World Health Organization

REGIONAL OFFICE FOR Europe

Facilitator's guide for Health System Strengthening Quick Scan

A tool for identifying and addressing health system barriers

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Session 1. Introduction to the workshop

Duration	20–30 minutes
Objectives	To gather the expectations of the workshop participants To provide an overview of the purpose of the workshop
Outline	This first session starts with gathering the expectations of the workshop participants. Then the facilitator presents the purpose and set-up of the workshop.
Steps	Step 1. Expectations (10–15 minutes) • All participants are invited to write maximally two expectations (each on a separate card, using three words maximum). • Each participant is invited to present his or her expectations in the plenary. • Finally all expectations are put on the sticky wall and clustered. • A photo is taken of the expectations, to be presented in session 11 on evaluation. Step 2. Presentation of the purpose and set-up of the workshop (10–15 minutes) • The facilitator leads the participants through the purpose and programme of the workshop and explain a few administrative rules. • Participants can ask questions. • To the extent possible, a link is made with the expectations.
Reference	Annex 1 has a sample workshop programme.
Materials needed	• 50 sheets of paper (A5) and markers • Sticky wall (preferably of spinnaker fabric and glue spray and otherwise improvised with paper and glue tape) • Camera

Session 2. Understanding the roles of various stakeholders

Duration	30 minutes
Objectives	To identify the right stakeholders and get clarity on the contributions and rewards stakeholders can expect when embarking in the complex structure of health system strengthening for improving tuberculosis (TB) service delivery
Outline	This first session starts with explaining the complexity of the organizational environment and the importance of identifying the right stakeholders. This is followed by a group exercise to find the right composition of the stakeholders.
Steps	The session starts with a presentation by the facilitator on the topic and closes with a short group assignment. Step 1. The facilitator explains the concept of the complexity of the organizational environment and its advantages and disadvantages. Step 2. A presentation is given on the importance and dynamics of getting the right stakeholders around the table. Step 3. The facilitator starts a group exercise to find the right composition of stakeholders.
Reference	Finding the right stakeholders (Annex 2)
Materials needed	• 15 cards (A4 size) of three different colours • Computer and projector

Session 3. The concept of health system strengthening

Duration	60–90 minutes
Objectives	To familiarize participants with the concept of health system strengthening for TB control
Outline	Participants are asked to read in advance the Stop TB policy paper *Contributing to health system strengthening: guiding principles for national tuberculosis programmes (1)*. The session starts with an interactive presentation of the concept of health system strengthening for TB control, followed by a plenary discussion.
Steps	Step 1. The concept of health system strengthening for TB control, as part of the Stop TB strategy • The facilitator gives an interactive PowerPoint presentation of health system strengthening for TB control followed by questions and answers.
References	Stop TB policy paper 1/2008: *Contributing to health system strengthening: guiding principles for national tuberculosis programmes (1)*
Materials needed	• One paper copy of the Stop TB policy paper 1/2008 *(1)* for each participant • One flip-chart and markers • Laptop computer and projector • Presentation on *Contributing to Health Systems Strengthening Guiding*

	principles for national tuberculosis programmes (Stop TB Policy paper) *(2)*

Session 4. Overall performance of the TB services

Duration	60–90 minutes
Objectives	To analyse the trends in the overall TB burden and the performance of the TB service delivery in the country and link these to major events that may have affected the performance
Outline	First the personnel of the national TB control programme or WHO give an interactive PowerPoint presentation, including a graphical presentation of the trends in case notification and treatment results in the recent past (past decade). If available, the information should be disaggregated by region, age and sex. The presentation should be completed by a historical overview of major events that affected, positively or negatively, the performance of the national TB control programme, such as additional funding, extending of diagnostic services and new events.
Steps	Step 1. Interactive PowerPoint presentation Step 2. Plenary discussion and listing of major current performance gaps in terms of case notification and treatment results Step 3. Wrap up, summarizing the main conclusions of the trends in performance of the national TB services
References	• National TB data • WHO global TB data • Historical health system events
Materials needed	• Laptop computer and projector • One flip-chart with markers

Session 5. Developing a vision

<table>
<tr><td>Duration</td><td>60–90 minutes</td></tr>
<tr><td>Objectives</td><td>To develop a shared vision of how the TB service delivery system should ideally operate</td></tr>
<tr><td>Outline</td><td>This exercise guides the group through the process of creating a shared vision using images and pictures rather than words. Use it as a precursor to using the challenge model. The drawing keeps people from writing down clichés or abstractions that have little personal meaning or fail to inspire them.</td></tr>
<tr><td>Steps</td><td>Instructions
The facilitator explains the purpose and methods of the session and divides the participants in small groups of 4–6 people.

