Innov8

Facilitator's manual for the Innov8 approach
for reviewing national health programmes to

leave no one behind

World Health Organization

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Important note: This is a *working draft* intended for further testing by facilitators for the purposes of supporting the adaptation and application of the Innov8 approach in a range of country contexts. Some exercises in this Facilitator's Manual have evolved since the iterations carried out in previous piloting and therefore require further testing in a range of country contexts. The content of this document is not final and the text may be subject to revisions before publication. This publication, as it is a working draft, has not been professionally copyedited. The document may not be reproduced, transmitted, distributed, translated or adapted, in part or in whole, in any form or by any means without the permission of the World Health Organization. Communication in this regard should be directed to: http://who.int/about/licensing/copyright_form/en/.

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Abbreviations and acronyms

AAAQ availability, accessibility, acceptability and quality

ANC antenatal care

CV curriculum vitae

HRBA human rights-based approach

IEC information, education and communication

Innov8 Technical Handbook
Innov8 approach for reviewing national health programmes to leave no one behind: technical handbook (WHO 2016)

KPI key performance indicator

M&E monitoring and evaluation

MoH Ministry of Health

N/A not applicable

NGO non-governmental organization

PHC primary health care

PPT PowerPoint

Q & A question and answer

SDGs Sustainable Development Goals

SDH social determinants of health

UN United Nations

WHO World Health Organization

Introduction and overview

Introduction and overview

What is Innov8?

Around the world, national health authorities and programmes are striving to ensure that "no one is left behind", in keeping with this cross-cutting principle in the Sustainable Development Goals (SDGs). The *Innov8 approach for reviewing national health programmes to leave no one behind* (the Innov8 approach) aims to support these efforts. It also supports the progressive realization of universal health coverage and the right to health.

This type of review is to be aligned with, and feed into, existing national programme planning and review processes. Innov8 can be adapted and drawn from to feed into a range of applications in a given country context. Please see **Annex 1** for details. A full Innov8

application is expected to produce a redesign proposal that encapsulates the review findings and makes recommendations for suggested changes to the programme to make the programme more equity-oriented, rights-based and gender responsive, while addressing critical social determinants of health influencing programme effectiveness and outcomes.

The Innov8 approach consists of series of guided activities organized in eight steps, as shown below. The Innov8 approach methodology and each step are described in detail in the "*Innov8 approach for reviewing national health programmes to leave no one behind: technical handbook*"[1] (hereafter referred to as the 'Innov8 Technical Handbook').

Figure 1: **Eight steps of the Innov8 approach**

1. Complete the diagnostic checklist
2. Understand the programme theory
3. Identify who is being left out by the programme
4. Identify the barriers and facilitating factors that subpopulations experience
5. Identify mechanisms generating health inequities
6. Consider intersectoral action and social participation as central elements
7. Produce a redesign proposal to act on the review findings
8. Strengthen monitoring and evaluation

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[1] World Health Organization (2016). Innov8 approach for reviewing national health programmes to leave no one behind: technical handbook. Geneva: World Health Organization. Available: http://apps.who.int/iris/bitstream/10665/250442/1/9789241511391-eng.pdf?ua=1 (accessed 19 April 2017).

About this manual

As the partnering publication to the aforementioned Innov8 Technical Handbook, this Facilitator's Manual is meant for persons conducting the capacity-building workshops of Innov8 applications.

Overview of the capacity-building workshops

Depending on the type of national and programmatic application, the World Health Organization (WHO) suggests that at least three capacity-building workshops be conducted for/with the national review team. One workshop is convened in each of the consecutive review process phases, which we describe here as sensitization, review and redesign.

1. **Sensitization workshop (3 days)** – During the initial 'Sensitization' phase, to orient the review team on the overall process, provide information on applied concepts and principles and get them started on Step 1.

2. **Review workshop (4 days)** – In the beginning of the 'Review' phase, after the review team has completed the diagnostic checklist in Step 1 and is ready to start work on Steps 2-6. This involves mapping the programme theory, identifying the subpopulations being missed, ascertaining the barriers they face, identifying the mechanisms generating inequities and considering the role of intersectoral action and social participation in responding.

3. **Redesign workshop (1.5 days)** – At the beginning of the 'Redesign' phase, the review team is ready to move into considering and prioritizing potential solutions to the problems that they have identified and is introduced to Steps 7 and 8.

The purpose and the expected outputs of each of the capacity-building workshops are summarized in the below figure. Please view this figure in conjunction with corresponding components in the Innov8 Technical Handbook, so that you understand the content covered in each workshop.

Figure 2: Sequence of the workshops and in-country work for the Innov8 process and linkages with the relevant chapters of the Innov8 Technical Handbook

Technical Handbook
Chapter inputs

| Introduction |
| Overview |
| Applied concepts |
| Step 1 |

SENSITIZATION WORKSHOP

Introduction to:
• Overview
• Underlying concepts
• The diagnostic checklist (Step 1)

Workshop output:
Workplan to complete checklist

In-country work:
Complete the diagnostic checklist for Step 1

Output:
Completed checklist

| Step 2 |
| Step 3 |
| Step 4 |
| Step 5 |
| Step 6 |

REVIEW WORKSHOP

Introduction and preliminary activities to:
• Understand the programme theory (Step 2)
• Identify who is being left out by the programme (Step 3)
• Identify the barriers and facilitating factors (Step 4)
• Identify mechanisms generating health inequities (Step 5)
• Consider intersectoral action and social participation (Step 6)

Workshop output:
Emerging analysis for Steps 2-6

In-country work:
Complete the full analysis for Step 2 to Step 6

Output:
Analysis reports for each step

| Step 7 |
| Step 8 |

REDESIGN WORKSHOP

Introduction and preliminary activities to:
• Redesign the programme to act on the review findings (Step 7)
• Strengthen monitoring and evaluation (Step 8)

Workshop output:
Workplan to finalize Innov8 review process

In-country work:
Finalize the redesign proposal and advance action on review findings; Strengthen monitoring and evaluation

Output:
Workplan to finalize Innov8 review process and advance follow-up

Follow up and implementation at national level

Note: The above Innov8 review process should be adapted for national context in alignment with programme planning cycle.

Contents of this manual

The manual is divided into sections dedicated to each of the three workshops. Each section includes detailed guidance, including:

Concept note for the workshop

Standard (generic) draft agenda for the workshop

Overview for each session

Detailed outline for each session, including

Instructions to give participants

Notes to facilitator

Questions to ask participants during the debrief

All of these should be adapted for the national and programmatic context. The standard agendas have been created to aid you through the facilitation of each of the workshops. You will need to rely on the Innov8 Technical Handbook for input on steps. The detailed outline and facilitator notes will aid you in guiding the review team, step by step, during the workshops as they are exposed to the content covered by each of Innov8's steps. The workshop designs assume that there will be sub-groups working on the exercises and time has been included to allow for plenary discussions to consolidate input and get consensus on outputs.

To get the most out of the process, it is advised to not rush through the workshops or condense them into fewer workshops or less time. Each workshop involves dedicated analysis, genuine thinking and exchange and detailed planning, and each has important follow-up analysis that must be conducted by the review team after the workshop before they can go onto the next phase and finalize the programme redesign proposal.

Complementarity and linkages with other resources

The Innov8 Technical Handbook and Facilitator's Manual complements and can be linked with other existing tools, processes and capacity building efforts. In adapting Innov8 and its associated materials for the national and programmatic context, WHO encourages facilitators and organizers to draw from other WHO and UN resources as well as to use Innov8 in conjunction with other health-topic specific resources for strengthening the programme under review.

General facilitator terms of reference

Aim of the facilitators

The primary aim of the facilitators is **to empower, accompany and provide relevant technical support to the 'review team' applying Innov8**. Box 1 describes the potential composition of the review team.

Throughout the manual, the use of the words 'review team' refers to this group of representatives (at the size indicated below). **Annex 2** includes the terms of reference for the review team.

Box 1. **The Innov8 review team**

In keeping with a participatory approach, Innov8 applications involve the creation of a multidisciplinary review team. In order to be effective, the review team must include national health programme managers (at least one with decision-making power) and staff at central and subnational levels. The team can also involve representatives from other parts of the Ministry of Health, such as from the planning and statistics units/departments, as well as from national public health institutes, other relevant health authorities, research institutes/academia, civil society and nongovernmental organizations, other sectors and other key stakeholders. This richness in diversity will enable experience exchange, new thinking and linkages to emerge from the review. The multidisciplinary nature of the review team, including representatives from organizations working with disadvantaged subpopulations, is in keeping with Innov8's support of a human rights based approach. In some cases, the review team members may not know each other or have done work together in the past and relationships will be built through the process. It is important to ensure that the review team is of a manageable size (ideally no more than 12 people total), due attention is given to gender balance and that membership stays stable throughout.

The facilitators will be working closely with the Innov8 'process organizers', whom may be housed in the Ministry of Health or another national/subnational health authority, WHO, a university or research institute or in another organization/stakeholder. The process organizers, in conjunction with relevant decision-makers for the health programme in the Ministry of Health, will identify the exact scope of the review, align it to the planning cycles for the programme, have the review team members officially nominated and design the review process (including the timings and locations of workshops). They will produce a concept note on the review process with aims, objectives, expected outputs and a roadmap with the process milestones and timing (referred to in the description of the sensitization workshop). Prior to beginning the Innov8 review process, they will also be responsible for overseeing the assembly of programme documentation and data to inform the Innov8 review. Please see **Annex 3** for further guidance on this. The facilitators will also work with the 'report-writer', whom has a key role in supporting the work of the review team during the second workshop in particular.

Scope of work of the facilitators

The role of the facilitating team is to:

1. Customize the workshop agendas and materials as required to fit the context, programme and country needs;

2. Manage and facilitate the three (sensitization, review and redesign) workshops;

3. Adapt and develop the session outlines to reflect changes that were made during the course and which went well;

4. Ensure evaluation of the workshops;

5. Be available to provide clarifications and feedback to the review team completing the steps during and in between workshops (e.g., when the review team is completing Step 1 on the diagnostic checklist before the review workshop, or when the review team is completing Steps 2-6 after the review workshop); and

6. Provide support and feedback to the review team for their production of a final redesign proposal.

More information and guidance on generic facilitation tasks are included in **Annex 4**.

Facilitator profiles

It is recommended that there are two facilitators who working closely with the process organizers and who support the review team as described above:

• One expert in equity, gender, human rights and/or social determinants of health who has received training on facilitation for Innov8 (and ideally has expertise in participatory adult learning methods); and

• One expert who is relatively familiar with the health topic addressed by the programme and knows well the national context, is able to speak the local language, has conducted trainings and ideally has expertise in participatory adult learning methods.

At least one of these facilitators should have extensive expertise in participatory adult learning methods. If it is not possible to find a combination of the attributes as described below, it may be necessary to have three facilitator profiles, with one focusing on the equity, gender, human rights and social determinants; the second on the health topic addressed by the programme and the national context; and the third on participatory adult learning methods. The third profile can also advise and help to build the capacity in participatory adult learning methods of the other two facilitators. For the purpose of this guide, though, we are assuming that it will be possible to find the necessary attributes in two facilitators.

It is recommended that the facilitators are the same throughout the process.

The **first facilitator** with expertise in equity, gender, human rights and/or social determinants of health and Innov8 will be a 'technical' focal point and source of knowledge for the review team. She/he should be fully familiar with the Innov8 Technical Handbook and have received training on facilitation for Innov8. She/he should know the objectives, activities and outputs of each step and corresponding workshop sessions. This person should be able to present concepts accurately and succinctly and respond to questions in order to help the participants understand both the intent and content of the activities in each step. To date (mid-2017), the number of people trained for this role globally means that not every country will have a national facilitator who has been trained in Innov8. There is, however, an international growing pool of consultants and WHO staff who have been trained and can provide this support, and country-to-country exchange (drawing from people who have been on national review teams) can also be a source.

In their role, this facilitator should:

• Develop and deliver sets of presentation slides, drawing from the Innov8 Technical Handbook and the Facilitator's Manual, with adaptations for the programme content and national context, as required for each workshop session;

• Respond to technical questions on the contents of the Innov8 Technical Handbook and in relation to the activities to be conducted between workshops, using participatory adult learning approaches; and

• Provide select examples and stories that could help clarify and inform the participants. The examples can take into account aspects such as the strength of the example, the programme being reviewed, the country and region as well as the country size, resources and culture. If this facilitator is not from the country where the Innov8 application is taking place, she/he should work with the co-facilitator to ensure that these are appropriate for the local context.

The facilitator should not dominate the discussions with too many examples that detract from the review team's process of considering their national context and programmatic scenario.

The **second facilitator** provides essential national/local contextualization of the technical inputs on Innov8 and serves as an anchor for the entire Innov8 review process, including for the activities to complete analysis between the workshop. She/he definitely speaks the local language so as to regularly communicate with all members of the review team. This person should have some familiarity with the health topic of the programme being reviewed in the national context and extensive experience conducting trainings using participatory adult learning methods. It is also beneficial if she/he has exposure to equity, gender, human rights and social determinants of health issues. In some contexts, this person may be from the Government, a contracted research institute or university, come from WHO or another UN agency, or be an independent consultant. Specific roles include:

• Work with the co-facilitator to ensure that the presentations and workshop activities are contextualized for the national (or subnational) programmatic context and oversee translation, as necessary, of all materials required for the Innov8 application;

• Work closely with the process organizers and review team members to support assembly of programme documentation and data to inform the Innov8 review process (see **Annex 3** for details);

• Work closely with the process organizers in organizing the three workshops, including their logistical oversight and Government contributions to the agenda (e.g., opening, data presentation);

• Convene meetings of the review team between the main workshops. These may include sessions for working to complete the checklist (Step 1), to finalize Steps 2-6, or to complete Steps 7 and 8 and finalize a redesign proposal;

• Create platforms for the review team to stay connected as the work advances (e.g., email, WhatsApp or Facebook groups, teleconferences, coordinating sub-groups working on specific steps);

• Ensure that the review team outputs from each workshop are written up, circulated for technical review and inputs as required and ready to feed into the subsequent steps; and

• Enable the process for the drafting of the redesign proposal (drawing from all step output reports) and its publication (working with the appropriate decision-makers for the programme in the Government for the endorsement of the findings and recommendations).

It is extremely important that both facilitators provide support and coaching to the review team between workshops and throughout the entire process. This will involve both technical and process support to keep the team on target for critical deadlines before the next workshop and in the follow-up stage as they finalize their redesign report.

Evaluation of an Innov8 review process

Innov8 is a review and evaluation methodology in and of itself. In addition, it is critical to ensure that a strong evaluative lens is applied to the Innov8 review process in order to be able to document and evaluate the process and its outputs, outcomes and impacts at country level. Evaluation of an Innvo8 application may also help strengthen donor and/or Member State accountability and provide insights into how the Innov8 methodology can be improved, which can inform further national adaptation and application. In addition, WHO would welcome receiving (via innov8@who.int) information about lessons learned and suggestions on how Innov8 can be strengthened.

In a national application of Innov8, the evaluation framework and its components should be developed by the process organizers in collaboration with the facilitation team. It should be realistic, flexible and tailored to the specific context, including the scope of the review process and resources available. In this Facilitator's Manual, the following evaluation templates have been provided:

- Sensitization workshop participant survey form **(Annex 8)**;

- Sensitization workshop participant evaluation form **(Annex 9)**;

- Review workshop participant evaluation form **(Annex 10)**; and

- Redesign workshop participant evaluation form **(Annex 11)**.

The above survey and evaluation forms focus on the three capacity building workshops suggested by WHO. In addition, WHO recommends that organizers and facilitators of an Innov8 application develop a more comprehensive evaluation framework and components that may include: a baseline for evaluating the outcomes and impact of the Innov8 review process; a medium-term evaluation of the degree of endorsement, implementation and progress towards the recommendations emerging from the Innov8 review process; and a longer-term evaluation of the execution of the Innov8 review recommendations and their impact (e.g., on system inputs such as social participation modalities and/or intersectoral action and – with a view towards reducing inequities experienced by the disadvantages subpopulation(s) prioritized during the Innov8 review – on service coverage, exposure to risk factors and on morbidity and mortality). The latter should of course be conducted as part of wider programme evaluations and acknowledge the many issues of attribution linked to Innov8, as a much wider set of interventions and systems adjustments are required post-review to see the recommendations through to fruition and many other factors/forces contribute to actual changes.

Sensitization workshop

SENSITIZATION WORKSHOP
CONCEPT NOTE

Sensitization Workshop: 2 days

Objectives

The purpose of the training is for the national review team to:

- Comprehend the rationale, aims, steps and outputs of the review process in relation to the national health programme
- Have a common understanding of the applied concepts, principles and frameworks used in the review
- Understand and make a workplan to complete the diagnostic checklist as Step 1 in the review process
- Establish a team vision for the review

Content

- Overview of eight steps of the Innov8 review process
- Applied concepts and principles
- Step 1: Completing the diagnostic checklist

Methods

- Facilitated discussion
- Presentations
- Group work and reality-based activities
- Case studies

Expected outcomes

At the end of the workshop participants will have:

- A clear understanding of the eight steps of Innov8 and the role of the review team and others in undertaking an Innov8 review process
- Basic understanding of applied concepts, principles and frameworks
- Agreed workplan for the completion of Step 1
- Buy in and commitment to the whole review process

Key messages

- The Innov8 approach will contribute to closing coverage gaps, reducing inequities, enhancing the application of gender-responsive and human rights-based approaches and improving programme effectiveness. Innov8 supports operationalization of the SDGs' commitment to leave no one behind at national and programmatic level.

Materials & references

- Innov8 Technical Handbook: Step 1 (pages 31-52)
- Analytical pathway through the eight steps of Innov8 (Technical Handbook, page 12)
- National concept note for the Innov8 process

Note: If the organizers wish to give more in-depth explanations of gender and human rights issues, they can draw from the following sources: WHO (2011). *Gender mainstreaming for health managers: a practical approach.* Geneva; and WHO (2011). *Human rights and gender equality in health sector strategies: How to assess policy coherence.* Geneva.

SENSITIZATION WORKSHOP
AGENDA

	Day One	**Day Two**
9:00	■ **Session 1: Introduction and opening** • Formal opening • Context and rationale for Innov8 by MoH and WHO • Introductions by participants • Sensitization workshop survey	■ **Session 3: Applied concepts and principles (continued)** • Review of Day One • Applied concepts continued: WHO conceptual framework of the social determinants of health • Group work: National SDH framework
10:30	**Break**	**Break**
10:45	■ **Session 2: Overview of Innov8** • Overview of Innov8 approach, phases and steps • Country case study • Team development: Icebreaker and working culture	• Reporting back in plenary ■ **Session 4: Diagnostic checklist (Step 1) and next steps** • Overview of checklist, its aims and function, and focus on questions 1-6: examples, tips and application • Group work: what is needed to complete Steps 1-6
12:30	**Lunch**	**Lunch**
13:30	■ **Session 3: Applied concepts and principles** • Power walk exercise • Group work: Core concepts related to equity, gender, human rights and social determinants of health • Report back in plenary	• Report back in plenary • Overview of checklist questions 7-13 • Group work: what is needed to complete Steps 7-13 • Report back in plenary
15:30	**Break**	**Break**
15:45	• Presentation on applied concepts and principles • Case study activity on Zoé • Report back in plenary	• Group work: Workplan for post-workshop analysis and review using the checklist • Identifying success factors for the review process • Workshop evaluation • Wrap up and immediate next steps
17:30	**Close**	**Close**

SESSION 1
Overview

Introduction and opening
Day 1, 9:00-10:30

Objectives

The purpose of the session is to:
- Formally open the workshop by both national and WHO senior staff
- Provide an overview of the current context and situation of the programme
- Understand the Government's rationale for conducting the Innov8 review
- Introduce all participants and facilitators

Content

- Explanation of how the Innov8 review supports implementation of the national health objectives and the Country Cooperation Strategy for WHO and a given country
- Linkages between the Innov8 review and the country's ongoing programme planning and review cycle
- Government's indications of expected outputs of Innov8 review process

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Methods

- Statements, presentations
- Roundtable of introductions

Expected outcomes

At the end of the session participants will have an:
- Understanding of the programme challenges to which the Innov8 review will help them respond and how the findings will feed into the ongoing programme review cycle
- Expression of commitment of the Government and WHO to the Innov8 review process

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Key messages

- The Innov8 process supports enhancement the programme's capacity to "leave no one behind", while also being a way to improve effectiveness.

Materials & references

- Innov8 Technical Handbook
- National concept note for the Innov8 process

SESSION 1
Detailed outline

Introduction and opening
Day 1, 9:00-10:30

✎ **METHODOLOGY**	🕐 **TIMING**
Opening	
Short statement/presentation from senior official from Ministry of Health (MoH) (Director General, etc.)	*10-15 minutes*
Short statement/presentation from WHO Representative or senior official at WHO	*10-15 minutes*
Short statement/presentation from MoH Head of national programme being reviewed	*10-15 minutes*
Aims and objectives of the workshop	
Generally describe the Innov8 purpose and process and the aims of the first workshop for sensitization, using the roadmap slide (adapted for the national and programmatic context).	*15 minutes*

→ **The workshop objectives are:**
- Comprehend the rationale, aims, steps and outputs of the review process in relation to the national health programme;
- Have a common understanding of the applied concepts, principles and frameworks used in the review;
- Understand Step 1 and make a workplan to complete the diagnostic checklist as Step 1 in the review; and
- Establish a team vision for the review.

Figure: Example roadmap slide of the timeline and process for the Innov8 review process*
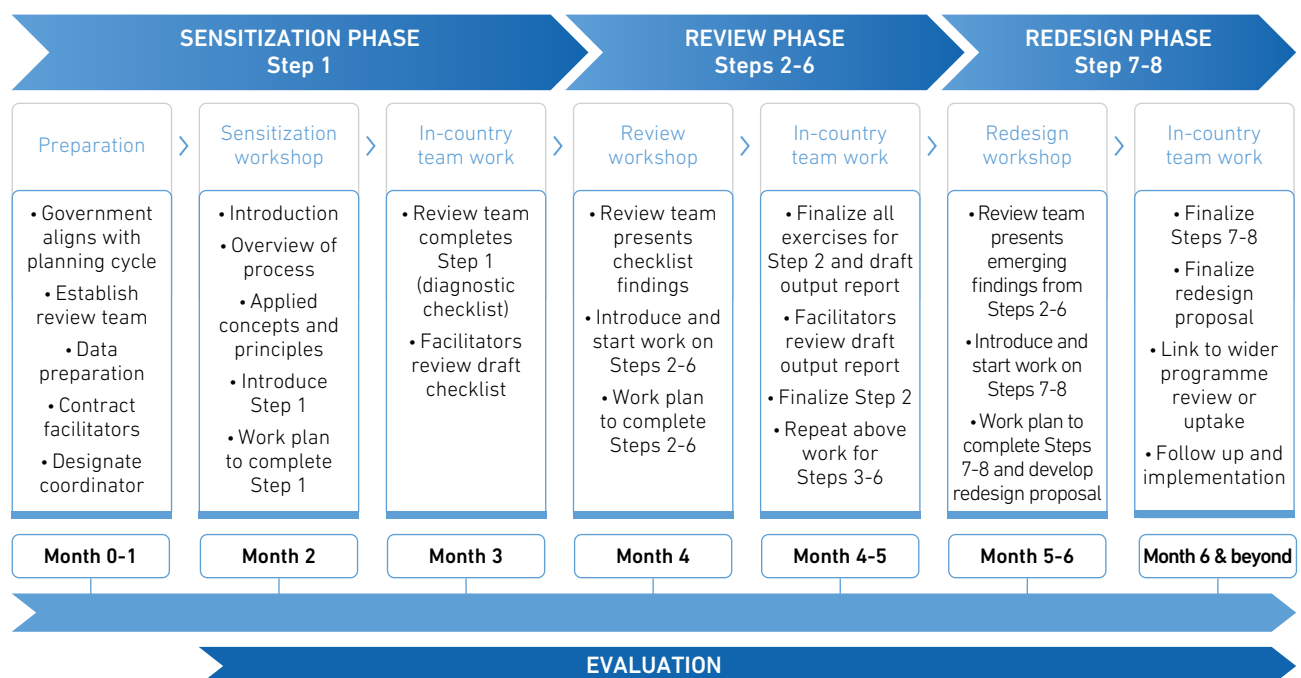
*This example can be adjusted to align with the national programme planning and review cycle.

✏️ **METHODOLOGY**	🕐 **TIMING**
Welcome roundtable	
Invite everyone to introduce themselves according to the below instructions (see below box). Allow maximum of *two* minutes per person. Total timing will depend on the size of the group.	*20 minutes*

> **⊞ Instructions to give participants**
>
> Welcome roundtable:
> Please tell us your name and something about your experience, commitment and/or view regarding the issue of "leaving no one behind" through health programming.

✏️ **METHODOLOGY**	🕐 **TIMING**
Participant survey	
✎ **Notes to facilitator:** **1.** Refer participants to the 'Sensitization workshop participant survey form' (see sample evaluation form in **Annex 8**), which can be included in their participant packs or handed out now. Allow participants 5-10 minutes to complete and return the survey form prior to the morning break.	*10 minutes*
Break	*15 minutes*

SESSION 2
Overview

Overview of Innov8
Day 1, 10:45-12:30

Objectives	The purpose of the session is to: • Introduce a more detailed overview of the Innov8 review process • Review a relevant country case study • Help enhance the team spirit
Content	• Overview of eight steps of the Innov8 review process • Case study from another country programme that has completed the Innov8 review process
Methods	• Interactive presentations with Q & A • Case study
Expected outcomes	At the end of the session participants will have: • Basic understanding of the Innov8 overarching process • Understanding of the analysis pathway across the eight steps • Appreciation for the potential changes to leave one behind that a programme can work towards using Innov8
Key messages	• Innov8 is a facilitated analysis of the challenges a national health programme may face in "leaving no one behind" and an exploration of potential solutions. • The review process will span multiple months, with analysis being supplemented by three facilitated workshops to build capacity.
Materials & references	• Innov8 Technical Handbook • National concept note for the Innov8 process

SESSION 2
Detailed outline

Overview of Innov8
Day 1, 10:45-12:30

✎ METHODOLOGY	⏱ TIMING
Overview of Innov8	
Presentation on what Innov8 is, briefly highlighting each of the steps and the analytical pathway across as well as expected outputs, followed by Q & A. This presentation can be made drawing on the Innov8 Technical Handbook, in particular pages 6-13.	*20 minutes*
✎ **Notes to facilitator:**	
1. The group may already start talking about the solutions proposed in the case study and if they would work in their country context.	
2. Emphasize that it is important for the review team to go through the full Innov8 analysis before making final decisions or priorities on the redesign.	
3. Without pre-empting the content of subsequent sessions, emphasize the rationale behind each step. The review team needs to be able to understand how each step builds on the previous steps and also feeds into subsequent steps.	
Case study from another country experience applying Innov8	
Case study presentation[2] of how Innov8 has been applied to another programme in another country. Prime the group to pay attention to barriers and proposed solutions as they listen to the presentation.	*20 minutes*
DEBRIEF • This is followed by a facilitated discussion, where review team members are asked a series of questions (see below).	*20 minutes*

👥 **Questions to ask participants during debrief**

• Which findings do you remember from the case study?
Specific probes:
  › What was the rationale in that programme for using Innov8?
  › Which barriers were identified by the team?
  › What were some of the causes of the barriers you heard presented?

