 'do's and don'ts', critical process steps to</td>
</tr>
<tr>
<td>1. Improve coordination (line ministries, community, CHVs, partners, private and public facilities)</td>
<td>Establishing partner relationships</td>
<td>• For community health volunteers the meaning of positive change will be them working more efficiently.</td>
<td>• Create platforms where stakeholders can meet and have discussions.</td>
</tr>
<tr>
<td></td>
<td>Working relationship b/w public and private practitioners</td>
<td>• For the community the meaning of positive change will be improved health seeking behaviors and care giving.</td>
<td>• Complete feedback loop</td>
</tr>
<tr>
<td></td>
<td>Strengthen relationships between the community members and CHVs</td>
<td>• Private and public practitioners the meaning of positive change will be following SCOPs, guidelines and improved quality of care.</td>
<td>• Talking to the right people in the community</td>
</tr>
<tr>
<td></td>
<td>Improving QoC at the facility and community level</td>
<td>Needs a root cause analysis i.e. gaps in quality Else is lead</td>
<td>• For County and MCAs the meaning of positive change would be enacting bills that have a positive impact on the public health sector e.g. the Act community health act.</td>
</tr>
</tbody>
</table>

Table: Perspectives

Describe different ways that the situation can be understood and by whom are not just the official role but how they may understand the issue.

a. County and Sub-County MOH
   Positive: Enhance QoC, improved coordination, Director of Health-good relationship with SC so will support the implementation of the project.
   Negative: View SC as more work, limiting their resources (personal and organization).

b. MOAs and Governor
   Positive: Governor extremely influential, MCAs have their own committee influential i.e. critical policy decisions ex. stipend for CHVs.
   Negative: Governor extremely influential (there is no executive committee) MCAs have their own committee, Chairman of the MOA Health committee is from Malware.

Solutions: build relationships with Chairman of the Health committee, Strategic advocacy: Understand the health issues, understanding their priorities, MCAs are ex-office in health committees to ensure they attend so understand the problems within the health sector, they need to work the relevant ministries i.e. the public health officers, involvement in meetings (county CHMT meetings).

c. Partners
   Positive: all want improved health, help with coverage of services (disease surveillance, MSF – ambulance), financing, integration, help in Human Resource for Health
   Negative: competing priorities, competing for recognition, we might interfere with the sub-county work plan, competition for CHVs allegiance, Disruption of service delivery (CHVs and at the facility).

Solutions: Joint Planning, coordination meetings, What's Group C.

d. CHVs
   Positive: increased capacity building, Increased income (VSOAs, IgAs), Gatekeepers, reach, improved relationships with the community
   Negative: Disruption of service delivery (CHVs and at the facility), Expectations are not met, duplication of reports, changing allegiances, fatigue (trainings, workload), conflict of interests (relations with cartels).

Solutions: Constant engagement, joint planning, reminding them about the community strategy, workload analysis tools, positive deviants (champions), mobilization, and professionalizing.

e. Community
   Positive: will benefit from improved QoC, increased knowledge, willingness to improve their situation.
   Negative: Dependency (learned helplessness), lack of interest, competing priorities, traditional religious groups might influence the community negatively. Community gatekeepers looking out for institutionalized health systems.
Module 4—TOC visual and narrative

Lesson Learned:
• Keep the project’s Results Framework / Logic Map as simple as possible;
• Use a detailed / focused TOC to dive into the complexity of SS4H objectives.
Module 5 – MEAL

M + E + A + L in SS4H/HSS

Importance of a Theory of Change

- What are the meaningful evaluation questions?
- Monitor possible interfering (positive or negative) events, other health and development projects, national efforts, natural and manmade events/disasters. Did the assumptions hold?
- The TOC is not “right” or “wrong”; a TOC is about being a plausible learning tool.

Evaluation
Monitoring
Learning
Accountability

Who needs to learn?

1- Indicators (even if indicators are not enough)
2- The world changes, systems (mis)behave→ outcome monitoring recommendation

Who asks the questions? Whose perspectives matter? To whom are systems for health accountable?
Example of NITUNZE
INTEGRATED CHILD SURVIVAL PROJECT FOR MARGINALISED COMMUNITIES IN KENYA
Kenneth Kagunda
Project Geographies

Mathare slums, Nairobi County

Nairobi County:
- Area of 2,085.9 square kilometres
- Population of 4,397,073 (2019 Census)
- 650,510 children under 5 years (DHIS 2)

Turkana North, Turkana County

Turkana County:
- Area of 71,579 square kilometres
- Population of 926,976 (2019 Census)
- 156,599 children under 5 years (DHIS 2)
Progress and lessons learnt

• Stakeholders mapping;
  • The project conducted a mapping exercise to determine the stakeholders to engage
  • Stakeholders identified – Ministry of health, ministry on interior, ministry of agriculture, ministry of trade, ministry of education, community leaders, opinion leaders, community health volunteers, youth
  • Identified the roles that the different partners play