Group work
Step 1. Create a picture of a desired future state.
• Ask everyone individually to dream about the ideal TB services in their country or region.
• Each participant makes a quick sketch of an image that comes to mind.

Step 2. Share drawings with other group members.
• Ask the participants to show and explain their images to the others in their group.

Step 3. Prepare one drawing per group.
• Ask each group to prepare one large drawing (flip-chart size) that captures the collective dream of the members in their group. (This process encourages the participants to defend elements that are important to them and omit elements they do not care strongly about.)

Step 4. Present small-group drawings.
• Ask each group to present its large drawing to the plenary group. If necessary, have the group clarify parts of the drawing that are not clear. If other participants criticize what a group has drawn, the group should defend the dream in such a compelling way that the rest of the groups accept it. The drawings can be altered at any time.

Step 5. Review the elements and concepts represented in the drawings.
• When all the groups have completed their presentations, review (in the plenary) the elements and concepts that were recorded.
• Summarize in writing the key elements and concepts that the drawings portray on a separate board or wall chart.</td></tr>
<tr><td>Reference</td><td>Management Sciences for Health: the challenge model (3)</td></tr>
<tr><td>Materials needed</td><td>• A sheet of paper (A4 size) and a crayon for each participant for making a sketch
• A blank flip-chart paper for each table and a set of markers and coloured pencils or crayons</td></tr>
</table>

Session 6. Strengths, weaknesses, opportunities and threats (SWOT) related to the actual performance

Duration	60–90 minutes
Objectives	To identify the key internal and external health system factors that affect TB service delivery
Outline	The facilitator starts explaining that SWOT analysis aims to identify key internal and external factors considered important to achieving an objective. SWOT analysis groups key pieces of information into two main categories: • internal factors – the strengths and weaknesses internal to the organization; and • external factors – the opportunities and threats presented by the environment external to the organization. Strengths with respect to one objective may be weaknesses (distractions or competition) for another objective. The external factors may include macroeconomic matters, technological change, legislation and sociocultural changes. The importance of SWOT items is revealed by the value of the strategies generated. A SWOT item that produces valuable strategies is important. A SWOT item that generates no strategies is not important. After this explanation, the facilitator divides the participants into small groups (4–6 people). All members individually start writing strengths, weaknesses, opportunities and threats on small papers of four different colours. As a group they then select and set priorities for the three most important cards for each category and present this to the group. All cards are then fixed to the wall in the four areas, representing the four SWOT categories. Then the group moves the cards in clusters that represent a certain system (such as diagnostic services, monitoring and evaluation and human resources). These clusters usually include all four SWOT categories.
Steps	**Instructions** The facilitator explains the concept of a SWOT analysis and explains the outline of the session Then the facilitator divides participants into four mixed working groups by counting 1, 2, 3 and 4 such that the composition of the groups differs from that of the previous session. **Group work (30–45 minutes)** **Step 1** Individual members of each group start writing in maximum three words per card what they experience as a strength (green card), weakness (red card), opportunity (yellow card) or threat (blue card). The group thereafter discusses the four SWOT categories. During the discussion, the group still may add cards with different SWOT items. By the end of the group session, each group must have in priority order three green cards (strengths), three red cards (weaknesses), three yellow cards (opportunities) and three blue cards (threats).