• What struck you the most about the proposals of the review team in the other country to address the causes of people being left behind by the programme?
• When you were listening to the case study, did you make any links between it and issues in your country and programme context?

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[2] WHO can provide support for country-to-country exchange for this presentation. Facilitators should write to Innov8@who.int with the request.

✏ METHODOLOGY	**🕐 TIMING**

→ **Expected responses:**

- The review team will identify different issues in the case usually relevant to their own context.
- Link these comments to the eight steps, reminding them that they will be exploring related issues in their national context.

→ **Key learning messages:**

✓ It is important that the review team analyzes their country context through each of the eight steps to ensure a comprehensive analysis and avoid making assumptions and drawing superficial conclusion.

✓ This will really enable the review team to think about the specific causes of why people are being left behind in the national context and the country- and programme-specific entry points for change.

Team development: Icebreaker

The team icebreaker is an opportunity to help the team get to know one another better and build a sense of team spirit. It should happen as early as possible. If all invited guests (e.g. high level managers) leave over the break you might do the icebreaker before the case study.

The exercise should encourage engagement by review team members and prepare them to 'get out of the box' in terms of their thinking. If there is more than one group, ensure that each group has a mix of different stakeholders (national, subnational, WHO, etc.)

3-5 minutes introduction and 15 minutes exercise

🧩 **Instructions to give participants for the exercise** ›

Please divide into two groups. You will be working in these groups for the next 15 minutes.

This is an opportunity for you to get to identify individual and collective strengths and expertise in relation to the task at hand.

- One at a time share your strengths, capabilities and experiences relative to the Innov8 review process.
- Create and draw a visual curriculum vitae (CV) for your group (a visual CV can be on a flip chart and feature key words, icons and drawings).
- Be ready to share your CV in plenary in 15 minutes.

REPORT BACK AND DEBRIEF

- Have each group present their visual 'CV'.
- Appreciate and recognize the skills and competencies among the team highlighting the collective strengths and experiences.

10 minutes

✏️ **METHODOLOGY**	🕐 **TIMING**
Establish working culture	
The purpose of the activity is for the group to create a 'charter' (or whatever word they best understand) that will help them ensure a constructive working culture conducive to success as a review team.	*15 minutes*
The goal is to have the group articulate a working culture they are all willing to abide by.	

✎ **Notes to facilitator:**

1. Encourage people to express in the charter what they will do rather than what they shouldn't do.
2. If the group is unfamiliar with participatory process of agreeing on behaviour you can suggest some ideas (e.g. staying focused and engaged in review team activities and limiting use of cell phones and emails during meetings; respecting everyone's right to speak and ensuring a balance in the member's contributions to discussions).
3. It is worth taking the time to do this properly as it will avoid time and frustration of people adopting disruptive habits that have to be addressed later.
4. Record the group's agreed charter on a flip chart.
5. Review the charter. Make sure everyone understands and agrees with all behaviours.
6. Ask groups permission to use it to manage the workshop.
7. Post it in a very visible place so that is can be seen by everyone and can be referred to easily.
8. Remind the team that this charter will be used throughout the review not only during the workshops but during the actual review work.

🧩 **Instructions to give participants for the exercise**

This review process is an important initiative for your country and WHO. We want to help you make it the most successful it can be.

- **Step 1.** I'd like to ask you to think about and write down some things that could help us work most effectively and efficiently and some things that would distract or hinder our progress.
- **Step 2.** Share with me some of the behaviours that could hinder our progress and that we don't want to see demonstrated.
- **Step 3.** Now let's agree some behaviours for us all that will ensure a good working culture that helps us stay motivated and on track for the whole of the review process (across the three workshops and in the working sessions in between).

Lunch	*60 minutes*

SESSION 3
Overview

Applied concepts and principles
Day 1, 13:30 to Day 2, 11:30

Objectives

The purpose of the session is to:
- Introduce the core concepts and principles on equity, gender, human rights and social determinants of health
- Link the concepts to realist evaluation of health programmes
- Conduct a preliminary identification of the strengths and weaknesses in their own programme
- Use the WHO conceptual framework of the social determinants of health to identify mechanisms generating health inequities

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Content

- Concepts and principles related to equity, gender, human rights and social determinants of health
- WHO conceptual framework of the social determinants of health
- Principles of realist evaluation (e.g., heterogeneity of the target population and context in which the programme works)

Methods

- Interactive presentations with Q & A
- Group work activities

Expected outcomes

At the end of the session participants will have:
- An understanding of related concepts and principles applied in Innov8 to the programme and country context
- Recognized the importance of these concepts to their country context

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Key messages

- A programme's target population is heterogeneous in nature; within it, different subpopulations face different challenges—like poverty, low education and discrimination. These are linked to factors including their socioeconomic position, sex/gender and ethnicity and where they live and the wider socioeconomic and political context.
- In order for health programmes to be effective in general and reduce health inequities, they need to take into account the heterogeneity of the target population and the contextual realities that influence programme operations.
- By drawing from the fields of equity, gender, human rights and social determinants of health, the review team can consider ways to ensure that the programme "leaves no one behind".

Materials & references

- Innov8 Technical Handbook: Introduction to applied concepts, principles and frameworks (pages 14-30)

SESSION 3
Detailed outline

Applied concepts and principles
Day 1, 13:30 to Day 2, 11:30

✎ **METHODOLOGY**	🕐 **TIMING**
Power walk exercise	
The power walk is an exercise that simulates a community in a hypothetical country context and the profiles can be adapted to simulate the situation in any country. The power walk demonstrates how people in a community experience different and unequal health and development outcomes, based on their differing social characteristics and ability to claim their rights. The exercise highlights the way that inequities in society impact on people over their lives. The exercise stresses the intrinsic value of human rights in development.	*5 minutes introduction and 20 minutes exercise*
✎ **Notes to facilitator for preparation:**	
1. See detailed description of this activity in **Annex 5**.	
2. Before the start of the session, cut individual cards from the list in the annex. These can be adapted as necessary to better reflect inequities in the national and subnational contexts.	
3. Take note of detailed instructions in the annex, including the need to ensure adequate space for uninterrupted movement and the instructions for participants.	
DEBRIEF	*15 minutes*
• After the conducting the power walk according to the guidance in **Annex 5**, debrief with the participants about the exercise. Firstly, have the group notice everyone's position in the room/space.	
• While the group is standing, facilitate a discussion on how the differences in where people were standing relate to access to services and health in the national context. See the annex for further guidance to facilitate this discussion.	
→ **Key learning message:**	
✓ A programme's target population is heterogeneous in nature; within it, different subpopulations face different challenges—like poverty, low education and discrimination. These are linked to factors including their socioeconomic position, sex/gender and ethnicity and where they live. This affects their health and how they do or do not access and benefit from health services.	
Group work on applied concepts and principles	
This session aims to introduce participants to the key concepts and principles applied in the Innov8 review process.	*30 minutes*
✎ **Notes to facilitator:**	
1. Refer to the Glossary in the Innov8 Technical Handbook (pages 225-239).	
2. Review below instructions with participants (project them on a PPT).	
3. Ensure everyone understands.	
4. Divide the team into three diverse sub groups.	
5. When giving the general instructions, you might want to repeat and specify to each sub group their specific task in relation to each individual concept.	

✏ METHODOLOGY

⏱ TIMING

🧩 Instructions to give participants for the exercise

Please divide into three groups: A, B, C.

1. **Group A:** Refer to the definitions for *gender* and *gender norms, roles and relations* in the glossary.
2. **Group B:** Refer to the definitions for *social determinants of health* and *health equity* in the glossary.
3. **Group C:** Refer to the definition for a *human rights-based approach* (HRBA) in the glossary.
4. Each group discuss how that concept relates to the programme in your country.
5. Agree on the strengths of your current programme in relation to addressing the issues or applying the approach embedded in that definition.
6. Identify ways in which the programme could better address that specific concept.
7. Write your key findings on a flip chart.

Be ready to report back in 15 minutes.

REPORT BACK AND DEBRIEF

- Have each group share their findings.
- Facilitate cross-group discussion on findings.
- Correct immediately any misconceptions.
- Probe any assumptions and reinforce key messages.

30-45 minutes

💡 Questions to ask participants during debrief

- What do you like about the other group's presentation?
- What would you have included?

→ **Key learning message:**

✓ It is important to draw from each of the fields of equity, gender, human rights and social determinants of health, so that the review team can consider ways to ensure that the programme "leaves no one behind".

| **Break** | *15 minutes* |

✏️ **METHODOLOGY**	🕐 **TIMING**

Presentation on applied concepts and principles

Deliver presentation on applied concepts and principles (equity, gender, human rights, social determinants of health and realist evaluation).

30 minutes

📎 **Notes to facilitator:**

1. This presentation can be made drawing on pages 14-23 and page 27 in the Innov8 Technical Handbook.
2. During the presentation refer back to the participants' national reflections from previous exercise.
3. Encourage questions and comments.
4. Ask questions at the end of each presentation section to ensure that participants have understood.

Zoé case study

📎 **Notes to facilitator for preparation:**

5 minutes introduction and 40 minutes exercise

1. Print copies of the Zoé case study from **Annex 6** prior to the workshop.
2. Divide participants into three groups, each one including members of the previous exercise. That is, each group should now have people from the A, B and C groups.
3. Hand out the Zoé case study and allow sufficient time for people to read and understand the content.

> 🧩 **Instructions to give participants for the exercise**
>
> Read the Zoé case study and respond to the questions, recording your answers on a flip chart.
>
> Spend 20 minutes answering the following questions:
>
> 1. In which ways did Zoé experience inequities in access to health services?
> 2. Which social determinants of health influenced Zoé's well-being?
> 3. How did gender and other cultural norms, roles and relations impact Zoé's health and well-being?
> 4. Which human rights were denied to Zoé that influenced the final health outcome?
>
> Spend 20 minutes answering the following question:
>
> 5. For your programme in your country context, what is a similar 'story' of individuals from a subpopulation who are not getting access to services?
>
> Be ready to report back in plenary in 40 minutes.

REPORT BACK AND DEBRIEF

25 minutes

- Have each of the three groups share their answers to the questions and their stories.
- For the responses to Zoé's case study in relation to equity, gender, human rights and social determinants of health, ensure that the groups' interpretations/use of the concepts are correct by clarifying any misconceptions. If key elements are missed at the end of the report back (e.g., the early marriage of Zoé as a gender norm issue), ensure that they are highlighted.
- Highlight any similarities in the examples the groups choose to share. This should reinforce areas for improvement for the programme and validate the need for change.
- Encourage participants to start reflecting on how the programme can better meet the needs and rights of the subpopulations being left behind and indicate that this is something that will be explored across the different steps of the Innov8 review process.
- This is a chance to highlight the key learning message.

✏️ **METHODOLOGY**	🕐 **TIMING**

→ **Key learning message:**

✓ In order for health programmes to be effective in general and to reduce health inequities and other shortfalls in the realization of human rights and gender equality, they need to take into account the heterogeneity of the target population and the contextual realities that influence programme operations and outcomes.

Wrap up and close of Day One

• Highlight the key areas covered in Day One.	*10 minutes*
• Ensure people are aware of the meeting time in the morning.	
• Remind participants to complete the relevant sections of the 'Sensitization workshop participant evaluation form' covered in Day One (see sample evaluation form in **Annex 9**).	
• Introduce the evening social event if planned (organizing a social event for the team during the sensitization meeting can be beneficial as some members may not know each other).	

DAY TWO

Recap on Day One

Conduct a review of Day One before continuing with the session on applied concepts and principles.	*3 minutes introduction and 15 minutes exercise*

📎 **Notes to facilitator:**

1. Your role is to listen and validate what participants learned and what they are taking away.

> 🧩 **Instructions to give participants for the exercise**

At your table, discuss yesterday's agenda for 15 minutes:

1. What were the top *three* most interesting things you learned yesterday?
2. Which are the most important for your country programme review?

Have someone take notes and be ready to share your reflections in a plenary discussion.

REPORT BACK AND DEBRIEF	*10-12 minutes*
• Ask for the reflections (moving quickly to stay within time).	
• It is important to confirm key learning messages, reinforce the key concepts and principles and respond to any lingering questions.	
• At the end, introduce Day Two and explain on how it will build on Day One and how this fits in the longer process.	

Presentation of the WHO conceptual framework of the social determinants of health

Presentation on the WHO conceptual framework of the social determinants of health (SDH) (20 minutes). This presentation can be made drawing on pages 17-18 and 24-27 in the Innov8 Technical Handbook and the suggested additional readings.	*30 minutes*
Question and answer (10 minutes)	

✎ **METHODOLOGY**	⏱ **TIMING**

Group work on national social determinants of health framework

✎ **Notes to facilitator:**

1. Divide participants into two groups.
2. Each group should nominate a presenter.
3. Give each participant *three* yellow, *three* orange and *three* blue post-it notes or coloured cards.
4. Place a sheet of white paper on a wall in front of each group with the general columns of the WHO conceptual framework of the social determinants of health drawn but not completed. See the below example. This should be done as preparatory work.
5. Colour code the chart to reinforce instructions, matching the colours with the post-it note colours and the associated question.

5 minutes introduction and 40 minutes exercise

Figure: WHO conceptual framework of the social determinants of health

STUCTURAL DETERMINANTS
Social determinants of health inequities

INTERMEDIARY DETERMINANTS
Social determinants of health

IMPACT ON EQUITY IN HEALTH AND WELL-BEING
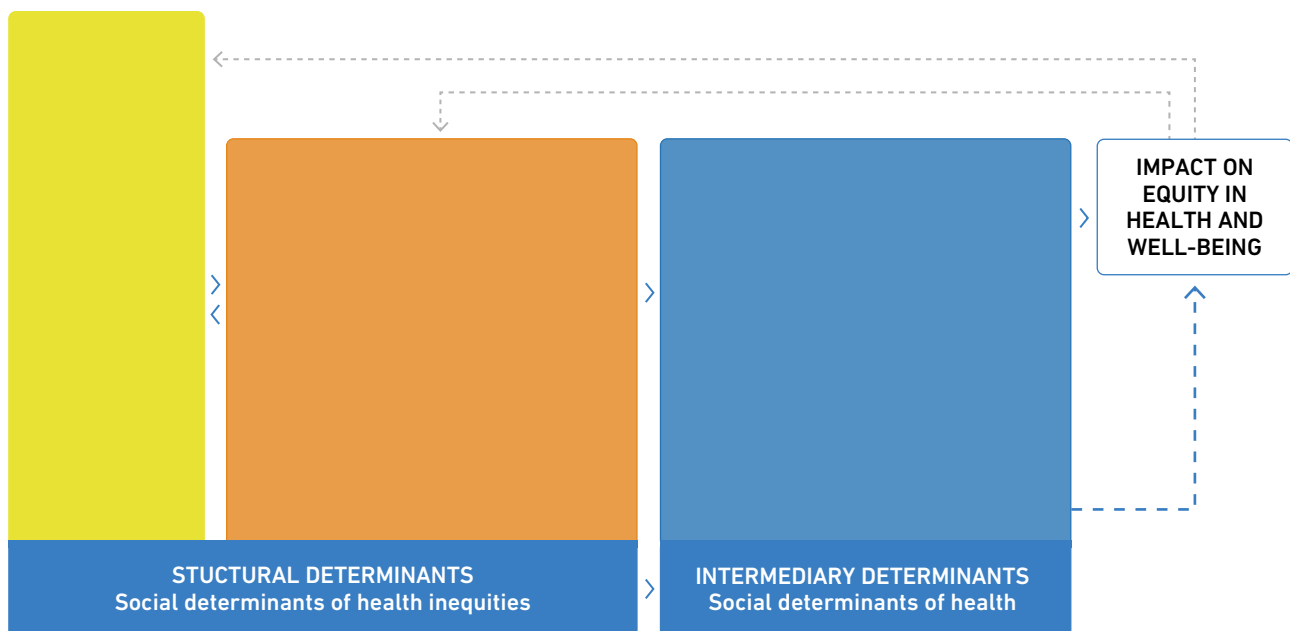
🧩 **Instructions to give participants for the exercise**

This exercise is in relation to your specific programme and the health topic it addresses and uses the framework displayed. The exercise focuses on factors influencing being people left behind in the programme (this framework will be revisited in the Review Workshop).

You have three post-it notes in three different colours.

Part 1

1. On the yellow post-it notes write *three* factors that influence health equity at the level of social and political context.
2. On the orange post-it notes write *three* items for socioeconomic position and different grounds of discrimination (sex/gender, ethnicity, sexual orientation, etc.) that are the base of the mechanisms for generating health inequities.
3. On the blue post-it notes, write *three* types of intermediary determinants that affect health equity (e.g. such as material circumstances).

> **⊞ Instructions to give participants for the exercise (continued...)**

Part 2

1. Nominate a presenter who will share your group's final framework in plenary.
2. As a group, choose the items for each column to present back to the other group.
3. When asked bring up your post-it notes and one at a time post them in the relevant columns on the template and briefly (one sentence) explain the rationale. (5 minutes for both groups).
4. Make sure that the presenter for your group is clear on how to present the entire group's vision for the framework.

Be ready to report back in plenary in 35 minutes.

Break	*15 minutes*

REPORT BACK AND DEBRIEF   *30 minutes*

- Have each presenter explain their group's framework on the social determinants of health to the other group.
- The facilitator should ask if the other group members have anything to add to what the presenter has outlined.
- If key dimensions, such as discrimination based on sex/gender or other grounds, are not mentioned, the facilitator should probe if the group discussed these. Correct any misplacement of items in the framework (such as a law or policy being listed as an intermediary determinant instead of as a structural determinant).
- The facilitator can then ask the other group to express something that they liked about the first group's framework. When finished, the same is done for the other group.
- Close the session by re-emphasizing that the WHO conceptual framework of the social determinants of health is applied in Step 5 and will be explored in more detail in the review workshop and beyond.

SESSION 4
Overview

Diagnostic checklist (Step 1) and next steps
Day 2, 11:30 to 17:00

Objectives

The purpose of the session is to:
- Familiarize people with the checklist in Step 1
- Produce a workplan for completing the checklist before Phase 2
- Define 'factors for success' that will ensure the desired outputs at the end of the process

Content

- Step 1: Completing the Diagnostic Checklist, a baseline of the current programme, with a preliminary assessment of challenges related to equity, gender, human rights and social determinants of health
- Workplan for gathering the programmatic information and collating existing data for completion of the checklist

Methods

- Interactive presentations with Q & A
- Group work activities

Expected outcomes

At the end of the session, participants will have:
- Familiarity with and confidence using the checklist
- A list of sources of information (data and people to consult) needed for completing the checklist
- A timeline and workplan for the review team to finalize the checklist

Key messages

- The review team needs to establish a basic shared understanding of issues such as the programme aims, objectives, target population, core interventions and operational partners and implementation challenges.
- The diagnostic checklist helps create a 'baseline' for the current programme. The answers to the questions will be drawn from for the subsequent steps of analysis.
- Factors for success in the process can include commitment of all team members, approval by management of time allocation for working on the review, alignment with ongoing planning processes, drawing from the programmatic and equity, gender, human rights and social determinants of health evidence base and engaging partners and subnational level programme representatives.

Materials & references

- Innov8 Technical Handbook: Step 1 (pages 31-52)
- Documentation on the programme being reviewed

SESSION 4
Detailed outline

Diagnostic checklist (Step 1) and next steps
Day 2, 11:30 to 17:00

✏️ **METHODOLOGY**	⏱️ **TIMING**
Presentation on Step 1 (questions 1-6)	
Provide an overview presentation of the diagnostic checklist, its function and focus on questions 1-6: examples, tips and application.	*30 minutes*
📎 **Notes to facilitator:**	
1. This presentation can be made drawing on pages 31-52 in the Innov8 Technical Handbook.	
2. Make the presentation as interactive as possible.	
3. Encourage questions.	
4. Reinforce the key learning messages:	
› At the beginning of the review, it is important for the review team to establish a basic shared understanding of issues like the programme aims, objectives, target population, the programme's core interventions and operational partners and implementation challenges.	
› The diagnostic checklist helps create a 'baseline' for the programme as it currently is. The answers to the questions will be drawn from for the subsequent steps of analysis.	
5. The group work aims to ensure that the participants understand the questions, propose any adaptations for the national context and start thinking about the information sources for answering the questions.	
Group work on Step 1 (questions 1-6)	
The aim of this group work is to have the review team examine the diagnostic checklist in detail and ensure that they understand the questions and identify and agree on any national adaptations needed to those questions.	*5 minutes introduction and 25 minutes exercise*

🧩 **Instructions to give participants for the exercise**

Please divide into two groups. Each group should identify a note taker.

Turn to Step 1 in the Innov8 Technical Handbook (pages 31-52), which contains the diagnostic checklist.

Work your way through questions 1-6 one at a time. For each question, the group can consider:

- Are the questions clear? Does anything require clarification?
- From a national and subnational lens, consider if any adaptation to the checklist questions is necessary; if so, explain why and record all proposed changes.
- Which information sources (documents, informants, etc.) will be needed to help the review team to answer the questions.

Make sure the notes are complete and get ready to share your thoughts in plenary.

Lunch	*60 minutes*

✏️ **METHODOLOGY**	🕐 **TIMING**

REPORT BACK, DEBRIEF AND CONSOLIDATION

30 minutes

- On a whiteboard or flip chart at the front of the room, create three columns to capture their results; one for 'clarifications', one for 'adaptations' and one for 'information sources'. An example is shown below.

Example table for group work on Step 1 questions 1-6

Checklist question	Clarifications	Adaptations	Information sources
Q 1			
Q 2			
Q 3			
Q 4			
Q 5			
Q 6			

While the note takers/rapporteurs from the two groups report their findings, write them onto the whiteboard. Once both groups have reported back, take time to:

- Provide clarifications on the questions as needed;
- Discuss the potential implications of proposed adaptations and ensure that key technical information will still be obtained;
- Reach agreement amongst the groups on the adaptations to make to questions 1-6 in the checklist; and
- Consolidate the list of sources and see if participants have any additional ones to add.

Presentation on Step 1 (questions 7-13)

Provide a presentation on Step 1 on the diagnostic checklist – Overview of questions 7-13: examples, tips and application.

30 minutes

✎ **Notes to facilitator:**

1. Encourage questions.
2. The group work is similar to previous Steps 1-6.

Group work on Step 1 (questions 7-13)

Same as for questions 1-6.

25 minutes

REPORT BACK, DEBRIEF AND CONSOLIDATION

30 minutes

- Same as for questions 1-6 with whiteboard or flip chart.

Break	*15 minutes*

✏️ **METHODOLOGY**	🕐 **TIMING**

Group work to create a joint workplan to complete checklist

✎ **Notes to facilitator:**

1. After break, reconvene the participants and recall the roadmap slide (see the example in the description of Session 1).

2. Explain to them that before the next workshop, the task will be to complete the checklist. Likelihood of success is improved when people have a concrete plan.

3. Have them produce the plan following the instructions. These queries can be posted on a PPT slide in the room if helpful.

5 minutes introduction and 20 minutes exercise

🧩 **Instructions to give participants for the exercise**

The purpose of this exercise is to agree how the review team will work together to finalize the checklist. Please define:

• A time when most review team members can meet for at least three hours between now and the next workshop to agree on the answers in the checklist.

• Preparatory work to be done by sub-groups or individuals on specific questions prior to that meeting.

• How subnational review team members (who may not be able to come to the meeting) will contribute.

• Who will compile all solicited answers in a Word document and then send it to the facilitating team for feedback at least *one week* before the review workshop.

• Who will make a presentation of the findings (using a template) once feedback is received from the facilitating team.

• How the review team will communicate (via email, WhatsApp, etc.) for coordination purposes.

Get ready to explain your workplan in plenary in 20 minutes.

REPORT BACK, DEBRIEF AND CONSOLIDATION

• Have the group explain the workplan.

• If there is any concern that they may not have the checklist done in time for review by the facilitating team before the next workshop, encourage them to revisit and agree the date of the next face-to-face working session.

• Ensure that the workplan enables all members to work on the checklist (not just a few people), so that it represents a consolidated view and that subnational representatives who may not be in the capital city have a chance to contribute.

15 minutes

Group work on 'success factors'

✎ **Notes to facilitator:**

1. Have participants divide into three groups. Ask each group to consider which factors will enable the success of the Innov8 review process and final recommendations.

2. You may need to discuss first of all what is meant by success factors. Provide examples if necessary such as: commitment of all team members; approval by management of time allocation for working on the review; alignment with ongoing planning processes; drawing from the programmatic and equity, gender, human rights and social determinants of health evidence base; and bringing key partners and subnational level programme representatives along.

3. Get them to understand the concept of success factors that will facilitate their working together rather than offer them a list of examples which they can adopt for themselves.

2 minutes introduction and 10 minutes exercise

✏️ **METHODOLOGY**	🕐 **TIMING**

Instructions to give participants for the exercise

Please divide into three groups
- Explore the factors that will enable the success of the Innov8 review process and final recommendations being integrated into the programme.
- Identify the *three* factors with the potential for most influence.
- Be ready to present your top *three* in 10 minutes.

