RESULTS FOR DEVELOPMENT

Insight Health Advisors

ACCESS health international

Public-Private Sector Engagement:

Co-creation Workshop Materials

April 2021

Introduction

This collection of resources can be used and adapted by trusted brokers or public or private sector actors alike to help organize and facilitate a collaborative workshop process between public and private sector actors. The materials include **Facilitator's Guide**, an **Agenda Guide** and a set of **Sample Slides** to guide the workshop**.** These guides are based on the Strengthening Mixed Health Systems co-creation workshop in Kakamega County, Kenya aimed at improving engagement between the public and private sectors on the topic of maternal health.

Table of Contents

RESULTS FOR DEVELOPMENT

Insight Health Advisors

ACCESS health international

Public-Private Sector Engagement Co-creation Workshop: Facilitator's Guide

April 2021

Overview

Strengthening mixed health systems is a complex process requiring collaboration and partnership between the public and private sector entities within the systems. Figure 1 below details the *Public-Private Engagement Facilitation Approach* to strengthening mixed health systems through a **process facilitation** approach led by a **trusted broker**.

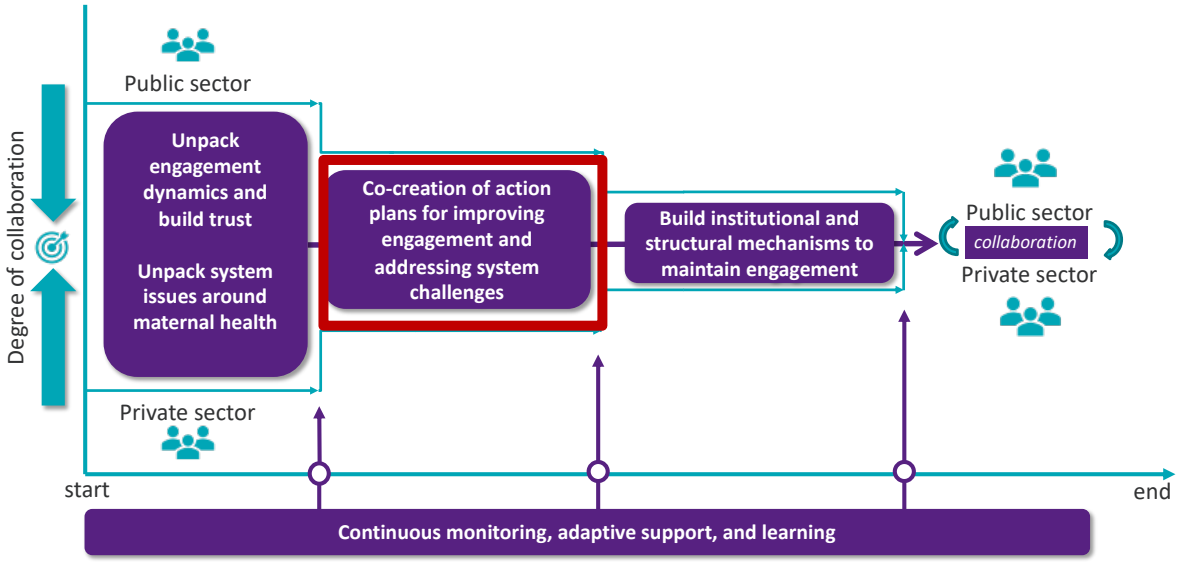


Figure 1: General SMHS approach to strengthen mixed health systems

This Facilitator's Guide describes the process of *co-creation*, the second step in Public-Private Engagement Approach to strengthening mixed health systems (Figure 1). Under this approach, a trusted broker works with the public and private sector actors together through a co-creation process to diagnose and validate challenges and co-create action plans based on locally relevant solutions, either through the translation of existing evidence or through the design of new approaches that actors agree on. Co-creation allows for the **building of trust** between actors and creation of an environment for open and honest engagement, then **uses that trust** to work together on assessing challenges and designing solutions to address those system and engagement challenges.

Pre-workshop activities

Before holding a co-creation process, the trusted broker should first undergo a **scoping phase,** speaking with individual health system sector actors. It is crucial to assess demand for process facilitation support for public-private engagement in the context and if the parties think that a trusted broker would be a good fit for their engagement goals. This step also allows the trusted broker to build the initial level of trust that will be necessary for true engagement.

After scoping is complete, the trusted broker should hold a series of **sector-specific meetings**. There should be one meeting that brings together a variety of actors from the public sector and another separate meeting that gathers private sector actors. These initial meetings allow the trusted broker to introduce the project to participants, begin to understand how participants view their counterparts belonging to the opposite sector, and to discuss challenges related to

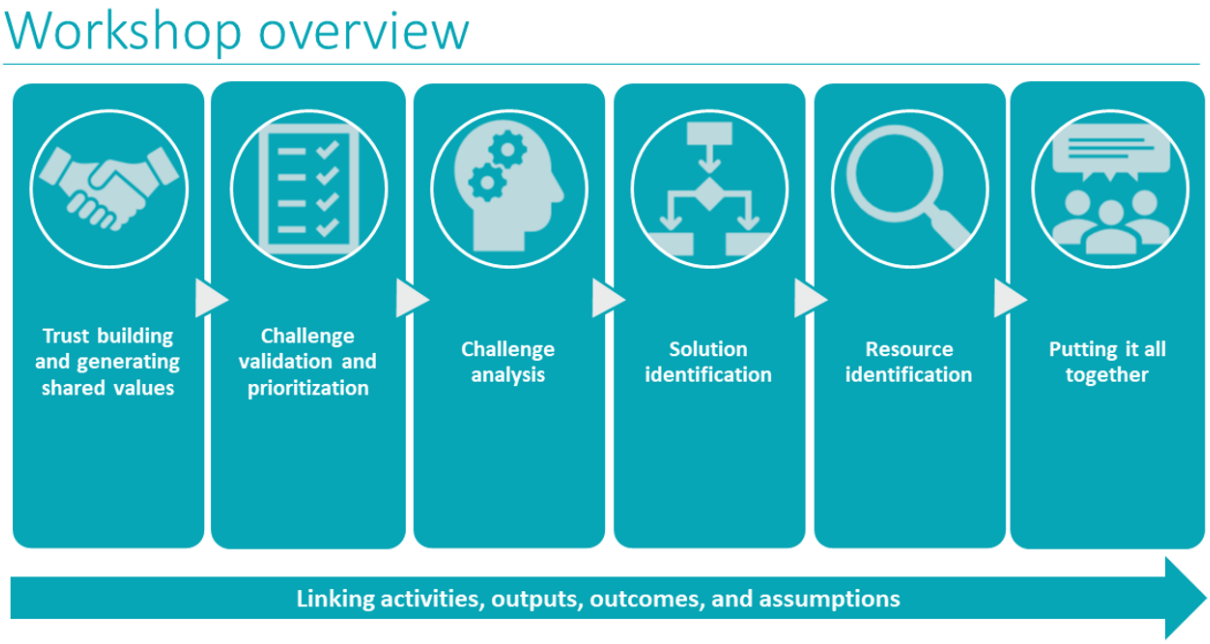
engagement with the opposite sector as well as the PPE's topic of focus, such as maternal and newborn child health. During these meetings, it is important for the trusted broker to carefully make note of the types of challenges arising, both under the topic of the PPE's focus and under multisectoral engagement in general. These initial challenges will provide the basis of the content for the co-creation workshop that brings together parties from both sectors. After both sector-specific meetings have been completed, the trusted broker should promptly work to schedule the larger co-creation workshop, maintaining contact with participants in the interim as necessary.

Workshop approach

Facilitators should use a process facilitation and a joint learning approach to facilitate the workshop. This approach focuses on building group trust and collaboration to then identify a shared goal that participants can all agree on, validate shared challenges currently impeding that goal, jointly analyze the underlying root causes of those challenges, and then co-develop actions and approaches to address those root causes. This type of approach that focuses on building shared trust and vision with subsequent focus on mixed groups jointly analyzing and problem-solving hopes to build sustainable relationships and frameworks for these participants to sustainably work together in the future. Groups can be created based on tablemates (in-person workshops) or Zoom breakout groups (virtual workshops), but facilitators should aim to get an even mix of public and private actors in each group.
This approach includes active sessions to support participants through a series of exercises discussed below and an introductory commitment from participants to all be active participants and not observers. Additionally, it encourages joint learning – noting that all participants have something to learn and something to share. The approach aims to foster cross-sector dialogue and encourages improved trust and partnership amongst participants. Workshop objectives include:

- Increased engagement and community building between and amongst public and private health sectors
- Co-prioritization of key challenges in the topic of focus (i.e. maternal health) and related public-private sector engagement challenges; and
- Co-production of action plans for improving the prioritized challenges and identification of technical assistance needed to succeed.

The workshop approach follows the below flow of exercises and activities to achieve these objectives. To ensure collaboration, participants can be divided into equal mixed groups with representatives from both public and private sectors. These groups should work together throughout the duration of the workshop. The first workshop sessions focus on engaging participants in trust building activities to generate shared values. Next, participants validate and prioritize challenges in the topic of focus that are previously identified during workshop preparation activities. After prioritizing these challenges, participants conduct root cause analysis to analyze the causes of these problems. Next, they identify solutions and resources available to help implement these solutions. Finally, they put all this work together by developing joint action plans to take forward after the workshop. Throughout the workshop, facilitators should support participants to consider how activities linked to outputs and outcomes and how they could draw out what critical assumptions underpin them.



Day 1

Opening

[Slides 1-11 in SMHS example presentation]

Day 1 should begin with a welcome and meeting overview from a key stakeholder (ideally from whichever sector is leading the work) and one of the trusted brokers. This sets the stage for collaboration and stewardship. This should also provide a summary of workshop objectives and group norms. Next, the participants should engage in an “ice-breaker” activity that aims to generate commonalities amongst participants. In the example slides, the SMHS team included a quote to ensure that the workshop approach resonated with the regional context. Facilitators can tailor these types of quote to their local context or remove them altogether in favor of a different tie back to the culture. For the icebreaker activity itself, facilitators can ask their groups to identify a list of things everyone in the group has in common that is not related to work. This gets the groups talking and familiar with each other.

Mixed health systems for UHC

[Slides 12-19 in SMHS example presentation]

Next, facilitators present material about mixed health systems to help ensure that all participants have the same understanding of the work at hand. This includes background information on h mixed health systems, defined by the WHO in 2019 as systems in which “goods and services [are] provided by the public and private sector, and health consumers request these services from both sectors”. Many health systems in lower/middle income countries (LMICs) are “mixed” and harnessing the private sector’s capabilities is crucial to a successful mixed health system

and, eventually, to achieving UHC.

In this session, facilitators also introduce the technical partners present in the room and briefly outline the background for the project that was supporting the workshop, if applicable. This session also focuses on expectations of participants including that they share openly and honestly while respecting others' perspectives.

Trust building and generating shared values

[Slides 20-26 in SMHS example presentation]

As facilitators move through the workshop, it can be helpful to return periodically to the workshop overview graphic to orient participants on their progress. Highlighting the current session in red is a simple but effective roadmap!

The first interactive session focuses on building and generating shared values. All participants should be asked to write what their "vision for success looks like for public-private engagement in the context". Participants then paste these vision statements up for others to see.
The facilitator should then create a diagram to demonstrate the themes arising from this activity and their linkages. The figure below represents how the facilitation team during the Kakamega workshop synthesized the desired goals of the PPE as expressed through participants' written vision statements. This diagram was created during the facilitators between Sessions 1 and 2 and presented to the participants during Session 2. The purpose of the visual is to create a clear map between the various outcomes expected from improved engagement. Outcomes were anticipated to focus on these themes, but importantly, the outcomes were seen as likely to cut across more than one theme.

The facilitator should share some of the vision statements in plenary, which will allow for participants to begin building implicit trust through sharing and collaborating on a shared vision for mixed heath systems. The key element here is working together – this collaboration will build an initial level of trust that can be used throughout the rest of the workshop. It is also important for participants to be open and honest about both solutions and challenges. This honestly will also build trust among the group.

Based on the vision statements, facilitators can ask groups of mixed participants to draw out pictures on large pieces of posterboard that represent what they think the ideal vision of MHS looks like and produces in their context. This activity motivates creativity, allows participants to engage multiple modalities of learning, and allows them to work together to create common drawings. This can be a lively session, culminating with a representative from each group presenting their drawing to the other participants.