	Step 2. Plenary (30–45 minutes) Each group explains and presents the outcome of the group work to the other groups in the plenary. When all groups have presented their results, all groups stick their cards in the right place on the wall, colour by colour. Then the facilitator and participants cluster the cards that are interlinked or cover the same topics. This is continued until agreement has been reached on a limited number of potential areas that form the basis for defining objectives, strategies and a plan of action.
Reference	What's SWOT in strategic analysis? *(4)*
Materials needed	• 4 times (25–50) sheets A5 size in the colours green (strengths), red (weaknesses), yellow (opportunities) and blue (threats) • Markers (different colours) • Sticky wall (preferably of spinnaker fabric and glue spray, otherwise improvised with paper and glue tape)

Session 7. Challenges in improving TB service delivery

<table>
<tr><td>Duration</td><td>45–60 minutes</td></tr>
<tr><td>Objectives</td><td>To define the major challenges to improving TB services</td></tr>
<tr><td>Outline</td><td>In this session, the group lists the most important challenges to be addressed in the health system that form obstacles to TB service delivery.

The facilitator familiarizes participants with the difference between a problem and a challenge. A problem is external and often blamed on outside forces. A challenge is something the participants own. A challenge entails overcoming obstacles to achieve a result the participants are committed to achieving. The facilitator explains to participants how to formulate a challenge properly. It is good practice to write out a challenge as a full and detailed question – for example, “How can we improve the quality of microscopy?”

Participants are then divided into small groups, each covering one of the clustered areas identified in the previous session. Each group defines for its specific area the major challenge.</td></tr>
<tr><td>Steps</td><td>Introduction
The facilitator in plenary starts explaining the need to sharpen the problem. Then the facilitator explains the conceptual difference between a problem and a challenge. The facilitator explains how a challenge should be formulated. Then the facilitator divides participants into small groups. Each group covers one cluster, identified in the previous session. In this case, each participant may individually select a group to which he or she is most connected (for example, a laboratory worker may join the cluster of diagnostic services).

Group work: 20–30 minutes

Step 1.
Each group agrees on formulating a challenge that best covers the cluster based on the elements identified during the SWOT analysis for that particular cluster.
Each group copies the correct formulation of the challenge to a flip-chart.

NB – A group might formulate a second challenge if it is needed.

Plenary session: 20–30 minutes

Step 2. Each group presents its challenge to the other participants for discussion and for suggestions to adjust the content or formulation until agreement is reached.

Step 3. All groups bring their flip-charts together side by side</td></tr>
<tr><td>References</td><td>Management Sciences for Health: the challenge model (3)</td></tr>
<tr><td>Materials needed</td><td>For each group, one flip-chart with markers</td></tr>
</table>

Session 8. Identify the health system obstacles

Duration	45–60 minutes
Objectives	To identify health system obstacles that hinder the service delivery challenge
Outline	In this session, the same groups that defined the health services delivery challenge in the previous session identify the major health system obstacle that hinders the service delivery challenge. Participants return to the same groups of the previous session and discuss what they consider the most important health system obstacle that hinders the service delivery challenge.
Steps	**Introduction** The facilitator in plenary starts explaining the concept and how to properly formulate a challenge. Then the facilitator divides participants into small groups. Each group covers one of the clusters identified in the previous session. Each participant may individually select a group to which he or she is most connected (for example, a laboratory worker may join the cluster of diagnostic services). **Group work: 20–30 minutes** Step 1. Each group agrees on formulating a challenge that best covers the cluster based on the elements identified during the SWOT analysis for that particular cluster. Each group copies the correct formulation of the challenge to a flip-chart. NB – A group might formulate a second challenge if it is needed. **Plenary session: 20–30 minutes** Step 2. Each group presents its challenge to the other participants for discussion and for suggestions to adjust the content or formulation until agreement is reached. Step 3. All groups bring their flip-charts together side by side.
Reference	Management Sciences for Health: the challenge model *(3)*
Materials needed	For each group, one flip-chart with markers

Session 9. Identify the root causes of the health system obstacles

<table>
<tr><td>Duration</td><td>60–90 minutes</td></tr>
<tr><td>Objectives</td><td>To define health system obstacles that are attributable to the TB service delivery challenge

To identify root causes that form the basis for the health system obstacles</td></tr>
<tr><td>Outline</td><td>The facilitator explains the purpose and set-up of this session. The facilitator explains the relationship between a TB services delivery challenge and a health system obstacle. In this case, the challenge was defined as how to improve the quality of the microscopy services. The health system obstacles in this case could be such factors as unqualified laboratory staff or obsolete microscopes.