REPORT BACK AND DEBRIEF - Ask each group to share their success factors. - Highlight similarities across the groups. - Encourage the participants to agree which different factors will have the most impact on success. - Have them to consider what they could do to increase the likelihood of success.	*10 minutes*
Evaluation	
Allow participants some minutes to complete the 'Sensitization workshop participant evaluation form' (see sample evaluation form in **Annex 9**).	*5-10 minutes*
Closing statements by Ministry of Health and WHO	
Brief statements made by the highest-ranking person in the MoH and the WHO Country Office on their commitment to advancing the review process and their hopes/expectations for its contribution.	*10 minutes*

Review
workshop

REVIEW WORKSHOP
CONCEPT NOTE

Review workshop: 4 days

Objectives

The purpose of the workshop is for national review team to:
- Present the review team's revised checklist findings (Step 1)
- Clarify issues linked to the initial assessment of equity, gender, human rights and social determinants of health challenges in the programme
- Introduce the objectives, functions, exercises and outputs for Steps 2-6
- Produce a workplan for completing Steps 2-6
- Conducting preliminary analysis for each of the steps, to be later completed in the process of moving towards the redesign of the programme

Content

- Output of Step 1 – Diagnostic checklist
- Step 2: Understand the programme theory
- Step 3: Identifying who is being left out by the programme
- Step 4: Identifying the barriers and facilitating factors that subpopulations experience
- Step 5: Identifying mechanisms generating health inequities
- Step 6: Considering intersectoral actions and social participation

Methods

- Report backs from teams and facilitated discussion
- Group work and exercises and country case studies
- Presentations

Expected outcomes

At the end of the workshop participants will have:
- Started activities for Steps 2-6
- A plan for finalizing Steps 2-6 prior to the next workshop

Key messages

- To reduce inequities, it is important to understand in which stages of the programme they occur and who experiences them.
- It is essential to identify the barriers that different subpopulations face and the mechanisms generating inequities.
- Intersectoral action and social participation are important ways to overcome barriers, tackle inequities, address adverse gender norms, roles and relations and apply a human rights-based approach. Participation is a principle of a human rights based approach.

Materials & references

- Innov8 Technical Handbook: Steps 2-6 (pages 53-176)
- Emerging review team findings*
- Ministry of Health presentation on relevant disaggregated quantitative and qualitative data

*Note for organizers: There should be a dedicated report-writer who is charged with note taking from flip charts and plenary discussions and making PPT slides of key outputs from each step. These will be drawn from for the group work on the last day.

REVIEW WORKSHOP
AGENDA

	Day One	Day Two	Day Three	Day Four
9:00	■ **Step 1: Review of checklist findings** • Formal opening • Overview of Review Workshop • Review team presentation of checklist findings and discussion • Preparation for next steps: analytical pathway and group work on potential challenges and opportunities in relation to next steps of analysis	■ **Step 3: Identifying who is being left out by the programme** • Overview of Step 3 • MoH presentation on quantitative disaggregated data and qualitative sources • Group work on subset of exercises for Step 3	■ **Step 5: Identifying mechanisms generating health inequities** • Overview of Step 5 • Identification of structural and intermediary determinants: revisiting the framework on factors influencing health inequities	• Group work on subset of exercises for Step 6 on social participation • Report back and debriefs
10:30	**Break**	**Break**	**Break**	**Break**
10:45	■ **Step 2: Understanding the programme theory and diagram** • Overview of Step 2 • Group work to review case study: using a programme diagram and theory • Group work on subset of exercises for Step 2	• Group work on subset of exercises for Step 3 (continued) • Report back (with adjusted diagram) and debriefs	• Defining the pathways generating health inequities • Presentation on the 'theory of inequities'	• Role play with argumentation for engaging other sectors and the target subpopulation
12:30	**Lunch**	**Lunch**	**Lunch**	**Lunch**

	Day One	Day Two	Day Three	Day Four
13:30	• Group work on subset of exercises for Step 2 (continued) • Report back and debriefs on programme theory and diagram	■ **Step 4: Analyzing barriers and facilitating factors** • Overview of Step 4 • Overview and interactive activity on Tanahashi framework and types of barriers • Group work on subset of exercises for Step 4	• Case study on the 'theory of inequities' • Group work on subset of exercises for Step 5 • Report back and debriefs	■ **Workplans for next steps** • Consolidation of emerging findings from across the subsets of exercises for each step
15:30	**Break**	**Break**	**Break**	**Break**
15:45	• Group work on subset of exercises for Step 2 (continued) • Report back and debriefs	• Group work on subset of exercises for Step 4 • Report back (with adjusted diagram) and debriefs	■ **Step 6: Considering intersectoral action and social participation** • Overview of Step 6 • Group work on sub-set of exercises for Step 6 on intersectoral action • Report back and debriefs	• Brainstorm on emerging key issues to address in the redesign of the programme • Workplan to finalize analyses before next training • Reporting by review team to senior officials • Close of event • Workshop evaluation
17:30	**Close**	**Close**	**Close**	**Close**

SESSION 1
Overview

Opening and presentation of checklist findings (Step 1)
Day 1, 9:00-10:30

Objectives

The purpose of the session is to:
- Describe baseline findings from Step 1: checklist
- Familiarize review team with the aims of the review workshop and the pathway for analysis in Steps 2-6
- Brainstorm on potential challenges and opportunities in relation to next steps of analysis

Content

- Step 1 Checklist completed by the national review team
- Overviews of Steps 2-6: see Overview section of Innov8 Technical Handbook (pages 10-13)
- Figure on analysis pathway

Methods

- Presentation by review team, expert feedback and comments, working in pairs, facilitator presentation and pathway for analysis

Expected outcomes

At the end of the session participants will have:
- Validated their checklist (Step 1)
- Understood the function of Steps 2-6
- Understood the pathway for analysis that they will apply and have seen the potential of value added of it in relation to their programme

Key messages

- The checklist findings (Step 1) provide a basic baseline of the programme, upon which the rest of the analysis is built.
- Steps 2-6 relate to mapping the theory of the programme, understanding the subpopulations being missed, identifying the barriers and facilitating factors in accessing/benefitting, identifying the mechanisms generating health inequities and exploring the role of intersectoral action and social participation in responding.
- Step 2-6 move the review team forward in explicitly articulating the 'programme theory' (i.e., how the programme is meant to work for whom and how) to later articulating the 'theory of inequities' (i.e., how inequities are caused) in relation to the programme. This sets the stage of the subsequent redesign (Steps 7 and 8), where the review team develops a plan with recommendations for programmatic change to tackle the identified inequities.

Materials & references

- Country completed check list (Step 1)
- Innov8 Technical Handbook: Overview section with analytical pathway (pages 10-13)

SESSION 1
Detailed outline

Opening and presentation of checklist findings (Step 1)
Day 1, 9:00-10:30

✎ METHODOLOGY	⏱ TIMING
Opening	
Formal opening (any quick statements by Government or process organizers).	*30 minutes*
Welcoming dialogue to explore the work to date and to recognize the progress and challenges.	
Facilitator leads an opening discussion.	

Questions to ask participants during debrief

Structured dialogue about the Innov8 review along the lines of:
- What was the most satisfying experience to date?
- What was the most challenging experience / task to date?
- How did you overcome that?
- How happy are you with the results?

✎ **Notes to facilitator:**

1. This is a good time to emphasize the importance of the participant evaluation forms disseminated during the workshops. Take a moment to point out the 'Review workshop participant evaluation form' (see sample evaluation form in **Annex 10**) in the participant packs and ask participants to complete the relevant sections of this evaluation form over the course of the Review workshop. Forms will be collected at the end of the workshop.

Group presentation of the diagnostic checklist	
Presentation of the completed diagnostic checklist (Step1) by a nominated member of the review team.	*20 minutes*
DEBRIEF • Probing questions to explore, challenge and verify the checklist findings.	*10 minutes*

Questions to ask participants during debrief

- Ask: Would anyone like to add anything to the presentation?
- Verify understanding by probing and providing clarifications.

- Probe for more details, from different group members, on the emerging issues related to equity, gender, human rights and social determinants of health.

✏️ **METHODOLOGY**	🕐 **TIMING**

Preparation for next steps

Provide a brief overview of the aims of the review workshop and the focus of Innov8 Steps 2-6, as well as the agenda for the coming days.

10 minutes introduction and 10 minutes exercise

🖉 **Notes to facilitator:**

1. Use the scope and purpose document for the workshop and the agenda.

2. Project and explain a slide with the below analytical pathway through the eight steps of Innov8, which can be found as Figure 1 in the Overview section of the Innov8 Technical Handbook on page 12.

3. Set the scene by getting the teams thinking on the topic.

Figure: Analytical pathway through the eight steps of Innov8

Step 1

Checklist

Questions that summarize key elements to feed into the review process

Step 2

Understand the programme theory

Why it does what it does

What are the stages and expected results

It is the programme's current intended situation

Step 3

Identify who is being left out by the programme

Who is currently accessing and benefiting and who is not

Step 4

Identify barriers and facilitating factors

Which factors prevent and contribute to effective coverage

Step 5

Identify the mechanisms that generate inequities

Social stratification mechanisms

Inequity in access mechanisms: Structural and intermediary determinants

Step 6

Explore how intersectoral action and social participation can be used to reduce inequities

Social participation

Intersectoral action

Step 7

REDESIGN

Use the review findings to explore potential adjustments to the programme

Step 8

M&E

Measure progress and adjust ongoing programme M&E

Identify the current programme theory

Discover the theory of inequities

Produce a new programme theory that tackles inequities

✏️ METHODOLOGY   🕐 TIMING

🧩 Instructions to give participants for the exercise

In pairs, discuss for 10 minutes:

- What will be the challenges and opportunities that the review team will face in the next steps of analysis?
- What might be some of the critical issues regarding equity, gender, human rights and social determinants of health you hope this analysis will unpack in greater detail, starting in the workshop this week?

REPORT BACK AND DEBRIEF   *10 minutes*

- Capture the groups outputs on a flip chart inviting different comments from the pairs until you have noted them all.
- Verify through a facilitated discussion that everyone is clear about what is going to happen in the workshop and throughout the next steps.
- Respond to any questions.
- Take the opportunity to reinforce any of the concepts or base knowledge that will be required for the continuation of the Innov8 review process.

Break	*30 minutes*

SESSION 2
Overview

Understanding the programme theory and diagram (Step 2)
Day 1, 11:00-17:30

Objectives

The purpose of the session is to:
- Commence work on Step 2 to create a programme diagram
- Define the programme theory
- Identify existing programme approaches to address equity, gender, human rights and social determinants of health
- Be familiarized with the Step 2 analysis to be undertaken after the workshop

Content

- Step 2: Understand the programme theory
- Programme documentation (e.g., reports, descriptions, past evaluations)
- Completed checklist from Step 1

Methods

- Interactive presentations with Q & A
- Country specific case study
- Joint programme diagram exercise
- Drafting of a programme theory

Expected outcomes

At the end of the session participants will have:
- A draft logic model diagram of the programme (i.e. 'programme diagram')
- A draft programme theory
- Initial assessment of how programme is addressing equity, gender, human rights and social determinants of health

Key messages

- The programme theory explains the logical flow of the activities and how these will lead to the intended results. It includes assumptions about how activities should work to produce the expected outputs and outcomes.
- The programme diagram shows the sequence of activities of the programme's key stages, linked to the outputs and outcomes.

Materials & references

- Innov8 Technical Handbook: Step 2 (pages 53-78)
- Completed checklist (Step 1)

SESSION 2
Detailed outline

Understanding the programme theory and diagram (Step 2)
Day 1, 11:00-17:30

✏️ **METHODOLOGY**	🕐 **TIMING**
Introduction to Step 2: Understanding the programme theory and diagram	
Provide a brief overview presentation on Step 2. This presentation can be made drawing on pages 53-78 in the Innov8 Technical Handbook. Explain that the review team will begin working on this step, which has the following objectives:	*10 minutes*
• Identify the general characteristics of the programme, including the components or key stages, the specific activities and the expected results;	
• Develop a logic model diagram of the key stages of the programme, which depicts the flow of interventions or groups of activities, outputs and expected results;	
• Apply theory-driven concepts to understand the logic model diagram and the underlying assumptions about population engagement and context;	
• Determine whether the programme addresses equity, gender, human rights and social determinants of health and considers different contexts, the heterogeneity of subpopulations and the complexity of the interventions; and	
• Write a statement of the current theory of the programme.	
Explain that the session will serve to introduce Step 2, which lays the foundation for the analysis of the programme throughout the other steps. While the exercises are introduced briefly in this workshop and work is started, they must be completed afterwards by the review team.	
Case study exercises to explore select concepts for Step 2	
✎ **Notes to facilitator:**	*2 minutes introduction and 18 minutes exercise*
1. Introduce the group to the case study example in Step 2 of the Innov8 Technical Handbook (page 61) and have them read it (3 minutes).	
2. Have the participants work in pairs, responding to a set of questions, see below (15 minutes).	

🧩 **Instructions to give participants for the exercise**

Refer to the case study in Step 2 of the Innov8 Technical Handbook to Step 2 (page 61), "Key stages of the screening programme for colorectal cancer of the Basque Government of Spain". Spend a few minutes reading this.

In your pairs, answer the following questions (15 minutes):

• What is the problem addressed by the programme featured in the case study?

• What are the *three* key stages of the programme, according to the programme diagram (and how the activities are grouped)?

• According to the programme theory statement, what are the main outcomes of the programme?

• According to the programme theory statement, what are the assumptions that underpin it?

✎ **METHODOLOGY**	🕐 **TIMING**

REPORT BACK AND DEBRIEF

15 minutes

- Ask the pairs to call out their conclusions/answers to the above questions and capture these on a flip chart.
- Clarify the concepts of 'key stages', 'assumptions', 'outcomes' and 'programme theory'.

Group work on creating a programme diagram

The aim of this activity is for the review team to create a diagram showing how the programme is assumed to work.

5 minutes introduction and 55 minutes exercise

✎ **Notes to facilitator for preparation:**

1. Prepare large sheets of white paper or a 'sticky wall' (adhesive paper on the wall) and either large post-it notes or pieces of coloured paper that can be written on and taped to the wall.

2. Provide wall space to display the diagram, which should be displayed the whole week as this will be the foundation for additional outputs series through the subsequent steps.

3. Start this activity by showing the review team a set of programme diagram examples. These should highlight stages, activities and outputs. Examples of programme diagrams can be found in the Innov8 Technical Handbook on pages 58 and 61, including the example shown below.[3]

4. Prime the activity by showing at least one programme diagram (different from the one below) that features assumptions laid in across the bottom).

Figure: Key stages of the screening programme for colorectal cancer of the Basque Government of Spain
(See case study for full details and sources)
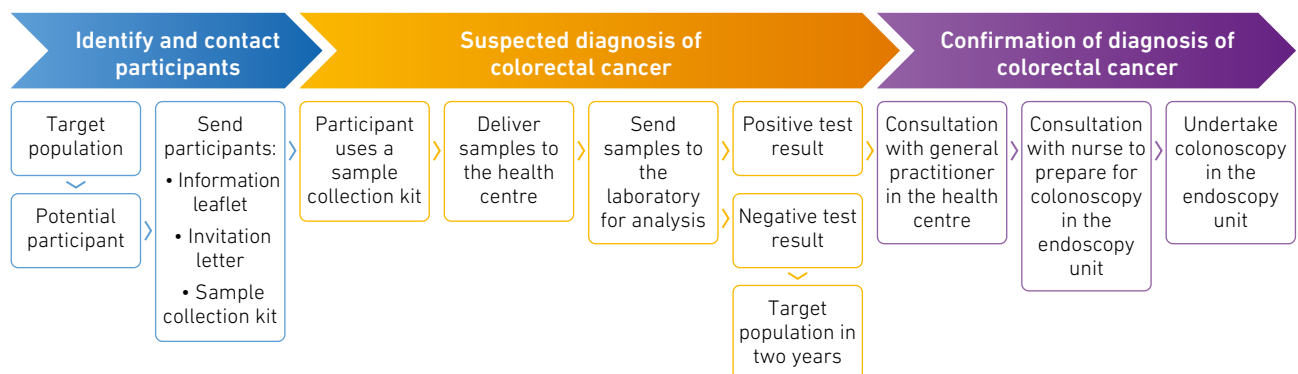
5. Divide participants into two groups. Facilitate the groups as they write on and then cluster the cards until there is an agreed upon version. Ensure that the groups populate the diagram correctly.

6. The content should be drawn from their diagnostic checklist and the review team's knowledge of the working of the programme.

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[3] WHO may be able to provide further examples of programme diagrams or support for country-to-country exchange for this purpose. Facilitators should write to Innov8@who.int with the request.

✏️ **METHODOLOGY**   🕐 **TIMING**

🧩 **Instructions to give participants for the exercise (continued...)**

In this session, you are going visually depict a logic model diagram of your programme, drawing from the results of your diagnostic checklist and your shared knowledge of how the programme works.

To produce the diagram, we will work first work together then in two separate groups.

- To begin, work together for the next 20 minutes to define:
  › The problem addressed by the programme; and
  › The 'key stages' of the programme (refer back to case study example in Step 2 of the Innov8 Technical Handbook (page 61) to explain).
- Write each key stage on one coloured post-it note / card, using a different colour for each key stage (use the example from the case study on colour coding the activities).

Once the group has agreed on the key stages of the programme and has written these on the coloured post-it notes / cards, they are ready for the next part of the group work. Take the post-it notes / cards of the key stages in order and divide them evenly (as possible) into two.

🧩 **Instructions to give participants for the exercise**

We are now going to identify further details for this programme diagram. Please divide into two groups.

Each group is going to work for the next 35 minutes to identify the main activities and outputs for each of the key stages in the programme. These activities and outputs should be written on the same coloured card as for that key stage. **Group 1** will focus on the first set of key stages and **Group 2** will focus on the second set of key stages. (Give each group the corresponding coloured cards and some blank cards in those colours.)

- First, identify the main activities within each of the key stages and write these activities on separate cards (one activity per card).
- Next, identify the outcomes of each key stage write these on the post-it note / coloured cards as well.
- Group 2, you should also identify the final outputs and expected impact of the programme overall (achieved as a result of the key stages and activities.
- Thirdly, both groups should identify for each key stage the key assumptions about how the programme will function and how the target population will engage. Write each assumption on a separate card with a different colour than the key stages.
- You will then be ready to arrange you programme diagram. To do this, arrange the cards with key stages, activities and outcomes and impact on the wall in a *logical flow*. Use the masking tape to draw the linkages between the stages or activities of the diagram. You will need to discuss and agree between the two groups about how your cards connect to each other.
- Finally, when both groups have placed their cards, add the assumptions along the bottom at the appropriate place.

We will be coming back to adjust the programme diagram following the next group activity.

Lunch	*approx. 12:45-13:45* *60 minutes*

✏️ **METHODOLOGY**	⏱️ **TIMING**

Group work on defining the programme theory

This exercise will aim to guide the group through developing an initial version of the programme theory, building on the programme diagram.

5 minutes introduction and 30 minutes exercise

✎ **Notes to facilitator:**

1. Divide participants into two groups.

🧩 **Instructions to give participants for the exercise**

In the previous activity, you identified the following aspects of your programme:

- Key stages of the programme, the activities and outputs of each key stage and the expected impact of the programme, as well as the assumptions in place regarding how the programme will work and individuals will interact with it;
- The problem addressed by the programme;
- The programme outcomes and expected impact;
- The programme 'key stages';
- The activities within the key stages; and
- The assumptions in place regarding how the programme will work and individuals will interact with it.

I would now like you to work in your groups for the next 30 minutes to:

- Draft a paragraph to express the above elements into a consolidated statement on the theory of the programme; and
- Write your final version on to a flip chart or create a slide to be projected to the group and be ready to share it in plenary.

REPORT BACK, DEBRIEF AND CREATE A CONSOLIDATED VERSION

20 minutes

- Have each separate group share their draft statement on theory of the programme, compare and give feedback. The group should then create a consolidated version.

🧩 **Instructions to give participants for the exercise**

Let's work all together for 20 minutes:

- Each group should share their draft programme theory statement (5-8 minutes for each group).
- Each group should comment on what they liked about the other group's version and which elements can be brought together into a consolidated version.
- Create a consolidated draft 'programme theory' on a flip chart or in a slide.
- Ensure that all of the key components of a programme theory (including assumptions, etc.) are present.

✏️ **METHODOLOGY**	⏱ **TIMING**

Group work on aligning the programme diagram and programme theory

Divide participants into two groups.	*1 minute introduction and 10 minutes exercise*

> 🧩 **Instructions to give participants for the exercise**
>
> We will now work shortly to review and refresh the programme diagram if needed, so that this and the programme theory align with each other.
>
> Divide into two groups. In your groups, review the overarching programme diagram on the wall:
> 1. Compare it with the programme theory statement.
> 2. Have you forgotten in the programme theory a key component that emerged in the diagram?
> 3. Is there anything in the programme diagram that is missing or that can be improved? Are any revisions or adjustments needed to the programme diagram based on the programme theory?
>
> Be ready to report back in 10 minutes.

REPORT BACK, DEBRIEF AND CONSOLIDATION • Have each group briefly present their suggested adjustments. Facilitate a discussion amongst the groups to agree on which revisions to the programme diagram and programme theory statement need to be incorporated.	*~10 minutes*

Presentation on Step 2 in relation to principles of theory-driven evaluation

Provide an overview presentation on how Innov8 uses principles in theory-driven evaluation such as 'heterogeneity' and 'context', anticipating that these concepts will be useful for the next exercise. Introduce the exercise as well. This presentation can be made drawing on page 27 in the Innov8 Technical Handbook and the additional reading referenced (Sridharan & Nakaima, 2011). It can also draw from the glossary in the handbook. Question and answers.	*15 minutes*

Break[4]	*20 minutes*

Group work on how equity, gender, human rights and social determinants of health issues are reflected in the programme

✎ **Notes to facilitator:** 1. Divide the participants into two groups. 2. Ensure that everyone finds the appropriate section of the Innov8 Technical Handbook before continuing with the instructions. 3. Go through the five questions in plenary and ensure that everyone understands them.	*5 minutes introduction and 45 minutes exercise*

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[4] To provide more working time to the groups, you may like to invite groups to take their refreshments while continuing to work in their groups.

⊞ Instructions to give participants for the exercise ⟩

In your group, refer to pages 72-73 of Step 2 in the Innov8 Technical Handbook and the five questions in Activity 5, on how equity, gender, human rights and social determinants of health issues are reflected in the programme. In this exercise, you will be developing a preliminary answer for these questions.

In developing your programme:

1. Have you included context as a central aspect?
2. Is the heterogeneity of the target population (subpopulations) recognized and considered in programme interventions and actions?
3. Is the impact on health equity explicitly defined?
4. How are gender roles, norms and relations considered by the programme´s interventions and activities?
5. Does the programme formulation reflect human rights principles such as equality and non-discrimination, participation and accountability (expanding on the answer to Question 9 in the checklist)?

In the next 45 minutes respond to these questions.

• Prepare *one to two* PowerPoint slides with the responses for report back.

It is important that you document your responses, as you will draw from them later when finalizing Step 2 analysis.

REPORT BACK, DEBRIEF AND CONSOLIDATION

• Each of the groups to share their answers (using the PPT slides).
• The other group should indicate what they appreciate about their and the other group's responses and what would be important to include in one consolidated answer.

15 minutes

Case study review and reflections of what is missing for equity, gender, human rights and social determinants of health

✎ Notes to facilitator:

1. Have the review team pair up to read the case study and then respond to the below question on their programme.

15 minutes

⊞ Instructions to give participants for the exercise ⟩

Take **five** minutes to read "Example 2.3 Hypothetical example, Children's health programme (0-9 years)" of the Innov8 Technical Handbook chapter for Step 2 (page 75).

Thinking then of your own programme, you have 10 minutes in pairs to respond to the question:

• In your programme, which activities are underdeveloped or missing in relation to an equity, gender, human rights and social determinants of health approach?

REPORT BACK AND DEBRIEF

• Using a whiteboard (or flip chart), draw a line down the middle and then write 'Underdeveloped' on one side and 'Absent' on the other.
• Solicit the answers from each of the pairs and take note of the emerging reflections.

15 minutes

✏️ **METHODOLOGY**	🕐 **TIMING**
Presentation on completion of Step 2 after the workshop	
Provide a brief presentation with an overview of the analysis for Step 2 that needs to be completed after the workshop, highlighting its core outputs and how the work done in this session can feed into it.	*10 minutes*
✎ **Notes to facilitator:**	
1. This presentation can be made drawing on the Step 2 activities as outlined on pages 62-77 in the Innov8 Technical Handbook.	
2. Questions and answers.	
Close of the day	
• Briefly recap what was covered in the day.	*5-10 minutes*
• Ask participants what they liked most about the day.	
• Ask them how they think the group is doing in maintaining the working methods agreed on at the Sensitization workshop and reinforce positive working methods (coming on time, not doing separate work on laptops during sessions, etc.) that should be maintained for the week.	
• Remind participants to complete the relevant sections of the 'Review workshop participant evaluation form' covered in Day One (see sample evaluation form in **Annex 10**).	

SESSION 3
Overview

Identifying who is being left out by the programme (Step 3)
Day 2, 09:00-12:30

Objectives	The purpose of the session is to: • Begin reviewing existing national quantitative and qualitative data sources on inequities in relation to the programme • Identify subpopulations accessing and benefitting more, as well as those *not* accessing or those benefitting less, across the key stages of the programme • Begin to consider the specific needs and circumstances of subpopulations being missed • Tentatively agree on a priority subpopulation for deeper analysis and understand the scope and activities of Step 3 to be undertaken after the workshop
Content	• National quantitative and qualitative data on inequities • Step 3: Identify who is being left out by the programme • Programme diagram and programme theory
Methods	• Group work based on national experiences/insights • Report back and plenary discussion • Interactive presentations with Q & A
Expected outcomes	At the end of the session participants will have: • An understanding of existing quantitative and qualitative data sources on inequities relevant to their health programme • A preliminary identification of subpopulations being missed by their programme and agreement on one for further analysis during the workshop • An updated programme diagram indicating the subpopulations being missed at each key stage
Key messages	• Health programmes 'work' differently for different subpopulations and it is therefore important to analyze which subpopulations are really accessing, receiving interventions and obtaining the benefits at each key stage of the programme and which are not or do so to a lesser extent. • This analysis 'tests' the capacity of the programme to address the heterogeneity of subpopulations, to see how it tackles the issue of leaving no one behind.
Materials & references	• Innov8 Technical Handbook: Step 3 (pages 79-100) • National data sources presentation by MoH

SESSION 3
Detailed outline

Identifying who is being left out by the programme (Step 3)
Day 2, 09:00-12:30

✎ METHODOLOGY	🕐 TIMING
Opening	
Overview of Day Two and brief introduction on Step 3. This presentation can be made drawing on pages 79-100 in the Innov8 Technical Handbook. Present the objectives of Step 3, which are: • Identify and characterize relevant subpopulations of the programme's target population in terms of their socioeconomic position and social stratification mechanisms. Consider gender and its intersections with other stratification mechanisms; • Apply quantitative and qualitative techniques to analyze subpopulation differences and relative disadvantages and whether or not the relevant subpopulations are accessing and benefiting from each key stage of the programme; and • Identify and prioritize the subpopulations excluded or in situation of inequity in each key stage and the most critical key stages of the programme in terms of exclusion or inequities. ✎ **Notes to facilitator:** **1.** Explain that this session will serve to test the programme theory (a draft of which was developed the day before), by identifying who is being missed by the programme. Indicate that additional work will be needed to complete the analysis for Step 3 after the workshop, so this morning's activities just get it started. **2.** Introduce the fact that the review must build on the existing quantitative and qualitative data sources regarding who is being missed by the programme. This will serve to introduce the MoH presentation (next).	*5 minutes*
Presentation on existing quantitative and qualitative data	
Presentation delivered by a representative from the Ministry of Health on existing quantitative and qualitative data sources that provide information on who is being left behind by the programme. See **Annex 3** for guidance on assembling programme documentation and data to inform the Innov8 review process data.	*20 minutes*
DEBRIEF • Facilitated discussion on observations, reflections and insights from the data.	*10 minutes*

Questions to ask participants during debrief

Example questions:

- Are data sources sufficient to capture the extent of inequities experienced by different subpopulations in your country?