Some of the commonalities identified across the groups during the SMHS project in Kakamega County included a desire to:

- *Satisfy the community*
- *Achieve healthy families*
- *Create "one health system" that includes both public and private providers*
- *Create linkages in the system by using community health volunteers and workers*
- *Ensure quality services are available and that mothers perceive and view the care as high quality*

Group work output: Drawings of group visions for achieving the common goal related to the topic of focus. A sample group vision from the SMHS workshop in Kakamega is pictured below, completed as an ideal vision for MNCH care in the county.

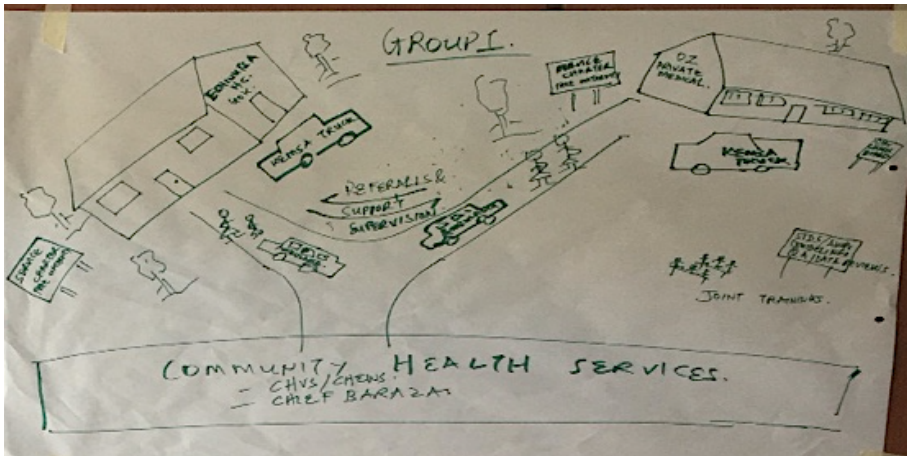


Figure 2: Group 1 Mixed Health System Diagram

MNCH challenge validation and prioritization

[Slides 27-34 in SMHS example presentation]

In the next session, facilitators should share back the de-identified health system challenges the participants had raised during the sector-specific meetings in the pre-work phase. The purpose of the session is for the groups to discuss and validate these challenges together. Next, the groups should each prioritize one challenge that they want to focus on for the duration of the workshop. Groups should ensure that the challenge is a challenge for both public and private sectors in the groups.

Challenges from the SMHS workshop in Kakamega County included:

1. *Ineffective utilization of national health insurance as a source of financing in both public and private*
2. *Shortage of HRH*
3. *Lack of standardized supervision in public and private hospitals*
4. *Inadequate funds being channeled back to both public and private health facilities*

Joint challenge analysis and prioritization of root causes

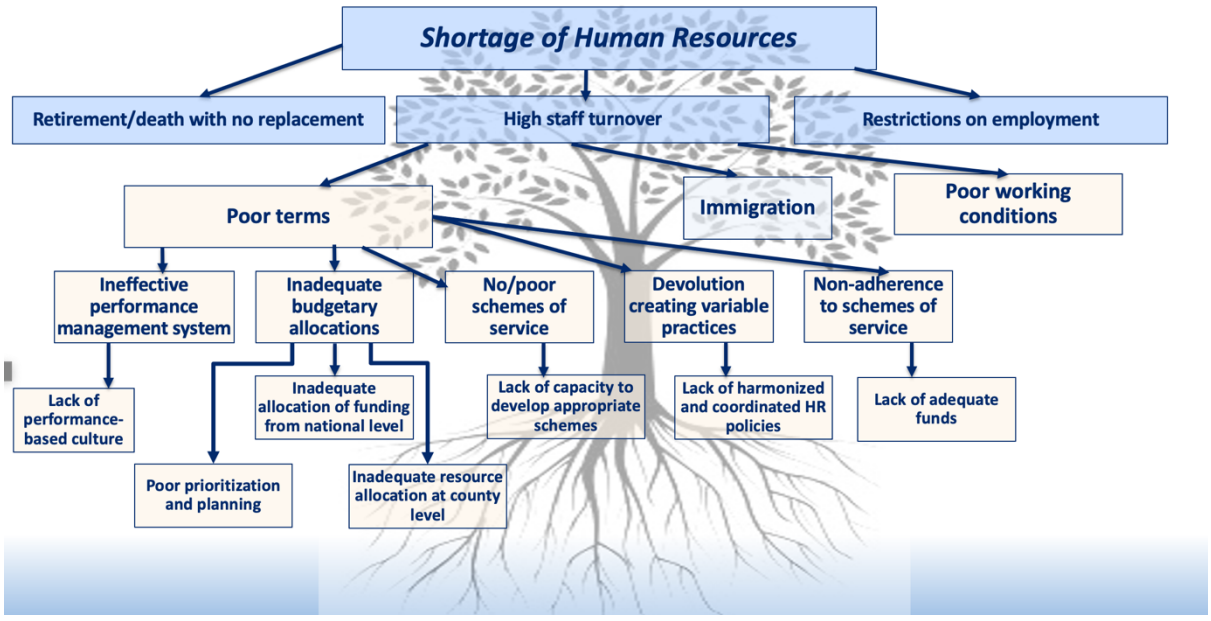
[Slides 35-43 in SMHS example presentation]

The next session is focused on helping participants dive deeper to analyze the challenges that they prioritized. To do this, facilitators should introduce a root cause analysis methodology and walk through an example together before splitting back into groups.

Each group should be assigned a priority challenge. Within the groups, each facilitator should have people write down why the challenge is occurring – beginning at the first level—and spend enough time to think of all possible superficial causes of the challenge. The facilitator should lead the group through a quick review of the brainstormed causes and then the group should choose one that seems the most salient. The activity is then repeated with this selected first cause – participants brainstorm all of the causes for this first level explanation. This process should continue for 4-5 levels, each time going through all of the potential causes, choosing one that seems most salient, and then further detailing the causes of that cause. Eventually, the groups will create a "problem tree" of "root causes" – by asking "why" several times, the groups can really get to the most fundamental cause of the challenge.[1]

Facilitation notes – it is best to have participants begin each round of causes with rapid ideation on sticky notes. This allows participants to think quickly and creatively, rather than the sometimes-slower process of group prioritization. Group discussion is important during this process but should be used to complement individual brainstorming. Facilitators should help to document the process, as participants build their "problem trees" from sticky notes and flipchart paper. An example problem tree from the SMHS project is shown below.

Example from SMHS workshop - Group 2: Shortage of HRH



[1] There are a variety of resources in the published literature on how to carry out root cause analysis. The "problem tree" methodology is one option, but there are a variety of other frameworks and tools for this. We recommend a Google search to identify other options for root cause analysis if this one does not feel right for your context.

The first day can be wrapped up with a short session focused on introducing participants to concepts around linking activities to outputs to outcomes. This session will help participants understand the project learning approach and how their activities in the co-creation process will contribute to learning. [Slides 46-48 in SMHS example presentation].

Day 2

Day 2 should begin with a recap of the sessions from the previous day specifically sharing out some of the learnings from the sessions and reviewing the challenges and root cause analyses of each group. Between Day 1 and Day 2, facilitators can create more polished versions of the problem trees (like the example above) for presentation to the plenary group during Day 2. Facilitators can also finalize and fill in any remaining gaps in the slides for Day 2. [Slides 49-50 in SMHS example presentation].

Discussion of public-private engagement challenges and solutions

[Slides 53-58 of SMHS example presentation]

The first interactive session of the day can focus on public-private engagement challenges. This session is different from the session on challenges discussed on the first day in that the first day focuses on health system challenges, while this session focuses on engagement challenges. This is a contentious topic, which means it is best suited to the second day: the hope is that participants will have spent a full successful day working together before having to address some of these tougher challenges.
To guide the session, a facilitator should present the public-private engagement challenges identified during the pre-work phase. Next, groups can review and validate these challenges.

Some additional challenges that were raised in the SMHS project in Kakamega County were:

- *Public sector similarly experiencing issues with timely reimbursements*
- *Private sector representatives not included in the county WhatsApp group used for invitations to county work planning and other meetings / not invited early enough to those meetings in order for private sector representatives to make necessary arrangements to attend*
- *Emergency services are not being offered as per the laws: payments are to be made before services are rendered*
- *Lack of inclusion of the private sector during annual public sector planning.*

As a next step, groups can identify activities that could prevent these challenges, resulting in a rich list of potential solutions. The facilitators can then summarize these recommendations into the key themes.

An example key theme from the SMHS project in Kakamega County is included here:
Improve organization and engagement between public and private sector. *This included suggestions to conduct frequent engagements between the sectors and to develop formal guidelines. One suggestion was to use the terms of references developed for the national level multi-stakeholder forums to translate to the local level. The purpose of the forum would be to communicate (and translate communication down to all levels of the health system), share challenges, prioritize activities to work on together across sectors (joint planning discussed below, and get feedback on the reports that they provide to the county leadership. The private sector also suggested organizing its own joint planning session and then sending a representative from the private sector joint planning to work with the county.*

Co-development of activities

[Slides 59-62 in SMHS example presentation]

The session on engagement challenges and solutions serves as a good warm-up before asking participants to dive back into the group challenges they had been working on throughout the workshop. In this activity, groups can identify the activities and solutions to addressing the root causes of their prioritized challenges. Groups should be instructed not to limit themselves during this session, but instead to quickly generate all the possible solutions to the root causes that they can. Some of these activities may include solutions identified in the previous session.

Resource identification

[Slides 63-67 of SMHS example presentation]

Next, in plenary, all participants are asked to identify all potential available resources across four categories: human, financial, material, and technical resources. Each sector should write their resources on different colored sticky notes (ex: public – blue; private – yellow; technical partners – pink). The result is a large crowd-sourced list of possible resources for participants to draw on in developing their action plans.

Example resource table from the SMHS workshop in Kakamega County:

<table>
<tr><th colspan="3">Material Resources</th></tr>
<tr><td colspan="2"><u>Public</u>
Logistics
Mobile phones
Technical equipment and medical equipment
Ambulances
Drugs and consumables
Facilities
Material management - system management
Land and cars
Computers, phones, drugs, pharma
Records
Management tools
Basic equipment is available in all public facilities but not advanced</td><td><u>Private</u>
Provision of documentation tools
Programs, consumables
Diagnostics, laboratory equipment is available
Water and electricity
Infrastructure
Personnel
Records
Drugs and mobile phones</td></tr>
<tr><th colspan="3">Human Resources</th></tr>
<tr><td><u>Public</u>
Professional associations
Specialists
Community health management
Seconded staff to FBO facilities
CHWs
Fellowship programs
Supervision processes in place
Community unit in place</td><td><u>Private</u>
CHWs
Staff
Nurses society
Specialists
Watchmen</td><td><u>Technical Partners</u>
KHF technical capacity that you can utilize
TA to create a platform; rural hospital association, etc.</td></tr>
<tr><th colspan="3">Financial Resources</th></tr>
<tr><td><u>Public</u>
Cost recovery - user fee
County budget
Partner funding
Insurance companies – National Hospital Insurance Fund (NHIF)
National government
Donations</td><td><u>Private</u>
Incentives for volunteers
Support from insurance companies
Support from partners
Cost recovery
Reimbursements from insurance
Budgeting and prioritization of needs
OPP
Bank loans</td><td><u>Technical Partners</u>
Money for capacity building of volunteers and health care workers for training
Funding for activities at national, county and provider level</td></tr>
<tr><th colspan="3">Technical Resources</th></tr>
</table>

Public	*Private*	*Technical Partners*
• *Donate county procured equipment to private faculties* • *On job training, supportive supervision* • *Mentorship supportive supervision* • *No competition more cohesion* • *Involvement in policy strategy formulation* • *Encourage facilities to offer available partner programs* ○ *Need to have private high-volume facilities* • *Use private facilities as outreach sites for specific specialized services* • *Involve private staff during gov staff training* • *Health campaigns* • *Supportive supervision* • *Political will* • *Technical good will - come from technocrats?*	• *Supportive supervision* • *Allocation of volunteers*	• *International experience on health systems* • *Capacity to capture lessons learned and engage in PPD* • *Skilled specialists on HSS and health policy* • *Engagement with county and national-level forums* • *Support in development of policies, annual work plan etc.* • *Peer review for counties* • *Strengthening social accountability and increased participation of citizenry* • *Capacity on resource tracking*

Putting it all together

[Slides 68-74 of SMHS example presentation]

All of the group work across the two days leads to this session – jointly developing action plans. Groups need to prioritize a few of the activities that they identified earlier in the day by thinking through whether the activity: a) involves both public and private sectors; b) whether they have available resources or can mobilize the resources; and c) whether they believe they could see movement on the activity within one year. Using a template (Annex A), the groups should work to detail activity outcomes, risks, and sub-activities. For each sub-activity they can identify a responsible party, a timeline, and resources needed, available, and gaps.

