Multi-Stakeholder Dialogues for Women's and Children's Health:

A Guide for Conveners and Facilitators

The Partnership for Maternal, Newborn & Child Health

World Health Organization

CMPartners
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Overview

Purpose of the Guide

The Guide applies the principles and best practice of MSD to women's and children's health. For those people who want to know more about MSD processes and how they can be convened and facilitated, this document provides specific guidance and a toolkit for managing the entirety of MSD processes.

The objective of a multi-stakeholder dialogue for women's and children's health

A multi-stakeholder dialogue (MSD) is a structured, interactive process that brings relevant stakeholders together to promote mutual understanding and create shared courses of action. All stakeholders – policy-makers in health and related sectors, healthcare professionals and institutions, non-governmental organizations, civil society groups, multilaterals, researchers and academics, the private sector and donors – have an essential role to play in improving reproductive, maternal, newborn and child health (RMNCH). MSD processes can be used to better identify challenges for RMNCH, align stakeholder priorities and action, and assure accountability for resources and results.

MSDs concerning women's and children's health are occurring in many countries – for example the national implementation analyses supported by the Reproductive, Maternal and Newborn Health (RMNH) Alliance and conducted in six Asia-Pacific countries; multi-stakeholder efforts to shape the health budget allocation in Uganda; and public hearings held by the White Ribbon Alliance of India. This Guide builds on these and other experiences, and incorporates tools and approaches such as PolicyMaker for stakeholder analysis, the interest-based Mutual Gains Approach to negotiation and consensus-building, Joint Fact-Finding for creating shared understanding of technical issues, and the One Text process for developing agreements.

Actors in an MSD process

Conveners are sponsors of MSD processes who initiate and support these processes. The convener usually plays an active role in planning although can sometimes simply act as sponsor. The convener generally works with a **planning team** consisting of trusted and experienced people with varied perspectives on the issues to be addressed.

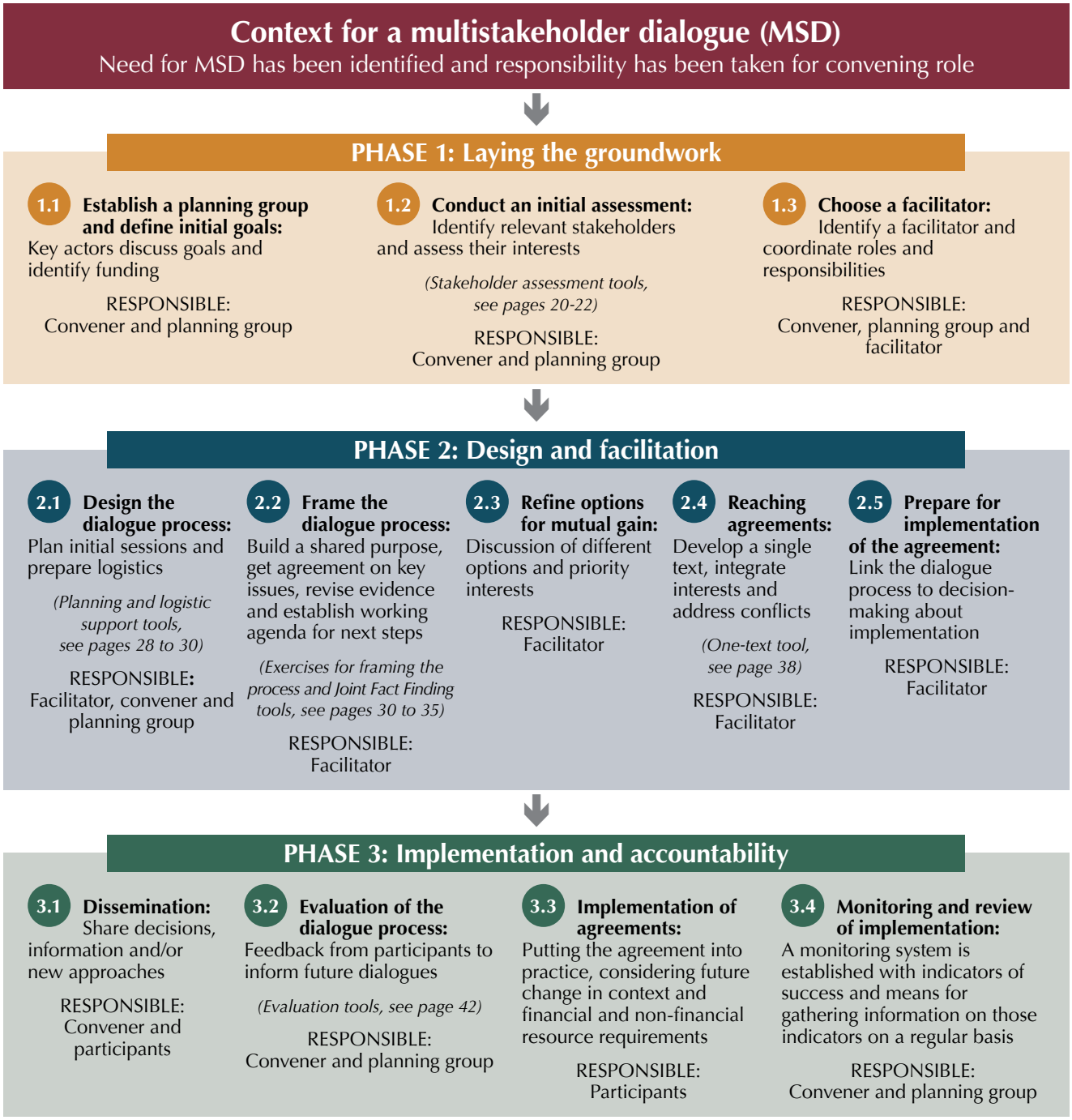
Facilitators are responsible for ensuring that an MSD process is well run. Effective facilitators create a climate conducive to the joint exploration of issues and for a meaningful dialogue amongst the participants during the process. Facilitators should be neutral with regard to their relationship with participants and impartial with regard to the substance and outcome of the MSD process. Effective facilitators can both guide the specific tasks of the group and can manage group dynamics – building a sense of shared purpose and facilitating positive working relationships.

Participants are individuals representing stakeholder organizations or constituency groups who come together to participate in the dialogue. They are responsible for attending meetings of the dialogue, representing their organization's interests and needs, communicating with their organizations and/or constituencies, providing information and other resources as needed, and participating actively in the work of the MSD process.

Overview of the MSD process

Experience shows that no two MSD processes are the same. There are, however, some steps that all MSDs generally follow. This Guide provides a general outline of three key phases for RMNCH multi-stakeholder dialogues. The context, stakeholders, and objectives will determine the specific design of each dialogue process.