- Which data sources are most important in understanding which subpopulations are being left behind in relation to your programme? This includes a focus on those whom may be stigmatized or face impoverishing/catastrophic expenditures as a result of engaging in services through your programme.

- If there is a lack of quantitative data, what other sources of information can be drawn from (e.g., qualitative data sources like focus groups and informant interviews, programme staff insights into operations, evaluations)?

Group work on identifying the subpopulations being missed at each programme stage

Invite the participants to look at the 'sticky wall' created the day before. Explain that for each of the programme's key stages, it is necessary to define which subpopulations are being missed.

5 minutes introduction and 25 minutes exercise

Then divide the participants into two groups:

- Each group should have a flip chart with a table divided as follows:

Key stage of the programme	Which subpopulation(s) access and benefit more	Which subpopulations do not access or benefit, or do so to a lesser extent

- For Part I using the flip chart, ensure that the groups understand how to use the table (see below instructions).

- For Part II using the 'sticky wall', make sure the groups differentiate between green post-it notes or cards for the populations accessing and benefitting and red post-it notes or cards for the subpopulations not accessing or benefitting less.

✏ **METHODOLOGY**	🕐 **TIMING**

🧩 Instructions to give participants for the exercise ›

In groups, you have 25 minutes for this exercise, which has two parts. In the first part, you will work with a flip chart. In the second part, we will take the flip chart findings and map them onto the programme diagram on the wall that we did the day before.

- In **Part I** using the flip chart, write the key stages of the programme in the left hand column (taking from the stages identified for the programme diagram the day before).
- Then identify which subpopulations are benefitting more and which less for each for each key stage. Fill in the rows on your group's table with this information.

_____

In **Part II** of the exercise, we will use the 'sticky wall'.
- Write on green post-it notes or cards the populations accessing and benefitting for each key stage of the programme.
- Write on red post-it notes or cards the subpopulations not accessing or benefitting less for each key stage of the programme.
- Post the cards by the key stages of the programme on the 'sticky wall' and briefly explain.

REPORT BACK, DEBRIEF AND CONSOLIDATION	*15 minutes*

- Going to the 'sticky wall', read all out the cards placed on each key stage of the programme.
- Ask if any other subpopulation is being missed, that should be added (considering gender issues as well as different intersecting issues such as discrimination based on ethnicity/race or religion, living in rural remote areas or informal settlements, having a low-income or lower level of education, etc.).
- Ask the review team, across the key stages, which are the subpopulations that are consistently experiencing unmet needs.
- Ask the review team to decide on the *three* subpopulations that carry a disproportionate share of health inequities and on which to focus the next exercise.

Break	*30 minutes*

Group work to characterize the subpopulations being missed

✎ **Notes to facilitator:**	*5 minutes introduction and 45 minutes exercise*
1. Divide participants into three groups each with a flip chart.	
2. For each group, allocate one of the three subpopulations that were identified as the most critical before the break.	

⊞ **Instructions to give participants for the exercise** ⟩

In three groups each using your dedicated flip chart, answer these questions for the two (male/female) representative figures from the subpopulation and document your answers in *one PPT slide:*

- In what way does the subpopulation have greater health needs and/or are they in a situation where their right to health is denied? Why and how?
- Do gender norms, roles and relations play a role in their health needs?
- Does the programme have unintentional negative effects for this subpopulation?
- Are there new or additional needs of this subpopulation that the programme does not address?

REPORT BACK AND DEBRIEF

- Give each group *five* minutes to explain their responses to the above questions to the other groups.
- Probe on some of the differences between sexes linked to gender norms, roles and relations.
- Probe on some of the circumstances (e.g., living and working situations) that may influence the differences that have been noted and explain that these will be looked at more in subsequent steps.

20 minutes

Presentation on completion of Step 3 after the workshop

Deliver a brief presentation with an overview of the analysis for Step 3 that needs to be completed after the workshop, highlighting its core outputs and how the work done in this session feeds into it.

✎ **Notes to facilitator:**

1. This presentation can be made drawing on the Step 3 activities and outputs as outlined on pages 91-99 in the Innov8 Technical Handbook.
2. Question and answers.

10 minutes

Preliminary prioritization of one subpopulation for further analysis

✎ **Notes to facilitator:**

1. Explain that it will be important to prioritize *one* subpopulation for the purpose of the review in this workshop. While this can be done properly only once data sources have been checked (as part of the post-workshop analysis done later), for the sake of going through the rest of the steps all together in the workshop, it is now useful to prioritize one.
2. Facilitate a discussion to have the group agree which subpopulation to prioritize for the rest of the review (including with relation to differences linked to gender).

20 minutes

✎ METHODOLOGY　　　　　　　　　　　　**◷ TIMING**

👥 Questions to ask participants during debrief

- Which of the three subpopulations described earlier is most at risk of experiencing inequities in relation to the programme?
- Which other factors might be considered in prioritizing *one* of these for focus in the rest of the review in this workshop?

Lunch	*60 minutes*

SESSION 4
Overview

Analyzing barriers and facilitating factors (Step 4)
Day 2, 13:30-17:30

Objectives

The purpose of the session is to:
- Begin to explore the reasons why the prioritized subpopulation does not obtain the anticipated programme results, using the Tanahashi framework for effective coverage
- Tentatively describe the key barriers faced by the prioritized subpopulation
- Tentatively describe the key facilitating factors for accessing and benefitting from the programme
- Draft a revised programme diagram showing the emerging barriers and facilitators experienced by the subpopulation at each key stage

Content

- Step 4: Identify the barriers and facilitating factors that subpopulations experience
- Tanahashi framework for effective coverage and related concepts including availability, accessibility, acceptability and quality (AAAQ) of the right to health
- Programme diagram (done in Step 2)

Methods

- Group analysis, reporting and feedback
- Scenario activity
- Interactive presentations with Q & A

Expected outcomes

At the end of the session participants will have:
- Used the Tanahashi framework for effective coverage to better understand the barriers and facilitating factors experienced by the subpopulation being missed
- Developed an updated programme diagram showing the barriers and facilitating factors at each key stage of the programme

Key messages

- The Tanahashi framework for effective coverage is a tool to identify barriers and facilitating factors to accessing and benefitting from health programmes.
- The Tanahashi framework reflects the human rights principles of availability, accessibility, acceptability and quality (AAAQ), and gender is featured across the coverage domains.

Materials & references

- Innov8 Technical Handbook: Step 4 (pages 101-118)
- The Tanahashi framework for effective coverage

✏️ **METHODOLOGY**	🕐 **TIMING**

Introduction to Step 4: Identify the barriers and facilitating factors that subpopulations experience

Provide a brief recap of the previous day and a brief introduction on Step 4. This presentation can be made drawing on pages 101-118 in the Innov8 Technical Handbook. Explain that we will begin working on this step which has the following objectives:

- Understand the Tanahashi framework for effective coverage and its links to availability, accessibility, acceptability and quality (AAAQ) principles of the right to health;
- Identify the barriers hindering access and attainment of benefits by priority subpopulation(s) at each key stage of the programme; and
- Identify factors that facilitate access and attainment of programme benefits in each key stage of the programme.

🔖 **Notes to facilitator:**

1. Explain that this session will serve to introduce Step 4, which again tests the programme theory, this time by asking "In which contexts and why is the programme not working for the subpopulations?". Indicate that the following activities just get Step 4 started and that additional work by the review team will be needed to complete the analysis after workshop.

15 minutes

Overview of the Tanahashi framework for effective coverage, and interactive activity

Provide a brief introduce to the group on the Tanahashi framework for effective coverage, shown below. This presentation can be made drawing on Step 4 in the Innov8 Technical Handbook, in particular pages 104-108. As soon as you have explained the coverage dimensions of the framework you are ready to go to the scenario exercises, which helps illustrate them.

20 minutes

Figure: **Tanahashi framework for effective coverage**
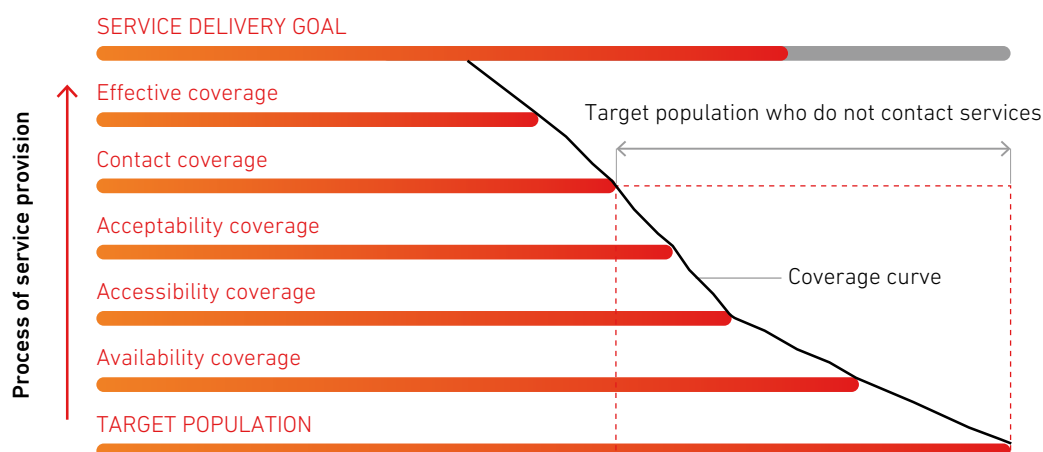
✏ **METHODOLOGY**	⏱ **TIMING**

- Have all participants count from *one to five*, going around the room.
- Have all people stand. Explain to them the hypothetical scenario (note that this can be adapted for the country/regional context and the health topic, as appropriate) and take them through the exercise.

🧩 Instructions to give participants for the exercise 〉

Now we are going to have a brief interactive activity during which you will get the chance to imagine experiencing some of the barrier domains.

Imagine you are all pregnant 17-year olds in Country X, a hypothetical lower-middle-income country where antenatal care (ANC) visits are provided free of charge to all pregnant girls and women who are citizens. The provider network is weak in some parts of the country, distribution of adequate numbers of appropriately-skilled human resources and quality are concerns, and quantitative evidence shows inequities by rural/urban, income level, education level and ethnicity.

In this hypothetical situation, we focus on your ability to access and benefit from *effective micronutrient supplementation*. Your number (1s, 2s, 3s, 4s, 5s) is assigned to a different subpopulation. Based on your number, some of you will be asked to sit down, representing your lack of access to or benefit from micronutrient supplementation.

First we consider some of the **availability barriers**:
- **1s:** You are living in a remote rural area where primary health care (PHC) services are weak, the health centre is far away and sometimes staff are absent, there are no outreach services and there is very limited access to points for supplementation refills.
- *All 1s – Sit down, you will not get effective micronutrient supplementation due to availability barriers.*

Now we consider the **accessibility barriers**:
- **2s:** You are living in an informal settlement area. While there are services provided nearby, you and your husband make enough monies to barely meet basic survival needs (rent, food). You have to negotiate with your husband on how to spend monies and he does not agree on going to services unless something is "wrong". Even if you could go, you cannot afford the informal payments requested by the health worker for ANC or for the costs of the supplements, the latter of which is not covered under the national initiative for free ANC.
- *All 2s – Sit down, you will not get effective micronutrient supplementation due to accessibility barriers.*

Next we consider the acceptability barriers:
- **3s:** You are an ethnic minority and experience discrimination from the majority population. In the past, you felt discrimination by some health service providers. You fear this will happen again and you try to avoid contact with services unless there is a problem and so far your pregnancy has felt fine so you don't perceive any problem. You also do not speak the majority language well and have trouble understanding instructions, so this is another reason why you do not feel inclined to visit the health provider unless perceived as necessary.
- *All 3s – Sit down, you will not get effective micronutrient supplementation due to acceptability barriers.*

✎ METHODOLOGY | ⏱ TIMING

⊞ **Instructions to give participants for the exercise (continued…)**

Finally, we consider the **effective coverage barriers**:

- **4s:** You are mostly illiterate, so printed information, education and communication (IEC) materials are not easily understood. You had one ANC visit in your second trimester and it was very short. You were provided with a set of 20 pills (at a charge) and an information card and the provider did not take time to explain these well since they were very busy with so many people to see. When you tried the supplement, it made you feel nauseous. You stopped taking the pills. Given the challenges in getting time away from your informal sector job (with no sickleave benefits) to go to the ANC visits, you did not have another one.

- *All 4s – Sit down, you will not get effective micronutrient supplementation due to effective coverage barriers.*

Of the group, only the **5s** remain standing. These are the ones who did indeed receive effective coverage with micronutrient supplementation.

DEBRIEF | *15 minutes*

- Ask the 5s to sit down and then start the debrief.

💡💡 **Questions to ask participants during debrief**

Facilitate a discussion amongst the participants along the following lines:

- What does this exercise tell us about the reasons why some subpopulations are left behind?

- What did the experience of the 4s, who had one visit and were given an initial set of pills, tell us about barriers in relation to effective coverage? Can we unpack it a bit more, in relation to both the provider's role in this (linked to quality and responsiveness) and also demand-side barriers such as working conditions, illiteracy, etc?

Group work on barriers the subpopulation experiences in relation to the programme

This activity explores the barriers that the subpopulation prioritized in Step 3 experience in relation to the programme.

5 minutes introduction and 45 minutes exercise

✎ **Notes to facilitator:**

1. Divide the participants into two groups.
2. Project the PPT slide with the dimensions of the Tanahashi framework, so both groups can see it.
3. Have each group brainstorm (taking notes) of the types of barriers and facilitating factors that exist in relation to the Tanahashi dimensions for *each key stage* of the programme, documenting these on the flip chart using a table such as the following. These should be considered for the subpopulation that has been prioritized in the previous step.

Stage of programme	Barrier	How does the barrier limit the programme results?

⊞ Instructions to give participants for the exercise ⟩

Please divide into two groups:

• Drawing inspiration from the Tanahashi domains, brainstorm and write emerging barriers and their impact for each of the key stages of the programme.

• Once you have completed the table, take coloured cards and write the main barriers for each stage on them (one barrier per card, using red cards as 'barriers' for example).

Break	*30 minutes*

| **REPORT BACK AND DEBRIEF: Updating the programme diagram – adding barriers** | *20 minutes* |

• Invite the groups to convene around the 'sticky wall' with the programme diagram.

• Invite each group to place the red cards with the barriers for the key stages and explain these as they go.

💡💡 Questions to ask participants during debrief ⟩

• Does anyone think an important barrier is being missed?

• Which barriers are experienced by the subpopulation across multiple stages of the programme?

✏️ **METHODOLOGY**	⏱ **TIMING**

Group work on facilitating factors

In this exercise, the groups will repeat the exercise done before the break, but this time focusing on the *facilitating factors* for accessing and benefitting from the programme.

✎ **Notes to facilitator:**

1. Have the two groups reconvene.
2. An explanation on facilitating factors is on page 106 of the Innov8 Technical Handbook.
3. Ensure that the group understands the concept of facilitating factors experienced by members of the subpopulation prioritized in the previous step, or by other subpopulations that have greater access.
4. The group should produce a similar table and record the key facilitating factors, using coloured cards in a different colour (e.g. green cards for facilitating factors).

5 minutes introduction and 45 minutes exercise

Stage of programme	Facilitator	How does the facilitator contribute to improved programme performance?

REPORT BACK AND DEBRIEF: Updating the programme diagram – adding facilitating factors

- Again, have the group convene around the 'sticky wall' with the programme diagram.
- Invite each group to paste on the different coloured cards with the facilitating factors for the key stages and explain these as they go.
- After this has been done, ask the group the below questions.

20 minutes

👥 **Questions to ask participants during debrief**

- Does anyone have anything to add to those facilitating factors already posted?
- Are there specific facilitating factors that cut across the programme stages?

Presentation on completion of Step 4 after the workshop

Deliver a brief presentation with an overview of the analysis for Step 4 that needs to be completed after the workshop, highlighting its core outputs and how the work done in this session can feed into it. This presentation can be made drawing on the Step 4 activities and outputs as outlined on pages 110-117 in the Innov8 Technical Handbook.

Question and answers.

10 minutes

✏️ **METHODOLOGY**	🕐 **TIMING**

Close of the day

- Briefly recap what was covered in the day.
- Ask participants what they liked most about the day and what knowledge or approaches they feel will be useful to take forward in the review steps and in general for their day to day work.
- Remind participants to complete the relevant sections of the 'Review workshop participant evaluation form' covered in Day Two (see sample evaluation form in **Annex 10**).
- Quickly show the WHO framework on social determinants of health and ask participants to read about Step 5 in the Technical Handbook (pages 119-147) before the next morning's session.

10 minutes

SESSION 5
Overview

Identifying mechanisms generating health inequities (Step 5)
Day 3, 09:00-14:30

Objectives

The purpose of the session is to:
- Use the WHO conceptual framework of the social determinants of health to identify the intermediary and structural determinants associated with the barriers and facilitating factors that affect the prioritized subpopulation
- Describe the pathways and mechanisms explaining health inequities related to these structural and intermediary social determinants of health
- Describe the prioritized subpopulation in relation to socioeconomic position (as well as grounds of discrimination such as gender)
- Describe how relevant public policies affect or influence the priority subpopulation in relation to health inequities and programme access
- Develop a *theory of inequities* that explains why inequities occur in relation to programme access and benefits

Content

- Innov8 Step 5: Identify mechanisms generating health inequities
- WHO conceptual framework of the social determinants of health
- Outputs of framework exercise from the Sensitization workshop
- Theory of inequities

Methods

- Interactive presentations with Q & A
- Group work: Exercises and activities

Expected outcomes

At the end of the session participants will have:
- Deepened their understanding of the social determinants of health, as well as the pathways and mechanisms generating health inequities
- Produced a theory of inequities explaining why inequities occur in relation to the programme
- Identified initial entry points for strengthening an equity, gender, human rights and social determinants of health focus in the programme

Key messages

- The *theory of inequities of the programme* helps identify the opportunities for adjusting the programme to better address the coverage and equity gaps and is the basis for developing the redesign proposal.
- To truly leave no one behind, health programmes must understand the mechanisms and pathways through which health inequities are generated – including by social determinants of health and other shortfalls in the realization of human rights and gender equality – and take these into account in the design and delivery of that programme.

Materials & references

- Innov8 Technical Handbook: Step 5 (pages 119-147)
- WHO conceptual framework of the social determinants of health

✏️ **METHODOLOGY**	🕐 **TIMING**
Introduction to Step 5: Identify mechanisms generating health inequities	
Provide a brief recap of the previous day and a brief introduction on Step 5. This presentation can be made drawing on pages 119-148 in the Innov8 Technical Handbook. Explain that we will begin working on Step 5, which has the following objectives: • Apply the WHO conceptual framework of the social determinants of health to understand the mechanisms through which the barriers and facilitating factors act as or are influenced by social determinants; • Understand how the socioeconomic position of the prioritized subpopulation(s) inter-relates with the barriers and facilitating factors, as well as structural and intermediary social determinants of health; • Understand the pathways through which the mechanisms generating inequities operate, with regard to differences in exposure, vulnerability and consequences experienced by the prioritized subpopulation(s); • Understand how discrimination based on gender and other grounds influence social position, driven by social norms and values at the level of structural determinants; • Identify the theory of inequities of the programme and be aware of the conceptual difference with the theory of the programme from Step 2; and • Consider potential entry points for strengthening a focus on equity, gender, human rights and social determinants of health in the programme, for further exploring in the subsequent steps.	*10 minutes*
📎 **Notes to facilitator:** **1.** Explain that this session will serve to introduce Step 5 and that additional work by the review team will be needed to complete the analysis will after workshop.	
Group work to identify structural and intermediary determinants	
📎 **Notes to facilitator:** **1.** Explain that this session will build on the activity on the WHO conceptual framework on the social determinants of health undertaken in the Sensitization Workshop in order to introduce Step 5. Further analysis will be required after the workshop by the review team. **2.** Emphasize that the most important output is the identified entry points for adjusting the programme to leave no one behind, and that the *theory of inequities of the programme* is a critical input for then revising the programme theory in the coming steps. **3.** Show a transcribed PowerPoint version of the national framework on social determinants of health that was developed by the review team during the sensitization workshop. It will be a nationally adapted version of the below. **4.** Remind the review team that the framework was done thinking about the health topic addressed by the programme (in general). Explain that this session will update it for the specific subpopulation being missed (that they identified in Step 3) and the barriers that it faces (that they identified in Step 4). **5.** Ensure that each group has white paper and a skeleton of the framework drawn on it.	*5 minutes introduction and 60 minutes exercise*

✏ **METHODOLOGY**   ⏱ **TIMING**

Figure: WHO conceptual framework of the social determinants of health
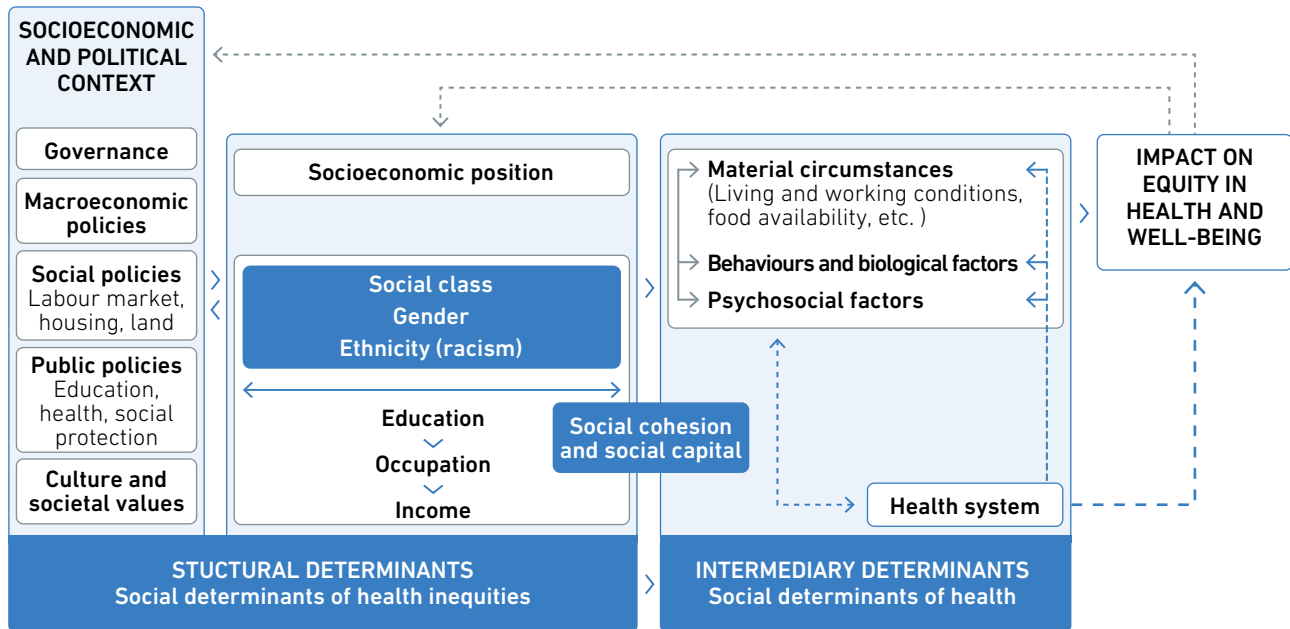
Instructions to give participants for the exercise

In your group you will have three tasks in the hour.

Each task will serve to update the version of the framework from the sensitization workshop to reflect the findings from analysis over the past two days, with a focus on the subpopulation that you have prioritized.

Task 1:

1. Spend *10 minutes* discussing the changes to make to 'socioeconomic position' column of your previous version of the framework, specifically for the subpopulation being missed.

2. Document the changes on the white paper. This entails consideration of the resources, prestige and discrimination faced by the subpopulation, also thinking about differences between men and women/girls and boys *within* that subpopulation if applicable and highlighting the social stratification mechanisms in place (e.g., lower education, income, caste).

Task 2:

1. Reflect on the top barriers being experienced by the subpopulation (looking at those identified on the 'sticky wall' and table that the team produced).

2. Spend the next *15 minutes* describing the changes to make to the 'Socioeconomic and political context' column of their previous framework, to reflect the structural determinants influencing the barriers being faced by the subpopulation.

3. Document the changes on the white paper.

🧩 **Instructions to give participants for the exercise (continued…)**

Task 3:

1. Look at the intermediary determinants section of the framework and again consider it in relation to the barriers being faced by the subpopulation being missed.

2. Spend *15 minutes* discussing how to update that column of the previous framework to reflect the critical intermediary determinants linked to inequitable access and benefitting from the programme.

3. Document the changes on the white paper.

At the 40-minute mark:

In the next 15 minutes, finalize and highlight the changes you would make to the previous framework, so it is more specific to the subpopulation being missed and the barriers it faces.

You will have 3-5 minutes to share your findings.

REPORT BACK AND DEBRIEF | *15 minutes*

💡💡 **Questions to ask participants during debrief**

- What elements do both teams think are the most crucial to be in the consolidated new framework?
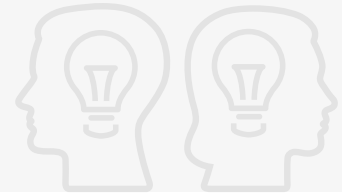
Break | *30 minutes*

Presentation and group work on defining the pathways explaining the generation of health inequities

Deliver a brief presentation (10 minutes) on the pathways explaining the generation of health inequities, focusing on:

- Differential exposure;
- Differential vulnerability; and
- Differential consequences.

This presentation can be made drawing on Step 5 in the Innov8 Technical Handbook (pages 119-148 and especially page 128).

Question and answers

Then proceed with the interactive activity (40 minutes), which aims at illustrating and emphasizing the inter-connected nature of determinants of health and the pathways and mechanisms in place that produce inequities. It also demonstrates how these determinants and the generation of inequities compound of the lifecourse.