Next steps

[Slides 75-79 of SMHS example presentation]

After participants finish detailing their groups' action plans, facilitators should bring the groups back together in plenary to reflect on the accomplishments of the workshop and plan for next steps.

Annex A: Best practices for workshop facilitation

Before participants arrive:

- Hold a facilitators meeting and orientation to help prepare for the workshop. Make sure that facilitators are familiar with the materials, decide on a facilitator for each session, and make a plan for how you will facilitate group work.
- Arrange tables and chairs to facilitate group learning – group participants in teams and make sure everyone can see the presentations.
- Distribute materials and move furniture before participants arrive.

At the beginning of the workshop:

- Ask participants to write a name tag and put it in front of them at their table
- In plenary, develop workshops norms (respect the time, ask to speak first, respect others' opinions, participate, quiet phones and computers etc.)
- At the beginning and all throughout the workshop put participants at east so that they can bring up sensitive points and feel comfortable to raise questions when they don't understand.

During sessions and presentations:

- Have a lot of energy and stay motivated so that you can motivate the participants! This is very important and sets the tone for the meeting.
- Stand up while you are presenting and move around the room so that you can engage participants during the presentations.
- Call on participants when you can and ask test their understanding and participation with questions like:
    - "Does that seem right…?"
    - "Give me an example"
    - "What do you think?"
- When explaining material try to refer to work or discussions that participants have had during the meeting using phrases like:
    - "As we talked about this morning…."
    - "As sub-county A noted this morning…"

Facilitating discussions during plenary sessions:

- There are no silly questions, and facilitators should respect contributions from all participants
- If someone asks a clarifying question, try not to respond right away with the right answer. Instead, use it as an opportunity for the rest of the participants to engage – ask them to answer the question or give their opinion. For example, you could say:
    - "Thanks for that important question. Does someone want to explain?"
- Try not to ask "closed" questions (questions with the response yes or no". Instead try to ask "why, how" etc.
- Try to "control" the participants who are getting in the way of the collaborative environment. There might be participants who try to answer all the questions and speak the whole time. It's the role of the facilitator to ensure that all participants are participating.

- Try to restate participants responses so that the whole room can understand what was said.
- Highlight the importance of all participant contributions and give feedback or corrections "softly" and "humbly" without calling attention to a participant being "wrong."

For group work report out:

- If possible, allow all groups to report out from the group work. **However,** strongly facilitate the report out and limit the teams to reporting on one key piece of information rather than regurgitating the whole discussion they had.
- Try to restate the report out from each group so that you can make sure all the groups have understood it.

During group work sessions:

- Go by each table/team to make sure they understand the instructions for the exercise and have begun work. Clarify the methodology and expectations for the exercises, even if they don't ask.
- Help ensure active participation from all participants: make sure that the teams have identified a lead for the activity and someone to take notes. Then ensure those roles change for each activity so that no one or two participants dominate the discussions.
- Sit with a team and help them move the work along – if they are having trouble ask them some open-ended questions about how to move forward or maybe bring in some new information that helps them move the discussions forward.
- Make sure to keep moving around the room to make sure that each team is on track to finish the work. If you find that several groups have misunderstood the methodology come back to the plenary to explain the work before carrying on in group work.

At the end of the day:

- Hold a facilitators' briefing to note:
    - Things that worked well
    - Things to improve on
    - Reflections on the group work activities
    - Distribution of roles for the facilitation the next day

If you are comfortable and enjoy yourself, the participants will feel your positive energy and it will propagate. Keep things upbeat, and your workshop will be enjoyable for the attendees as well as for you.

Annex B: Action Plan Template with Examples from Kakamega

Implementation Plan					
Activity 1	Setting up a Public-Private Engagement Forum				
Outcome	Public-Private stakeholders can jointly share challenges, resources, take action and identify solutions				
Risks	Time, competing tasks, lack of financing, getting quorum to hold meeting				
Tasks	Responsible Person / Role	Timeline	Resources Needed	Resources Available	Resource Gaps
Mapping stakeholders from private sector	*1. Person X (RH coordinator, sub-county)* *2. Person Y (Private sector, sub-county)*	*End of April*	*1. Public Health Officer* *2. Staff time* *3. Transport* *4. Stationery* *5. Lunches provided to people doing mapping*	*1 & 4*	*2, 3, 5*
Task 2	Responsible person/role for task 2	Timeline for Task 2	Resources needed for Task 2	Resources available for Task 2 (from "resources needed" list)	Resource Gaps for Task 2 (from "resources needed" list)
Activity 2					
Outcome					
Risks					
Tasks	Responsible Person/Role	Timeline	Resources Needed	Resources Available	Resource Gaps
Create group e-mail for all private sector providers in order to share information with them	*1. Person Z* *2. Group A*	*End of April*	*1. Stakeholder map from previous activity* *2. Staff time* *3. Email account for Person Z to manage Private Sector list*	*2 & 3*	*1 (but will be completed under other activity, so should be done in the future)*

RESULTS FOR DEVELOPMENT

Insight Health Advisors

Public-Private Sector Engagement Co-Creation Workshop: Agenda Guide

April 2021

Introduction

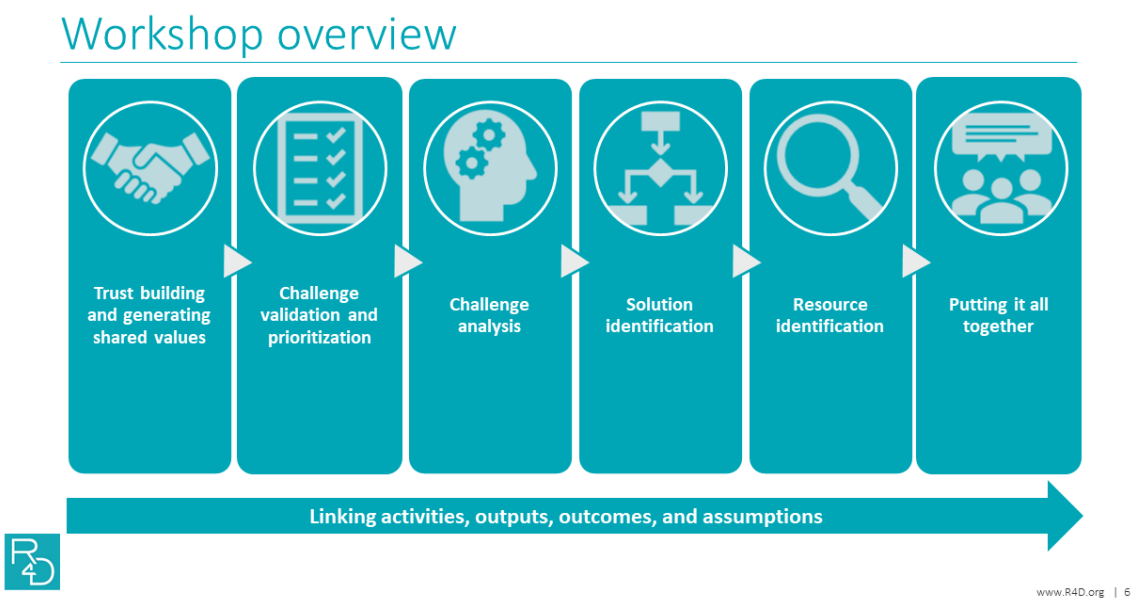
Co-Creation Workshop Objectives:

- Increased engagement and community building between and amongst public and private health sectors
- Co-prioritization of key health system issues and related public-private sector engagement challenges; and
- Co-production of action plans for improving the prioritized challenges and identification of technical assistance needed to succeed.

Approach

Workshop facilitators will foster cross-sector dialogue and encourage improved trust and partnership amongst participants. Facilitators will support participants to co-design action plans with the goal of strengthening public-private engagement. Throughout the workshop, facilitators will support the participants to consider how activities link to outputs and outcomes and trace linkages between improved public-private engagement and improvements in maternal health outcomes.

The major phases of the workshop are pictured below.



Annotated Agenda

Day 1: Co-Creation Workshop		Session goal	Materials
0. Opening			
8:30–9:00 AM	**Participant registration**		• List of participants • Name tags • Participant folders
9:00–9:40 AM	**Welcome and meeting overview** [Slides 1-7 in SMHS example] • Brief opening remarks from key public and private representatives *(30 mins)* • Welcome remarks from facilitators & overview of meeting's objectives, agenda, and norms *(10 mins)*	Goal: Respect formalities and kick-off the workshop	• Slides • Identify 2 representatives to do opening remarks
9:40–10:10 AM	**Icebreaker activity** [Slides 8-10 in SMHS example] • Explain activity and break out into 5 groups of 6 (2 private + 4 public sector reps) *(10 mins)* • Participants get to know each other and determine one thing they have in common (non-work related or too obvious). *(20 mins)*	Goal: Facilitate introductions and begin identifying common ground	• Slides with activity instructions
10:10-10:20 AM	**Institutional and Technical Partner Introductions** [Slides 11 in SMHS example] • Partners in attendance introduce their work vis-a-vis the workshop topic of focus *(10 mins)*	Goal: Introduce partners in attendance as well as their position/work on the topic of focus	• No slides needed
10:20–10:45 AM	**Mixed health systems for UHC** [Slides 12-19 in SMHS example] • Give broad overview of what is a mixed health system (MHS) and why or why not it's important for achieving UHC *(10 mins)*	Goal: Develop a shared vision of the topic of focus and how it relates to strengthened health systems	• Slides, including slides from partner presentations

	• Introduce facilitators and roles, discuss expectations of participants *(15 mins)*		
10:45–11:00 AM	**Coffee break**		
I. Trust building and generating shared values			
11:00–12:00 PM	**Generating and promoting shared values for improving maternal health and achieving UHC** [Slides 20-26 in SMHS example] • Participants describe vision for success in PPE *(5min)* • Facilitators begin by talking about the importance of working together and respecting each other *(10 mins)* • Exercise: motivations (15 min) • Exercise: topic of focus and UHC vision *(30 min)*	Goal: Develop shared values and building trust	• Slides with activity instructions • Large sticky notes or index cards • Regular sticky notes
II. Challenge validation and prioritization			
12:00–1:05 PM	**Discussion of shared public/private challenges related to topic of focus** [Slides 27-34 in SMHS example] • Facilitators present pre-identified challenges *(10 mins)*. Group discussions: • Groups discuss and validate all challenges and add any others that are missing *(15 minutes)*. • The groups then work together to prioritize two shared challenges from the larger list *(25 mins).* • Facilitators rapidly post the 10 challenges. *(5 min)* • Individuals vote on their one prioritized challenge *(10 mins)*	Goal: Validate and prioritize pre-identified challenges	• Slides with activity instructions • Handouts with challenges • Flip charts • Stickers for voting

1:05–2:00 PM	**Lunch and networking**		
III. Challenge analysis			

2:00–4:00 PM	**Joint challenge analysis and prioritization of root causes**
	[Slides 35-43 in SMHS example]
	
	• Facilitators draw on learnings from previous session to highlight that both public and private sector have interest in improving the topic of focus. Facilitators ask participants to keep this interest in mind as we jointly identify root causes of challenges.
	