Fig. 1: Diagrammatic overview of the MSD process



What is this Guide about?

Global goals have been successful in promoting the health agenda, however, millions of women, children, and newborns continue to die from preventable causes. Many countries will not reach their targets for Millennium Development Goal (MDG) 4 (child health) and MDG 5 (maternal health) by 2015 and other related MDGs. It is essential to strengthen reproductive, maternal, newborn and child health (RMNCH) programmes to ensure the most vulnerable women and children have access to high quality essential interventions and services from pre-pregnancy to delivery, the postnatal period, and childhood (see Appendix A).[1]

All stakeholders therefore have a vital role to play in improving women's and children's health. Multi-stakeholder efforts, such as the Every Woman Every Child initiative, which was established to implement the UN Secretary General's Global Strategy for Women's and Children's Health and which builds on the Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA) and other initiatives, aim to mobilise resources for RMNCH and focus on accelerating global action to meet the MDGs. In the post-2015 development context, multi-stakeholder efforts seek to build on the lessons learned from the MDG process to shape political commitments and measures of progress for women's and children's health.

Multi-stakeholder dialogue (MSD) is a mechanism through which the wide range of stakeholders at the national and sub-national level, engaged in promoting women's and children's health, can better identify challenges, align action, improve implementation of essential RMNCH interventions, and assure accountability for resources and results. These stakeholders vary in each context and may include policy-makers in health and related sectors, healthcare professionals and institutions, non-governmental organizations, civil society groups, multilaterals, researchers and academics, the private sector, and donors.

This Guide provides best practice, tools, and strategies for actors and organizations in the RMNCH sector who want to know more about MSD processes and how they can be convened and facilitated (see scenarios in Box 1). For those people who are organizing MSD processes, it provides specific guidance and a toolkit for managing the entirety of MSD processes.[a] For other stakeholders who are involved in, or affected by, policy decisions concerning women's and children's health, the Guide provides an overview of MSD processes in order to understand how to best participate in and support these processes in a way that maximizes their value.

Box 1

Multi-stakeholder dialogue (MSD) for RMNCH: Who are you?

Scenario 1: You work for a group that has decided to convene an MSD process to improve women's and children's health – such as a Ministry of Health at the national or sub-national level or a civil society group at the community level. You have been asked to prepare a planning document for the process and to ensure that it draws upon the best available research evidence, involves all the relevant stakeholders, and is carefully coordinated with a trained facilitator.

Scenario 2: You are a skilled facilitator and have been asked by a convening organization to facilitate an MSD for the improvement of women's and children's health. You want to learn more about the critical pieces of this particular dialogue process so you can begin working on next steps.

Scenario 3: You are the representative of an organization or constituency group that focuses on women's and children's health. You have been invited to participate in an MSD and before it begins, you would like to learn more about what a dialogue process is and your role in it.

a. While the Guide provides an overview of the key issues for facilitators, it is not a trainer's manual. Training materials will supplement this Guide.

This Guide describes the principles and best practice of MSD processes to women's and children's health. The process and tools outlined in the Guide can be utilized for multi-stakeholder processes related to RMNCH, including:

- Development of aligned, costed workplans at the national or sub-national level for improving the implementation of essential RMNCH interventions;
- Countdown to 2015 Country Countdowns and Countdown Country Case Studies;
- Human Rights Accountability Mechanisms;
- National Budget Tracking, including of RMNCH Funds;
- High Burden Countries Initiative Midwifery Workforce Assessments;
- RMNH Alliance National Implementation Analyses;
- mHealth and ICT Readiness and Scale-up;
- Alliance for Health Policy and Systems Research Evidence and Support for Policy Activities;
- Private Enterprise for Public Health Initiatives.[2]

While they will differ in each context, potential results from MSDs for women's and children's health include:

- Strengthening multi-stakeholder platforms;
- Identifying and mentoring champions for RMNCH;
- Identifying and supporting country-based facilitator(s) for the MSD process;
- Creating shared benefits across sectors, including efficiency, quality, innovation, and sustainability;
- Improving policy and systems priority areas;
- Increasing and improving coverage of essential RMNCH interventions;
- Improving health outcomes for women and children.

What do we mean by multi-stakeholder dialogue?

An MSD process brings relevant stakeholders together to discuss evidence, reflect on courses of action and, if appropriate, to inform policy actions. Stakeholders are those people who have an interest in a particular decision, either as individuals or representatives of a group. This includes decision-makers and decision-influencers, as well as those who are affected by decisions.

Dialogue is different from debate. Debate does not necessarily have an end-point other than the debate itself. Dialogue, on the other hand, is a structured, interactive process aimed at creating shared strategies and mutual understanding.[3] In general, MSD processes seek to:

- Improve communication between and amongst stakeholders;
- Empower low visibility groups;
- Facilitate information sharing (including research evidence) and disseminate institutional knowledge;
- Enhance levels of trust between different actors; and
- Generate solutions and integrate relevant best practice in order to inform policy-making and other types of action.

Underlying the MSD process is the belief that all stakeholders have relevant experience, knowledge, and information that ultimately will inform and improve the quality of the decision-making process as well as any actions that result.[4] With sufficient time, resources, and preparation, an MSD process can be an effective tool for bringing diverse constituencies together to build consensus around complex, and in some cases, divisive issues. MSDs are therefore both technical and political processes. For optimum success, MSDs should be harmonized with existing national and sub-national planning processes.

Box 2

Dialogue: a working definition

An evaluation of policy dialogue in AusAID (integrated into the Department of Foreign Affairs and Trade in 2013) defines dialogue as a discussion between interested parties about the relative importance of values and principles of each party and about establishing a commonly agreed programme of action that properly reflects those values.[5] This Guide uses this definition as its working definition of dialogue and also emphasizes the importance of developing more trusting relationships and mutual understanding through the dialogue process. As The Public Conversations Project states,[b] dialogue is "a conversation in which people who have different beliefs and perspectives seek to develop mutual understanding. While doing so, they typically experience a softening of stereotypes and develop more trusting relationships. They often gain fresh perspectives…and begin to see new possibilities for interaction and action outside of the dialogue room."[6]

MSDs are flexible processes that can be adapted to different contexts and can be used at local, national, regional, or global levels.[7] They can involve a small group of people representing different experiences and areas of expertise, or can involve many different stakeholder groups representing large constituencies and communities. They can consist of a single, one-off event, or processes lasting several years.

b. The Public Conversations Project is an organization that facilitates dialogues worldwide on contentious issues.