Then the facilitator explains the five whys technique. This is a questioning technique, developed by Imai Masaaki, for getting beyond obvious symptoms and identifying the primary or root causes of an obstacle or problem. Asking "why" five times prevents mistaking symptoms for causes, so that one can work on addressing the underlying factors that are causing the problem rather than working on the wrong causal factor.

The facilitator also explains the graphical presentation of the fishbone (Fig. 1). In this case, the fishbone has been adjusted to represent the five supportive building blocks of a health system in delivering services.

The participants for each defined challenge return to the working groups in which they participated during the previous session, define the health system obstacle and complete the fishbone, after which they are presented and discussed in the plenary.</td></tr>
<tr><td>Steps</td><td>Explain the origin and purpose of the five whys questioning technique
• When the participant working with a cause-and-effect diagram has identified a probable cause, ask, "Why is that true?" or "Why is that happening?" To each response, ask "why" again. Continue asking "why" at least five times, until the answer is "That is just the way it is, or that is just what happened."
• Present the five whys technique example provided in Annex 3.
• Explain the fishbone diagram that, in this case, represents the five supportive building blocks of a health system.
• The purpose of the group work is to look for the possible causes of the health system obstacle that keep the participants from moving to their desired result (challenge in TB service delivery).
• Instruct the participants to return to the working groups of the previous session.

Group work (30–45 minutes)

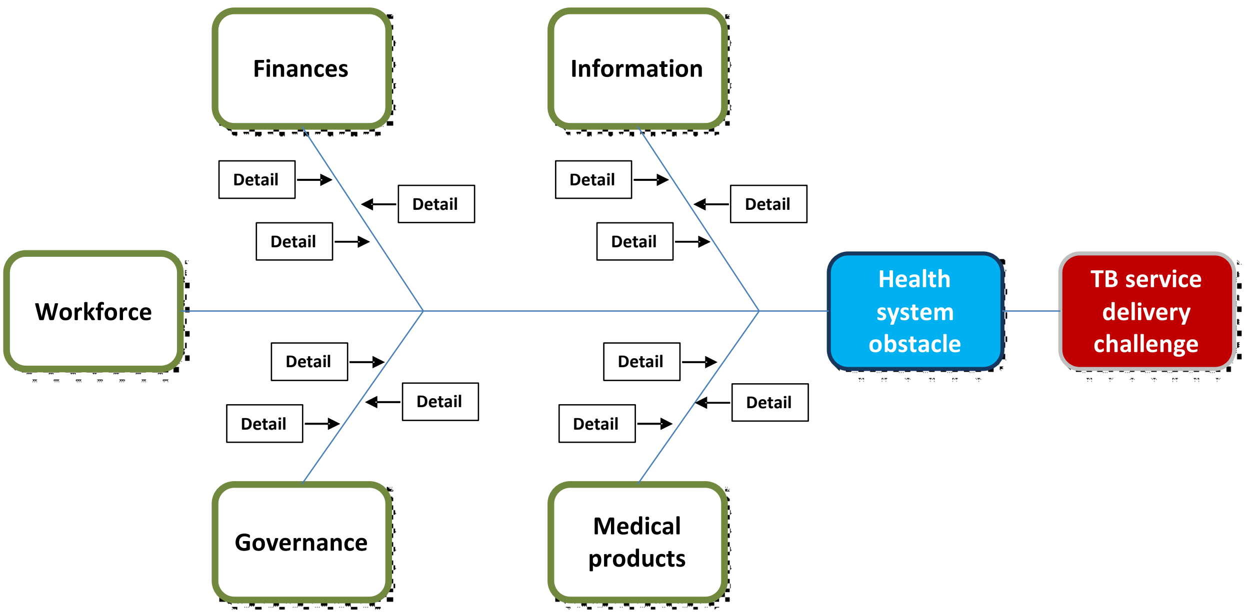
Step 1. Write the challenge in the fishbone diagram
• In the box on the far right side of the diagram
• Define in the box left of that a major health system obstacle to overcome the challenge.

Step 2. Brainstorm on possible causes
• Brainstorm on possible reasons why this health system obstacle is creating a gap between the intended result and the current situation.