	• Facilitators break up participants into the same 4 mixed groups from before lunch and introduce root cause analysis and methodology *(20 minutes):*
	  • Facilitators then guide groups through a root cause analysis exercise on their prioritized challenge using the problem tree/5 whys *(40 mins).*
	  • Facilitators will then lead groups into a prioritization exercise only 1 root cause pathway is prioritized based on their potential for greatest impact, opportunities for collaboration among public and private sectors and feasibility *(30 mins).*
	  • Each group will then briefly present their one problem tree pathway *(20 mins).*
		Goal: Carry out root cause analyses of the challenges identified; prioritize root causes of challenges	• Slides with activity instructions
			• Flip charts and blank problem trees
			• Sticky notes

4:30–5:00 PM	**Wrap up** [Slides 44-48 in SMHS example] • Linking activities to outcomes *(15 min)*		

	• Facilitators give an overview of the day and provide some brief information on what to expect on day two of the workshop *(15 mins)*		

Day 2: Co-Creation Workshop		**Session goal**	**Materials/Tasks**
8:30- 9:00	**Participant registration**		• List of participants
9:00–10:00 AM	**Recap of Day 1 and Day 2 Overview** [Slides 49-52 in SMHS example] • Lay out the agenda and objectives for day two *(5 mins)* • This session will begin with a brief recap of day one of the workshop. *(20 min)* • Linking activities outputs and outcomes *(35 mins)*	Goal: Ensure participants begin the day with the same understanding of the work; tie activities to outputs and outcomes	• Slides
10:00-11:00am	**Discussing PPE challenges and how we work together** [Slides 53-58 in SMHS example] • Facilitators read out the PPE challenges and successes identified in workshop preparation work. *(20 min)* • In groups participants validate and discuss challenges *(15 min)* • In groups participants discuss how to better work together *(25 min)*	Goal: Develop shared values, build trust, and develop better communication	• Challenge handouts
11:00–11:15 AM	**Coffee break**		
IV. Solution identification			

11:15-12:00	**Co-development of activities and solutions to address priority challenges** [Slides 59-62 in SMHS example] • Facilitators will summarize the priority challenges and root cause pathways identified and then participants self-select into new mixed groups *(15 mins)* • Facilitators lead groups through a brainstorming exercise to list all potential activities/solutions to address the root cause pathways of the prioritized challenges *(30 min)*	Goal: Co-create a set of activities to respond to the root cause pathways of challenges identified.	• Slides • Flip charts • Sticky notes
V. Resource identification			
12:00–12:45 PM	**Mapping of resources to implement activities and solutions** [Slides 63-67 in SMHS example] • Facilitator presents the types of potential resources *(5 min)* • Groups brainstorm resources they have – identifying if they are in the public or private sector *(30 mins).*	Goal: Identify resources available to carry out activities	• Flip charts
VI. Putting it all together			
12:45-1:15	**Putting it all together: Prioritizing activities** [Slides 68-71 in SMHS example] • In groups participants prioritize activities and solutions. Narrow down on number of proposed activities. Facilitators support groups by highlighting considerations such as the timeline, potential/available resources *(30 mins)* • Each group reports out *(30 min)*	Goal: Select high-priority and practical activities to develop in action plans	• Flip charts
1:15–2:15 PM	**Lunch**		
2:15–4:15 PM	**Putting it all together: Co-developing action plans** [Slides 72-74 in SMHS example] • Groups begin to piece together a detailed implementation plan with activities, tasks, responsible	Goal: Discuss PPE challenges from the pre-work; complete and validate an implementation plan	• Slides • Flip charts • Handouts: implementation plans,

	parties, resources available and needed etc. *(60 mins).* • Groups reflect and question plan *(30 min)* • Groups commit to plan *(30 min)*		
4:15–4:30 PM	**Bio-break and networking**		
4:30–5:00 PM	**Wrap up and next steps** [Slides 75-79 in SMHS example] Facilitators will review what participants are committing to by continuing to engage in activities. At the end of this session, activities that are agreed upon to move forward can be solidified with relevant parties signing a communiqué or TOC Facilitators will give an overview of the day and provide some information on the next steps (MOU, MEL activities -interviews etc.)	Goal: Discuss next steps and sign agreement for engagement and next steps	• Slides • Draft communique template

Kakamega County
Public-Private Sector Engagement
Co-Creation Workshop

Insight Health Advisors
Results Through Partnerships

RESULTS FOR DEVELOPMENT

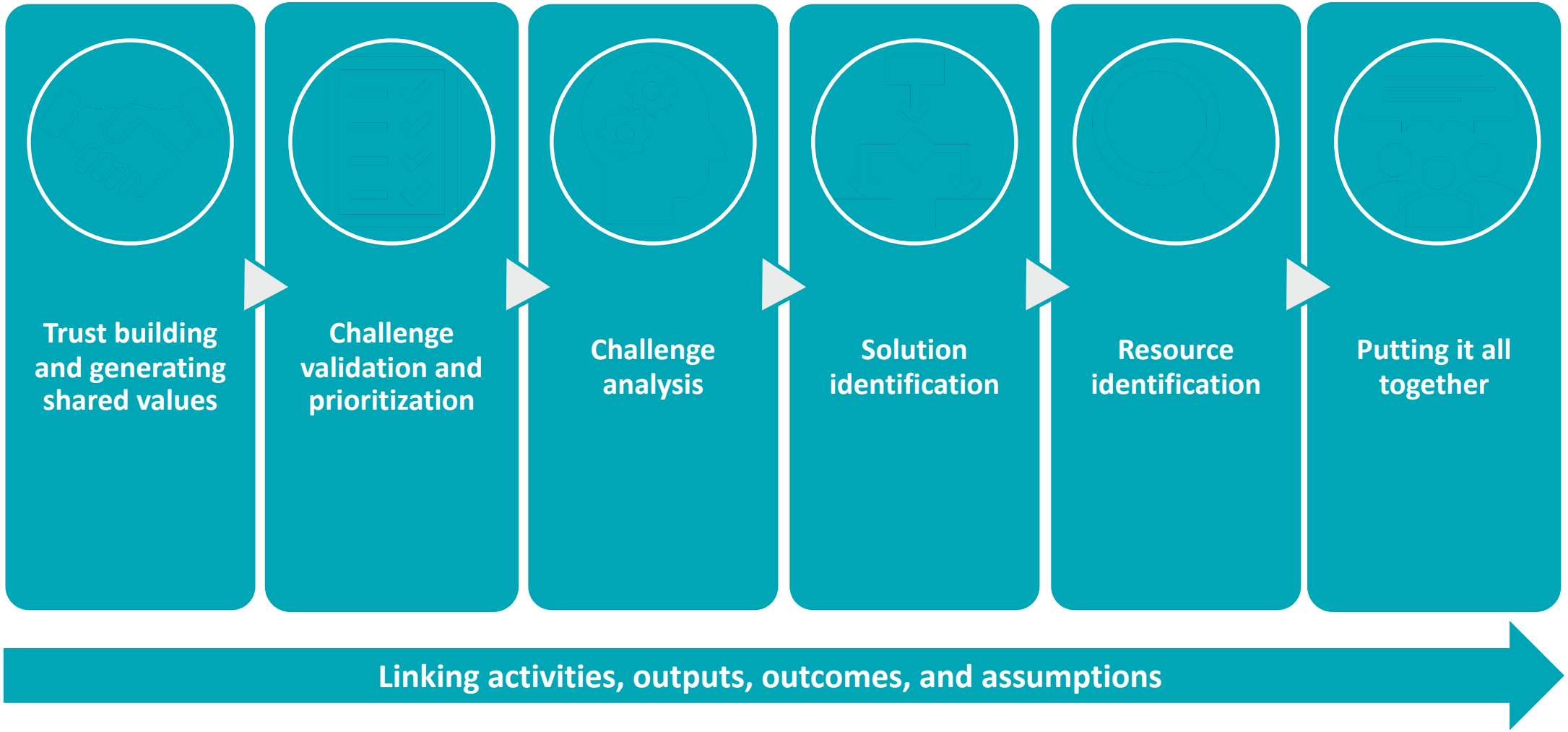
Welcome

Meeting overview

Workshop objectives

- Increased engagement and community building between and amongst Kakamega County public and private health sectors;
- Co-prioritization of key maternal health and health system issues and related public-private sector engagement challenges; and
- Co-production of action plans for improving the prioritized challenges and identification of technical assistance needed to succeed.

Workshop overview



Agenda- Day 1

Time	Session
08:30–09:00 AM	Participant registration
09:00–09:40 AM	Welcome and meeting overview
09:40–10:10 AM	Icebreaker activity
10:10-10:20 AM	Partner introductions
10:20–10:45 AM	Mixed health systems for UHC
10:45–11:00 AM	Coffee break
11:00–12:00 PM	Trust building and generating shared values
12:00–01:05 PM	Discussion of Kakamega County maternal health and UHC challenges
01:05–02:00 PM	Lunch and networking
02:00–04:00 PM	Joint challenge analysis and prioritization of root cause pathways
04:00–04:15 PM	Bio-break and networking
04:15–05:00 PM	Wrap up

Workshop norms

- What are the norms of this workshop that will help us attain our objectives?
  - Participate – be active in discussions
  - Be present
  - Show mutual respect
  - Be open-minded
  - Listen to all participants and views
  - Wear your brainstorming hat
  - Put away electronics!

These shared norms will give us the freedom to: ask a questions, seek feedback, submit a mistake, or propose ideas in a safe space.

Icebreaker Activity

One head does not exchange ideas.

–Ghanaian proverb

Icebreaker activity

- Introduce yourself to your group (name, name of your organization and your organization's role in Kakamega's health system) *(10 min)*

- As a group, determine one thing every group member has in common (non-work related or too obvious) *(10 min)*

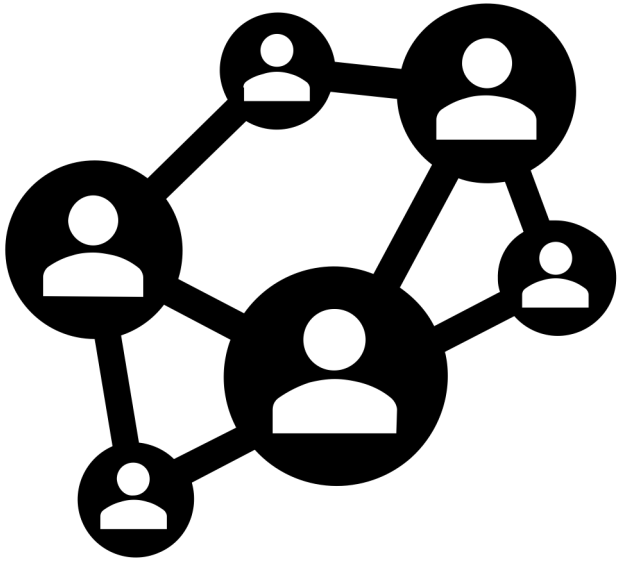
Partner Introduction

Mixed health systems for UHC

First off, what is a system?

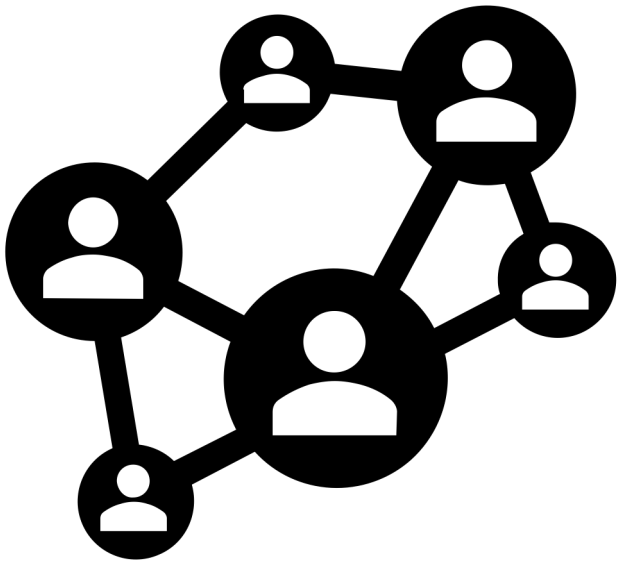
- "A configuration of interacting, interdependent parts that are connected through a web of relationships, **forming a whole that is greater than the sum of its parts**" – Holland, 1998

- "A perceived whole, made up of parts that **interact toward a common purpose**" – Peters, 2014



And a health system….

- A health system is the **aggregate of all public and private organizations, institutions, and resources mandated to improve, maintain or restore health**. This includes both personal and population services, as well as activities to influence the policies and actions of other sectors to address the political, social, environmental, and economic determinants of health.