• Stakeholder engagement;
  • Engagement of the stakeholders in the planning processes for the project. Successful project launches. Leverage on the good will of the different stakeholders
  • Supporting the health workers and volunteers to conduct period data review sessions for improved services
  • Support and engagement in different TWG sessions

• Supportive supervisions and Mentorship;
  • The project has been engaging the ministry of health in conducting supportive supervision and on job training sessions to the team members
  • CHVs data review sessions
Progress and lessons learnt

• Use of digital platforms for support;
  • With the current COVID 19 pandemic the project team has been using digital platforms for information passing and support e.g. use of LEAP for capacity building and passing key messages to CHVs, use of teams/zooms calls to support health care workers trained on IMNCI, youth empowerment using digital learning sessions

• Challenges;
  • Biggest drawback – COVID 19 pandemic. First case reported in mid – March. This slowed down all processes and engagements at all levels. Changing priorities
  • Political wrangles and uncertainties within Nairobi – management of the county moved from County Government to the Nairobi Metropolitan Services with key ministries such as health being managed by the national ministry of health arm. Staff job security uncertain due to departmental management changes

• Opportunities;
  • Procurement of essential equipment
  • Support to national health days
Questions?
STRENGTHENING SYSTEMS FOR HEALTH
SOUTH SUDAN CASE STUDY
AUGUST 27, 2020
RHONDA HOLLOWAY, FOOD FOR THE HUNGRY
Module 1
- Strengthening Systems for Health: An Introduction

Module 2A & B
- Contextual Analysis: The Big Picture
  - Stakeholder and Political Economy Analysis

Module 3
- Defining the systems in focus

Module 4
- Theory of Change

Module 5

Module 6
- Recap and Conclusion
MODULE 2A: CONTEXTUAL FACTORS
CONTEXTUAL ANALYSIS

• BURDEN OF DISEASE / EPIDEMIOLOGICAL TRENDS AND NEEDS
• COUNTRY / REGION / LOCAL IMPLEMENTATION
• HEALTH SECTOR
• NON-STATE ACTORS
• GLOBAL HEALTH AGENDA, DEVELOPMENT ASSISTANCE ARCHITECTURE AND DONORS
### Module 2B: Stakeholder Analysis

#### Stakeholder Involvement Analysis Matrix

<table>
<thead>
<tr>
<th>Power / Influence</th>
<th>Low</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest in Subject</td>
<td>Low</td>
<td>High</td>
</tr>
</tbody>
</table>

- **High Power / Influence**
  - **Keep Satisfied**
    - (e.g., mayor of town)
  - **Manage Closely**
    - (Consider making project partner, if not already)
    - (e.g., UN agency with project in area, DHO)

- **Low Power / Influence**
  - **Monitor**
    - (Minimal effort to involve)
    - (e.g., local NGO without health activities)
  - **Keep Informed**
    - (e.g., small local startup NGO)
<table>
<thead>
<tr>
<th>Stakeholder name</th>
<th>Knowledge</th>
<th>Position (support, oppose)</th>
<th>Interests</th>
<th>Alliances</th>
<th>Resources</th>
<th>Power</th>
<th>Leadership</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Government</td>
<td>some</td>
<td>Supporter</td>
<td>advantages</td>
<td>none</td>
<td>many</td>
<td>3</td>
<td>Yes</td>
</tr>
<tr>
<td>2. INGOs/ Health Service Organization</td>
<td>alot</td>
<td>Supporter</td>
<td>advantages</td>
<td>Alliance</td>
<td>many</td>
<td>2</td>
<td>Yes</td>
</tr>
<tr>
<td>3. Community leader/ informal leadership</td>
<td>alot</td>
<td>Supporter</td>
<td>advantages</td>
<td>Alliance</td>
<td>few</td>
<td>2</td>
<td>Yes</td>
</tr>
<tr>
<td>4. Community</td>
<td>A lot</td>
<td>Supporter</td>
<td>advantages</td>
<td>Alliance</td>
<td>few</td>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>5. Households</td>
<td>alot</td>
<td>Supporter</td>
<td>advantages</td>
<td>Alliance</td>
<td>few</td>
<td>1</td>
<td>Yes</td>
</tr>
</tbody>
</table>
MODULE 3: DEFINING THE SYSTEM IN FOCUS TO FIND YOUR PROJECT’S SYSTEMS STRENGTHENING CONTRIBUTION
SYSTEMS STRENGTHENING
OBJECTIVE
EXPANDED COMMUNITY HEALTH SERVICES FOR THE PREVENTION AND TREATMENT OF COMMON CONDITIONS BASED UPON THE BOMA HEALTH INITIATIVE GUIDELINES.
POTENTIAL PROJECT ACTIVITIES

• COMMUNITY LEVEL BUY IN
• JOINT SELECTION AND TRAINING OF BHT WITH STAKEHOLDERS
• INCREASE THE CHD’S ABILITY TO PROVIDE EFFECTIVE SUPPORTIVE SUPERVISION
• INCREASE HOUSEHOLD LEVEL PRODUCTION OF HEALTH
MODULE 4: THEORY OF CHANGE