For MSD processes focused on policy issues – often referred to as policy dialogue – dialogue can be convened at different stages of the policy-making process, each stage having different objectives. For example, early in the policy-making process, a dialogue can be convened as a scoping exercise in which stakeholders come together to explore a given issue or topic and jointly set the boundaries of their potential work together. Later in the policy-making process, a dialogue can be convened to directly impact the shape or content of a policy document. Later still, dialogue can be held after a policy has been decided in order to determine how each of the constituencies will be able to most effectively translate policy into practice.[4]

What are some examples of multi-stakeholder dialogue?

MSD processes have been conducted at the global, national, and sub-national levels on a wide variety of issues, including on issues relevant to women's and children's health, and in related sectors. Box 3 provides some examples.

Box 3

Examples of MSD processes in health and related sectors

RMNCH National Implementation Analyses[8]

In 2012, national reviews on current progress and challenges in addressing key policy and implementation issues related to RMNCH were conducted in six Asia-Pacific countries. These reviews were led by the Ministry of Health in each country, facilitated by consultants, and supported by the four donors in the RMNH Alliance – AusAID, USAID, DFID, and the Gates Foundation. The process had two components: 1) desk review of the status of RMNCH in each country; 2) a multi-stakeholder consultation to review the data and select two priority areas showing progress and two priority areas with ongoing challenges. The results informed a high-level regional meeting on RMNCH. Country teams are now working to advocate for and advance the policy and programme improvements that were identified in the MSDs.

The Water Dialogues[7]

The Water Dialogues were MSD processes conducted at the national level in Brazil, South Africa, Uganda, Indonesia, and the Philippines, as well as at the global level. The dialogue process from initial concept to closure ran from 2001–2010. The dialogues initially sought to examine the contentious issue of whether and how the private sector can contribute to the delivery of affordable and sustainable water supply and sanitation services, especially to poor communities. Along the way, in some countries the dialogues widened their objectives to explore best practice in the sector: what works, how it works, and why it works. The overall aim of the project was to contribute to meeting the MDGs for water and sanitation by generating information that can promote the development of successful sector policies by governments, and garner support for these policies from international donors.

EVIPNet dialogues on malaria treatment[9]

EVIPNet dialogues on malaria treatment were held at the national level in two countries, Burkina Faso and Cameroon, in 2008 and 2009. The focus of the dialogues was the question of how to support the widespread use of artemisinin-based combination therapy to treat uncomplicated falciparum malaria. In Burkina Faso, the dialogue directly informed the preparation of the government's successful application to the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Public hearings in Orissa State, India[10]

The White Ribbon Alliance in Orissa has organized 30 public hearings since 2006, with more than 30 000 women taking part. In these community-based dialogues, participants learned about their rights, were

Lessons from MSD experiences

RMNH Alliance consultants highlighted the key role of the **facilitator** to the success of the RMNCH National Implementation Analyses project, explaining that the facilitator took responsibility for pulling the dialogue process together. They further underscored that the facilitator can be an international or a national consultant, with the advantage of a national consultant or team member being their familiarity with the country and the issues being discussed.

~ RMNH Alliance Consultant

given the opportunity to present their grievances directly to decision-makers, and presented information about local maternal deaths. The hearings have led to more reporting and information by media outlets on maternal health problems, more awareness amongst community members around safe motherhood, and a more responsive and accountable health service delivery system.

Regional initiative on Priority-Setting, Equity, and Constitutional Mandates in Health[11]

This Initiative was launched in 2010, by the Health Systems Practice of the World Bank Institute. This is a multi-year programme with a regional and national focus in seven Latin American countries: Argentina, Brazil, Chile, Colombia, Costa Rica, Peru, and Uruguay. The overall goal of the Initiative is to achieve a sustainable, equitable, and progressive realization of the right to health. To achieve this, the Initiative supports a capacity-building and leadership programme for multiple stakeholders from several sectors, including the executive, judiciary, health authorities, physicians, and civil society.

The Initiative has four phases: 1) identification of challenges and key stakeholders at country and regional levels; 2) consensus building to effectively translate enhanced knowledge into action plans; 3) implementation of national plans; and 4) monitoring and evaluation.

Who are the key people involved in the MSD?

Conveners are sponsors of MSD processes who initiate and support these processes. The convener usually plays an active role in planning although can sometimes simply act as sponsor. The convener generally works with a planning team consisting of trusted and experienced people with varied perspectives on the issues to be addressed. Conveners usually participate in the dialogue but may decide not to take part in certain sessions if their position of authority risks preventing other participants from speaking openly. Members of planning teams do engage in the dialogue process.

A convener is an individual or organization with:

- A stake in an issue or situation;
- A mandate and/or desire to bring other stakeholders together to make progress on the issue/situation;
- Resources (financial, technical, and/or logistical) to invest in bringing stakeholders together;
- Enough legitimacy and authority in the eyes of other stakeholders so that they are willing to consider working together under its auspices.[12]

Box 4

The facilitator's role in dialogue meetings

- Promoting effective representation and participation of key stakeholders, by encouraging and assisting all participants to regularly update their organizations/constituencies;
- Helping the group meet its agreed goals as efficiently as possible, through careful management of the work plan and agendas for individual meetings;
- Identifying resource needs (e.g. funding for consultants, training on technical aspects of RMNCH) and helping the group determine how to meet those needs;
- Assisting the group with the process of Joint Fact-Finding (described in Section 2.2.5), including identification of information sources and experts, and facilitating the process of reaching agreement on questions, methods, and interpretation of data;
- Helping individual participants and the group as a whole with essential steps in the negotiation process, including consideration of each participant's core interests, the creation of options and proposals on specific issues, the development of package agreements, and the crafting of final decisions in light of agreed goals, principles, and criteria;
- Identifying and helping to resolve conflicts among participants, acting as an impartial mediator and problem-solver.[12]

Facilitators are responsible for ensuring that an MSD process is well run. Effective facilitators create a climate conducive to the joint exploration of issues and for a meaningful dialogue amongst the participants during the process.[12] Facilitators should be neutral with regard to their relationship with participants and impartial with regard to the substance and outcome of the MSD process.[c] A skilled facilitator is one of the most important resources in MSD processes.[12, 13] Effective facilitators can both guide the specific tasks of the group and can manage group dynamics – building a sense of shared purpose and facilitating positive working relationships. If engaged early enough in an MSD process, facilitators can also help in assessment, facilitate early stakeholder and planning meetings, and provide guidance on process design and management.[12]

Participants are individuals representing stakeholder organizations or constituency groups who come together to participate in the dialogue. The role of participants is to contribute to dialogue in a constructive manner, based on the agreed upon principles and ground rules. They are responsible for attending meetings of the dialogue, representing and communicating with their organizations and/or constituencies, providing information and other resources as needed, and participating actively in the work of the MSD process.