10 minutes introduction and 40 minutes exercise

✏️ **Notes to facilitator:**

1. The activity will help you to make the abstract concepts of 'pathways' more tangible and hands-on, activating adult-learning principles.

✏️ **METHODOLOGY** | 🕐 **TIMING**

🧩 **Instructions to give participants for the exercise**

During the 40 minutes, we will explore the issue of 'pathways' and look at the mechanisms producing inequities, building on the social determinants of health framework that you developed in the previous exercise.

Split into two groups again. Each group should have a flip chart, post-it notes, a roll of masking tape and the national social determinants of health framework.

Part I – 15 minutes

Describe the way in which the subpopulation that was prioritized in Step 3 experiences the following across the programme stages:

a. Differential exposure;
b. Differential vulnerability; and
c. Differential consequences.

Try to come up with at least three aspects or examples each for exposure, vulnerability and consequences. Write down the groups' findings on the flip chart.

Part II – 15 minutes

In this part of the activity, we will explore the mechanisms and pathways behind these inequities in exposure, vulnerability and consequences.

Chose one of the exposures, vulnerabilities or consequences identified in Part I and write it on a post-it note.

Stick this post-it note on the right side of the SDH framework, between the 'Intermediary determinants' column and the 'Impact on equity in health and well-being' box. Be sure you can explain it. *For example, "This subpopulation has greater exposure to the risk factor for ill-health, XXX, due to their living conditions such as XXX".*

Now use the masking tape and make a line between the exposure/vulnerability/consequence the subpopulation experiences and the relevant intermediary determinants of health in the column to the left (identified in the previous activity).

Next, identify which structural determinants of health (identified in the previous activity) are responsible for or influence the intermediary determinant 'upstream'. Use the masking tape again to show the linkages between structural and intermediary determinants.

So, we see now a pathway that shows:
• A way in which the subpopulation is being left behind by the programme (through differential exposure, vulnerability or consequences[5]);
• Some of the intermediary determinants influencing this; and
• Some of the structural determinants influencing the intermediary determinants.

Chose another exposure, vulnerability or consequence from one of the other two categories (i.e. if you did an exposure first, now chose a vulnerability or consequence).

Repeat the same activity for this inequity, showing the way in which the structural and intermediary determinants result in this inequity.

In some cases, you may also see linkages between the exposure, vulnerability and/or consequences. If so, you can also indicate this with a masking tape.

Pick a representative from your group who will have 5 minutes to briefly present the list of differential exposures, vulnerabilities and consequences identified by the group in Part I and who will describe how *one* of them is generated by the intermediary and structural determinants. Be ready to report back in 40 minutes total.

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[5] Just a reminder that – within consequences – you may want to consider how differential access to quality health services and differential effective coverage result in inequities in health outcomes. Across these dimensions, consider how gender norms, roles and relations contribute, intersecting with other factors.

REPORT BACK AND DEBRIEF

15 minutes

- Ask the participants to group around the first group's flip chart and social determinants framework and invite the representative of that group to present their work for Parts I and II (5 minutes). Then invite the representative of the second group to present their work. At the end of the presentations, ask the participants to share their thoughts.

👥 **Questions to ask participants during debrief**

Spend 5 minutes getting reflections with the following questions:

- What reflections did you have about the pathways through which inequities are generated (represented by the masking tape)?
- What did you notice about the ways that multiple structural determinants may influence multiple social determinants, which have impacts on exposure, vulnerability and consequences?

Turn to the person next to you and spend 2 minutes discussing the following question:

- Which pathways are the most important to tackle, if leaving no one behind in relation to the health topic addressed by your programme is going to be made a reality?

Ask the pairs to share their answers and facilitate a discussion across the pairs on which pathways are most important to tackle. (8 minutes)

Presentation on the 'theory of inequities'

Provide an overview presentation introducing the 'theory of inequities'. This presentation can be made drawing on Step 5 in the Innov8 Technical Handbook (pages 119-148) and the definition in the Glossary (page 237).

10 minutes

Question and answers.

Lunch	12:15-13:15 60 minutes

Case study on a 'theory of inequities'

✏️ **Notes to facilitator:**

20 minutes

1. Participants can be invited to see the case study example of the cardiovascular programme in the chapter on Step 5 in the Innov8 Technical Handbook (page 133); they should review the case study in its entirety and pay particular attention to the component on the 'theory of inequities'.
2. Have participants work in pairs to answer the questions (see below instructions).

✏️ **METHODOLOGY**	🕐 **TIMING**

🧩 Instructions to give participants for the exercise

In pairs answer the following questions:

1. Does the theory of inequities explain why the programme does not work for all subpopulations?
2. Which key stages of the programme were identified as being missed by the subpopulation(s)?
3. Which intermediary and structural determinants of health are identified in the theory of inequities and how do the mechanisms work?
4. Which proposed entry points for more action to address the inequities are cited in the theory?

REPORT BACK AND DEBRIEF

10 minutes

- Ask the pairs to report their answers to the above questions.
- Ask one pair to share their answer to a question and, since many will be similar, invite others to add anything that was different. At the end, ask if all participants are clear on what a 'theory of inequities' is and clarify any doubts that they may have.

Group work on formulating a theory of inequities

This exercise will lead the review team to develop a preliminary theory of inequities for the health programme under review.

20 minutes

🧩 Instructions to give participants for the exercise

Please divide into two groups, each group standing by a flip chart.

In the next 20 minutes, please craft a theory of inequities for the programme that responds to the same set of questions asked about the case study.

Write your theory of inequities on the flip chart.

REPORT BACK, DEBRIEF AND CONSOLIDATION

15 minutes

- Post the two groups' theories of inequities side by side.
- Have the group compare the statements.

💡 Questions to ask participants during debrief

Which elements of these should be in the review team's consolidated/collective 'theory of inequities' for the programme?

Build a consolidated version that reflects the agreed elements.

- Have the group revise the consolidated version if it does not adequately reflect any of the core questions outlined above.

✏️ **METHODOLOGY**	🕐 **TIMING**
Presentation on completion of Step 5 after the workshop	
Deliver a brief presentation with an overview of the analysis for Step 5 that needs to be completed after the workshop, highlighting its core outputs and how the work done in this session can feed into it. This presentation can be made drawing on the Step 5 activities and outputs as outlined on pages 134-147 in the Innov8 Technical Handbook. Question and answers.	*10 minutes*
Break	*30 minutes*

SESSION 6
Detailed outline

Considering intersectoral action and social participation (Step 6)
Day 3, 15:00 to Day 4, 12:30

Objectives

The purpose of the session is to:
- Describe the programme's existing approaches to intersectoral action and social participation, as well as main challenges and facilitating factors
- Produce recommendations for developing or improving intersectoral action and social participation in key stages of the programme to address the identified barriers and inequities in health
- Explore ways to improve communication with key stakeholders from other sectors and from the target subpopulation in order to enhance intersectoral action and social participation to reduce health inequities

Content

- Innov8 Step 6: Consider intersectoral action and social participation as central elements of the programme
- The programme diagram (produced in Step 2's session)

Methods

- Group work
- Case study and role play
- Interactive presentations with Q & A

Expected outcomes

At the end of the session participants will have:
- An overview of the current approaches to intersectoral action and social participation being applied by the programme
- Recommendations for improving intersectoral action (with three priority sectors) and social participation across a programme's key stages, to address the barriers and reduce inequities
- Rationale and evidence for engaging prioritized sectors and representatives of the subpopulation being missed as partners in the programme

Key messages

- Working with other sectors is relevant to addressing the identified coverage gaps, barriers and facilitators and related social determinants of health in the key stages of the programme.
- In addition to being a principle of a human rights based approach, social participation can help ensure an adequate response to health needs and to empower social groups – particularly the priority subpopulation(s) identified – to achieve better programme access and benefits for all.

Materials & references

- Innov8 Technical Handbook: Step 6 (pages 149-176)

Note: If the organizers wish to give more in-depth explanations on a Health in All Policies approach and/or more activities/training on intersectoral action, they can draw from the following source: WHO (2015). *Health in All Policies: Training Manual*. Geneva: WHO.

✎ **METHODOLOGY**	⏱ **TIMING**
Introduction to Step 6: Consider intersectoral action and social participation as central elements	
Provide a brief introduction on Step 6. This presentation can be made drawing on pages 149-176 in the Innov8 Technical Handbook. Explain that we will begin working on this step which has the following objectives:	*10 minutes*
• Analyze and apply the concepts and approaches of intersectoral action and social participation to understand how these are currently represented in the programme and how they impact on the programme and its results.	
• Identify the role of intersectoral action and social participation in tackling the identified programme barriers and contributing to reducing health inequities, for each stage and for the prioritized subpopulation.	
• Identify specific recommendations for strengthening intersectoral action and social participation during the redesign of the health programme, as that will be advanced in the subsequent steps.	
✎ **Notes to facilitator:**	
1. Explain that the session will serve to introduce Step 6 and that further analysis will be required after the workshop by the review team.	
2. Indicate that the rest of Day Three will focus on the intersectoral action component of the step, whereas social participation will be looked at in the morning of Day Four.	
Group work to identify the programme's current approach to intersectoral action	
This activity just gives a flavor of the type of analysis that will be completed after the workshop as part of Step 6.	*5 minutes introduction and 30 minutes exercise*

✏ **METHODOLOGY** | ⏱ **TIMING**

⊞ **Instructions to give participants for the exercise**

Please divide into two groups.
Each at your chart or a whiteboard.

Group 1 complete the following table, considering the sectors (for example education, environment, transportation, food and agriculture) with which the programme is now engaging or collaborating with. This table is from the Innov8 Technical Handbook, Activity 1a from the chapter on Step 6 (page 166). You have 30 minutes.

Name of sector or stakeholder	Influence/power over the outcome of the programme (high or low)	Interest/stake in the issue (high or low)	Likely position in relation to the programme (positive, negative, conflict)	Engages in what stage of the programme
1.				
2.				
3.				
4.				
5.				
6.				

Group 2 complete the following table on their flip chart, which is Activity 1b from the chapter on Step 6 in the Innov8 Technical Handbook (page 167).

This activity looks at the type of relationship that is developed by the health sector or programme with other sectors. There are different levels of engagement, spanning from information sharing to integration.

If necessary, review the explanations for these levels in the reading for Step 6 as part of this. Tick the appropriate box where the type of relationship applies. You have 30 minutes.

	Education	Social planning	Social protection	Women's affairs	Labour	Housing	Agriculture	Financing	Other sector(s) as relevant
Information									
Cooperation									
Coordination									
Integration									

You will have *five* minutes to present your findings to the other group.

✐ METHODOLOGY	**⏱ TIMING**

REPORT BACK, DEBRIEF AND CONSOLIDATION

15 minutes

- Since they did not do the same task, facilitate a discussion to get feedback by each group on the other's work, making adjustments so that a collective version of each table is produced.

Considering intersectoral action at each key stage

✎ **Notes to facilitator:**

30 minutes

1. Invite the review team to gather in front of the programme diagram (where the key stages are evident).

2. During the next 20 minutes and for each stage, ask which other sectors are currently or could be engaged and how these reflections should cover both:

    › Existing intersectoral action; and

    › Intersectoral action that could be put in place to help address the barriers and their structural causes, or expand on the facilitating factors, so that inequities experienced by the prioritized subpopulation could be reduced.

3. In the last 10 minutes, invite participants to sit and have each person make a list of the top *three* sectors that they think should be prioritized in the redesign of the programme to better address inequities.

4. Invite a few people to share their lists.

5. Probe (if no one raises this): Will the sectors identified help to address discrimination (including on grounds of gender, ethnicity, etc.) that may be influencing inequities by the prioritized subpopulation?

6. Since lists will likely be the same, ask others to add to these only if they have something that is different. Facilitate agreement among the group on the top *three* sectors to prioritize.

Group work on considerations for action to improve intersectoral action

⊞ **Instructions to give participants for the exercise**

5 minutes introduction and 25 minutes exercise

Please divide into two groups.

- Each should have a flip chart or whiteboard.
- In your group complete the relevant column in the table for the three sectors prioritized in the earlier activity. (25 minutes)

Identified sector (other than health sector)	What is specifically recommended to be done by the other sector?	What should the health sector do to enable/ facilitate this?

✎ **METHODOLOGY** | ⏲ **TIMING**

DEBRIEF | *20 minutes*

- Post the two groups' tables side by side and debreif with the groups.

👥 **Questions to ask participants during debrief**

- What does each group like about the other's recommendations and ideas?
- Are there synergies and overlap in the recommendations?
- Does anyone have any doubts or concerns about the feasibility or any of the recommendations?
- What are challenges and obstacles that could be faced in advancing on these recommendations?
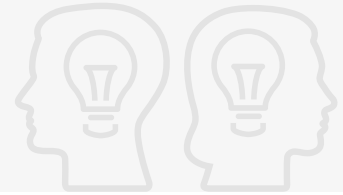
- Work to build the consolidated version that reflects all agreed emerging recommendations.

Close of the day

Briefly recap what was covered in the day. | *10 minutes*

Ask participants what they liked most about the day and what knowledge or approaches they feel will be useful to take forward in the review steps, and in general for their day-to-day work.

Remind participants to complete the relevant sections of the 'Review workshop participant evaluation form' covered in Day Three (see sample evaluation form in **Annex 10**).

DAY FOUR OF TRAINING – SESSION ON STEP 6 CONTINUES

Opening to the day

Brief recap of the previous day, in particular on the objectives for Step 6. | *10 minutes*

Then present on how social participation is a key principle of a human rights-based approach, the different functions of participation, and how social participation can facilitate leaving no one behind. This presentation can be made drawing on Step 6 in the Innov8 Technical Handbook, in particular pages 157-160.

Pair work on current extent and function of social participation in the programme

✎ **Notes to facilitator:** | *5 minutes introduction and 20 minutes exercise*

1. Project the slide showing Table 6.2 Types and functions of participation from the Innov8 Technical Handbook (page 159).
2. They will have seen this slide in the opening presentation, but this is a chance to clarify any doubts they have on the types and functions of participation and apply it to their programme. (5 minutes)

⊞ Instructions to give participants for the exercise ⟩

Working in pairs for 20 minutes,

1. Discuss what 'function' social participation *currently* has in relation to the programme, if it is present at all.

2. Identify in what way the programme (in its current iteration) features social participation in:

    a. Needs assessment and planning;

    b. Implementation; and

    c. Monitoring and evaluation.

3. Note your answers and be ready to share them in plenary.

REPORT BACK AND DEBRIEF

• You can ask one or two pairs to share their answer to a question and, since many will be similar, ask if any of the others had anything to add or that was different.

• Ask the group to reflect collectively and come to an agreement on what 'function' social participation has for the programme in its current state (if it is present at all), as per Table 6.2 *Types and functions of participation* from the Innov8 Technical Handbook (page 159). Ask them also what would be the *desired function* they could foresee for the future.

10 minutes

Considering social participation at each key stage of the programme

✎ Notes to facilitator:

1. Invite the review team to stand around the 'sticky-wall' where the programme diagram is displayed and the key stages are featured.

2. For each stage, ask how social participation is currently or could be incorporated and the mechanisms/platforms for this. These reflections should cover both:

› Existing social participation; and

› Mechanisms/platforms for social participation that could be put in place to help address the barriers, empower the target subpopulation and reduce inequities experienced by the subpopulation.

3. Have the participants write their answers down so that they can use them in the next activity (transferring them to a flip chart).

20 minutes

✎ **METHODOLOGY**	⏱ **TIMING**
Group work on recommendations for action to improve social participation	

⊞ **Instructions to give participants for the exercise** ⟩	*20 minutes*

- Please divide into two groups.
- Each should have a flip chart or whiteboard.
- Each group will then work to complete the below table for the emerging mechanisms/platforms for social participation identified in the previous activity. (20 minutes)

Specific action or recommendation for the inclusion of social participation in the health programme	What would the health sector need to do to make this happen?

DEBRIEF | *20 minutes*

- Post the tables side by side and ask the groups the below questions.

💡💡 **Questions to ask participants during debrief** ⟩

- Do the recommendations reflect the spectrum of ideas for improvements discussed collectively in the previous activity?
- Does anyone have doubts or concerns about the feasibility or any of the recommendations?
- Will the recommendations really facilitate equitable participation (of both men and women, of people regardless of disability, educational status/illiteracy, living in remote rural areas, etc)?
- What are challenges and obstacles that could be faced in advancing on these recommendations?
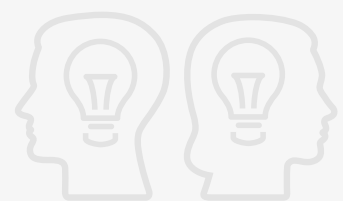
- Then work to build the consolidated version that reflects all agreed emerging recommendations.

Break	*15 minutes*

✏️ **METHODOLOGY**	🕐 **TIMING**

Role play: Convincing other sectors and civil society to partner

🖉 **Notes to facilitator:**

1. Divide the participants into four groups.

2. In this role play, each group represents the review team needing to convince the following four stakeholder constituencies of the benefits and modalities of cooperation:

   a. Priority sector 1 (identified in the activity in the previous afternoon);

   b. Priority sector 2 (identified in the activity in the previous afternoon);

   c. Priority sector 3 (identified in the activity in the previous afternoon); and

   d. Civil society organizations/NGOs or organized groups representing the target subpopulation with which the programme wishes to enhance cooperation.

3. Prepare a circle of chairs ready for the practice of persuasive pitches.

4. Handle the debrief carefully. Make sure comments are made about the content or about the 'role' not to the actual person.

20 minutes

Instructions to give participants for the exercise

You have 20 minutes to prepare a 7-minute presentation for your identified audience including the arguments you will use to convince the constituents to cooperate with you or endorse the changes to the programme.

On a flip chart, document:

- Why would it be in the interests of the other sector or civil society group to cooperate with the programme? That is, what is their motivation for cooperating or what would they get out of it?

- What activities would be done together and how would these be done?

- What would be the modalities and mechanisms for coordination and working together?

- Which arguments could emerge from the constituency on why they would NOT want to partner for the programme and what are potential responses?

Be ready to role play your presentation to the facilitator in front of the room.

REPORT BACK AND DEBRIEF

- Invite one group at a time to make their pitch, drawing from their content in their flip charts and sitting at the front of the room where a space has been made for the role play.

- At the end of each role play, ask the below questions.

60 minutes

Questions to ask participants during debrief

- What did you like about this group's argumentation?

- What was the most convincing element?

- Was there anything that could be added to make it a stronger argument?

✏️ **METHODOLOGY**	🕐 **TIMING**
Presentation on completion of Step 6 after the workshop	
Deliver a brief presentation with an overview of the analysis for Step 6 that needs to be completed after the workshop, highlighting its core outputs and how the work done in this session can feed into it. This presentation can be made drawing on the Step 6 activities and outputs as outlined on pages 165-176 in the Innov8 Technical Handbook. Question and answers.	*10 minutes*
Lunch	*60 minutes*

SESSION 7
Overview

Workplans for next steps
Day 4, 13:30-17:30

Objectives

The purpose of the session is to:
- Consolidate the emerging findings from across Steps 2-6
- Create a workplan for finalizing the analysis for Steps 2-6 after the workshop and before the Redesign workshop
- Conduct an initial brainstorming on emerging action areas to be addressed in the redesign (capturing ideas that have been emerging throughout days of the workshop)
- Brief senior management from the MoH on the emerging findings and next steps

Content

- Step 2: Understanding the programme theory
- Step 3: Identifying who is being left out by the programme
- Step 4: Identifying the barriers and facilitating factors that subpopulations experience
- Step 5: Identifying mechanisms generating inequities
- Step 6: Considering intersectoral actions and social participation

Methods

- Group work
- Presentations delivered by the review team

Expected outcomes

At the end of the session participants will have:
- A consolidated version of the workshop outputs to date, in the format of a presentation
- Shared with senior management in the MoH the emerging findings from the week and the planned way forth to finalize both the step analysis and a redesign plan

Key messages

- The workshop provides initial inputs to the analysis; these are important to build on for the finalization of the analysis after the workshop.
- The Redesign phase (Steps 7 and 8, coming next) will serve to elaborate a detailed proposal of potential changes to the programme and the emerging ideas from this workshop can feed into the formulation of the proposal (coupled with the final analysis for Steps 2-6).

Materials & references

- Innov8 Technical Handbook
- All workshop session outputs so far (including flip chart outputs, sticky-board outputs, notes from pair and group work)

SESSION 7
Detailed outline

Workplans for next steps
Day 4, 13:30-17:30

✏️ **METHODOLOGY**	🕐 **TIMING**
Overview of the afternoon activities	
✎ **Notes to facilitator:** 1. Explain the tasks for the afternoon: › Compilation of the outputs from across the workshop sessions and produce a set of report back slides; › Creation of joint workplan to finalize analyses before redesign workshop; › Group brainstorm on emerging key issues and action areas to address in the redesign of the programme (to consolidate the ideas while they are fresh); and › Presentation by the review team to a senior government official (highest ranking for the programme under review) of the emerging findings and the way forth.	*10 minutes*
Group work on compilation of review team outputs	
→ **Preparatory work:** In preparation for this exercise the organizers (with the help of the dedicated report-writer) should document throughout the week of the workshop the outputs of the different stages including: 1. A PPT visual graphic of the programme diagram; 2. An updated national framework for social determinants of health for the programme (drawing from both groups); and 3. The findings from the flip charts and whiteboards, detailed notes taken during the discussions in plenary. These outputs will feed into the group work outlined below. ✎ **Notes to facilitator:** 1. Divide the participants into two groups. Each group will have a laptop with PowerPoint and access to the above 'preparatory work' files. 2. Have **Group 1** work on compiling in PPT slides the emerging outputs for Steps 2, 3 and 4. 3. Have **Group 2** work on compiling in PPT slides the emerging outputs for Steps 5 and 6. 4. Suggest the following instructions to ensure the groups cover these main outputs per step (see below instructions).	*5 minutes introduction and 45 minutes exercise*

✏ METHODOLOGY

⏱ TIMING

> 🧩 **Instructions to give participants for the exercise**

Work in two groups and capture your outputs as per the below on your laptop.

GROUP 1 – Building on the report-writer's drafts, revise/update _nine_ slides of the following:

1. Step 2: A draft programme theory;

2. Step 2: A draft programme diagram;

3. Step 2: Initial assessment of how programme is addressing equity, gender, human rights and social determinants of health;

4. Step 3: Existing national quantitative and qualitative data sources on inequities to be drawn from;

5. Step 3: A preliminary identification of subpopulations being missed by their programme and agreement on one for further analysis during the workshop;

6. Step 3: An updated programme diagram indicating the subpopulations being missed at each key stage;

7. Step 4: A description of the key barriers faced by the prioritized subpopulation;

8. Step 4: A description of the key facilitating factors for accessing and benefiting from the programme; and

9. Step 4: A revised programme diagram showing the main barriers and facilitators experienced by the subpopulation at each key stage.

GROUP 2 – Building on the report-writers draft's, revise/update _eight_ slides including:

1. Step 5: Updated national framework on social determinants of health;

2. Step 5: Identification of which pathways are the most important to tackle, if inequities in relation to the health topic addressed by your programme are going to be reduced;

3. Step 5: The theory of inequities explaining why inequities occur in relation to the programme;

4. Step 5: Initial entry points for strengthening an equity, gender, human rights and social determinants of health focus in the programme;

5. Step 6: An overview of the current approaches to intersectoral action being applied by the programme;

6. Step 6: Recommendations for improving intersectoral action (with three priority sectors) to address the barriers and reduce inequities and argumentation for engaging prioritized sectors and how to engage with these sectors;

7. Step 6: An overview of the current approaches to social participation being applied by the programme; and

8. Step 6: Recommendations for improving social participation in the programme and argumentation for engaging representatives from the target subpopulation in social participation mechanisms.

Each group be ready to present a 10-minute presentation of the new draft slides to the others in 45 minutes time.

REPORT BACK AND DEBRIEF

30 minutes

• Each group should present it back to the other one (10 minutes each).

✏️ **METHODOLOGY**	🕐 **TIMING**

👥 Questions to ask participants during debrief

- Does everyone feel that these slides represent the core outputs for the steps?
- Is there anything that needs to be added or emphasized more?

At the end of this activity, the review team should nominate two people to jointly present the presentation of workshop findings and next steps to the senior MoH official coming to close the event. These people will also be responsible for merging the slides from the other two activities in the afternoon into the set.	*30 minutes*
Break	*20 minutes*

Group work on emerging key issues and action areas to address in the redesign of the programme

📎 **Notes to facilitator:** 1. Have participants divide into two groups, differing from the groups before lunch. 2. Ensure each group has a laptop with the below table in PowerPoint for filling in.	*30 minutes*

🧩 Instructions to give participants for the exercise

Based on your experience during the workshop, you should brainstorm and take note of the emerging ideas for each of the categories in the table regarding potential changes to the programme.

This is an initial brainstorming that will be enriched AFTER the completion of the analysis for Steps 2-6 and in the redesign phase. I therefore encourage you to feature all ideas (including those that are very incomplete/tentative) for further consideration later.

You have 30 minutes for this exercise, after which you will present back to the other group in *five* minutes.

Modification of programme contents (e.g., adapting or introducing services to specifically meet unmet needs in marginalized subpopulations and tackle health determinants)	
Structural and organizational changes in the way the programme works (e.g., how it coordinates with other sectors, the times and places where services are delivered and by whom)	
Management and financing improvements (e.g., overcoming barriers to financial protection for specific services)	
Human resource adjustments (e.g., enabling the availability of adequately skilled staff, as well as their competencies on equity, determinants, gender and human rights issues)	

🧩 **Instructions to give participants for the exercise (continued...)**

Normative/standard-setting, regulation or legislation advancements

(e.g., modifications to legislation that may impact the ability of certain subpopulations to access services, or regulation of policies outside of the health sector that influence exposure to risk factors)

Mechanism to involve other sectors with which interventions or activities should be jointly conducted

Mechanisms to empower the priority subpopulations

Changes to the ongoing planning, review, monitoring and evaluation cycles

(e.g., inclusion of equity stratifiers, equity-oriented targets, and access barriers as a specific agenda item at annual programme review meetings)

REPORT BACK AND DEBRIEF

25 minutes

- The groups should then present their lists to each other. (5 minutes each)
- After the presentations, facilitate a discussion around the below question. (15 minutes)

🧠 **Questions to ask participants during debrief**

- Which of these ideas did you appreciate the most and find highly relevant for further exploring in the redesign phase?

Based on the answers to the above, the facilitating team should quickly take note of the discussion, documenting answers as the discussion is happening in PowerPoint slides.

- Does everyone agree that these emerging ideas [no more than 5-6] are definitely worth further exploring as we move forth? Again, there will be others and these are not final, but do we agree that these represent *important issues* to further explore?

