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**.
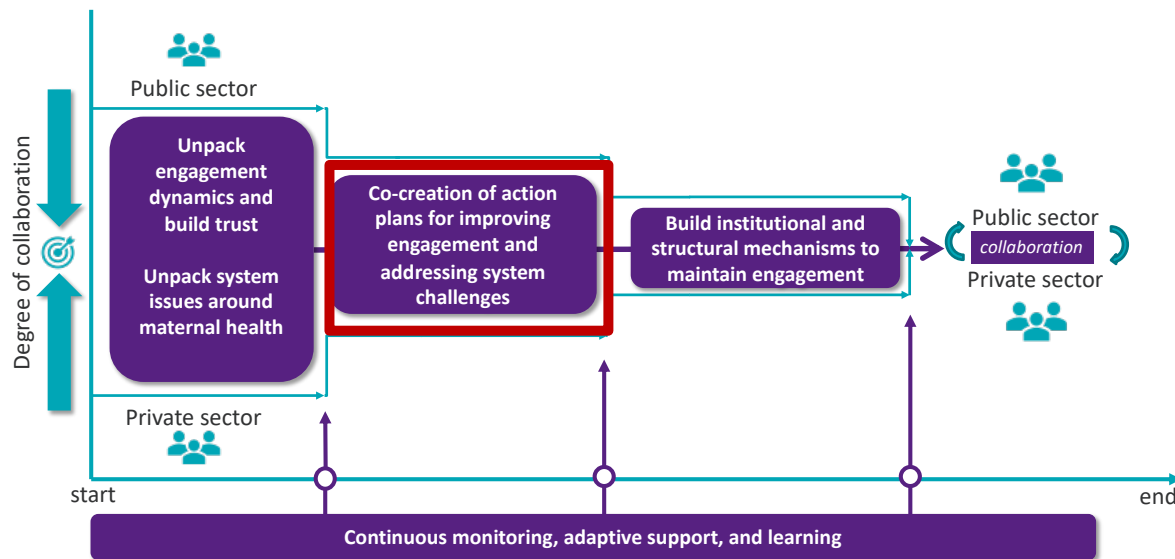

Figure 1: General SMHS approach to strengthen mixed health systems

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.
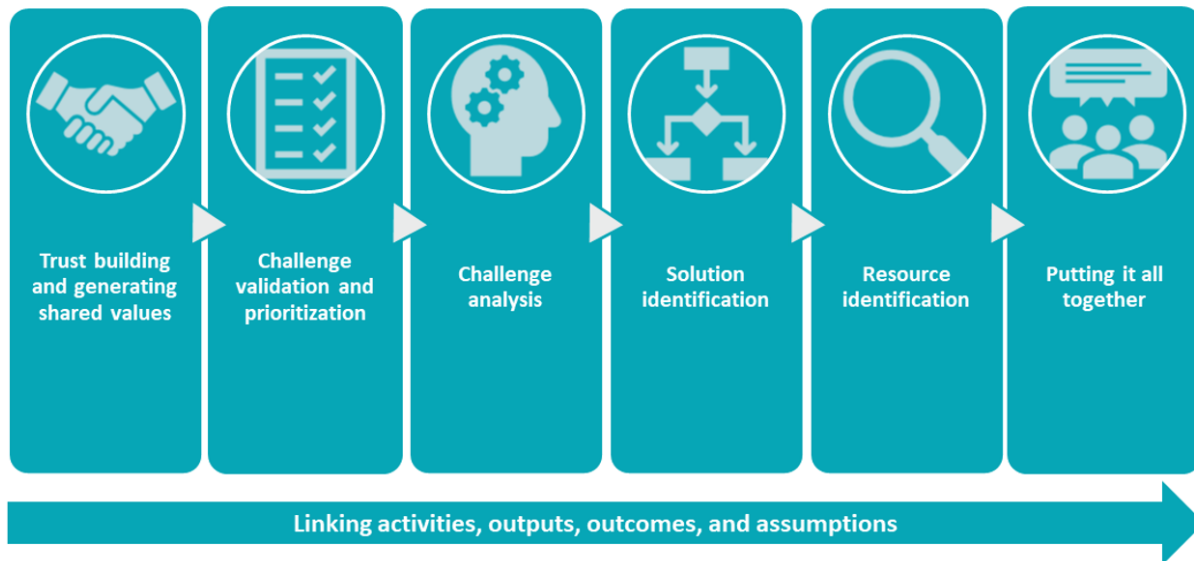
Workshop approach

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.

Workshop overview

Trust building and generating shared values → Challenge validation and prioritization → Challenge analysis → Solution identification → Resource identification → Putting it all together

Linking activities, outputs, outcomes, and assumptions

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.
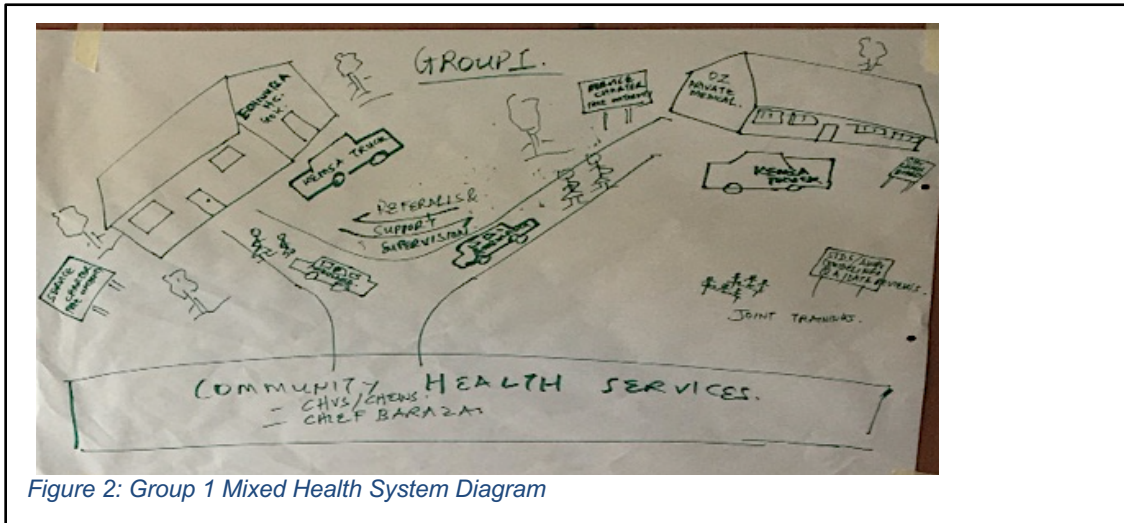