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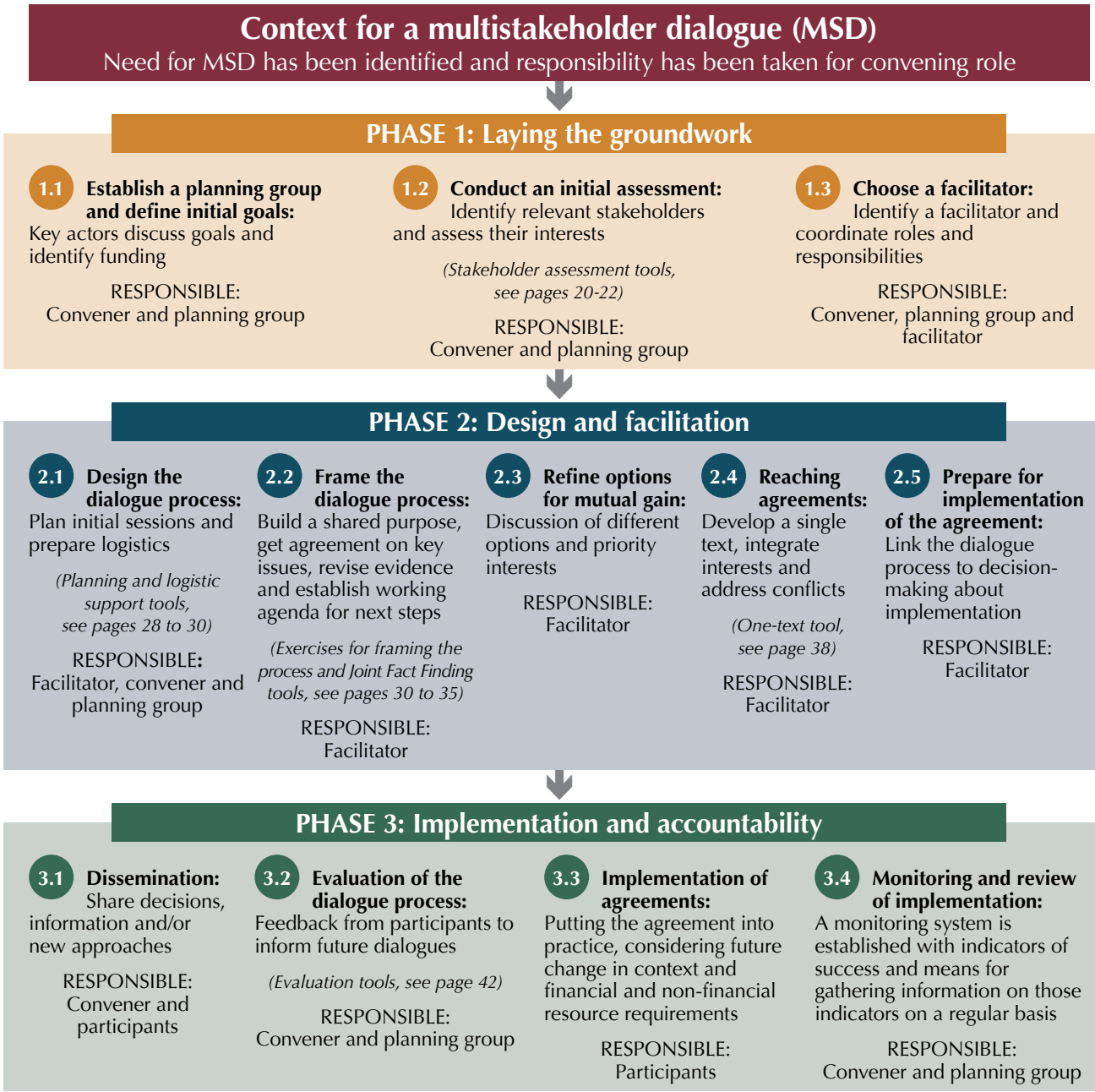
c. In this Guide, we use definitions of neutrality and impartiality provided by Moore (2003). The facilitator should be perceived as being neutral with regard to his or her relationship with the participants. This means that the facilitator is not perceived to be aligned with one party or another and/or behaves in a way that all parties perceive as being unbiased. The facilitator should also be impartial with regard to outcome and substance. This means that the facilitator does not have an opinion about a particular solution on the substantive issues. See Moore C (2003).

How are the MSDs designed and facilitated?

There is no one-size-fits all approach to conducting an MSD process. There are, however, some steps that all MSD processes generally follow. This Guide provides a general outline of three key phases for an MSD, with specific application for women's and children's health. The context, stakeholders, and objectives will all determine the specific design of the dialogue.

Each phase is described in detail in the next sections of the Guide. Throughout, reference is made to real-life examples of multi-stakeholder dialogues on RMNCH and other health issues. In order to assist the reader in understanding how the tools can be used most effectively, one case study is highlighted throughout the Guide: the development of aligned, costed workplans for the implementation of essential interventions for women and children's health. At the end of the Guide is a set of practical tools for use by conveners and facilitators throughout all three phases of dialogue.

Fig. 1: Diagrammatic overview of the MSD process



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Phase 1: Laying the Groundwork

This section outlines a series of steps in Phase 1 – laying the groundwork for an MSD for women's and children's health. The convener first establishes a planning group with other key actors – they work together to set initial goals for the dialogue and identify resources to fund the process. The next step involves conducting a stakeholder assessment to identify the relevant stakeholders and their interests and perspectives, including whether they want to participate in the MSD process. A final step in this phase is to identify a skilled facilitator available to run the dialogue.

1.1 Establish a planning group with key actors, define initial goals, and identify funding

1.1.1 Establish a planning group

Once a convener has decided to bring stakeholders together for an MSD, the first step is to identify a planning group who will manage the process. Experience shows that it is important to work with stakeholders from the very initial stages of an MSD process in order to ensure shared ownership over the process.[4] For an MSD for women's and children's health, members of the planning group should be key stakeholders with an understanding of RMNCH issues, have good contacts across a range of relevant sectors, and have some understanding of MSD processes. The convener should be a member (or delegate a representative) of the planning group.

Some key questions for the convener and planning group to discuss are:

- What are we seeking to achieve from the MSD? What are our goals?
- Is an MSD the most appropriate format to achieve those goals?
- How does the MSD link into the national or sub-national decision-making process about RMNCH issues?
- Do we have sufficient time, resources, and commitment to undertake this process?