- World Health Organization, 2016

Mixed health systems

- What is a mixed health system?
  - A system with “goods and services provided by the public and private sector, and health consumers requesting these services from both sectors”. – WHO, 2019
- Why is it important to consider mixed health systems?
  - Growing global consensus that achieving UHC and the SDGs will require a combination of strong public stewardship of mixed health systems and an engaged and organized private sector that provides high-quality, affordable health services
- What is the evidence around mixed health systems?
  - Limited evidence
  - Limited work done on facilitating effective engagement and continuous learning between the two sectors that demonstrates meaningful strides towards improved population health outcomes

Strengthening Mixed Health Systems (SMHS) Project

- The SHMS Project is supported by the MSD for Mothers Initiative and is led by Results for Development (R4D), in partnership with Insight Health Advisors (IHA) in Kenya

SMHS project goals

- Support two lower- or middle-income country governments and local private sector providers or representative bodies to document practical and actionable processes for integrating quality private maternal health care in government stewarded health systems to strengthen mixed health systems and achieve UHC.

- Ultimately, the processes for strengthening mixed health systems and improving public-private sector engagement will help country actors move towards achieving the SDGs and UHC and will act as models for other countries with the same goals.

SMHS project support to Kakamega County

The project will:

- Act as objective facilitators and neutral brokers to caytalyse public-private dialogue and engagement between public and private health sectors;
- Support systematic analysis of health system challenges, barriers to successful engagement, opportunities and solutions;
- Provide and broker technical assistance, access to and translation of existing knowledge, and support for identified activities and solutions;
- Document process and synthesize insights and evidence;
- Broker opportunities for dissemination of learnings.

Please note the SMHS project will provide technical assistance only, and will not provide financial support.

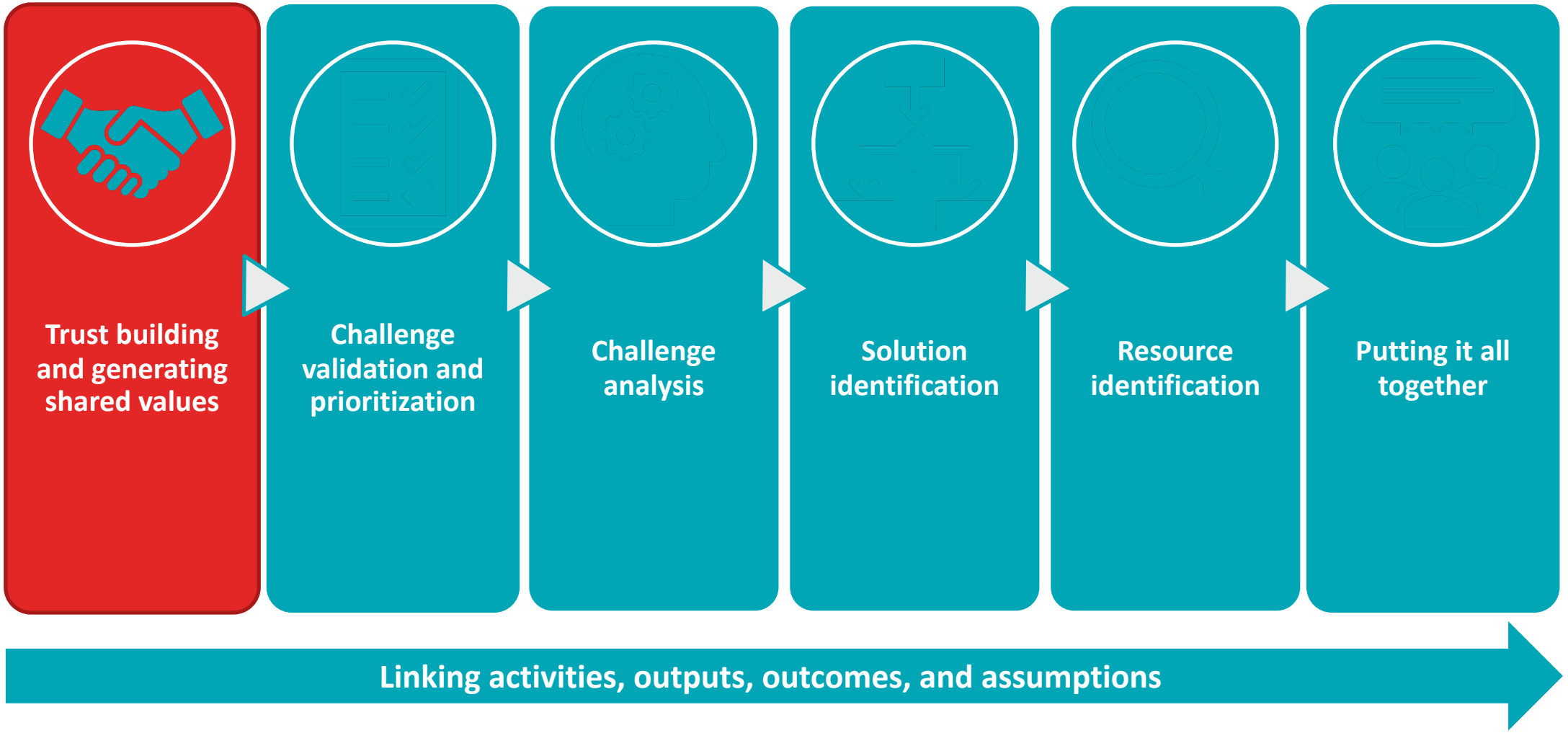
SMHS participant expectations

What are you committing to by participating in this workshop?

- Sharing frank opinions and honest thoughts while respecting others' perspectives
- Engendering a positive learning environment
- Identifying and building shared values for improving health outcomes and achieving UHC
- Analyzing what has gone well, what challenges exist, and what opportunities there are to co-design and implement solutions to improving health and public-private engagement in Kakamega

Trust building and generating shared values

Workshop overview



It's very hard to have ideas. It's very hard to put yourself out there, it's very hard to be vulnerable, but those people who do that are the dreamers, the thinkers and the creators. They are the magic people of the world.

- Amy Poehler

Vision for success

- Individually using sticky notes: describe what your vision of success looks like for public-private engagement in Kakamega County? *(5 min)*

Trust building and psychological safety

- Taking risks to trust and be open with each other

- We need to feel safe and respect each other so that:
  - We can give tough feedback without tiptoeing around the truth
  - We can be honest and know our colleagues won't resent us
  - We don't reject or embarrass someone for speaking up

Today's commitments

Will other participants give you the benefit of the doubt when you take a risk today?

We are all on the same team!

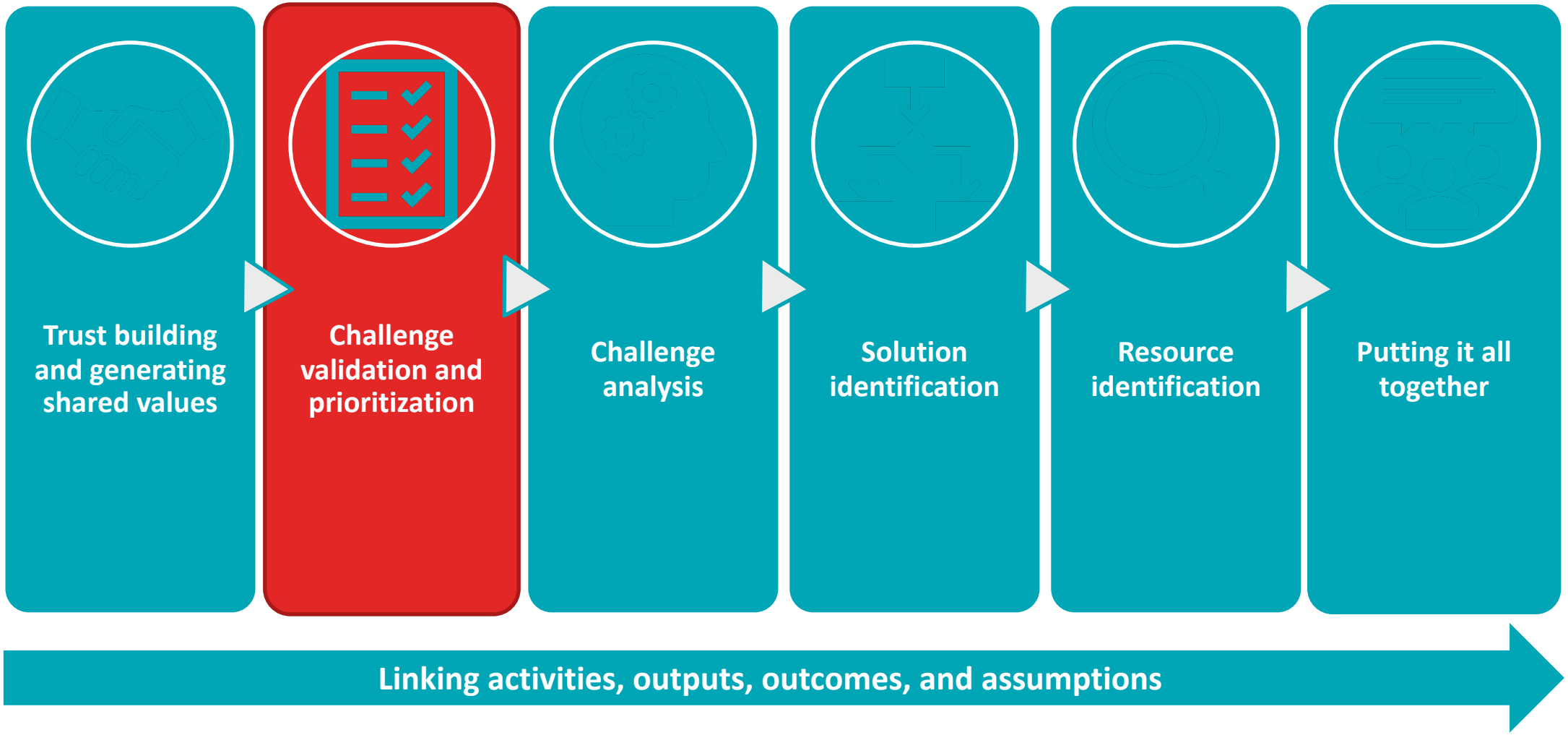
Kakamega County maternal health and UHC

In mixed groups:

- Share what motivates you to do your job? *(15 min)*
- Draw your shared “vision” for achieving improved maternal health and UHC in Kakamega County *(30min)*

Discussion of Kakamega County maternal health and UHC challenges

Workshop overview



There is immense power when a group of people with similar interests gets together to work toward the same goals.