Step 3. Connect the categories to the central spine of the diagram</td></tr>
</table>

	• Draw arrows from each category to the central spine, as shown in the diagram. **Step 4. Identify the causes that are most responsible for the problem** • For each category, probe deeper to understand the factors that sustain the current situation and keep the participants from moving to their desired result (challenge). Use the five whys technique to help the participants probe. • Brainstorm and write the group's ideas directly on the diagram. • Think about and select the causes that, if successfully addressed, enable the participants to make significant progress toward the desired result. Circle these causes. **Step 5. Plenary session (30–45 minutes)** • Each group presents its fishbone to the other groups for discussion and for suggestions to adjust the content or formulation until agreement has been reached. • All groups finally bring their flip-charts together side by side.
References	Ishikawa diagram *(5)* Management Sciences for Health: the challenge model *(3)*
Materials needed	Flip-chart and markers for each working group

Fig. 2. Outline of the fishbone diagram, in which the bones represent the five building blocks of a health system



Session 10. Developing a joint plan of action

Duration	90–120 minutes
Objectives	Develop a plan of action for health system strengthening
Outline	In this session, the participants develop a plan of action for health system strengthening to remove the health system obstacles based on the causes identified in session 9. Participants in the plenary first discuss and agree from a list of five or less common priority-setting criteria, which they use for setting priorities for the actions they develop. Then the participants return to their working groups. Each working group makes a list of actions to address the clustered causes that are attributable to the obstacle to TB service delivery. Each working group then makes a matrix that gives a list of proposed actions on one end and their semiquantitative scoring on agreed priority-setting criteria of the listed actions. This is presented to the plenary and discussed. Once all groups have presented their priority list of actions, the group as a whole selects from this list a short list of actions to be implemented. By the end of this session, agreement is reached on a short list of health system actions, aimed at removing obstacles to provide TB services.
Steps	**Preparation** • Make enough copies of the action plan worksheet (handout 1/Annex 4) and action plan (handout 2/Annex 5) for the participants. • Draw the sample formats on large paper for everyone to see (not filled in). **Step 1. Demonstrate how to use the worksheets** • In plenary, give all the participants a copy of the two handouts. • Explain how to complete the action plan worksheet. **Step 2. Complete the action plan worksheet** • Have participants work in their teams, each team working on its own challenge. • Ask the teams to fill in the blank action plan worksheet and discuss their reasons for choosing the priority actions to justify their choices. **Step 3. Complete the action plan** • Instruct teams to transfer the activities from the action plan worksheet and enter them into the blank action plan. • When they are filling in the action plan, ask the groups to: – list each priority action and the related subactions in the far left column; – assign a person who will be responsible for each activity; – note needed resources to complete the activity; and – indicate the weeks or months during which this activity will be implemented. • When the groups have drafted their action plans, have them present them in the plenary. **Step 4. Discuss the action planning process** • In plenary, answer any questions participants have about the action planning

	process. • Remind them that they will be reviewing the action plans with their local managers and completing their plans with the entire team that has to implement the plan. • Make sure that these action plans will be integrated with existing work plans and that individuals discuss activities outside their planned scope of work with their supervisors if the supervisors are not present in the group. **Wrap up and plan next steps** • List all the priority actions on a timeline showing when each activity and subactivity will be carried out, who is responsible and what resources are required.
Reference	Management Sciences for Health: the challenge model *(3)*
Materials needed	Copies of two handouts: • handout 1: action plan worksheet (blank) (Annex 4) • handout 2: action plan (blank) (Annex 5)

Session 11. Evaluation

Duration	15 minutes
Objectives	To evaluate the content and process of the workshop
Outline	In this session, the facilitator distributes the evaluation forms to all participants, requesting them to complete these before leaving. Then the facilitator returns to the list of expectations written down by the participants in the first session. The facilitator takes them one by one and asks participants whether that particular expectation has been met. The facilitator notes the expectations that were not met and asks whether these expectations need to be addressed on another occasion.
Method	Plenary discussion
Materials needed	One copy per participant of the evaluation form