You should check with the review team that they feel the text on the slides adequately reflects their ideas (as these will be integrated into the set from before and later shared with MoH management, labelled clearly as "Tentative ideas for redesign – to further explore as the stepwise analysis is completed").

✏️ **METHODOLOGY**	🕐 **TIMING**
Workplan to complete the analysis for Step 2-6 before the redesign workshop	
The aim of this exercise is for the review team to develop an approach and workplan for finalizing the analysis for Steps 2-6 after the review workshop and before the third workshop in the process (on redesign).	*25 minutes*
✎ **Notes to facilitator:**	
1. Gather everyone around one computer (or project onto the screen with a scribe).	
2. In order to ensure that the full analysis for Steps 2-6 is done by the next workshop, specific coordination and work planning issues to be addressed are:	
› If pairs of review team members will work on some of the steps and then share with the others for input;	
› If one or more working sessions will be held to provide collective inputs to the draft findings. If so, when and who is hosting;	
› How the step output reports called for in the Innov8 Technical Handbook will be drafted and by whom; and	
› How the review team will stay in touch, coordinate and share information (e.g., email, WhatsApp group, Dropbox, etc.) as the analysis advances.	
3. The outcomes of the discussion should be put into one slide, which would be added to the end of the full set of slides that has been developed across the afternoon sessions.	
Review team report on the workshop findings and next steps	
Presentation by the two review team members of their consolidated presentation of workshop findings and next steps to the Senior MoH official(s). (20 minutes)	*30 minutes*
Feedback and discussion with Senior MoH officials. (10 minutes)	
Close of the workshop	
Address by Senior MoH official highlighting the relevance of the review process to national MoH priorities and encouraging the review team to continue its analysis and moving forth into the redesign phase.	*10 minutes*
Close by the organizers (stating any logistic elements regarding the plans for the Redesign workshop).	
Evaluation	
Allow participants some minutes to finish completing the review workshop evaluation form (see sample evaluation form in **Annex 10)**.	*10 minutes*

Redesign
workshop

REDESIGN WORKSHOP
CONCEPT NOTE

Redesign workshop: 1.5 days

Objectives

The purpose of the training is for the national review team to:
- Validate final emerging findings from Steps 2-6
- Introduce, understand and start work on Steps 7-8 and start defining the scope and level of potential changes to the programme
- Create workplan for Steps 7-8 and for the final redesign proposal, as well as map a 1-year plan to advance on potential findings

Content

- Output reports for Steps 2-6
- Step 7: Producing a redesign proposal
- Step 8: Identifying ways to monitor redesign outputs and strengthen the programme's ongoing planning, M&E processes

Methods

- Report backs on progress to date
- Facilitated discussion
- Group work, case study review
- Presentations

Expected outcomes

At the end of the workshop participants will have:
- Started activities for Steps 7-8
- Identified priorities for redesign
- A workplan to complete the redesign proposal
- A workplan to ascertain changes to the programme's M&E

Key messages

- Redesigning a programme to better address equity, gender, human rights and social determinants of health may mean making changes to programme contents, organization and delivery channels, management processes, partnerships, human resources, or normative/legislative functions, among other tasks.
- Ensuring intersectoral action to address health determinants and meaningful social participation of the subpopulations being missed are important redesign objectives.
- A redesign proposal, encapsulating review team recommendations, justifies the need for the changes and can be used to raise awareness, to consult beyond the review team and to seek endorsement for proposed programme adjustment.

Materials & references

- Innov8 Technical Handbook: Steps 7-8 (pages 177-224)
- Review team findings (Steps 1-6)
- Sample redesign proposals from other countries

Note: If the organizers wish to expand on references to gender-responsive programming, they can add time to this meeting and draw from WHO (2011). *Gender mainstreaming for health managers*: a practical approach. Geneva.

*Note for organizers: There should be a dedicated report-writer who is charged with note taking from flip charts and plenary discussions. These are very important to document so that the review team has these for finalizing Steps 7 and 8 after the workshop.

REDESIGN WORKSHOP
AGENDA

	Day One	Day Two
9:00	**■ Session 1: Scope and level of changes and M&E (Steps 7 and 8)** Welcome and overview of the workshop* Updated overview of key outputs from Steps 2-6 Reflection on the Innov8 review process Emerging ideas for programme redesign Introduction to Steps 7 and 8	**■ Session 2: River of change and workplan** Case study homework: Reflections on reviewing the evidence base and piloting interventions River of Change to • Identify key milestones • Identify resistance and obstacles • Identify the levers and champions for the changes • Ensure integration with ongoing programme planning cycles
10:30	**Break**	**Break**
10:45	Group work on scope and level of change on: • Modification to programme contents • Structural or organizational contents • Management and financing improvements • Human resource adjustments	Plans for finalizing the redesign proposal and advancing on recommendations Creating a Gantt chart Preparing the high level report back: presentation of workplan and next steps Presentation to senior officials
12:45	**Lunch**	**Lunch and close of workshop**
13:45	Group work on scope and level of change on: • Normative/standard-setting, regulation or legislation advancements • Social participation and intersectoral action • Ongoing planning, review and M&E Cross-checking adjustments with the 'theory of inequities' Updating the programme diagram	N/A
15:30	**Break**	
15:45	Updating the programme theory Actions to complete Step 7 and 8 after the workshop	N/A
17:30	**Close**	

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* WHO encourages the workshop organizers to have a formal session with senior officials at the end of the workshop in order to present the emerging outputs and workplan, rather than have a formal opening session.

SESSION 1
Overview

Scope and level of changes and M&E (Steps 7 and 8)
Day 1, 9:00-17:30

Objectives

The purpose of the session is to:
- Review the consolidated and updated emerging outputs from Steps 2-6
- Advance the priorities for redesign of the programme
- Define the scope and level of changes to the programme, in relation to programme contents, organization and delivery channels, management processes, partnerships, human resources, or normative/legislation functions, among other tasks
- Update the programme diagram and the theory of the programme

Content

- Outputs reports from Steps 2-6
- Programme diagram and theory of the programme
- Innov8 Technical Handbook – Step 7: Produce a redesign proposal to act on the review findings
- Innov8 Technical Handbook – Step 8: Strengthen monitoring and evaluation

Methods

- Presentations from review team
- Interactive discussion and feedback
- Capturing the recommendations

Expected outcomes

At the end of the session participants will have:
- Validated their review outputs for Steps 2-6
- Started to identify the scope and level of potential changes to the programme
- Revised their programme diagram and theory of the programme

Key messages

- Redesigning a programme to better address equity, gender, human rights and social determinants of health may mean making changes to programme contents, organization and delivery channels, management processes, partnerships, human resources, or normative/legislation functions, among other tasks. These should be conceptualized with a view towards their contribution to health system strengthening for UHC and avoidance of any unintended negative consequences.
- Ensuring intersectoral action to address health determinants and meaningful social participation of the subpopulations being missed are important redesign objectives.

Materials & references

- Innov8 Technical Handbook: Steps 7 and 8 (pages 177-224)
- Consolidated presentation of emerging findings for Steps 2-6 (updated with analysis done since the Review Workshop)

SESSION 1
Detailed outline

Scope and level of changes and M&E (Steps 7 and 8)
Day 1, 9:00-17:30

✎ **METHODOLOGY**	🕐 **TIMING**
Welcome and overview of the workshop[6]	
Introduce the agenda and objectives (5 minutes), which are: • Validate final emerging findings from Steps 2-6; • Introduce and start work on Steps 7-8 and start defining the scope and level of potential changes to the programme; and • Create workplan for Steps 7-8 and final redesign proposal, as well as map a 1-year plan to advance on potential findings. ✎ **Notes to facilitator:** 1. This is a good time to emphasize the importance of the participant evaluation forms disseminated during the workshops. Take a moment to point out the 'Redesign workshop participant evaluation form' (see sample evaluation form in **Annex 11**) in the participant packs and ask participants to complete the relevant sections of this evaluation form over the course of the Redesign workshop. Forms will be collected at the end of the workshop.	*10 minutes*
Review team presentation on updated overview of outputs from Steps 2-6	
Two members of the review team should present an updated version of the presentation of findings from Steps 2-6 (20 minutes). ✎ **Notes to facilitator:** 1. The revised version should include additional PowerPoint slides for the analysis work done in-country and any necessary revisions to the existing slides produced during the last day of the Review Workshop. 2. It is expected that facilitators will have reviewed the output reports for each step (on which the revised presentation is based) prior to the Redesign Workshop. 3. During the presentation, the facilitators can highlight/query key aspects of the findings that will be important for redesign. At the end of the presentation, check in with participants on what they perceive to be the most useful aspects of the whole review process so far and any key aspects they hope to be clarified, explored or addressed in the coming days. (15-20 minutes)	*40 minutes*
Pair work on emerging ideas for programme redesign	
The objective of this session is for the participants to develop a list of emerging ideas for programmatic changes.	*10 minutes*

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[6] WHO encourages the workshop organizers to have a formal session with senior officials at the end of the workshop in order to present the emerging outputs and workplan, rather than have a formal opening session.

✎ METHODOLOGY | ⏱ TIMING

🧩 Instructions to give participants for the exercise

In pairs, spend 10 minutes:

1. Based on the analysis to date, brainstorm to identify three key areas for which programmatic changes are required to redesign the programme to leave no one behind?

2. In brainstorming, consider findings from across the steps, including changes for intersectoral action and social participation as well as to address the structural causes of barriers to effective programme outcomes (e.g. social determinants of health, gender or human rights issues).

3. Write your ideas down on the post-it notes / coloured cards provided and be ready to share your findings in plenary.

4. You may find that your ideas reflect the ones that were considered at the end of the review workshop, or that they are new and based on analysis since then. This exercise serves to get a snapshot of the latest emerging ideas for redesign.

REPORT BACK AND DEBRIEF | *15 minutes*

- Have each pair briefly share their findings, sticking the post-it notes or coloured cards on the wall as they do so. Subsequent cards with similar or related ideas can be clustered together.

- Provide a short summary at the end on the groups of related programmatic changes that have been suggested in the brainstorm and capture these on a flip chart.

Presentation to introduce Steps 7 and 8

Provide an overview presentation of the core objectives and aims of Steps 7 and 8, introducing also the 'scope and level of changes'. This presentation can be made drawing on pages 177-204 for Step 7 and pages 205-224 for Step 8 in the Innov8 Technical Handbook. | *20 minutes*

Questions and answers.

Break | *15 minutes*

Group work on scope and level of change: Part 1

For this exercise, draw the attention of the review team to the reading on "The scope and level of change" in the chapter on Step 7 in the Innov8 Technical Handbook (pages 183-184). | *5 minutes introduction and 60 minutes exercise*

🧩 Instructions to give participants for the exercise

Please divide into two groups. Look at "The scope and level of change" in the Step 7 chapter in the Innov8 Technical Handbook (pages 183-184).

Your task is to agree and capture on a flip chart the potential changes to the programme related to:

- Modification of programme contents (15 minutes);
- Structural and organizational changes in the way the programme works (15 minutes);
- Management and financing improvements (15 minutes); and
- Human resource adjustments (15 minutes).

The list of changes should include and categorize the ones that were identified in the previous brainstorm session in pairs (on the wall) as well as any new ones the group identifies.

✏️ **METHODOLOGY**	🕐 **TIMING**

🧩 **Instructions to give participants for the exercise (continued...)**

For *each change*, consider:
- a. What is the change?
- b. How would it work?
- c. Which stakeholders would be involved in implementing it?
- d. What are resource implications? and
- e. What are any potential unintended or negative consequences?

REPORT BACK AND DEBRIEF   *45 minutes*
- Ask each group to present their findings (8 minutes) and engage the whole review team in a discussion on the following questions.

💡💡 **Questions to ask participants during debrief**

- Are there any recommended amendments/additions to the details regarding how the change would work, resource implications, implementing stakeholders, etc.?
- Which of these potential changes to the programme do both groups find most relevant to be considered for the redesign proposal?
- Are there some changes that should be prioritized over others and, if so, why?
- What are measures that will need to be in place to ensure that the unintended negative consequences do not happen?

- During this, the facilitators should use a flip chart or whiteboard to document the emerging consolidated views of the review team.

| **Lunch** | *60 minutes* |

Group work on scope and level of change: Part 2

✎ Notes to facilitator: *45 minutes*
1. Divide the participants into two groups (differing members than before lunch).
2. Again, draw their attention to the reading on "The scope and level of change" in the chapter on Step 7 in the Innov8 Technical Handbook (page 183-184).
3. During the session, ask them to spend the next 45 minutes agreeing and noting on a flip chart the potential changes to the programme related to the points outlined below.

✎ **METHODOLOGY**	⏱ **TIMING**

⊞ Instructions to give participants for the exercise ⟩

In your groups discuss the following issues and capture your agreements on a flip chart:
- Normative/standard-setting, regulation or legislation advancements;
- Social participation and intersectoral action mechanisms to empower the priority subpopulations (building on what was done in Step 6); and
- Changes to the ongoing planning, review, monitoring and evaluation cycles. This should also focus on indicators to monitor the changes to the programme discussed previously.

For each change, consider:
   a. What is the change?
   b. How would it work?
   c. Which stakeholders would be involved in implementing it?
   d. What are resource implications? and
   e. What are any potential unintended or negative consequences?

REPORT BACK AND DEBRIEF   *30 minutes*

Ask each group to present their findings (8 minutes) and engage the whole review team in a dialogue to agree on:
- Recommended amendments/additions to the details regarding how the change would work, resource implications, implementing stakeholders, etc.;
- The most relevant changes to be considered for the redesign proposal;
- The highest priority changes (this may include some discussion on the criteria for prioritization); and
- Mitigating measures that will need to be in place to avoid unintended negative consequences.

Use a flip chart or whiteboard to document the emerging consolidated views of the review team.

Cross-checking the programme adjustments against the theory of inequities

The purpose of this guided discussion is to have the team decide if the emerging potential   *25 minutes*
changes to the programme actually tackle the theory of inequities and, if not, to identify
what is missing.

✎ **Notes to facilitator:**

1. Project the 'theory of inequities' produced by the review team in Step 5 in a place where all participants can read it.
2. Facilitate a discussion on this.
3. Have the group add/change anything to the flip chart with their consolidated vision of potential changes.

| ✎ **METHODOLOGY** | 🕐 **TIMING** |

Group work on updating the programme diagram

✎ **Notes to facilitator for preparation:**

1. Prior to the workshop you should have printed out a large version of the programme diagram produced by the review team and created a 'sticky wall' of this programme diagram either before the workshop or during the lunch break.

10 minutes

🧩 **Instructions to give participants for the exercise**

Here on the wall you can see the programme diagram that the review team developed during the Review Workshop and validated in in-country work after that workshop.

1. Write the proposed changes to the programme (drawing on the earlier "Scope and level of change" activities) on cards (10 minutes).

2. Post the cards onto the programme diagram so you can see the NEW programme diagram.

DEBRIEF

- Facilitate a discussion on how these new components would work with the others, as they are pasted up.
- Also, ask if any of the proposed changes could impact other programmes and parts of the health system and how so?
- Probe specifically about opportunities for integrated service modalities.

20 minutes

| **Break** | *15 minutes* |

Group work on updating the theory of the programme

The purpose of the exercise is to have the groups to each draft a NEW theory of the programme that takes into account the changes that are emerging and enables the programme to be more equity-oriented, human rights-based and gender responsive and address key social determinants of health.

5 minutes introduction and 30 minutes exercise

✎ **Notes to facilitator:**

1. Project the 'theory of the programme' produced in Step 2 alongside the 'theory of inequities' produced in Step 6 (both in one slide).

2. Divide the participants into two groups, giving each a flip chart.

3. Refer them to Activity 1c in the chapter on Step 7 in the Innov8 Technical Handbook (pages 196-197) for a list of what the new theory should address (or include it in a handout).

🧩 **Instructions to give participants for the exercise**

In your group referring to Activity 1c Step 7 in the Innov8 Technical Handbook (pages 196-197):

1. Create a revised programme theory that reflects how the programme will be more equity-oriented, gender-responsive and human rights-based and address key social determinants of health.

2. Write your revised programme theory on your flip chart.

3. Be prepared to report back your outputs in 30 minutes.

✏️ **METHODOLOGY**	🕐 **TIMING**

REPORT BACK, DEBRIEF AND CONSOLIDATION

20 minutes

- Have each group share their draft revised programme theory.
- Facilitate a discussion among the two groups on the following questions.

Questions to ask participants during debrief

- What did the groups appreciate about each other's theory?

- Which aspects of the revised theory of the programme should definitely be in the collective version?

- Facilitate the production of a new (collective/consolidated) theory of the programme. If any of the points specified earlier (those from activity 1c) are not being addressed in the new theory, probe the review team and ensure that they are incorporated.

Presentation on finalization of Steps 7 and 8 after the review

Deliver a brief presentation with an overview of the elements for Steps 7 and 8 that needs to be finalized after the Redesign Workshop.

20 minutes

✎ **Notes to facilitator:**

1. This presentation can be made drawing on the Steps 7 and 8 activities and outputs as outlined on pages 193-203 and 218-223 in the Innov8 Technical Handbook.
2. Question and answers.

Close of the day

Explain to participants the **brief homework exercise** they are requested to complete overnight, in preparation for sessions in Day Two. The participant handout for this homework can be found in **Annex 7**.

10 minutes

To wrap up the day, facilitate a short structured dialogue asking:

- What was the most useful part of today?
- What they think will be really important to address during the rest of the workshop to ensure a successful way forward?

You don't need to get responses from everyone, but you do need to get a sense of consensus from the group.

Remind participants to complete the relevant sections of the 'Redesign workshop participant evaluation form' covered in Day One (see sample evaluation form in **Annex 11**).

SESSION 2
Overview

River of change and workplan
Day 2, 09:00-12:45

Objectives

The purpose of the session is to:
- Identify the key next steps and milestones for completing analysis for Steps 7 and 8, producing a redesign proposal
- Identify the potential steps and milestones after the drafting of the redesign proposal and for the period of one year, linked to evidence-review, consultation, feasibility studies/piloting and endorsement of recommendations
- Scope the resistance and obstacles and the levers and champions for the changes

Content

- Step 7 on producing a redesign proposal to act on the review findings
- Step 8 on strengthening monitoring and evaluation
- Overview of ongoing programme review cycle in the next year

Methods

- Group work
- Gantt chart production
- Presentation

Expected outcomes

At the end of the session participants will have:
- Produced a plan for finalizing Steps 7 and 8 (including the redesign proposal)
- Created a tentative plan for advancing the recommendations through towards integration into the programme (spanning one year of activities)
- Articulated potential obstacles and levers of change

Key messages

- A redesign proposal, encapsulating review team recommendations, justifies the need for the changes and can be used to raise awareness, to consult beyond the review team and to seek endorsement for proposed programme adjustment.

Materials & references

- Innov8 Technical Handbook: Steps 7 and 8 (pages 177-224)
- Consolidated findings from the day before on the scope and level of potential changes

SESSION 2
Detailed outline

River of change and workplan
Day 1, 9:00-12:45

✎ **METHODOLOGY**	⏱ **TIMING**
Introduction to Day Two	
Provide a recap of Day One and an overview of Day Two	*5 minutes*
Case study and discussion on piloting – Report back on homework	
The purpose of this session is to facilitate a discussion with participants regarding the first part of the homework (handout in **Annex 7**), related to the case study examples in the chapter on Step 7 in the Innov8 Technical Handbook (pages 187-192). Ask participants to share their answers to the questions provided, which are: 1. Would it be useful to consider feasibility studies or piloting of the potential changes to the programme and, if so, what are ideas for these? 2. What would be the arguments for and against piloting? and 3. What would be the inputs required? Facilitate a discussion with the participants to further collectively explore the ideas set forth.	*15 minutes*
Group work on implementation plan overview	
This activity builds on the second part of the brief overnight homework exercise and gets the team to agree on and define their action/implementation plan for the next year. ✎ **Notes to facilitator for preparation:** 1. Use the debrief to have the two groups share their answers and facilitate a consolidated view of the way forth (documenting this).	*5 minutes introduction and 25 minutes exercise*

🧩 **Instructions to give participants for the exercise**

Please divide into two groups, in which you will be working for the next 20 minutes.

Identify and agree the core activities you will need to accomplish during the next **three months, six months and one year** to do the following:
1. Finalize the analysis for Steps 7 and 8;
2. Produce the redesign proposal; and
3. Advance on the recommendations, including through the review of the evidence for each, consultation with relevant stakeholders, costings, feasibility studies/piloting and endorsement of recommendations in the context of the ongoing programme planning and review cycle.

Capture your outputs on a flip chart.

Be ready to share your responses in 20 minutes.

✏ **METHODOLOGY**	⏱ **TIMING**
REPORT BACK, DEBRIEF AND CONSOLIDATION	*25 minutes*

• Following the report back by each group, have everyone agree the main actions for the next year. This will be a merging of the aspects of the two groups' action plans, once consensus is reached on the components agreed.

• The review team will use the core activities in the next exercise.

River of change activity

🖋 **Notes to facilitator:**

5 minutes introduction and 35 minutes exercise

1. Working all together*, have the participants start working on the 'River of Change', an example of which is provided below.

2. Make sure you have a large 'sticky wall' or space on a wall for the activity. (You can create a large wall space by taping together 6 or more flip charts.)

3. If a large wall space is not available, the exercise can be conducted on the floor (assuming that all participants are comfortable with this).

4. Have the group tackle each step of the exercise fully.

5. Select a colour coding for the various elements to be placed, e.g. *white* for change goals, *red* for obstacles or resistances (separate resistant people from structural or infrastructure obstacles), *green* for champions, *yellow* for potential solutions or mitigations.

6. Similar obstacles and champions will likely appear for different changes.

*If the review team is fewer than seven people you could have the whole group work on this together. If the team is more than seven you should have sub-groups work on separate changes and then have them report back.

Figure: Example of a river of change
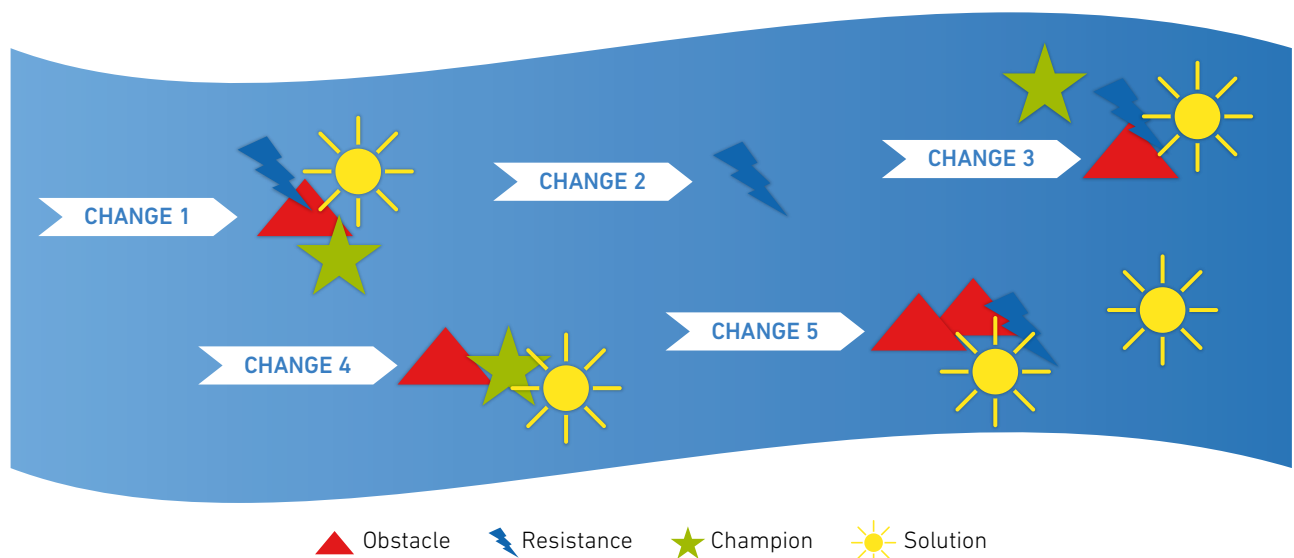
Source: Adapted from original training material by PLB Consulting (2016).

✎ METHODOLOGY | ⏱ TIMING

▦ Instructions to give participants for the exercise

Instructions for the river of change:

1. Write each core activity / planned change on a piece of paper / arrow and place it in the river, spacing it in relation to where it would be between today and the end of the planning phase.
2. Brainstorm at least one critical mid- and one critical end-term milestone/indicator for each action area that need to be achieved.
3. Brainstorm the obstacles or resistances you expect to face in implementing this change.
4. Write each of these on the appropriate piece of coloured paper.
5. Identify the champions who you can rely on to support and promote the changes and place them appropriate to the change.
6. Brainstorm and agree possible resolutions for overcoming or mitigating obstacles or resistances.

Break	*15 minutes*

Creating a Gantt chart

✐ **Notes to facilitator:**

1. The group can work separately to identify all the work associated with each change.
2. Each activity should be captured on a small post-it note so that each can be placed on the Gantt chart at the estimated time frame.
3. Depending on the complexity of the activities they can produce separate Gantt charts or they can bring work together on one collective Gantt chart (with action areas separated by columns). A large wall space will be needed for this.
4. Prepare large Gantt charts for the group by taping two sheets of flip chart paper together and making a calendar from today's date to agreed target date one year in advance.
5. It is useful to have each change represented on different coloured post-it notes – this helps when comparing and aligning activities.
6. Have the group write the action area they are addressing in the left hand column.
7. Clearly instruct them to write each milestone on separate post-it notes and position them on the Gantt chart.
8. Have them identify all the tasks and activities that are necessary to achieve each milestone.
9. Each activity or task must have a responsible person – preferably one that someone in the team has some influence or responsibility for.
10. Where possible the team should also indicate necessary approvals, resources and partnerships.

5 minutes introduction and 35 minutes exercise

> ⊞ **Instructions to give participants for the exercise** ⟩

We are going to do a Gantt chart activity.

1. Copy the draft of the goal statement for your change in the left hand column of the Gantt chart.
2. Write each of the milestones onto separate post-it notes and place them appropriately on the Gantt chart.
3. Identify all the work necessary to achieve each milestone/indicator.
4. Write each one on a separate post-it note and place it on the appropriate time slot in the Gantt chart.
5. Identify essential approvals, resources and partnerships for every activity.

REPORT BACK AND DEBRIEF

- Even if they have all worked together have someone overview the plan so everyone gets a chance to reflect and correct.
- Ensure that there is consensus.
- Facilitate discussion on the working methods for the review team as a whole to move forth on managing these action areas.
- Conduct a `reality check' to ensure that everyone believes the plan to be feasible in terms of resources (financial, human and other) as well as in deadlines.