Lessons from MSD experiences

When planning the RMNCH National Implementation Analysis in Indonesia, the facilitators initiated contact with USAID, as well as the Maternal and Child Health Integrated Program (MCHIP) leadership in country. One key to the success of the process was the positive working relationship that USAID had with the Ministry of Health (MOH). This smoothed the way for the introduction of the activity and the MOH actively took the lead in the process. These preliminary contacts allowed the international facilitator to immediately pick up the baton and to take advantage of that previous work, despite a very tight timeline. Together with the MOH, the national and international team members conducted a series of group meetings, with the MOH in the lead. The facilitators remained behind the scenes, helping their colleagues as needed. The Director of Child Health Division at the MOH was a clear champion and drove the process. Finally, the two talented local consultants added a lot of value to the team and to the overall process.

~ RMNH Alliance Consultant

Lessons from MSD experiences

Setting the objectives of process up front is critical. The Country team, steering group, and broader stakeholder group all need to understand these objectives. Because many initiatives are viewed as being driven from the outside, there is a need to be clear as to how the MSD is going to build country capacity; how it will help them; how it fits into what they are already doing; and how it is presented. Otherwise, they'll perceive the process as a burden.

~ RMNH Alliance Consultant

1.1.2 Define initial goals and discuss linkages to decision-making processes

A main task of the planning group is to identify initial goals for the MSD. This can be done in two steps. First, the goals should be defined as more than an output or activity – i.e. an agreement such as an aligned, costed workplan. The goals should also be defined in terms of what the convener and the planning group would like to see changed, such as behaviours and processes. Goals that are articulated in terms of short and long-term objectives provide a clear structure for the dialogue process and contribute to its efficacy. Examples of changes sought might include more frequent information sharing between providers and government agencies; the establishment of a more inclusive process for jointly identifying RMNCH priorities in the future; or improved relationships between stakeholders to enhance resource mobilization strategies to fund the current health plan.

Second, the group can utilize an approach knows as goal framing to ensure that the goals for the MSD are defined and presented in a way that encourage stakeholders to participate in the dialogue process. Goal framing draws upon scientific evidence and aims to motivate action by describing the goal in a way that is compelling to a wide range of stakeholders. Strategically framing the goals of the MSD in a way that connects to the concerns of actors in other, related sectors may help encourage them to participate in the process.

>>> GUIDE SPOTLIGHT

Potential goals for MSDs for women's and children's health focused on the development of aligned, costed workplans

Goals will vary in each setting, but could include:

- Bringing together stakeholders working to improve women's and children's health to build trust, share information, develop solutions and best practice.
- Jointly developing an aligned, costed workplan for increasing and improving coverage and implementation of essential RMNCH interventions.
- Assuring that the workplan reflects priority needs in an explicit and operational manner.
- Generating commitment from all stakeholders to the workplan implementation process.

Once initial goals are defined, the planning group should then discuss how the MSD process links to national or sub-national decision-making about RMNCH. As explained further in Section 2.5, it is essential to understand this linkage from the beginning of the dialogue process in order to properly plan for the implementation of any agreements that result from the MSD.

Related to this concern is the need to ensure that the MSD happens in concert with other Ministry of Health efforts. As was learned in the RMNCH National Implementation Analysis process, the more closely aligned the MSD is with existing national processes, the more successful it will be – it will be seen as part of a nationally supported effort, rather than as something separate and unrelated to national priorities.

1.1.3 Identify resources

There will be expenses associated with the MSD, such as paid stakeholder assessors, paid facilitators, refreshments, supplies, and potentially the venue. The planning group will need to estimate these expenses, decide whether external resources will be needed to meet them, and identify and secure potential sources of funding.

The need to get funding in place as soon as possible is complicated by the fact that preparing long-term funding proposals is difficult before the multi-stakeholder group has actually met, formulated, and agreed on the details of its process and activities. One way to address this problem is to approach local or external donors for initial or seed funding to start-up the MSD process.[7] Then once stakeholders meet and agree on process and activities, longer-term funding proposals can be submitted. When identifying donors, the planning group should look for those who are seen by stakeholders as neutral, or not having a stake in the outcome, and are willing to support the process without setting difficult conditions or interfering in the design of the project. Funding can also come from one or several of the stakeholders involved in the process and the resources they bring to the table may be one criterion for including them in the MSD.

Lessons from MSD experiences

The Water Dialogues pointed to the following lessons learned in fundraising:

- Fundraising takes a significant amount of time and effort even after the MSD's design has been discussed and agreed.
- It is advisable to establish a small fundraising subgroup to lead the process.
- The subgroup should report regularly to the full group to ensure that all members are in agreement with the overall strategy.
- Taking a group of different stakeholders to meet a donor is more convincing than one stakeholder going alone.
- There often is a significant interval between a proposal being approved and money arriving, thus it is necessary to plan ahead.
- Despite the challenges with fundraising, shared responsibility for raising resources builds relationships and increases commitment to the process among group members.

~ Coulby H (2009).
A Guide to Multistakeholder Work.

1.2 Conduct an initial assessment of stakeholders and their interests

Once the planning group has set initial goals, these can then be used as a tool to identify relevant stakeholders for the MSD. In this step, the planning group conducts or commissions a stakeholder assessment process to help determine how to proceed. The assessment highlights the key stakeholder constituency groups as well as the organizations within these groups. For an MSD for women's and children's health, stakeholders will vary by national or sub-national context but will likely include policy-makers in health and related sectors, healthcare professionals and institutions, non-governmental organizations, civil society groups, multilateral agencies, researchers and academics, the private sector, and donors. The assessment also identifies the interests of the respective stakeholders, and those issues that are likely to present challenges and opportunities so they can be addressed proactively in the later design of the group's goals, ground rules, and work process.

Lessons from MSD experiences

In a recent review of the Joint Assessment of National Health Strategies and Plans (JANS) conducted by IHP+, inclusiveness was identified as one of the key principles of success in a multi-stakeholder process. "In Uganda, civil society was represented on the group that planned the JANS. The JANS team met representatives of civil society, professional associations, faith based and for-profit providers. One member of the external JANS team came from a health civil society organisation (CSO) with extensive experience of stakeholder engagement processes."