- Idowu Koyenikan

Kakamega County MHS

- Kakamega County government recognizes the potential for the local private health sector to help them achieve the SDGs and UHC, but they report that they:

  - ✓ There is no clear policy and structure for engagement and dialogue with the private sector
    - ✓ Are not supported by the appropriate institutional systems/processes to engage
    - ✓ Private sector is poorly organized and sometimes does not participate in forums when invited
  - ✓ Public sector has concerns about quality of services and qualifications of staff in the private sector
  - ✓ Public sector does not feel supported by the private sector in health indicator data reporting processes

Kakamega County MHS

- Similarly, the local private health sector wants to engage the public sector, but they report that they:
  - ✓ There is a difficult business operating environment due to for example multiple licensing and levies by county and national government
  - ✓ Need government commitment on public-private engagement for example in participation in policymaking, annual work planning, budgeting, dispute resolution and other PPP opportunities
  - ✓ Do not feel supported by the county government in the fair enforcement of existing quality and licensing policies
  - ✓ Lack trust in the ability of NHIF to accredit and reimburse empaneled private facilities in a timely manner

Health system challenges in Kakamega County

This is what we heard from you…

- Governance
  - Regulation challenges
  - Conduciveness of business environment
- HRH
  - Shortage of HRH
  - High turnover
  - Inadequate skills
- Data management
  - Inadequate reporting and poor data management
- Healthcare financing
  - Contracting and reimbursement
- Service delivery
  - Poor implementation of referral guidelines and protocols
  - Perceptions of low service quality
  - Non-adherence to treatment guidelines and quality standards
- Supply chain management
  - Shortages in supplies (such as vaccines)

Group work: Discuss and validate challenges

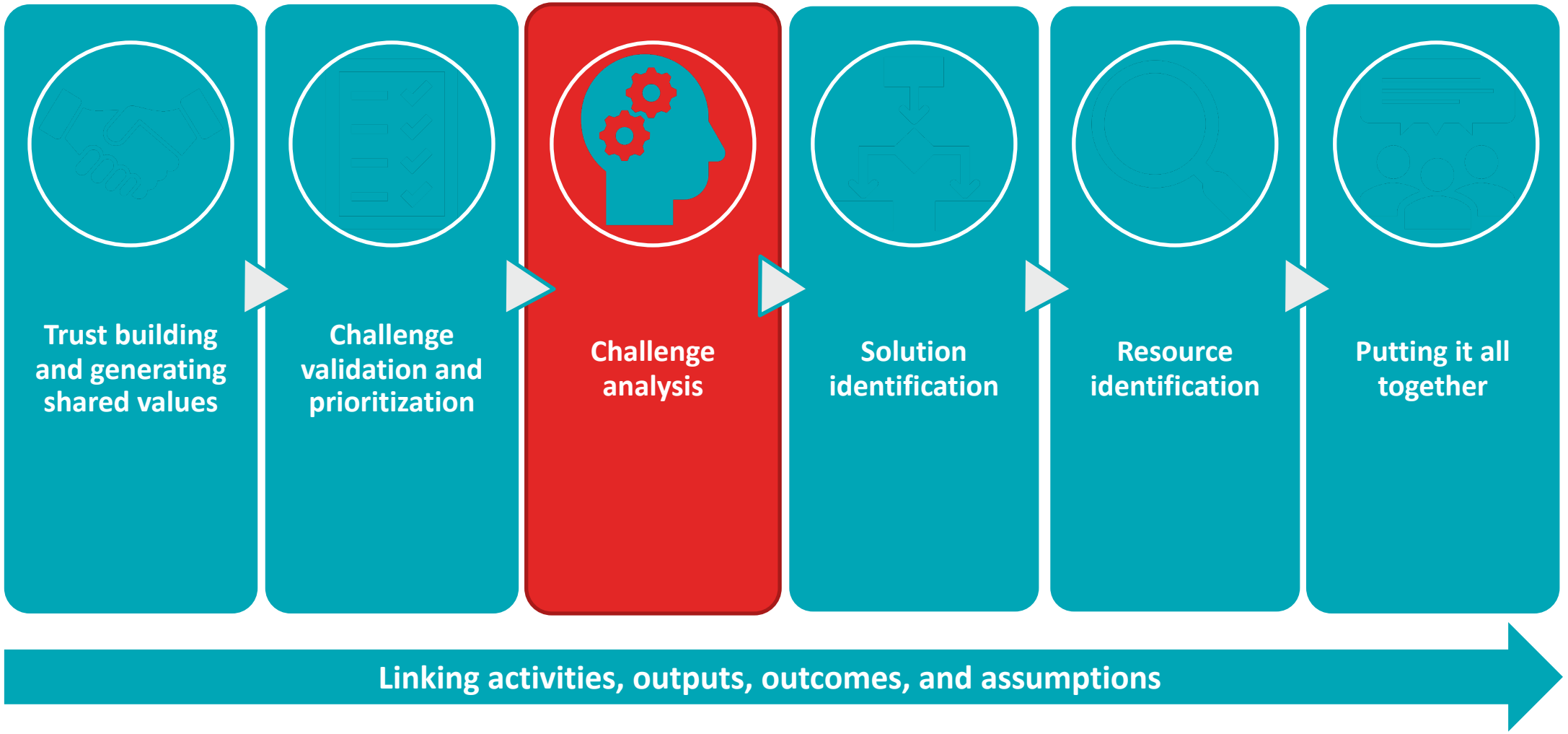
- In groups *(20 min)*:
  - How do the health system challenges identified in the sector-specific meetings in Kakamega county resonate with you?
  - Are you surprised by any of the challenges identified?
  - Are there any other specific challenges that are missing that you would like to add?

Group work: Prioritize a shared challenge

- In groups *(20 min):*
  - Prioritize one shared challenge from the complete list of maternal health and UHC challenges.
  - Considerations for prioritization:
    - Is it a challenge for both public and private sector members of your group?
    - Are public and private sectors already working or planning to work together on this challenge?
  - Pick a group representative to report out on the prioritized challenge in plenary

Joint challenge analysis and prioritization of root causes to delivering high-quality maternal health care in Kakamega County

Workshop overview



If you want to go quickly, go alone. If you want to go far, go together. -African proverb

Root cause analysis methodology

Problem Tree

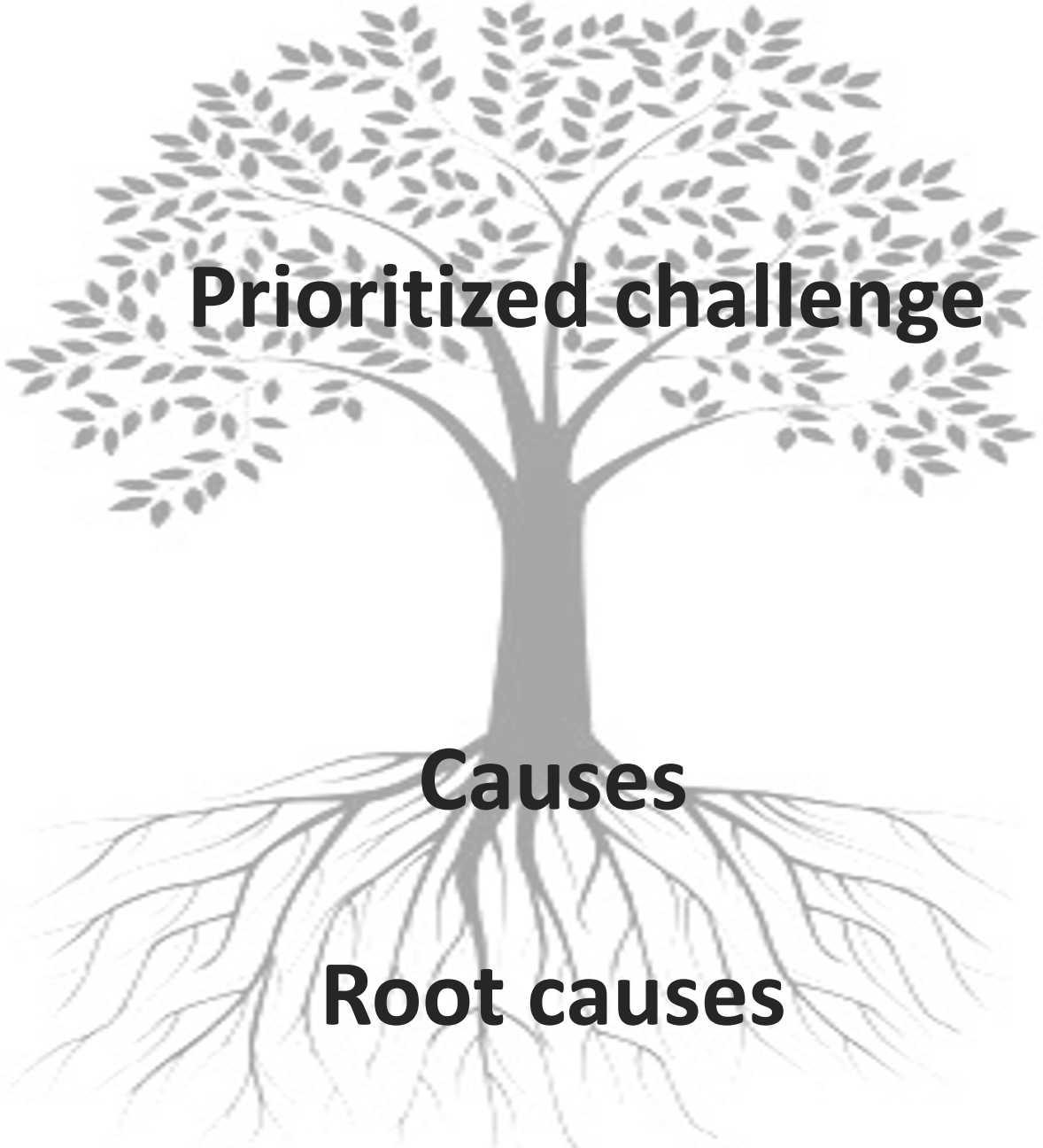
- Pictorial representation of a problem, its causes and its consequences.
- Shows the progressive breakdown of the factors or means that can contribute to an effect, in an orderly, clear and precise manner.
- Structured approach: systematizes the analysis of a situation and breaks down general concepts to a level of detail that allows them to be translated into actions

Root cause analysis methodology

5 Whys

- Systematic questioning technique used during problem analysis to look for possible causes of a problem.
- The technique requires the group to ask --- Why?
- Once it is difficult for the group to answer “why” the most likely cause will have been identified

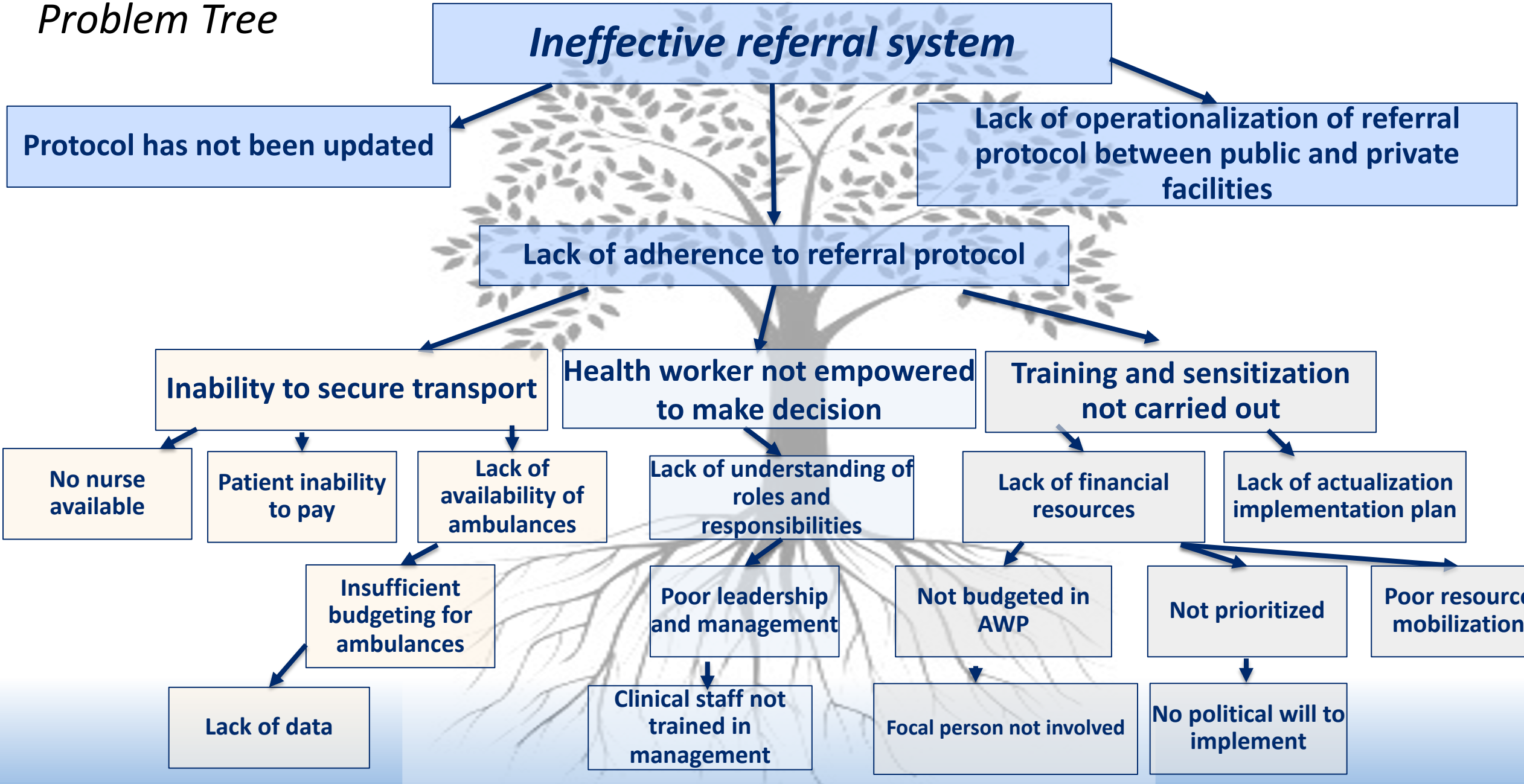
Root cause analysis: Problem Tree and 5 Whys



Why?