A THEORY OF CHANGE

INPUTS
- Material
- Human
- Financial
- Information

OUTPUT
- Effective & timely shelter provision

ACTIVITIES
- Rapid needs assessment
- In-depth needs assessment
- Safety & security
- Logistics
- Community engagement
- Coordination & reporting
- Monitoring & reflection

SHORT/MEDIUM TERM OUTCOMES
- ShelterBox response is accountable
- Protection from weather & environmental extremes
- Increased personal safety & security of possessions
- Increased protection from water & vector borne diseases
- Reduced homelessness
- Households are intact
- Knowledge & skills to utilise the provided materials
- Reduced stress & anxiety
- Improved privacy & retained dignity

LONGTERM OUTCOME
- Improved resilience &/or capacity for self-recovery (households/communities)

Contribution to IMPACT LEVEL CHANGES
- Improved psychological health & wellbeing
- Improved access to & retention in education
- Reduced morbidity & mortality
- Security of tenure
- Improved access to basic services
- Strengthened social structures
- Livelihoods sustained
- Community more resilient to future disasters

Assumptions
- Aid selection appropriate to context
- Do no harm principles followed
- Sensitisation of non-beneficiary groups
- Shelter items used for intended purpose
- Needs assessment relevant & needs of vulnerable groups accounted for
- Functional logistics, coordination & communication

Preconditions
- Beneficiary willing to participate
- Local leadership structure in place
- Stakeholders support intervention

Preconditions
- Beneficiary willing to participate
- Local leadership structure in place
- Stakeholders support intervention
Theory of Change/HSS Strategy

Communities take ownership and buy in into BHI

Peer to peer household level health promotion activities

Effective community based health service delivery system

Increased capacity of communities to take charge of their own health

Increased capacity in service delivery to communities

Improved coordination between levels of service

Effective system for regular supportively supervision and monitoring

Increased capacity of systems to advance health promotion beyond life of project

Increased motivation to strengthen the system

Increased community level advocacy and provider accountability

A MORE EQUITABLE AND INCLUSIVE HEALTH SYSTEM

Assumption: Higher levels of interest and commitment from the MOH

if    then
MODULE 5: MONITORING, EVALUATION, ACCOUNTABILITY AND LEARNING

MEAL Phase Model

1. PHASE 1: DESIGNING LOGIC MODELS

2. PHASE 2: PLANNING MEAL

3. PHASE 3: COLLECTING MEAL DATA

4. PHASE 4: ANALYZING MEAL DATA

5. PHASE 5: USING MEAL DATA

USE EXTERNALLY
<table>
<thead>
<tr>
<th>Which Stakeholders (internal or external)</th>
<th>Next Steps (when)</th>
<th>How often (when)</th>
<th>Project Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review objectives, revise TOC, activities, and MEAL plan</td>
<td>Internal and external</td>
<td>Startup meeting with key stakeholders in first quarter</td>
<td>Monthly – internally; Quarterly-external and internal</td>
</tr>
<tr>
<td>Integrate systems strengthening in overall project MEAL plans</td>
<td>Internal</td>
<td>Develop integrated system strengthening MEAL plan within the first quarters</td>
<td>Monthly and Quarterly</td>
</tr>
<tr>
<td>Develop plan for, and implement retrospective outcome monitoring</td>
<td>Internal and external</td>
<td>Plan for retrospective outcome monitoring in the first year of implementation</td>
<td>Annually and Quarterly</td>
</tr>
<tr>
<td>What other steps for shared learning would you consider?</td>
<td>Internal and external</td>
<td>Learning events within the first quarter</td>
<td>Monthly, Quarterly and Quarterly</td>
</tr>
<tr>
<td>1. Revision of TOC.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Quarterly progress review</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Regular stakeholders Learning events within the first quarter</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
THANK YOU
What to keep

what to change
What to keep

• Preliminary steps
  • Emphasize SS4H new lens
  • Disrupt old habit

• Value of the basics
  • context, stakeholders, political economy (HSS or not)

• Use of visuals & group thinking
  • Relationships – Perspectives – Boundaries

• Documentation and decision points
  • Flipcharts & worksheet
  • In a Zoom world????

• Evaluation and Learning +++

• Diversity of participants
  • Participants for the workshop
  • Workshop for the participants

• Critical thinking
  • Explore – Focus – Explore – Focus (breathe in / breathe out)
What to adjust or change

1. More time: Peel the onion!
   ➢ Explore and design
   ➢ Evaluation (MEAL)

2. Monitoring Evaluation Accountability and Learning
   • Need for time and critical thinking investments

3. Preliminary steps
   • Start with projects you know & consider first boundary decisions
   • Increase potential for iteration

4. Beyond institutional learning – participatory learning with...

5. Rethink Module 2 ↔ Module 3 synergies

6. Follow up
   • Scheduled breathe in-breath out / adaptive learning and management
Case Studies

Topical Lessons

Methodological Lessons

Strengthening Systems for Health Co-Design

We are Here

• Evaluation research...
• Refine & Diffuse...
• Diffuse to Test...

Thank you!
Thank you!