~ *JANS Review Experience 2010*, IHP+

Box 5

Objectives of the stakeholder assessment for the MSD for women's and children's health

- Clarify the key issues related to improving women's and children's health;
- Identify stakeholder constituency groups and organizations that have an interest in these issues;
- Map the relationships amongst and between stakeholders, identifying possible areas of common interest and/or possible points of divergence;
- Ensure that there is equitable gender, regional, and sectoral representation in the eventual MSD process;
- Learn the concerns and interests of stakeholders in relation to initial goals, and assess their incentives and capacities for dialogue and building consensus;
- Identify areas of potential agreement and conflict among the stakeholders;
- Inform the plan for the *Dialogues for Women's and Children's Health* process (including its goals, ground rules, and workplan).

Adapted from Consensus Building Institute.

The stakeholder assessment is a tool for gathering information, building trust, and helping design a process that maximizes the likelihood of reaching a broad consensus on agreements. The assessment is particularly helpful to the planning group in processes such as this where it is necessary to engage with a broad range of stakeholders across sectors who may not all be aware of each other's interests and concerns.

Box 6

Screenshot of PolicyMaker; Main Menu

The planning group may want to consider commissioning a professional who specializes in stakeholder assessment to conduct the work. In some instances, the facilitator(s) identified to run the MSD may also be asked to conduct the stakeholder assessment, if they have the requisite skills and experience. Commissioning an assessment requires resources. However, it can potentially provide the basis for further fundraising, particularly if part of the assessment is to examine the views of potential donors.

There are several advantages to having a professional conduct the assessment, particularly if it is the person who is ultimately chosen as the facilitator. First, the convener may not always be perceived as impartial, and thus may not get full and frank responses to the assessment questions. Second, if conducted by the facilitator(s), the assessment process gives them an opportunity to get to know the stakeholders, build trust with them, and gain a deeper understanding of the issues. Finally, a professional assessment helps ensure that the issues are fully elaborated and well-structured in preparation for the dialogue process.

The main technique used in the assessment process is direct interviews with individual stakeholders. One process for identifying these stakeholders is as follows:[14]

- Identify an initial set of influential stakeholders based on in-depth knowledge of the context and initial discussions;
- Use a snowball approach where initial informants are asked in interviews "who are the stakeholders who have influence in, and are affected by, decisions related to RMNCH?", and then these informants are recruited into the stakeholder group;
- Consider the potential role of less visible or less powerful individuals and groups (including groups that may not be well organized into constituency groups) and integrate them into the assessment process as well.

An assessment can be short and informal (off-the-record conversations with a few individuals, followed by an oral report to the planning group), or extensive and structured (many semi-structured interviews using a written protocol, generating a written report that is shared with all interviewees). Appendix B provides an example of a table for a Stakeholder Assessment Report.

PolicyMaker, software for political analysis in health policy reform,[15] is another tool that can be utilized to help organize the information collected in a stakeholder assessment, to map relationships between stakeholders, and to design strategies to address opportunities and obstacles to the MSD process. The tool guides the analyst through five steps of political analysis (see Box 6 and Appendix C).

It is important that the planning group or assessor (if one is used) provides a written and/or oral summary of the assessment to those who have been interviewed, inviting their feedback and final thoughts. The planning group can then propose next steps based on the assessment. This information will also inform the agenda for the first session (see Phase 2 below) and can ultimately be shared in an abbreviated form with participants to the MSD, as appropriate, to help them understand the basis on which the draft goals and objectives of the MSD were formulated.

Box 7

Participant selection for the MSD

Using the stakeholder map and learning from the assessment, individuals will need to be carefully selected from the stakeholder organization or constituency groups to participate in the dialogue. The planning group will need to decide how groups select their representatives. Specific individuals can be invited or each group can determine their own representative(s). The latter method has the advantage of encouraging more ownership of the MSD process by participants and their respective constituencies, however it introduces a level of uncertainty regarding the capabilities of those representatives to actively participate in the MSD.

In order to more effectively manage this uncertainty, the planning group can suggest criteria for selection to each stakeholder group. Criteria to guide selection of these individuals may include:

- The ability of the individuals to articulate the views and experiences of a particular organization or constituency on the issue, while constructively engaging with and learning from other participants (including, for example, their ability to speak the language in which the MSD will be conducted).
- The ability of the individuals to champion the actions that will address the key issues within their organizations/constituencies.
- The perceived legitimacy of the representative(s) within their organization/constituency.
- The capacity of the representative to minimally commit their organization/constituency on issues of process, if not on issues of substance, within the context of the MSD.

In deciding on the number of participants to invite, the planning group should balance the representation of all key stakeholder groups with the full and active participation of those involved. The ideal size will depend on several factors including the number of stakeholders identified in the mapping exercise, the types of expertise that may be needed, and expectations/traditions in each particular context.[16] Decisions about which stakeholder groups to include, and how representatives are chosen, must be taken carefully as they have important implications for how the MSD process unfolds and how agreements are reached and implemented.

1.3 Choose a facilitator and coordinate roles between the convener, planning group, and the facilitator

1.3.1 Choose a facilitator

The convener, in consultation with the planning group, generally takes responsibility for identifying and contracting the facilitator(s). It is good practice, however, for the convener to give stakeholders an opportunity throughout the process to provide feedback about the acceptability of the chosen facilitator, the facilitator's performance, and impartiality.

Four qualifications are important when choosing a facilitator for an MSD for women's and children's health (Adapted from Consensus Building Institute, and from Moore C (2003)):

- Demonstrated experience and skill in assisting multi-stakeholder groups to reach agreement on complex issues;
- A basic understanding of RMNCH issues;
- Impartial with regard to the interests of the stakeholders involved in the process;
- Neutral with regard to the specific issues to be discussed and negotiated.

1.3.2 Coordinate roles and responsibilities between the convener, planning group, and facilitators

Coordinating roles and responsibilities between facilitators, the convener, and the planning team is critically important once the facilitator is identified. Clearly articulating roles in MSD processes has been shown in the literature to be a key precondition for an effective process.[17] Facilitators, the convener, and the planning team work together on the following activities (the responsible party for leading each one is indicated in parentheses): [6]

1. Determining purposes, parameters, and roles (undertaken together)
2. Outreach and invitations (developed by facilitator; issued by convener)
3. Pre-meeting calls with participants (managed by facilitator)
4. Hosting and logistics (convener/planning team in consultation with facilitator)
5. Collaborative meeting design (managed by facilitator)
6. Onsite welcome (convener)
7. Assisting with next steps (undertaken together)
8. Evaluation (convener/planning team, assisted by facilitator)

As will be outlined in detail in Phase 2, the facilitator's specific tasks include:

- Preparing for meetings: agenda drafting in consultation with the planning group and participants; organization of resource people, presentations, and background information; arranging venue, materials, and logistics.
- Facilitating meetings: tone-setting; confirmation of meeting goals and ground rules; facilitating discussion; presentation and use of specific dialogue tools; time management; dealing with disagreements; dealing with difficult participants; dealing with ineffective resource people.
- Working on issues between meetings: following up with convener, planning group, and participants on action items; monitoring the Joint Fact-Finding process; using and facilitating participant working groups.
- Managing the development of the potential products from the dialogue: using the One Text Tool; mediating disagreements; addressing stakeholder concerns about implementation roles and responsibilities; facilitating the design and implementation of a commitment process to ensure a product emerges from the MSD.
- Assisting stakeholders in preparing for implementation: raising hard questions to identify key implementation challenges; supporting design of monitoring and dispute resolution mechanisms.