20 minutes

Review team presentation of Gantt chart to high-level Ministry of Health official

Presentation by members of the review team of the Gantt chart and next steps to a high ranking representative(s) from the MoH, who is ideally overseeing the programme being reviewed. (15 minutes)

Feedback and discussion with the senior MoH official(s). (10 minutes)

30 minutes

Closing

Facilitate a round of inputs from the review team members on what they consider will be core ingredients for success in advancing from the Gantt chart to actually seeing changes to the programme.

Closing statement by WHO.

Closing statement by high-ranking representative from the MoH.

10 minutes

Lunch and end of day

✎ **Notes to facilitator:**

1. Ask participants to complete the redesign workshop evaluation form and submit it before they leave after lunch and the end of the workshop. See sample evaluation form in **Annex 11**.
2. It is very important that all final outputs (e.g., Gantt chart, revised theory of the programme, revised programme diagram) are captured and transferred into electronic format by the report-writer and organizers, as they will be essential inputs to the final review team's redesign proposal.

Appendices

ANNEX 1: INNOV8 APPLICATION MODALITIES

Six examples of potential Innov8 adaptations and applications

Option 1: Full application of Innov8 in synergy with a national programme review	All Innov8 steps applied during a multi-month period by a multidisciplinary review team (8-10 people). The process is timed to feed into a wider programme review and/or development of a strategy or action plan for the health topic addressed by the programme. Three capacity-building workshops convened to support the review team's analysis, interspaced with national work by the review team. The output is a comprehensive proposal with recommendations for entry points and actions to address identified programme gaps and challenges, which would feed into the wider programme review. Benefits: More comprehensive recommendations and enhanced capacity of review team members to apply these concepts in their daily work.
Option 2: Integrating aspects of Innov8 into a national programme review	This begins with mapping the existing approach to the national review of the programme (considering process, stakeholders, meetings, data sources and outputs). Then, specific aspects of Innov8 are built into the existing review modalities – for example, exercises linked to subpopulations being missed, barriers or determinants. In Option 1, this integration is actually an outcome (i.e., in Step 8, they see how to build a 'leave no one behind' focus into their ongoing reviews). However, aspects of Innov8 can be integrated even if a country has not done Option 1.
Option 3: Using Innov8 in district-level primary health care (PHC) strengthening towards Universal Health Coverage (UHC), across programme areas	For a district planning cycle and as input to a district health plan, a subset of Innov8 exercises are done for tracer conditions matching the district's disease burden. Smaller Innov8 teams (2-3 people) for each tracer condition and one health system expert team are convened and focus on cross-cutting health system bottlenecks and governance issues impacting equity. Separate analyses and cross-analyses by teams results in recommendations reflecting system-strengthening and potentially intersectoral approaches. Teams provide inputs into the district health plan review (e.g. policy dialogue for the plan, needs assessment / situation analysis, implementation approaches, M&E/accountability). The approach may draw from other WHO guidance on equity in health sector reviews and district planning.
Option 4: Using Innov8 in conjunction with qualitative barrier assessments	WHO is developing qualitative instruments to assess barriers to services. These instruments are important for 'leaving no one behind' as they complement disaggregation of quantitative data by relevant equity stratifiers, exploring the "why" behind the differences. The instruments use the Tanahashi framework for effective coverage and draw from the fields of equity, gender and human rights. They can be adapted for a single health topic (as part of a programme review) or a range of health topics (in the context of primary health care (PHC) strengthening for Universal Health Coverage. Exercises for Innov8 Steps 2 and 3 can be done by a national health programme in conjunction with use of the qualitative instruments to assess barriers. Likewise, for programmes doing any of the other options, the qualitative instruments can fill important data gaps.

Option 5: Using Innov8 in the context of annual health sector reviews or linked to NHPSP renewals	In aligning national health policies, strategies and plans (NHPSPs) to better deliver on the Sustainable Development Goals (SDGs) commitment to leave no one behind, annual health sector reviews must include measures for evaluating how national health programmes are missing subpopulations. During annual reviews, recommendations should be made to adjust the programmes to overcome these coverage gaps. These recommendations can be followed up on in the subsequent annual health sector reviews as a means of accountability. For this option, Innov8 can be applied to a set of tracer condition programmes reflecting the country's disease burden. A group could also look at leaving no one behind in cross-cutting system strengthening initiatives. For NHPSPs renewal/formulation, the WHO checklist for equity, gender and rights in NHPSPs comes as a precursor to this Innov8 application option.
Option 6: Using Innov8 Step 1 in trainings for basic sensitization on leaving no one behind	In some contexts, a full review of a health programme may not be feasible due to resource and time constraints. In these scenarios, Step 1 of Innov8 can be used, which focuses on applying a diagnostic checklist to the programme. This can be accompanied by a training to understand the basic concepts and principles related to equity, gender, human rights and social determinants of health. If there is also a specific interest to strengthen understanding about intersectoral action in general, or the Health in All Policies approach in particular, the training could be expanded to include sessions focused on this (e.g. drawing from exercises in the WHO *Health in All Policies Training Manual*[7]). Likewise, if there is interest in going in depth on gender dimensions, a training on gender analysis can be added (e.g. drawing from the WHO *Gender mainstreaming for health managers: a practical approach*.[8]

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[7] WHO (2015). Health in All Policies: Training Manual. Geneva: WHO. Available from: http://apps.who.int/iris/bitstream/10665/151788/1/9789241507981_eng.pdf?ua=1 (accessed 28 April 2017).

[8] WHO (2011). *Gender mainstreaming for health managers: a practical approach.* Geneva: WHO. Available from: http://www.who.int/gender-equity-rights/knowledge/health_managers_guide/en/ (access 28 April 2017).

ANNEX 2: REVIEW TEAM TASKS

It is expected that Innov8 applications be adapted to the national and programmatic context and hence the exact review team tasks will need to be adjusted to the actual Innov8 application underway. This description of tasks is a generic set that can be used as a basis for subsequent adaptation.

SENSITIZATION PHASE (Step 1)

✓ Participate in the sensitization workshop to start building a shared understanding of the core underlying concepts and principles for the review, to be further built upon across the review process.

✓ At the meeting, be introduced to the diagnostic checklist and make a review team plan to complete it before the review session. All review team members should be given the Innov8 Technical Handbook at the workshop and should read the following:

- Introduction to the Innov8 approach for reviewing health programmes;
- Overview of the Innov8 approach;
- Introduction to applied concepts, principles and frameworks; and
- Step 1 – Complete the diagnostic checklist.

✓ Following the workshop, participate in activities for the completion of the **diagnostic checklist** by your review team, which may involve small working meetings, gathering existing data, consulting a wider set of stakeholders, etc.

✓ Prepare a presentation of checklist findings.

✓ Share the checklist and presentation before the review session with facilitators, in order allow time for review and feedback.

REVIEW PHASE (Step 2 to Step 6)

✓ Conduct background reading from the Innov8 Technical Handbook for the review session (on Steps 2, 3, 4, 5 and 6).

✓ At the review workshop, present the draft checklist in plenary.

✓ For **Step 2**, conduct exercises and give plenary feedback to map the theory of the programme.
Note: For this step and the next ones, highlight any exercises that need to be finished later.

✓ For **Step 3**, conduct exercises and give plenary feedback to identify who is being left out by the programme and who is not.

✓ For **Step 4**, consideration of which subpopulation(s) and key stage(s) of the programme will be (preliminarily) prioritized for further review and why. Conduct exercises and give plenary feedback on the barriers and facilitating factors that different subpopulations experience in accessing and benefiting from services.

✓ For **Step 5** on identifying the intermediate and structural social determinants influencing the barriers to services, conduct exercises and give plenary feedback. Define a preliminary theory of inequities (i.e. reasons there are inequities) in the programme access and results.

REVIEW PHASE (Step 2 to Step 6; *continued*)
✓ For **Step 6** on exploring how intersectoral action and social participation can help overcome barriers, conduct exercises and give plenary feedback.
✓ As you go through the workshop activities, refer to the Technical Handbook and think through the process for finalizing all of the analysis for Steps 2-6, as what is covered in the workshop is only partial. By the end of the workshop, the review team should have a workplan for completion of all exercises through follow-up working sessions.
✓ After the workshop, complete the analysis for Steps 2-6 and prepare the output reports. Send these to the facilitators so the team can get feedback before the next workshop.
✓ Update the presentation of emerging outputs (done on the last day of the review workshop) with additional findings and orientations based on the full analysis.

REDESIGN PHASE (Step 7 and Step 8)
✓ Conduct background reading from the Innov8 Technical Handbook for the redesign session (on Steps 7 and 8).
✓ At the redesign workshop, present the PowerPoint with the updated review of outputs for Steps 2-6 and then proceed with the exercises for Steps 7 and 8. Make a plan for finalizing the excises in these Steps, including the redesign proposal.
✓ After the workshop, engage as necessary in follow-up meetings with other review team members, other Government representatives, WHO and other stakeholders to further elaborate analysis and finalize the redesign proposal.
✓ As appropriate for your institution and based on your availability, be involved in follow-up activities for supporting the Government to translate the emerging findings from the review (documented in the redesign proposal) into action.

ANNEX 3: GUIDE FOR ASSEMBLING PROGRAMME DOCUMENTATION AND DATA TO INFORM THE INNOV8 REVIEW PROCESS

> It is expected that Innov8 applications be adapted to the national and programmatic context and hence the programme documentation and data required will need to be adjusted to the actual Innov8 application underway. This description is generic and can be used as a basis for subsequent adaptation.

PURPOSE

The purpose of this document is to give orientations on the information that can be assembled prior to work on the diagnostic checklist (Step 1 in the Innov8 Technical handbook). This document covers the scope of the data assembly work, the description of the sources (programmatic documentation, quantitative and qualitative) and emerging products.

SCOPE OF WORK

1. **Programmatic documentation.** Compilation of programme documentation that describes the goals, components and operations of the programme that is under review.

2. **Quantitative data.** Assembly of existing *quantitative data* on inequities in exposure to risk factors, inequities in key determinants (e.g., education level, income, registration), inequities in service coverage and financial protection and inequities in morbidity and mortality in relation to the health topic addressed by the programme.

3. **Qualitative data.** Assembly of existing *qualitative data* related to access barriers and causes of inequities in relation to the health topic addressed by the programmes, including reports to human rights treaty bodies, grey literature from civil society organizations and multilateral system partners and media reports.

DESCRIPTION

Programmatic documentation

This involves gathering programme documents that cover:
• the core programmatic aims and objectives;
• main programme activities and interventions;
• scope of coverage (in how many provinces and districts is the programme operational and to what extent);
• the programme 'theory of change' (if produced);
• the monitoring and evaluation framework;
• the planning and review cycles for the programme;
• linkages with other programmes; and
• implementation approaches and partners.

Any evaluations (internal or external) done of the programme should be collected, as should reports from key review or planning meetings for the programme. Reviews on issues related to quality of care, human resources, or other issues related to the performance of the programme should also be gathered. Finally, for the later stages of the review process when recommendations for redress of coverage gaps and action on key determinants are being formulated, it is relevant to have on hand the latest evidence-based normative guidance from WHO and partners regarding programmatic responses to the health topic, to draw from and ensure synergy with, as appropriate.

Quantitative data

This involves gathering already available data from institute-based and population-based sources and surveillance systems that will allow the review team to answer the following essential questions:

• What is the heterogeneity of the population with regard to the health topic addressed by the programme? That is, what are differences in exposure to risk factors, vulnerability to those risk factors, access to health services, results of using services and consequences (e.g., impoverishment or stigmatization)?

• Which wider health systems data can help illuminate how the programme is performing for whom and under what circumstances?

Potential data sources are featured in Figure 1. Each of these will offer different information on inequities. For instance, household surveys will offer more in relation to exposure to risk factors, whereas results of using services may be best covered through institution-based sources.

Figure 1: Data sources to consider
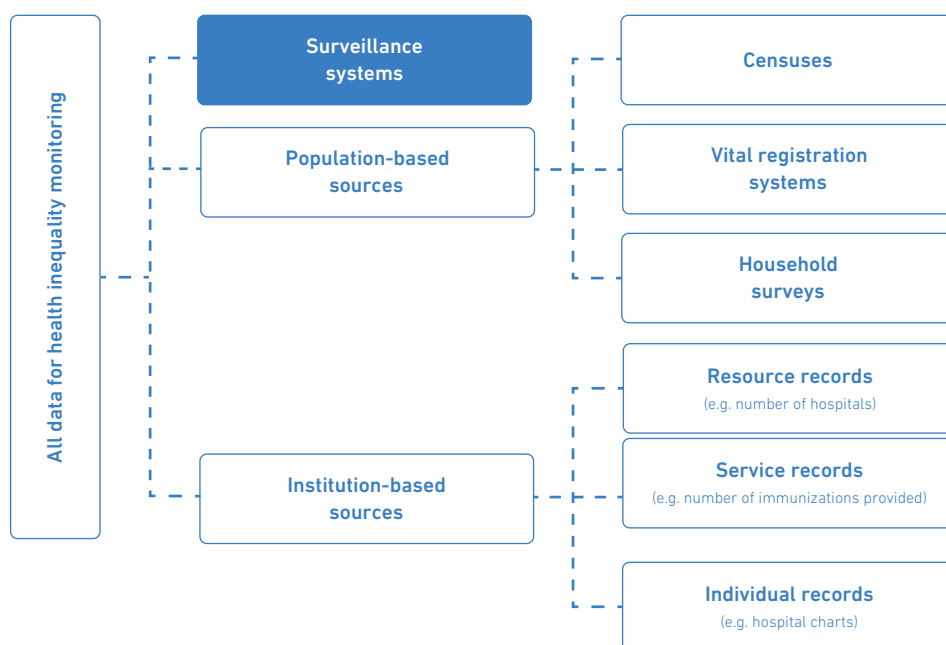
Source: WHO, 2013. *Handbook on health inequality monitoring: with a special focus on low- and middle-income countries.* Geneva: WHO. Available: http://www.who.int/gho/health_equity/handbook/en/ (accessed 29 March 2017).

As appropriate for the data source, the data should be analyzed according to the available equity stratifiers. Such stratifiers include:

• Age;

• Sex;

• Rural/urban;

• Other geographic unit (district);

• Education;

• Income/wealth quintile;

• Race/ethnicity;

• Occupation; and

• Others (e.g., caste, migrant status, others as appropriate for the country context).

It may be that there is a lack of data for the health topic addressed by your programme across the full spectrum of inequities (from exposure to risk factors to consequences). In this case, just draw from the data that is available, using the stratifiers that are available. For institute-based sources, if the data is not already collected and/or assembled at national level for different equity stratifiers, it is beyond the remit of the review process to do this. Simply take note of the lack of disaggregation. It may be that routine data is not disaggregated, but that smaller/local and ad hoc studies have been conducted that provide disaggregated data and that the findings of these are written up in scientific journal articles or other reports. Include these in the information assembled. In general, a review of existing literature (e.g., through PUBMED) can help identify these.

Looking beyond the data that is specific to the health topic addressed by the programme, it may be relevant to collect data on wider health system performance issues that influence the capacity of the health programme to meet the needs and rights of all people. These include – for instance – weak

provider or laboratory networks in some parts of the country, insufficient availability of appropriately skilled human resources in some locations and/or high levels of impoverishing or catastrophic health expenditure for persons employed in the informal sector. As appropriate to the programme that is going to be reviewed, existing evidence on these systemic issues can also be assembled.

Data on key social determinants that will be relevant to inequities in the health topic addressed by the programme could also be assembled. For example, for certain health programmes, data on housing conditions, water and sanitation may be relevant. For others, data on education levels of women or the legal age of marriage is pertinent. Other factors that could be relevant to a health programme may include ones related to livelihoods and social protection (for example, information on specific employment conditions or the proportion of people working in the informal sector with basic benefits such as sick leave or maternity coverage) or related to accountably and inclusion (for example, discriminatory practices in laws). These can also be disaggregated to the extent possible. Data lending itself to gender analysis is also important (see Box 1 for details on gender analysis).

Box 1. What is gender analysis?

Gender analysis looks at the differences between men and women in risk and exposure, health seeking behaviour, access and use of services, experiences in health care settings, treatment options and impact of ill-health. It also looks at the interaction between biological and sociocultural factors and access to control over resources in relation to health and identifies appropriate responses to different needs. It asks critical questions to uncover multi-level causes of gender inequality shaped by gender norms, roles and relations, unequal power relations between and among groups of men and women and the intersection of gender with other contextual factors (such as ethnicity, income and age).

Source: WHO 2016. Innov8 approach for reviewing national health programmes to leave no one behind: Technical handbook. Geneva: WHO.

Qualitative data

Qualitative findings provide important insight to barriers to services and the drivers of those barriers, as well as supply-side bottlenecks at different levels of the system. Also through a review of existing literature, qualitative sources should be assembled and their key findings extracted. Sources may include community monitoring efforts, focus groups and informant interviews. Attention should be given to looking for sources that reflect the views of more marginalized subpopulations. Because of the focus on human rights in the review process, country reports to human rights bodies on the right to health can also be collected. Specific attention can also be given to any qualitative data on access barriers that are based on gender.

PRODUCTS

As a result of reviewing the above-mentioned existing programmatic information and data sources, the following products could be prepared for the review team to draw from:
• Compendium of relevant programmatic documents (a master folder for reference throughout the review cycle by the review team);
• Overview of quantitative data on inequities by different stratifiers and qualitative data related to access barriers and causes of inequities, as well as bibliography of sources for more information; and

• Summary of main findings on population heterogeneity in relation to the health topic addressed by the programme.

In Sensitization phase (Step 1), the above products can be drawn from by the review team in the process of filling out the checklist. Later during the Review (Steps 2–6) and Redesign (Steps 7–8) phases, the information can be used for completing exercises for multiple steps.

ANNEX 4: GENERAL FACILITATION SUPPORT GUIDE

GENERAL FACILITATOR TASKS

The facilitators have the important role of ensuring a healthy, creative, working culture in which everyone feels safe and comfortable contributing.

General facilitator tasks are to:
- Set the ground rules;
- Keep discussions on track;
- Ensure everyone contributes and that nobody dominates;
- Give clear instructions for activities;
- Prepare all necessary materials; and
- Help them stay on time.

As a facilitator you should be neutral to the actual output of the participants when they begin their analysis and planning[9]. That is not to say you have no interest in their output and that you should not raise flags on proposals that go against the established evidence base or could have potentially unintended consequences such as increasing health inequities or stigmatization or producing fragmentation the health system. However, if the ultimate workplan is to be useful and successful for the country it must be created by the review team within the constraints and resources that actually exist in their country.

LOGISTICAL ELEMENTS ENABLING SUCCESSFUL WORKSHOPS

It will be helpful to the success of the Innov8 process to:

1. Arrange an on-site focal point for administrative arrangements for the workshops and all travel/ accommodation;

2. Select an off-site venue for the longer Review Workshop, preferably a hotel where people can work undisturbed and commuting to and from can be reduced;

3. Have a room large enough to seat everyone comfortably and have almost the same amount of space for work out groups. It should be furnished with flip charts and wall space to hang outputs and plans;

4. Enable the room set up to be informal and allow for small group work as well as plenary discussion for the presentation of the guidelines. It is helpful for the working atmosphere that the room be well ventilated and has natural light;

5. Chair a daily facilitators meeting to review progress and adjust the workshop agendas as required; and

6. Manage the time keeping, overall organization and ensure the smooth running of the workshop agendas.

MATERIALS

1. Each workshop will require at least three flip chart stands with adequate amounts of paper and good large 'wedge tip' felt marker pens. If the room has a whiteboard, this can also be useful;

2. Projector, cable to connect to laptop and screen;

3. Notepads and pens for each participant;

4. At least one large marker pen per person;

5. Smaller felt marker pens (to write on post-it notes. It is difficult to read from post-it notes

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[9] This is a tenet of good facilitation, as described in the International Association of Facilitator's *Handbook of Group Facilitation* (2005), available at: https://leseprobe.buch.de/images-adb/82/f7/82f77ac4-c46b-411d-b4c5-8a5f5c1e41c1.pdf
Innov8 workshops also draw inspiration from participatory learning approaches, with adaptation for the types of multidisciplinary teams engaged in the review. More on these approaches can be found at: http://www.participatorymethods.org/

when normal pens or pencils are used. Also it is recommended that you photograph all outputs so that the content can be referred to after the workshop. The photographs will not pick up regular pen and pencil notes;

6. Post-it notes, preferably in three sizes (large, medium and small) and in three or four different colours (e.g. green, orange, red and yellow). If post-

it notes are not available, coloured cards can also be cut up and used;

7. A 'sticky-wall' or access to a large wall on which can be posted papers and post-it notes;

8. Masking tape; and

9. In some exercises in the Review and Redesign workshops, each group will need to have a laptop with Microsoft Office PowerPoint programme.

DURING THE WORKSHOPS

Standard timings are suggested for the agenda from 9:00 to 17:00/17:30. These can be adapted if the review team or groups would like to start and finish earlier (e.g. 8:00-16:00) or to include longer breaks during the day and work later in the early evening. Agree this with the review team and allow them to be responsible for the working culture and commitments to deadlines. If you decide to adapt the agenda to suit the context of your specific review team, we ask that you provide a workshop agenda to WHO to include in its stock of materials, which can be selectively share with facilitators of Innov8 applications. This supports country-to-country learning and exchange.

Additional pointers are listed below.

1. Plan on being in your rooms an hour before the start on the first day. On subsequent days 30 minutes might be sufficient time to prepare the room.

2. Check that your room has the necessary supplies of flip chart paper, markers and post-it notes, etc., depending on the proposed activity.

3. Check that the projector is working with your laptop and test the slide presentation.

4. Ensure that materials necessary for group work are ready and pre-positioned.

5. Pre prepare all flip charts relevant to the session.

6. Stay neutral to the discussion using a series of open and probing questions where appropriate to stimulate discussion or clarify inputs. Think these through in advance, particularly where you know issues may arise around potentially sensitive issues in the national context.

7. The workshop is designed to capture outputs through the process; however, if discussions happen beyond what has been recorded on flip charts/'sticky wall', etc., you have three options:
   a. Have the group capture those comments on their flip charts or documents;
   b. Have the dedicated report-writer capture the key points on another flip chart (then hang it on a wall), (See item 10); or
   c. Allocate the report-writer to record important decisions, issues or questions arising from those discussions who will be responsible for feeding them back to the participants in any agreed formal or informal way.

8. Encourage individuals in the group to adopt different roles as the meeting progresses. This will reinforce their engagement and their ownership of the final outcome.

9. Together synthesize comments and summarize key conclusions.

10. Capture key points of plenary discussion on a flip chart. This allows people to see what has been said both to help manage repetitions and also to help people build on comments. At relevant points in the discussion summarize and attempt to get agreement on consensus opinion.

11. Create two flip charts to park ideas.
   a. One for questions or issues that need to be answered before the end of the workshop – the answer may need to be researched or the question is simply out of place in the process.
   b. The second for questions that need input or approval from an external or senior person not present at the time, another part of the Ministry, or another sector.

ANNEX 5: POWER WALK GUIDE*

Aims of the learning activity

- Understand how key determinants of health, including socioeconomic position and gender, interact in ways that can create inequities in health service coverage and health status.
- Identify key health stakeholders and patterns of health inequities.

Notes

- It is essential to review the list of 'characters' and 'statements' of the Power Walk to ensure maximum impact for participants. Use local contexts and realities to do so. Suggestions are included but should not be considered exhaustive.
- Add local population groups; modify, add or delete statements most relevant to context and that will reveal interaction between gender and other determinants of health and highlight local, vulnerable populations.

Summary of learning activity

This exercise, adapted from training activities on human-rights based approaches, is a role play that allows participants to experience the ways that gender and other determinants of health interact. Participants take steps forwards or stay put, similar to what happens in a board game or a race. At the end of the role play, the position of each "player" is analysed to unearth the interactions of gender and other determinants of health.

The idea is to include a range of characters (with a good sex balance) representing experiences, vulnerabilities and privileges with respect to

specific health behaviours and interactions with the health system.

The exercise is preferably carried out in an open and fairly large space to allow for movement and can take a fair amount of time to finish.

It can also serve as an energizer in that it gets participants moving around.

There are about 40 pre-prepared roles that include male and female characters to reflect differential experiences and 2-3 observer positions to choose from or adapt to local populations.

Suggested process

Step 1: Distribute roles

- Randomly assign roles to participants. Ideally, at least eight assorted characters are needed to depict a range of vulnerabilities and privileges. A maximum of 12–15 is recommended and some characters can be duplicated if necessary for differences in experience to be revealed, depending on the time available. **Remind participants not to share their 'identities' with others.**
- **Observers (if used):** Assign two or three people to be observers and place them in strategic places to take notes on participant reactions (depending on the number of participants). They will then be asked to

report their observations to the group at the end of the activity. Note that observers should be used if the group is too large or if some participants have done the activity before.

Step 2: Power Walk start-up

- Assemble participants (role players) as if they are about to begin a race: in a horizontal line facing forward. Explain rules of the Power Walk as reflected in the Overview below.
- Agree on the size of steps considered "normal" for the exercise and with respect to the space available.

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* *Source:* Adapted from WHO (2011b). *Gender mainstreaming for health managers: a practical approach.* Geneva: World Health Organization. Available: http://www.who.int/gender/documents/health_managers_guide/en/ (accessed 22 March 2017).

Overview of rules

- Read out statements from the list provided (or adapted) one at a time.

- Participants must silently think about whether they can answer yes or no to the given statement in their assumed identity. "Yes" indicates that they take a step forward. "No" indicates that they remain in the same place.

- An uncertain answer should be taken as a "no". Participants who feel that their "characters" could

partly answer yes to the given statement should take a small step forward. Each statement is equivalent to one step.

- After the last statement, participants should remain in their places and reveal his or her identity to the group. Take note of who is where in the final formation.

- Participants should stay in their formation until the facilitator ends the power walk.

Step 3: Power Walk feedback session

- Lead a discussion on the outcomes of the Power Walk and its connections with health interventions.

Notes

- If you will be remaining in formation for the feedback session, you may want to print out these questions for distribution or simply ask them to generate discussion;

- Characters may end up in placements you may not expect. Be prepared to discuss these with the group as they may reflect contextual or individual interpretations that can assist in understanding the impact of different determinants, including gender, in the given context.

- Select a couple of characters from the **front cluster** to describe their experience and what it felt like to be in those positions. After the group on the "front row" has spoken, **tell them that these characters often have the most decision making (and other) power and are often the partners of WHO or the health ministry.** Discuss how women and men and people from different socioeconomic groups are represented in this group.