Why?
Why?
Why?
Why?

Example
Problem Tree



Group work: Root cause analysis

Problem Tree and 5 Whys

- In groups *(60 min)*:
  - Using the problem tree and 5 whys, identify the root causes (main problems and bottlenecks) related to the prioritized maternal health/UHC challenges

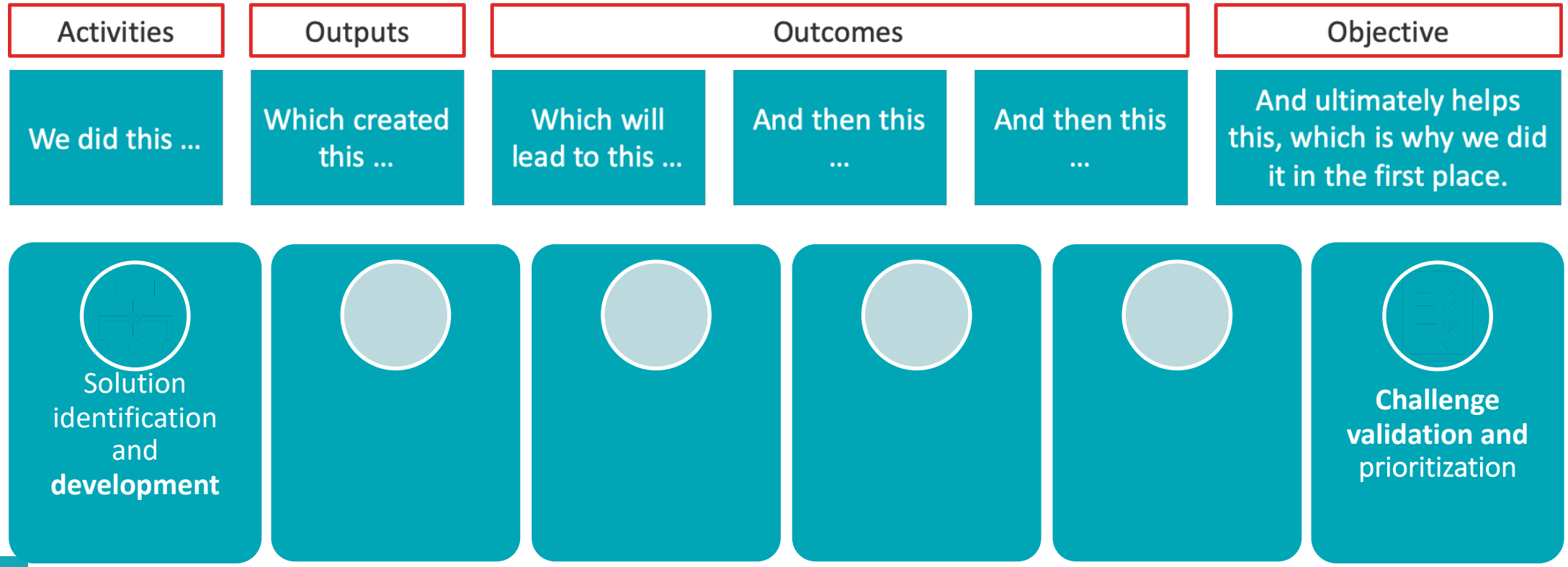
Group work: Prioritization of root causes

- In groups *(20 min)*:
  - Review all root cause pathways identified and determine **one to address** that:
    - Can be improved through better public-private engagement
    - Could lead to “fast effects” and greater impact
    - Could have an effect on several causes or touch across multiple challenges
    - Leverages available resources or has the potential to mobilize other resources
    - Leads to opportunities for collaboration with other partners and sectors
- Rapid report out (20 min)

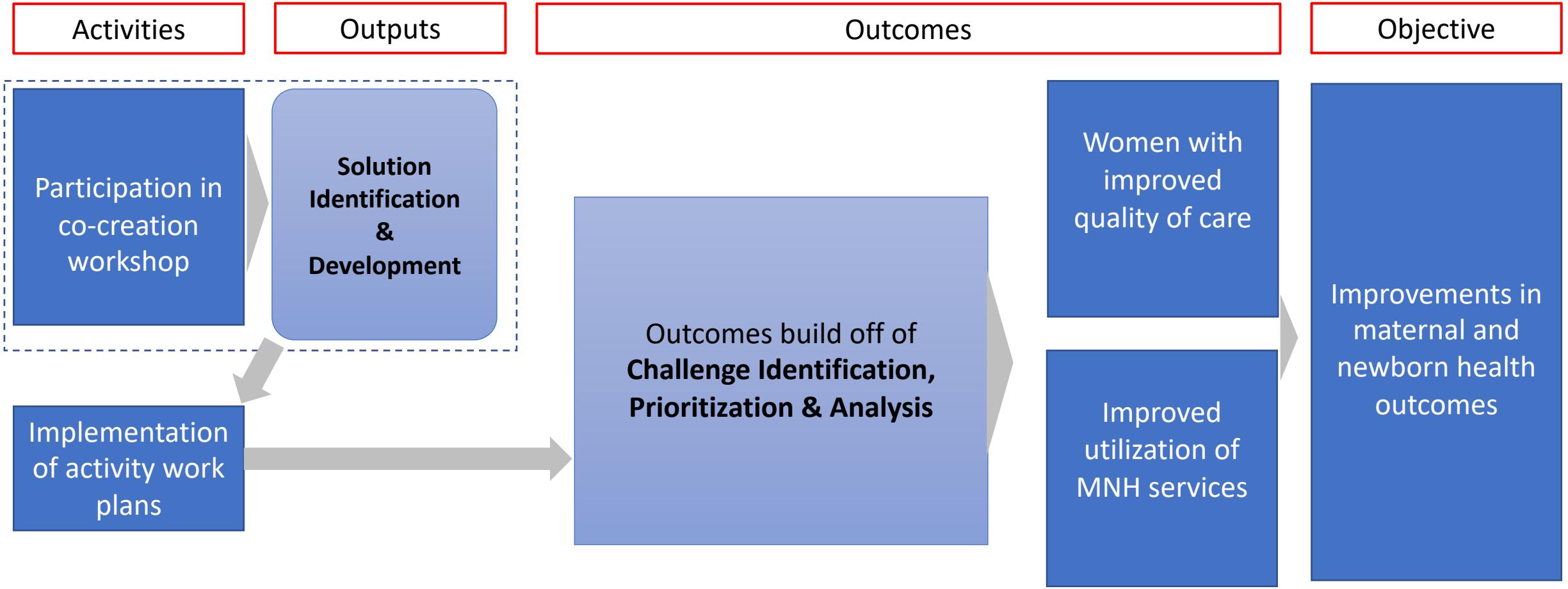
How will we tie this to learning?

Linking activity to outcomes

Describing how and why a change could happen in a place



Linking activities, outputs, and outcomes



Wrap Up

Wrap Up

- Overview of Day 1
- Preview of Day 2

Kakamega County
Public-Private Sector Engagement
Co-Creation Workshop

Insight Health Advisors
Results Through Partnerships

RESULTS FOR DEVELOPMENT

Summary of Day 1

Day 2

Agenda- Day 2

Time	Session
08:30-09:00 AM	Participant registration
09:00–10:00 AM	Summary of Day 1 and Day 2 Overview
10:00–11:00 AM	How we work together
11:00–11:15 AM	Coffee break
11:15–12:00 PM	Solution development
12:00–12:45 PM	Resource identification
12:45–1:15 PM	Activity prioritization
1:15-2:15 PM	Lunch and networking
2:15–04:15 PM	Putting it all together
4:15–04:30 PM	Bio-break
4:30–05:00 PM	Wrap up and next steps

Public-private engagement in Kakamega County

Public-private engagement challenges in Kakamega County

What we heard from you…..

- Willingness to engage and trust
  - ✓ Private sector has lack of trust in the ability of the national insurance agency to accredit and reimburse empaneled facilities in a timely manner – Now in MOH
  - ✓ Need government commitment on public private engagement for example participation in policymaking, annual work planning, budgeting, dispute resolution and other PPP opportunities

Public-private engagement challenges in Kakamega County

What we heard from you…..

- Joint planning
  - ✓ Lack of participation by private sector in county annual work plan/budgeting
  - ✓ Lack of private sector consultation before implementation of county policies
- Communication
  - ✓ Ad-hoc engagements between public and private sectors
  - ✓ Lack of mechanisms for private sector to advocate for issues with the county government
  - ✓ Lack of structured framework/platform to engage the private sector
  - ✓ Private sector poorly organized
  - ✓ County leadership often unavailable for meetings
  - ✓ Private sector not available to attend pre-planned county meetings

Public-private engagement challenges in Kakamega County

What we heard from you…..

- Health system challenges
  - ✓ Opportunity for public-private sector to better work together to tackle unlicensed facilities
  - ✓ Harassment of licensed providers by county and national health supervisors during inspections
  - ✓ Multiple licenses and levies imposed to operate health facilities; unclear guidelines on business licensing of healthcare facilities

Group work: Discuss and validate challenges

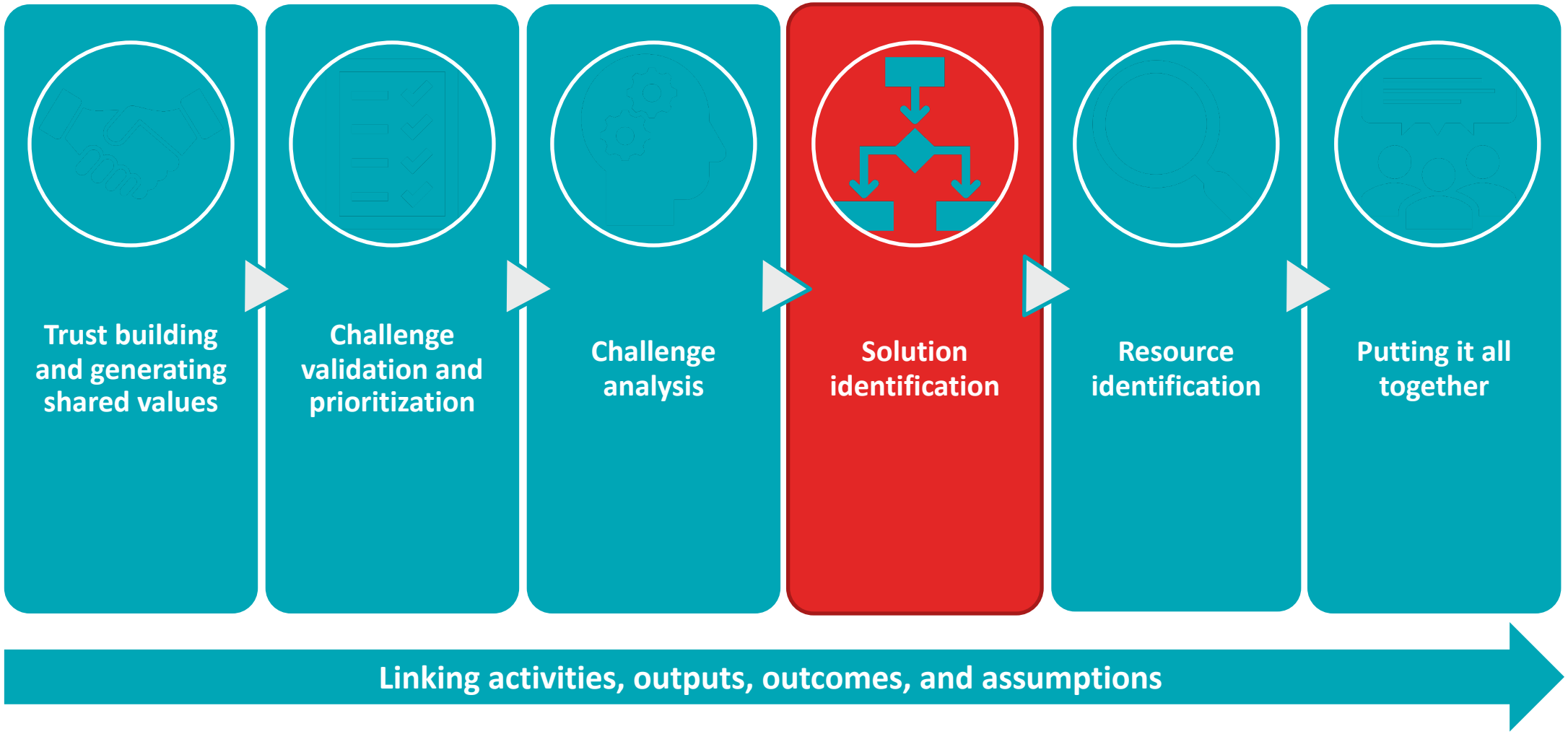
- In groups *(15 min)*:
  - How do the PPE challenges identified in the sector-specific meetings in Kakamega county resonate with you?
  - Are you surprised by any of the challenges identified?
  - Are there any other specific challenges that are missing that you would like to add?