Phase 2: Design and Facilitation

Phase 2 is comprised of steps related to the design and facilitation of the dialogue. First, the facilitator, convener, and planning group design the format for the initial session of dialogue – based on the context, stakeholders, learning from the stakeholder assessment, and objectives – and prepare the logistics. The next step involves facilitation of the initial session of dialogue where stakeholders build a shared purpose, agree on key issues, review evidence, and set a working agenda for the next steps of the dialogue. The remainder of the dialogue process will depend on the agenda set at this stage, and will usually include refining options for mutual gain, reaching agreements, and preparing for the implementation of those agreements. This section outlines the nuts and bolts of these steps and is meant to serve as a guide for both conveners and facilitators and draws on two key resources on multi-stakeholder consensus building resources.[12,18]

While the guidance is offered as steps, this is not always a linear process. There may be instances in which new stakeholders must be integrated into the process, the agenda revised, or options revisited. It is the responsibility of the facilitator to identify when and how the specific parts and timing of the process must be adapted to the needs of the group and/or context.

The dialogue process is built on an interest-based, Mutual Gains Approach that emphasizes negotiation and consensus building, based on the parties' interests (the hopes, fears, concerns, and desires of each stakeholder group), rather than their positions (the demands that each stakeholder group makes to satisfy those underlying interests).

In MSD processes on public health issues that include stakeholders from public and private sectors, Fairman et al (2012) suggest that interests might include:

> *…protecting public health, promoting development, making a profit, satisfying shareholders, enhancing organizational reputation and image, generating resources to pursue their missions, improving relationships with key counterparts, establishing precedents for future negotiations or gaining fair treatment on an issue, among many others.*[18]

By focusing on interests rather than positions, stakeholders can open up new possibilities for mutual gains and a way out of a deadlock. Fairman et al (2012) explain:

> *A position is one way to meet an underlying interest, and is often presented as a 'take it or leave it' choice. In contrast, an interest may be met in any number of ways, and it does not have to be presented as a demand or ultimatum.*[18]

Box 8

Examples of interests vs positions

A participant in an MSD process might first state their demand as "increasing staffing in our primary health clinics." After being asked "why?" the participant might answer: "to improve primary health care service delivery." The second statement is a more useful framing of the interest, because there may be alternatives to increased staffing in the primary health clinics that could be equally or more effective in improving primary health services delivery.[18]

An interest-based, mutual gains approach is designed to generate more creative, efficient, and sustainable solutions to tough, multi-issue problems. The approach emphasizes the importance of building trust and working relationships between the parties to ensure effective implementation of the agreements reached (see Box 9 and Appendix D for more information).

Box 9

Key principles of the Mutual Gains Approach[18]

- Prepare effectively by focusing on stakeholders' interests and best alternatives to a negotiated agreement and by generating initial proposals for mutual gains.
- In value creation, begin by exploring needs and interests, not by stating positions.
- To find potential mutual gains, use no-commitment brainstorming to develop options and proposals that might meet both one's own needs and interests and those of other stakeholders.
- Seek maximum joint gains before moving to value distribution (i.e., making commitments and compromise on deciding who gets what).
- When distributing value, find mutually acceptable criteria for dividing joint gains.
- In follow-through, ensure that agreements will be sustainable by committing to continuing communication, joint monitoring, contingency planning and dispute resolution mechanisms.

2.1 Design the dialogue process

2.1.1 Planning the initial session of the dialogue

Taking the learning from the stakeholder assessment (see Section 1.2), the facilitator will design the first session of the MSD. In consultation with the planning group and the assessor, the facilitator summarizes the information learned, identifies gaps in understanding or perceived differences in interests in a single document, and structures the first face-to-face meeting of stakeholders.

This plan for the first session of dialogue depends in part on the resources available (which should have been mobilized by the planning group in advance, as explained in Section 1.1.3 above). This first face-to-face session is critical to the success of the overall dialogue process and thus adequate resources need to be allocated for this meeting.

The facilitator first needs to create an agenda. The agenda should address both the substantive issues and the process challenges raised by stakeholders during the assessment. This means that the facilitator needs to decide how to create an environment that is conducive to achieving the goals of the Dialogues for Women's and Children's Health. Examples of the questions the facilitator should consider include:

- How well do participants know each other?
- Is it necessary to build trust before engaging discussions on the issues?

- Is there a clear, shared vision or will this have to be built?
- What is the common level of knowledge amongst the group?
- What information needs to be shared from the beginning in order to successfully initiate a conversation about interests?
- Should the sessions be held in plenary or in working groups? What are the advantages of each structure?

The answers to these kinds of questions will inform the structure of the meeting. This structure should include an opportunity for participant introductions, building a shared sense of purpose, and discussion of the learning from the stakeholder assessment. These steps are discussed more fully in Section 2.2.

There are several ways in which the first session might be structured, depending on the answers to the questions above and on what is learned during the stakeholder assessment process. For example, the first session may be predominantly devoted to generating options for a work plan if the stakeholder assessment showed a great deal of convergence of the interests and expectation of the stakeholders. It is more likely, however, that there are gaps in understanding, divergent interests, and/or major differences amongst participants about the evidence relevant to the decision-making process. In this scenario, the first session should be focused on building a shared sense of purpose and developing a process for addressing divergent interests and overcoming differences about evidence. More detailed suggestions for facilitating the first session are provided in Section 2.2. The preliminary agenda for the first session of dialogue should be shared with participants, both in the invitation and at the beginning of the first meeting.

In addition to the agenda, the facilitator should develop a first draft of a work plan for the first meeting of dialogue. The work plan should match the draft goals with logistical needs, ensuring that the necessary resources are available to successfully run the initial meeting. Questions to consider are:

- Where will the session take place? If possible, choose a location that is accessible to all participants in a place that is not seen as the territory of one subgroup or another.
- Will the first session require breakout rooms (e.g. for a trust building exercise or for deliberation on different issues)?
- How will the deliberations be recorded?
- How will the information collected during the assessment be shared (i.e. handouts or a PowerPoint presentation)?
- Based on the assessment information, can the facilitator develop a first draft of the ground rules? How will that draft be shared with participants? (See Appendix E for key points to include in ground rules.)