References

1. Stop TB policy paper: contributing to health system strengthening: guiding principles for national tuberculosis programmes. Geneva: World Health Organization; 2008 (http://whqlibdoc.who.int/publications/2008/9789241597173_eng.pdf, accessed 27 June 2014).
2. Contributing to Health Systems Strengthening. Guiding principles for national tuberculosis programmes (Stop TB Policy paper). The Hague: KNCV Tuberculosis Foundation; 2014 (http://www.kncvtbc.org/health-system-strengthening-quick-scan, accessed 21 January 2015).
3. The Challenge Model. In: Management Sciences for Health. [website]. Medford (MA): Management Sciences for Health; 2014 (http://www.msh.org/resources/the-challenge-model, accessed 9 December 2014).
4. Pickton DW, Wright S. What's SWOT in strategic analysis? Strategic Change. 1998;7:101–9.
5. The Cause and Effect (a.k.a. Fishbone) Diagram. In: Six Sigma [website]. Six Sigma; 2014 (http://www.isixsigma.com/tools-templates/cause-effect/cause-and-effect-aka-fishbone-diagram/, accessed 17 December 2014).

Annex 1. Sample workshop programme (two days)

Day 1: Where are we now?

8:00–8:30	Registration
8:30–8:45	Official opening
8:45–9:15	Session 1: Introduction to the workshop
9:15–9:45	Session 2: Understanding the role of various stakeholders
9:45–11:00	Session 3: The concept of health system strengthening
11:00–11:15	Break
11:15–12:30	Session 4: Overall performance of the TB services
12:30–13:30	Lunch
13:30–15:00	Session 5: Developing a vision
15:00–15:30	Break
15:30–17:00	Session 6: Strengths, weaknesses, opportunities and threats (SWOT) related to the actual performance

Day 2: Where do we want to go?

9:00–10:00	Session 7: Challenges in improving TB service delivery
10:00–11:30	Session 8: Identify the health system obstacles
11:30–12:00	Break
12:00–13:00	Session 9: Identify the root causes of the health system obstacles
13:00–14:00	Lunch
14:00–16:00	Session 10: Developing a joint plan of action
16:00–16:30	Break
16:30–16:45	Session 11: Evaluation
16:45–17:00	Closing

Annex 2. Finding the right stakeholders

Health system strengthening by definition means that multiple parties will be involved. Health system strengthening initiatives take place in a complex environment and require positive interaction between the different stakeholders as they begin to understand each other's situation and logic.

When developing initiatives in a complex environment, participants should accept that they do not know everything. In the beginning, no one probably knows all that is needed to solve the problem or to find the solution. By asking “what is really going on?”, participants may find that there is much that they did not or do not know, and that the situation is just a bit different than they thought.

That is what is meant by complexity, and that complexity has disadvantages and advantages. The disadvantages are not knowing which way to go and not knowing who is right or wrong or what the solution is. The advantages are that solutions are sometimes close by and that the right stakeholders often can give the steps to the solution. That has often happened and it will happen again, as long as complexity is given a chance to do its job.

Organized systems can vary from ordered to complex to chaotic. Fig. 1 shows that although a watch is complicated, with a little patience it is possible to find out how it works. A city is complex, like a family but to a lesser extent. As actors in a complex system investigate to see what is going on, they share a lot of knowledge, which will hopefully result beginning of the chemistry needed to get anywhere. The following questions are then discussed.

- With whom should the actors converse?
- What are the challenges and opportunities?
- How are they interrelated?

In practice, these questions come back in iterations; it is not a linear process.

The key questions are: “Who should the stakeholders be?” and “Which parties are important?” If participants already have an idea of which stakeholders are important, it is tempting for them to focus only on the most directly involved stakeholders, but it is not wise to do so.