Figure 2: Group 1 Mixed Health System Diagram

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

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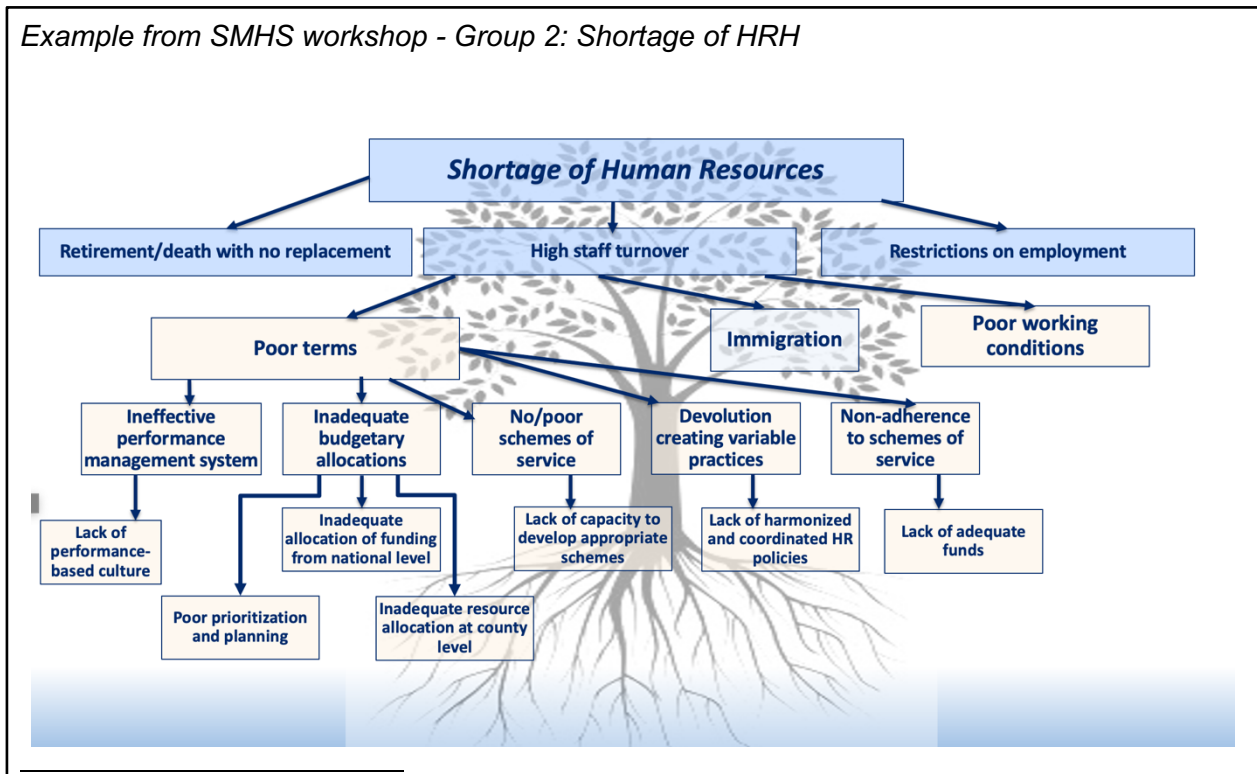
[1] There are a variety of resources in the published literature on how to carry out root cause analysis. The "problem tree" methodology is one option, but there are a variety of other frameworks and tools for this. We recommend a Google search to identify other options for root cause analysis if this 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:

Material Resources	
Public	*Private*
• *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*	• *Provision of documentation tools* • *Programs, consumables* • *Diagnostics, laboratory equipment is available* • *Water and electricity* • *Infrastructure* • *Personnel* • *Records* • *Drugs and mobile phones*

Human Resources		
Public	*Private*	*Technical Partners*
• *Professional associations* • *Specialists* • *Community health management* • *Seconded staff to FBO facilities* • *CHWs* • *Fellowship programs* • *Supervision processes in place* • *Community unit in place*	• *CHWs* • *Staff* • *Nurses society* • *Specialists* • *Watchmen*	• *KHF technical capacity that you can utilize* • *TA to create a platform; rural hospital association, etc.*

Financial Resources		
Public	*Private*	*Technical Partners*
• *Cost recovery - user fee* • *County budget* • *Partner funding* • *Insurance companies – National Hospital Insurance Fund (NHIF)* • *National government* • *Donations*	• *Incentives for volunteers* • *Support from insurance companies* • *Support from partners* • *Cost recovery* • *Reimbursements from insurance* • *Budgeting and prioritization of needs* • *OPP* • *Bank loans*	• *Money for capacity building of volunteers and health care workers for training* • *Funding for activities at national, county and provider level*

Technical Resources

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* o *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)*