Group work: How we work together

- In groups, discuss *(25 min)*:
  - What type of activities can be implemented to prevent/address the PPE challenges identified
  - What makes a good PPE? What mechanisms enable success?

Co-development of activities and solutions to address priority challenges

Workshop overview



Individually, we are one drop. Together, we are an ocean.

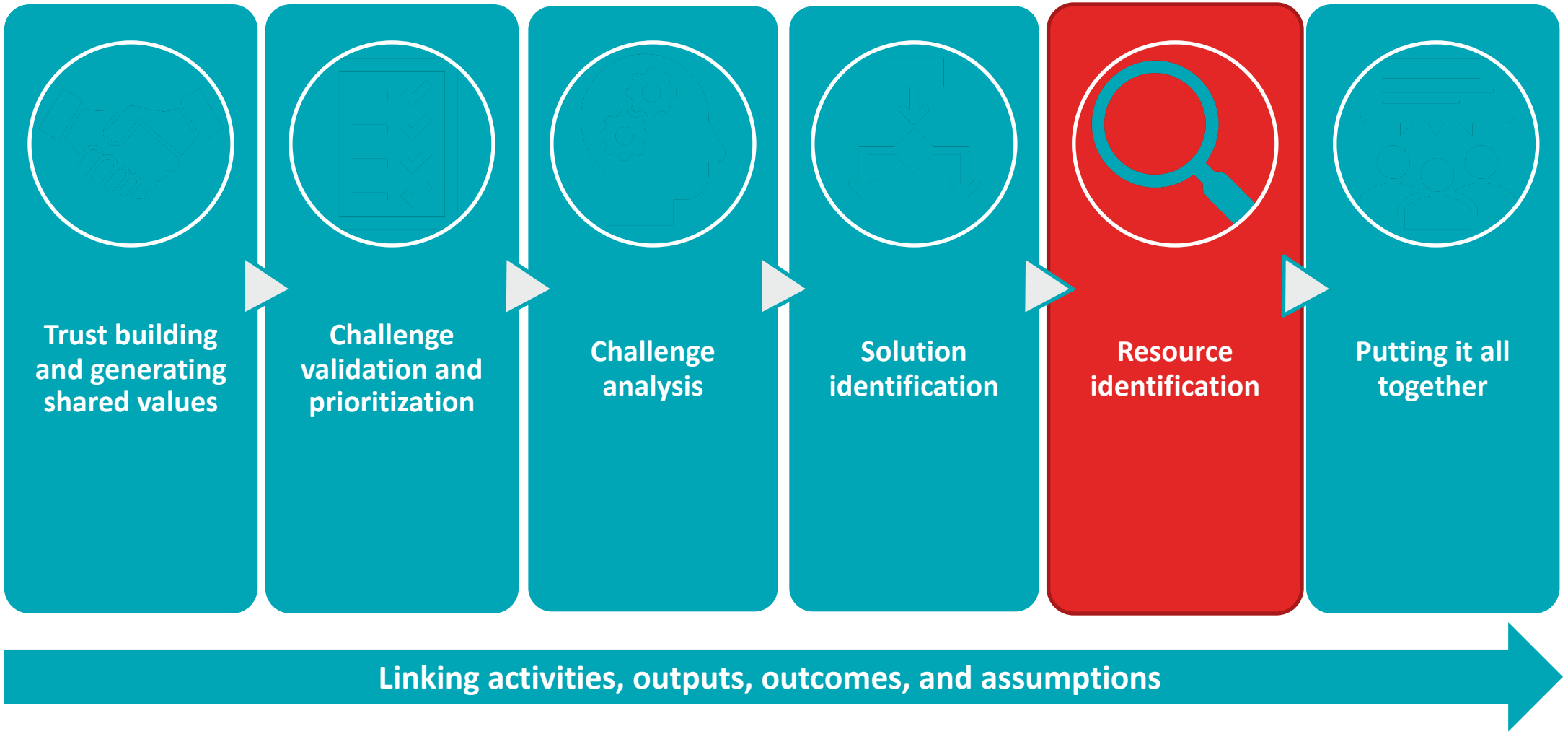
– Ryunosuke Satoro

Group work: Brainstorming activities and solutions

- In groups *(30 min)*:
  - Begin developing and listing all potential activities/solutions to address the root cause pathways (identified on the previous day) of the prioritized challenge

Mapping of resources to implement activities and solutions

Workshop overview



It is the long history of humankind (and animal kind, too) that those who learned to collaborate and improvise most effectively have prevailed. – Charles Darwin

Examples of resources by category

Human resources

Community health workers
Women's associations/groups
Private sector associations
Professional bodies
CHMT

Financial resources

County/subcounty budget
Budget allocated by the community
Support from external partners
Donations
Cost recovery

Material resources

Logistics
Mobile phones
Technical equipment
Drugs and consumables
Infrastructure
Material management tools, activities, and other (material accounting register, inventory records, maintenance/material maintenance register, inventory sheet etc.)

Technical and support interventions

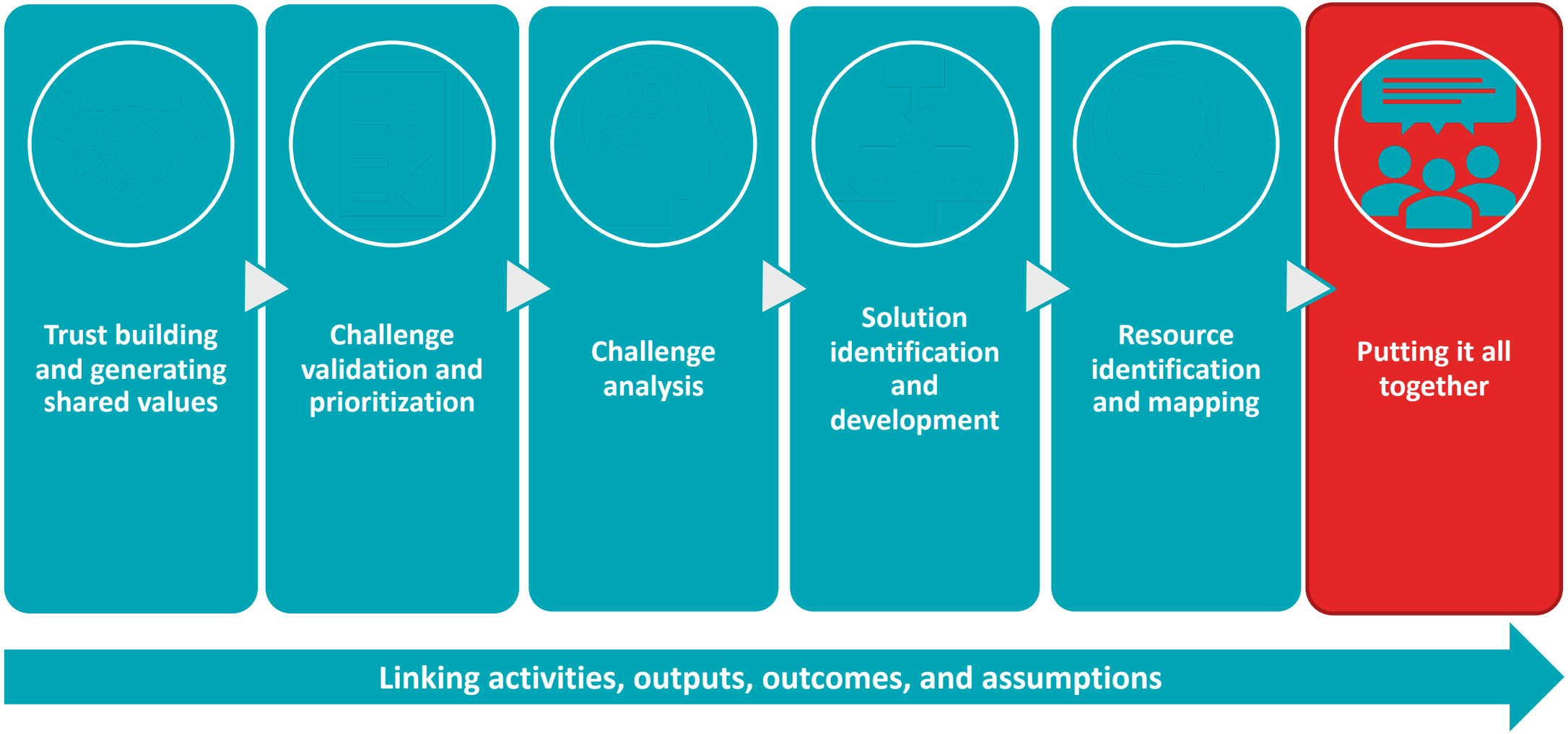
Home visits
Health campaigns
Supervision visits
Monthly meetings
Partner activities
Street theater, radio
CHMT meetings

Group work: Brainstorming resources

- In groups *(30 min)*:
  - Begin listing all resources available for health system strengthening. Remember to consider material, financial, and technical resources.

Putting it all together

Workshop overview



Sticks in a bundle are unbreakable.

–Kenyan proverb

Group work: Prioritization of activities and solutions

- In groups *(15 min)*:
  - Prioritize 2-3 proposed activities, considering:
    - Will you see change in this over the next year?
    - Are there roles for both public and private sector?
    - Do you have necessary resources, can you identify how you will obtain necessary resources?
  - Pick a group representative to report out on prioritized activities/sub-activities in plenary
- Report out *(15 min)*

Group work: Develop implementation plan

In groups *(1 hour)*:

- Populate implementation plan template (40 min)
- Reflect (10 min)
- Commit *(10 min)*

Group work: Develop an implementation plan

- **Activity:** Hold quality improvement training for **X** sub-county across public and private providers
- **Risks:** FLW and supervisors do not value quality improvement
- **Outcome:** Improved skills of HRH across public and private sectors

Sub-activity	Responsible person / role	Timeline	Resources needed	Resources available	Resource gaps
Identify training needs	County RH coordinator; private sector association lead	March	• Survey • Printing • Staff		
Secure training logistics	County RH coordinator; private sector association lead	April	• Venue • Equipment • Trainers	• Referral hospital • Professional associations	• Venue

Group work: Reflect on implementation plan

- Reflect on….
  - How the group will engage regularly and communicate decisions, challenges, opportunities to learn and/or adapt?
  - How the group will monitor the action plans and hold different parties involved accountable?
  - How the technical partners can support this engagement?

Wrap up and next steps

Coming together is a beginning, staying together is progress, and working together is success. – Henry Ford

Workshop objectives

- Increased engagement and community building between and amongst Kakamega County public and private health sectors;
- Co-prioritization of key maternal health and health system issues and related public-private sector engagement challenges; and
- Co-production of action plans for improving the prioritized challenges and identification of technical assistance needed to succeed.

Next steps

- Synthesize the challenges, analysis, and work plans and share back
- Draft communique between public and the private sector to demonstrate commitment to implement and follow-up the actions
- Propose setting up an interim public-private working group (6 people) to drive implementation
- For learning and evidence, potential key informant interviews

SMHS participant expectations

What are you committing to by continuing to participate in this public-private sector engagement in Kakamega County?

- Participate in check-ins to determine what is going well and what could improve
- Agree to participate in progress review (for example qualitative interviews and share relevant process and service delivery information deemed useful for evaluating project outcomes)
- Commitment to:
  - Continue to share frank opinions and honest thoughts while respecting others' perspectives
  - Be available for, and actively engage in, discussions and activities
  - Continue to engender a positive learning environment