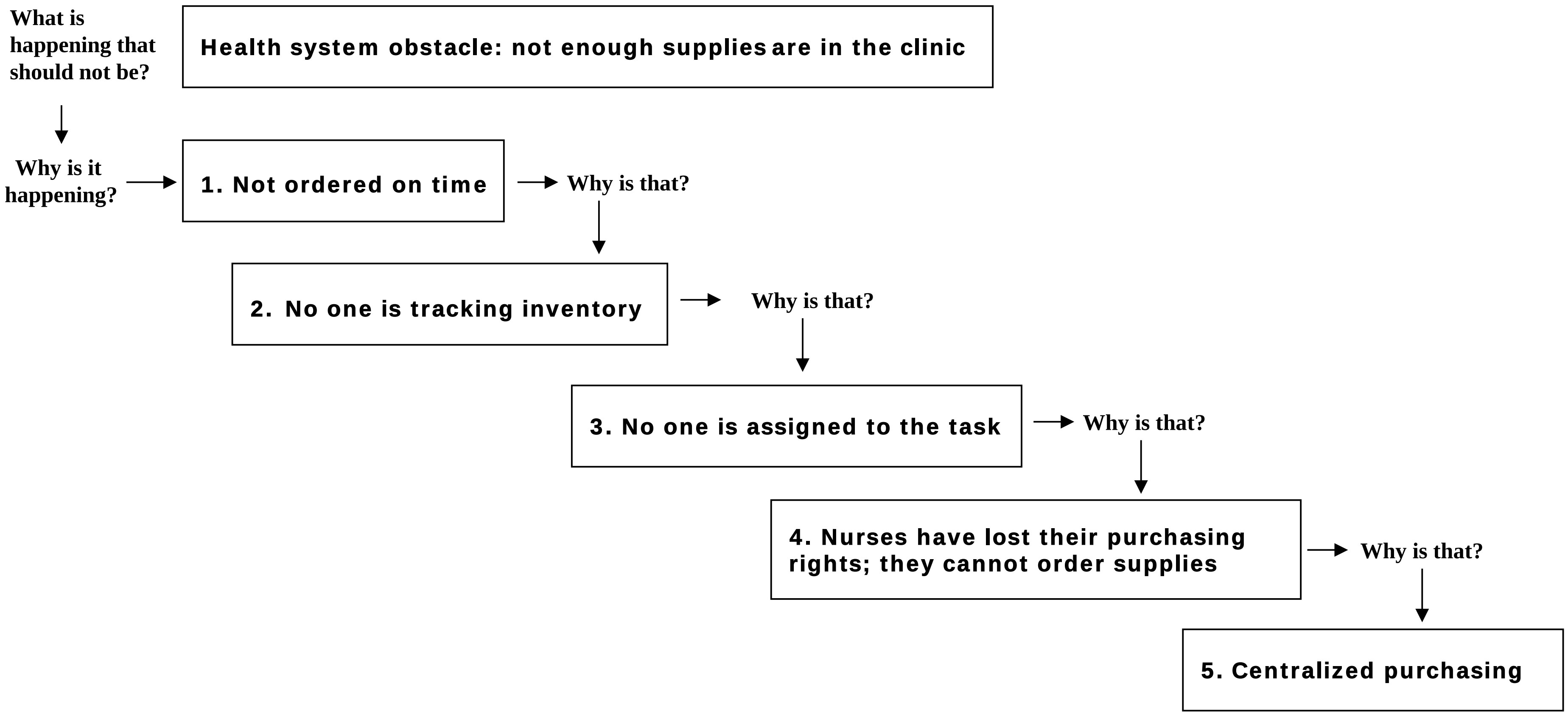
The scope can be defined larger or smaller. Scopes that are large have more complexity and require more parties talking to each other. There is a good probability that a solution will be found, but it requires more work. If the scope is smaller, then its complexity is less and finding a solution may not take as long, but there is a chance that the solution will not work because not all relevant parties were identified. The trick is to find a proper demarcation. This can be found by having the predefined stakeholders determine whether the scope of work is proper. Often the scope is adjusted as the process develops (Box 1).

Box1. Finding the right composition of stakeholders assignment

Check the scope with the participants to make sure it is not too big or too small.

- Create a (provisional) list of parties involved, and write them on cards of the same colour. Make sure to have no more than seven. If there are more, create categories of parties.
- For each party, formulate what it contributes: knowledge, contacts, information, funding, skills, etc. Write the contributions on cards of a second colour.
- Also formulate what each party receives back. It can be directly related to the contribution, but it can also be a timespan reward for the contribution. Again, the reward can be material, but also intangible, such as job satisfaction, prestige, etc. Write rewards on cards of a third colour.
- Check with the participants and make adjustments where necessary

Annex 3. Example of the five whys technique



Annex 4. Action plan worksheet

Challenge	**Current situation (baseline data)**	**Measurable result**

Root causes	**Priority actions**

Annex 5. Action plan

Measurable result: ____

Priority actions and activities	Person(s) responsible	Resources needed (human, financial, material)	Timeline															
			Month 1				Month 2				Month 3				Month 4			