- Follow a similar process of discussion with characters from the **middle cluster**. Usually **these are community organizations and workers (health and otherwise)** – sometimes even including nurses and other health professionals. Discuss how women and men and people from different socioeconomic groups are represented in this group.
  - Remind participants **that these are also important partners for WHO or health ministries** to engage with when we want to reach the people at the back. **We also want them to be able to say yes more often to the Power Walk statements. Ask participants what strategies could help to accomplish this.**

- Use the same process for characters from the **back cluster**. Discuss how women and men and people from different socioeconomic groups are represented in this group.
  - Ask how they felt as they watched others moving forward. If no one else points it out, say that the people at the back are usually the **direct beneficiaries of the programmes and policies we develop** in collaboration with WHO or health ministries – and usually the most difficult to reach. These are the **women and men whose health we are supposed to promote and protect.** Why are they at the back?

- Ask participants to now look at how women and men are distributed throughout the Power Walk outcome. Are all the women at the back? All the men at the front? What does this mean in terms of gender? When no sex was specified for a character, ask participants which sex they assumed their characters where (e.g., land owner) and make necessary linkages with gender stereotypes, norms and roles as appropriate.
  - After allowing some discussion, point out that the **Power Walk confirms that gender norms, roles and relations can affect men and women in different ways.** It also shows that **gender and other determinants of health can interact with each other and can compound inequalities.** Use examples within the Power Walk to demonstrate how education, profession, income, age, ethnicity, sex and gender can influence the ability of Power Walk characters to move forward or not.

- **If observers are used:** Ask observers to report on their observations throughout the process of the power walk.

Materials for learning exercise: Power Walk

Orphan girl (10 years old)	Orphan boy (10 years old)
Person with no birth registration	Female sex worker
Staff member at WHO (or other UN agency)	NGO or community worker
Low-income single parent	Person living in urban informal settlement
Minister of Health	Female community health worker
Journalist for a national or local newspaper	Teenage boy
Illiterate woman (age 50 years)	Illiterate man (age 50 years)
70-year-old woman living in a refugee camp	Rural grandmother looking after four grandchildren
Person living with a mental health condition	Homeless person
Primary school teacher	Dispenser or pharmacist
Religious leader	20-year-old survivor of rape (female)
15-year-old girl married to someone three times her age	Internally displaced person from conflict
Woman living with HIV	Man living with HIV
Police officer (male or female)	Indigenous man or woman
Homosexual man	Lesbian
Community nurse	District director of health
Domestic workers (male or female)	Traditional healer
Village / community leader	Subsistence farmer or herder (male or female)
Visually impaired person	Unemployed person
Doctor (male or female)	Person without insurance
Land owner (male or female)	Migrant or seasonal workers (male or female)

Power walk statements

1. I know where to find the nearest health facility.

2. I feel respected by local health care workers.

3. I have a say in health decisions in my community.

4. I can consult health services when and if I need to.

5. I have access to family/household resources if I need to pay for health care.

6. I can talk openly to local health care workers about my health problems.

7. I can talk openly to my family about my health problems.

8. I know my rights.

9. I understand how to take medication given to me by my doctor.
[Note: If participants feel that they would not even have access to medication, they should remain in the same place.]

10. I am allowed to be treated by a health care worker of the opposite sex.

11. I get to meet government officials.

12. I can read and understand health information posters at the health facility.

13. If I need medicines, I know where to get them.

14. I have access to micro-credit or other forms of earning money.

15. My opinion is important within my own ethnic group.

16. I have access to clean and safe drinking water.

17. I eat at least two full meals a day.

18. I can buy condoms.

19. I can negotiate condom use with my sexual partner(s).

20. I can refuse sex with my partner or spouse.

21. I have completed secondary school.

22. I can pay for treatment in a private hospital if necessary.

23. My opinion is considered important by municipal or district health officials where I live.

24. I am not in danger of being sexually harassed or abused.

25. I do not feel judged by health care workers.

ANNEX 6: ZOÉ CASE STUDY

A CASE STUDY

Imagine a poor but peaceful country. Meet Zoé who lived in a remote village in one of the provinces.

Zoé attended a few years of primary school and was married at the age of 16. Zoé's husband left to work for a mining company in another part of the country, hoping he would earn enough to support their livelihood. He spent long periods away from home. While away, he had unprotected sex with a sex worker and was unaware that he acquired HIV.

Zoé was alone to care for her ageing parents-in-law while her husband contributed as best he could with his earnings. Food was getting scarce and as she did not want her parents-in-law to complain, she sometimes gave them her meal.

During one of her husband's visits home, Zoé became pregnant. She soon began to feel unwell but did not seek care. The nearest health centre for antenatal care was far away and transport costs high. She had also heard from other villagers that the nurses in the health centre sometimes refused to treat women from her ethnic group or were rude to them. She had also heard that there were no medicines at the health care centre; even if there were, she could not afford them.

Zoé gave birth at home with help of her mother-in-law. Immediately upon delivery, she began bleeding. Her mother-in-law told her to wait until the next morning and that if by then the bleeding had not ceased, a neighbour would bring her to see a doctor. Zoé died during the night while her baby survived.

ANNEX 7: HOMEWORK FOR PARTICIPANTS IN THE REDESIGN WORKSHOP FOLLOWING DAY ONE

Reflecting on the work during Day One of the Redesign Workshop that was completed by you and the other review team members, please complete the following brief exercises overnight. You will be asked to provide your answers tomorrow during the Day Two morning sessions.

EXERCISE 1

Case study and reflections on feasibility studies and piloting

Read the section "Case study examples of Step 7 from country programme applications" in the Innov8 Technical Handbook (pages 187-192).

Consider the emerging ideas for programme redesign and the scope and level of these changes that the review team developed during Day One of the Redesign Workshop.

Write a brief answer to each of the following questions:

• Would it be useful to consider feasibility studies or piloting of the potential changes to the programme and, if so, what are ideas for these?

• What would be the arguments for and against piloting?

• What would be the inputs required?

Bring and be prepared to discuss your responses during Day Two of the Redesign Workshop.

EXERCISE 2

Developing a one-year review team implementation plan

Reflect on the emerging ideas for programme redesign and the scope and level of these changes developed during Day One as well as your responses to the above questions in Exercise 1.

Identify and agree the core activities that the review team will need to accomplish during the next **three months, six months and one year** to do the following:

1. Finalize the analysis for Steps 7 and 8;

2. Produce the redesign proposal; and

3. Advance on the recommendations, including through the review of the evidence for each, consultation with relevant stakeholders, costings, feasibility studies/piloting and endorsement of recommendations in the context of the ongoing programme planning and review cycle.

Bring and be prepared to discuss your responses during Day Two of the Redesign Workshop.

ANNEX 8: SENSITIZATION WORKSHOP PARTICIPANT SURVEY FORM

PRE-WORKSHOP PARTICIPANT SURVEY FORM

Brief survey on perspectives on equity, social determinants of health, gender and human rights

The purpose of this survey is to provide us with baseline data at the beginning of the sensitization meeting and Innov8 review process. You will be asked to complete a post-event form at the end of the sensitization meeting, which repeats some of the questions in this form. This will assist WHO and the review team in (i) evaluating the difference that the sensitization meeting has made to your knowledge, confidence etc. and (ii) refining other capacity building activities e.g. the checklist to participants' needs and the local context.

SECTION A: EXPECTATIONS AND FAMILIARITY WITH FRAMEWORKS AND GUIDANCE

1. Please indicate your main expectation(s) for this sensitization meeting.

```
[                                                                    ]
[                                                                    ]
[                                                                    ]
[                                                                    ]
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2. Please indicate if you are familiar with any of the following frameworks and guidance.

☐ WHO Commission on Social Determinants of Health framework

☐ Gender analysis and/or Gender Responsiveness Assessment Scale (GRAS) or gender budgeting? Please specify: ....

☐ Key Areas of Action to Secure the Right to Health and/or Human rights based approach and/or AAAQ

☐ Tanahashi model of effective health service coverage

☐ Any other frameworks related to health equity, social determinants of health, gender and human rights? Please specify:
....

SECTION B: HEALTH EQUITY, DETERMINANTS, GENDER AND HUMAN RIGHTS CONCEPTS

Part A1	Correct	Incorrect	Unsure/ Don't know
Health inequities are differences in health status or in the distribution of health resources between different population groups, arising from the social conditions in which people are born, grow, live, work and age.			
Gender refers to the socially constructed roles, behaviors and activities, and attributes that a given society considers appropriate for men and women. It varies from society to society and can be changed.			
Applying a human rights-based approach in health means ensuring that health interventions are participatory, non-discriminatory, accountable and aimed at realizing the right to health.			

Part A2	Strongly agree	Agree	Disagree	Strongly disagree
Health equity and social determinants of health				
I have a good understanding of the concepts and principles related to health equity and social determinants of health.				
I feel confident applying these concepts and principles in my work.				
Gender and health				
I have a good understanding of the concepts and principles related to gender and health.				
I feel confident applying these concepts and principles in my work.				
Human rights based approach to health				
I have a good understanding of the concepts and principles related to the right to health and human rights based approach.				
I feel confident applying these concepts and principles in my work.				
Do you feel that approaches to better address gender, equity and human rights and social determinants of health will add value to your ongoing work?				

Part A2	Strongly agree	Agree	Disagree	Strongly disagree

Please explain *why* you agree/disagree with the above statements

Part A3	Strongly agree	Agree	Disagree	Strongly disagree
The health sector has a responsibility to contribute to reducing health and social inequities.				
Gender norms, roles and relations can influence exposure to risk factors and cause/exacerbate barriers to services.				
Efforts to address health inequities (including those linked to gender) requires that health services, goods and facilities are available, accessible, acceptable and of good quality as well as that there is steady commitment by duty bearers (e.g. Government, multilateral system, local government, etc.) for progressive realization of universal health coverage and the right to health.				
Efforts to improve overarching levels of health and address health inequities requires working with different sectors and coordination between strategies, policies and programs across different ministries (e.g. education, housing, employment).				
Efforts to address health inequities can benefit from social participation by diverse stakeholders, including communities and civil society.				
Monitoring on equity, social determinants of health, gender and human rights should be integrated in ongoing health program monitoring, review and evaluation cycles.				

Please explain in a few words your responses to the above statements

ANNEX 9: SENSITIZATION WORKSHOP PARTICIPANT EVALUATION FORM

1. **Your feedback on the sensitization phase of the review cycle and the workshop itself is valuable. For each component of the workshop, please indicate if you 'Strongly Agree', 'Agree', 'Disagree' or 'Strongly Disagree' with each of the following statements.**

	Strongly agree	Agree	Disagree	Strongly disagree
Sensitization workshop				
The workshop objectives were explained clearly.				
The workshop content was consistent with the stated objectives.				
The workshop objectives were achieved.				
The workshop met my expectations.				
Workshop content				
The content covered was appropriate to my prior learning and knowledge.				
I understood the presentations and explanations.				
The time provided for each session during the workshop was appropriate.				
I had the opportunity to ask questions and contribute to discussions.				
I was comfortable with the way that sensitive issues were discussed and handled (e.g. confidentiality, transparency).				
The training was relevant to my work and I will be able to use the knowledge and skills I have gained in my work.				
Workshop/training methods				
The range of methods used in the workshop were appropriate (presentations, discussions, group work, etc.).				
The materials, templates, group exercises and associated hand-outs/prompts were clear, user-friendly and helped me understand the content.				
Plenary discussions helped me understand the content and contribute to the objectives.				
Group activities and exercises helped me understand the content and contribute to the objectives.				
There was good collaboration and discussion in my group.				

	Strongly agree	Agree	Disagree	Strongly disagree
Facilitators				
The facilitators: • knew the subject matter in detail.				
• gave presentations and explanations of the topics that were clear and appropriate.				
• asked for questions and responded to them appropriately.				
• encouraged discussion and people's participation.				
• were helpful for my learning process and responded to the needs of participants.				
Checklist				
The objectives of the checklist made sense.				
The questions in the checklist are understandable.				
The examples from other countries in using the checklist were useful.				
The Terms of Reference and tasks for the review team were clear and I understood the level of commitment that was required of me.				

Do you have any suggestions to improve the handouts and task sheets for the working groups, or the checklist?

2. **Overall feedback on the sensitization workshop. Please provide you opinion on what was good about the workshop and what could be improved and how.**

a. Overall, what were the most positive aspects of the workshop?

b. Overall, what aspects of the workshop did not work well or could be improved?

c. Reflecting on your feedback provided above, on a scale from 1 to 10, where 1 is "Not helpful/useful" and 10 is "Extremely helpful/useful", give a rating to the sensitization workshop as a whole.

Not helpful					Extremely helpful				
1	2	3	4	5	6	7	8	9	10

d. Please provide any other comments or suggestions on the sensitization workshop.

ANNEX 10: REVIEW WORKSHOP PARTICIPANT EVALUATION FORM

Your feedback on the review phase of the Innov8 process and the workshop itself is valuable. For each component of the workshop, please indicate the response that best fits your rating for the following sections and statements. Comments and suggestions are welcome.

SECTION A: HEALTH EQUITY, DETERMINANTS, GENDER AND HUMAN RIGHTS CONCEPTS

Part A1	Correct	Incorrect	Unsure/ Don't know
Health inequities are differences in health status or in the distribution of health resources between different population groups, arising from the social conditions in which people are born, grow, live, work and age.			
Gender refers to the socially constructed roles, behaviors and activities, and attributes that a given society considers appropriate for men and women. It varies from society to society and can be changed.			
Applying a human rights-based approach in health means ensuring that health interventions are participatory, non-discriminatory, accountable and aimed at realizing the right to health.			

Part A2	Strongly agree	Agree	Disagree	Strongly disagree
Health equity and social determinants of health				
I have a good understanding of the concepts and principles related to health equity and social determinants of health.				
I feel confident applying these concepts and principles in my work.				
Gender and health				
I have a good understanding of the concepts and principles related to gender and health.				
I feel confident applying these concepts and principles in my work.				
Human rights based approach to health				
I have a good understanding of the concepts and principles related to the right to health and human rights based approach.				

Part A2	Strongly agree	Agree	Disagree	Strongly disagree
I feel confident applying these concepts and principles in my work.				
Do you feel that approaches to better address gender, equity and human rights and social determinants of health will add value to your ongoing work?				

Please explain *why* you agree/disagree with the above statements

Part A3	Strongly agree	Agree	Disagree	Strongly disagree
The health sector has a responsibility to contribute to reducing health and social inequities.				
Gender norms, roles and relations can influence exposure to risk factors and cause/exacerbate barriers to services.				
Efforts to address health inequities (including those linked to gender) requires that health services, goods and facilities are available, accessible, acceptable and of good quality as well as that there is steady commitment by duty bearers (e.g. Government, multilateral system, local government, etc.) for progressive realization of universal health coverage and the right to health.				
Efforts to improve overarching levels of health and address health inequities requires working with different sectors and coordination between strategies, policies and programs across different ministries (e.g. education, housing, employment).				
Efforts to address health inequities can benefit from social participation by diverse stakeholders, including communities and civil society.				
Monitoring on equity, social determinants of health, gender and human rights should be integrated in ongoing health program monitoring, review and evaluation cycles.				

Please explain in a few words your responses to the above statements

SECTION B: REVIEW WORKSHOP

B1. Workshop – Overall

	Strongly agree	Agree	Disagree	Strongly disagree
The workshop objectives were explained clearly.				
The workshop content was consistent with the stated objectives.				
The workshop objectives were achieved.				
The workshop met my expectations.				

B2. Contents of the workshop

	Strongly agree	Agree	Disagree	Strongly disagree
The content covered was appropriate to my prior learning and knowledge.				
I understood the presentations and explanations.				
The time provided for each session during the workshop was appropriate.				
I had the opportunity to ask questions and contribute to discussions.				
I was comfortable with the way that sensitive issues were discussed and handled (e.g. confidentiality, transparency).				
The training was relevant to my work and I will be able to use the knowledge and skills I have gained in my work.				

B3. Training methods used in the workshop

	Strongly agree	Agree	Disagree	Strongly disagree
The range of methods used in the workshop were appropriate (presentations, discussions, group work, etc.).				
The materials, templates, group exercises and associated hand-outs/prompts were clear, user-friendly and helped me understand the content.				
Plenary discussions helped me understand the content and contribute to the objectives.				
Group activities and exercises helped me understand the content and contribute to the objectives.				

B4. **Comments and suggestions about the guidance provided during the review workshop**

SECTION C: THE INNOV8 APPROACH

Part C1	Strongly agree	Agree	Disagree	Strongly disagree
Step 2 of the Innov8 review process: Understand the programme theory				
The content covered was appropriate to my prior learning and knowledge.				
I understood the presentations and explanations.				
The time provided for each session during Step 2 was appropriate.				
The chapter for Step 2 in the Innov8 Technical Handbook was clear and helped me understand the content.				
The group exercises and associated hand-outs/prompts for Step 2 were clear, user-friendly and helped me understand the content and methodology.				
I am clear about the objectives and outcomes for Step 2.				

Comments or suggestions on Step 2, including how it could be improved

Part C2	Strongly agree	Agree	Disagree	Strongly disagree
Step 3 of the Innov8 review process: Identify who is being left out by the programme				
The content covered was appropriate to my prior learning and knowledge.				
I understood the presentations and explanations.				
The time provided for each session during Step 3 was appropriate.				

Part C2	Strongly agree	Agree	Disagree	Strongly disagree
Step 3 of the Innov8 review process: *Identify who is being left out by the programme*				
The chapter for Step 3 in the Innov8 Technical Handbook was clear and helped me understand the content.				
The group exercises and associated hand-outs/prompts for Step 3 were clear, user-friendly and helped me understand the content and methodology.				

Comments or suggestions on Step 3, including how it could be improved

Part C3	Strongly agree	Agree	Disagree	Strongly disagree
Step 4 of the Innov8 review process: *Identify the barriers and facilitating factors that subpopulations experience*				
The content covered was appropriate to my prior learning and knowledge.				
I understood the presentations and explanations.				
The time provided for each session during Step 4 was appropriate.				
The chapter for Step 4 in the Innov8 Technical Handbook was clear and helped me understand the content.				
The group exercises and associated hand-outs/prompts for Step 4 were clear, user-friendly and helped me understand the content and methodology.				

Comments or suggestions on Step 4, including how it could be improved

Part C4	Strongly agree	Agree	Disagree	Strongly disagree
Step 5 of the Innov8 review process: *Identify mechanisms generating health inequities*				
The content covered was appropriate to my prior learning and knowledge.				

Part C4	Strongly agree	Agree	Disagree	Strongly disagree
Step 5 of the Innov8 review process: *Identify mechanisms generating health inequities*				
I understood the presentations and explanations.				
The time provided for each session during Step 5 was appropriate.				
The chapter for Step 5 in the Innov8 Technical Handbook was clear and helped me understand the content.				
The group exercises and associated hand-outs/prompts for Step 5 were clear, user-friendly and helped me understand the content and methodology.				

Comments or suggestions on Step 5, including how it could be improved

Part C5	Strongly agree	Agree	Disagree	Strongly disagree
Step 6 of the Innov8 review process: *Consider intersectoral action and social participation as central elements*				
The content covered was appropriate to my prior learning and knowledge.				
I understood the presentations and explanations.				
The time provided for each session during Step 5 was appropriate.				
The chapter for Step 6 in the Innov8 Technical Handbook was clear and helped me understand the content.				
The group exercises and associated hand-outs/prompts for Step 6 were clear, user-friendly and helped me understand the content and methodology.				

Comments or suggestions on Step 6, including how it could be improved

SECTION D: OVERALL OPINION

Please provide your rating of and comments on the review workshop and Innov8 approach overall.

D1. On a scale from 1 to 10, where 1 is "Extremely bad" and 10 is "Extremely good/helpful", give a rating to the review workshop as a whole.

Extremely bad								*Extremely good/helpful*	
1	2	3	4	5	6	7	8	9	10

D2. Overall, what were the best aspects of the workshop?

D3. Overall, what aspects of the workshop did not work well or could be improved?

D4. Overall, what aspects of the WHO review process/methodology overall did not work well or could be improved?

D5. Any other comments or suggestions on the training or the WHO review process/methodology you have would be welcome.

D6. Coordination team*

	Strongly agree	Agree	Disagree	Strongly disagree
The facilitators knew the subject matter in detail.				
The facilitators gave presentations and explanations of the topics that were clear and appropriate.				
The facilitators asked for questions and responded to them appropriately.				
The facilitators encouraged discussion and people's participation.				
The facilitators were helpful for my learning process and responded to the needs of participants.				

* [Insert names of coordination team members]

D7. Review team facilitators*

	Strongly agree	Agree	Disagree	Strongly disagree
The facilitators knew the subject matter in detail.				
The facilitators understood and were able to explain the review team exercises and tasks.				
The facilitators encouraged discussion and people's participation in the review teams.				
There was good collaboration and discussion in my group.				
The facilitators were helpful for my learning process and responded to the needs of review team members.				

* [Insert names of coordination team members]

D8. Do you have any comments or suggestions for how the role of and support by the coordination team and the review team facilitators could be improved?

ANNEX 11: REDESIGN WORKSHOP PARTICIPANT EVALUATION FORM

Your feedback on the redesign phase of the Innov8 process and the workshop itself is valuable. For each component of the workshop, please indicate the response that best fits your rating for the following sections and statements. Comments and suggestions are welcome.

SECTION A: REDESIGN WORKSHOP

A1. Workshop – Overall

	Strongly agree	Agree	Disagree	Strongly disagree
The workshop objectives were explained clearly.				
The workshop content was consistent with the stated objectives.				
The workshop objectives were achieved.				
The workshop met my expectations.				

A2. Contents of the workshop

	Strongly agree	Agree	Disagree	Strongly disagree
The content covered was appropriate to my prior learning and knowledge.				
I understood the presentations and explanations.				
The time provided for each session during the workshop was appropriate.				
I had the opportunity to ask questions and contribute to discussions.				
I was comfortable with the way that sensitive issues were discussed and handled (e.g. confidentiality, transparency).				
The training was relevant to my work and I will be able to use the knowledge and skills I have gained in my work.				

A3. Training methods used in the workshop

	Strongly agree	Agree	Disagree	Strongly disagree
The range of methods used in the workshop were appropriate (presentations, discussions, group work, etc.).				

	Strongly agree	Agree	Disagree	Strongly disagree
The materials, templates, group exercises and associated hand-outs/prompts were clear, user-friendly and helped me understand the content.				
Plenary discussions helped me understand the content and contribute to the objectives.				
Group activities and exercises helped me understand the content and contribute to the objectives.				

A4. Comments and suggestions about the guidance provided during the redesign workshop

SECTION B: THE INNOV8 APPROACH

Part B1	Strongly agree	Agree	Disagree	Strongly disagree
Step 7 of the Innov8 review process: *Produce a redesign proposal to act on the review findings*				
The content covered was appropriate to my prior learning and knowledge.				
I understood the presentations and explanations.				
The time provided for each session during Step 7 was appropriate.				
The chapter for Step 7 in the Innov8 Technical Handbook was clear and helped me understand the content.				
The group exercises and associated hand-outs/prompts for Step 7 were clear, user-friendly and helped me understand the content and methodology.				
I am clear about the objectives and outcomes for Step 7.				

Comments or suggestions on Step 7, including how it could be improved

Part B2	Strongly agree	Agree	Disagree	Strongly disagree
Step 8 of the Innov8 review process: *Strengthen monitoring and evaluation*				
The content covered was appropriate to my prior learning and knowledge.				
I understood the presentations and explanations.				
The time provided for each session during Step 8 was appropriate.				
The chapter for Step 8 in the Innov8 Technical Handbook was clear and helped me understand the content.				
The group exercises and associated hand-outs/prompts for Step 8 were clear, user-friendly and helped me understand the content and methodology.				
I am clear about the objectives and outcomes for Step 8.				

Comments or suggestions on Step 8, including how it could be improved

SECTION C: OVERALL OPINION

Please provide your rating of and comments on the redesign workshop and Innov8 approach overall.

C1. On a scale from 1 to 10, where 1 is "Extremely bad" and 10 is "Extremely good/helpful", give a rating to the redesign workshop as a whole.

Extremely bad								*Extremely good/helpful*	
1	2	3	4	5	6	7	8	9	10

C2. Overall, what were the best aspects of the workshop?

C3. Overall, what aspects of the workshop did not work well or could be improved?

C4. Overall, what aspects of the WHO review process/methodology overall did not work well or could be improved?

C5. Any other comments or suggestions on the training or the WHO review process/methodology you have would be welcome.

C6. Coordination team

	Strongly agree	Agree	Disagree	Strongly disagree
The facilitators knew the subject matter in detail.				
The facilitators gave presentations and explanations of the topics that were clear and appropriate.				
The facilitators asked for questions and responded to them appropriately.				
The facilitators encouraged discussion and people's participation.				
The facilitators were helpful for my learning process and responded to the needs of participants.				

* [Insert names of coordination team members]

C7. Review team facilitators*

	Strongly agree	Agree	Disagree	Strongly disagree
The facilitators knew the subject matter in detail.				
The facilitators understood and were able to explain the review team exercises and tasks.				
The facilitators encouraged discussion and people's participation in the review teams.				
There was good collaboration and discussion in my group.				
The facilitators were helpful for my learning process and responded to the needs of review team members.				

* [Insert names of coordination team members]

C8. **Do you have any comments or suggestions for how the role of and support by the coordination team and the review team facilitators could be improved?**

Around the world, national health authorities are striving to ensure that "no one is left behind", in keeping with this cross-cutting principle in the Sustainable Development Goals (SDGs). The *Innov8 approach for reviewing national health programmes to leave no one behind* aims to support and operationalize these efforts at concrete, programmatic level through an 8-step review process. It supports programmes to be more equity-oriented, rights-based, gender-responsive and to address social determinants influencing effectiveness, hence further contributing to the progressive realization of universal health coverage and the right to health.

This Innov8 Facilitator's Manual is designed as a partnering publication to the "*Innov8 approach for reviewing national health programmes to leave no one behind: technical handbook*" (WHO 2016), which describes in detail the Innov8 approach methodology and steps. The Facilitator's Manual is designed for persons conducting the capacity-building workshops of Innov8 applications.

Innov8 applications should be adapted to the country and programmatic context, and align with national planning and review cycles. To aid and support the adaptation process, this Facilitator's Manual provides an overarching introduction to the facilitation of a generic Innov8 review process entailing three workshops (sensitization, review and redesign). Each workshop section provides generic concept notes, agendas and session overviews and outlines.

This Innov8 Facilitator's Manual is being released as a *working draft* intended for further testing by facilitators for the purposes of supporting the adaptation and application of the Innov8 approach in a range of country contexts. WHO welcomes feedback to improve it and advance the next version.