The title for the dialogue should ideally be worded in a way that will engage invited policy-makers and stakeholders and may, for example, take the form of a compelling question.

The facilitator's job is to ensure that each task leads to the accomplishment of the overall goals of the dialogue. The process and logistical preparation should facilitate this objective.

Once the facilitator has a draft work plan for the first meeting, the facilitator should work with the convener to draft the invitation (see Box 10 for a sample invitation). The invitation is an important tool for engaging key individuals and constituencies, framing the first session, and getting buy-in to the process. The invitation letter should ideally provide a list of those involved in planning the dialogue and a list of funders, as well as their affiliations. The invitation may also include a list of invited stakeholders.

This initial meeting of stakeholders will rarely (if ever) constitute the entire dialogue process. It is rather the first step in what will be a longer process that may include several meetings of the entire group of participants; smaller meetings of experts or sector-specific interest groups; one-on-one consultations between participants and/or with the facilitator; or some combination of the three. In addition, each meeting may last a few hours or a few days, depending on the needs of the group and the issues to be discussed. It is the facilitator's responsibility to constantly monitor progress on the issues at hand, the resources available, and the energy level and interests of the participants in order to ensure that the goals of the group are attained as effectively and efficiently as possible. Restructuring of the process may be necessary to achieve those goals.

Box 10

Sample invitation

Dear ,

This will confirm our invitation for you to participate in the …. Dialogue, a multi-stakeholder dialogue process which will take place in _____ on _____.

The session is being convened by _____ and is being hosted by _____. You are one of a group of _____ people who are being invited to take part. As of the date of this invitation, the list of participants being invited is the following:….

The purpose of this session is…..

Each of you, or representatives from your organization, participated in the assessment process about this issue. We also understand that you had an opportunity to discuss this dialogue process and that you were informed that you might be invited to take part.

In addition to the participants, there will be (observers?, interpreters?, etc.)

If, for any reason, invitees from the primary list are unable or unwilling to attend the session, we may issue an invitation to another candidate, so confirmation of your attendance within seven days to (name and ph/email) would be appreciated.

We look forward to seeing you there.

Sincerely, _____

2.1.2 Prepare the logistics

2.1.2.1 Process checklist

Box 11 shows the processes that need to be completed prior to the initial dialogue session.

Box 11

Process checklist

- ✓ Stakeholder assessment completed and feedback received.
- ✓ Resources for financing the dialogue process identified and secured.
- ✓ Facilitator identified and roles coordinated with convener and planning group.
- ✓ Goals, ground rules, and work plan for dialogue process drafted. These are drafted by the facilitator and are based on the findings from the stakeholder assessment and feedback from stakeholders. They will be reviewed, modified, and agreed on at the first meeting of dialogue. (See Appendix E for key points to include in ground rules.)
- ✓ Invitations issued to participants for the initial session of dialogue (see Box 10 for sample invitation).
- ✓ The strategy for the meeting's opening is agreed to between the facilitator and convener (e.g. Will there be media coverage? Who will be the chair? Who explains the roles and responsibilities of the various actors?)
- ✓ Venue for the first meeting of dialogue chosen. The venue should have a large conference room that can accommodate all invited participants, provide adequate space for break-out sessions, has facilities to provide tea/coffee breaks and meals, as necessary, and can provide administrative support (photocopier, computer, printer, etc.).
- ✓ Handouts prepared, such as, summary of the assessment process, participant list, tentative schedule of meetings, and relevant substantive information (situational analysis or scenario planning products) as pertains to issues to be discussed. The policy brief is one tool for packaging the best available research evidence, along with options for addressing specific problems and key implementation considerations (see Appendix F for more information). Care should be taken to balance the need to provide participants with relevant background documents against the risk of overwhelming participants with too much information.
- ✓ Feedback forms designed. These forms will be used at different times and in different formats to allow participants to provide specific feedback throughout the process. See Appendix G for examples.

2.1.2.2 Supplies checklist

Once the relevant processes have been organized, the facilitator should review the supplies checklist to ensure that everything is procured in advance and ready for the opening session. Box 12 shows the supplies that are needed prior to the initial dialogue session.

Box 12

Supplies checklist

- ✓ The agenda for the first session, printed with enough copies for every participant
- ✓ Nametags and participant biographies (if group members do not already know each other)
- ✓ Name cards for chairs and/or table name cards (if seats are assigned)
- ✓ Necessary handouts and copies of any exercises to be used
- ✓ Flip charts and paper
- ✓ Pens or pencils for participants to take notes, as well as pads or pieces of blank paper and folders, if necessary
- ✓ Post-it notes
- ✓ Markers and tape if using and hanging flipcharts is anticipated
- ✓ A timer or watch for keeping time
- ✓ For large groups, materials needed to make group assignments and direct people to their small groups
- ✓ Computer and projector (if necessary)
- ✓ Separate computer for note-taking and keeping track of proceedings
- ✓ Feedback forms

2.2 Frame the dialogue process for stakeholders

2.2.1 Build a shared purpose

Once the stakeholder assessment has been completed, participants identified, invitations issued, and logistics prepared, the first face-to-face meeting of the invited participants is convened. There are several formats that this meeting can take, although it generally begins as a plenary session, with all stakeholders present. The decisions on how this first meeting will be structured should have been made during the design phase outlined above.

The main objectives of this phase of the dialogue process are to:

- Explicitly agree on the goals of the MSD; create a sense of shared commitment to those goals;
- Agree on the desired result for this phase of the dialogue, as well as for the larger process;
- Agree on how the group will work together to achieve their goals, including ground rules, media interface, and conflict resolution procedures;
- Build positive working relationships among participants;
- Review existing evidence and decide what additional technical information is necessary, possibly collected through Joint Fact-Finding.

2.2.2 Making introductions and setting the ground rules

Once the group has convened, the facilitator, using the draft agenda and draft work plan, will organize a series of exercises to build both the relationships and the shared sense of purpose. This initial phase generally begins with introductions. The size of the group, the relationships between the participants, and the goals of the facilitator, will all influence the choice of an introduction exercise.

The group should agree to the ground rules that will govern their work together. Ground rules create an environment for productive discussion and consensus building and ensure that all participants have the same understanding of their roles and responsibilities. Ground rules should also include guidelines on how the group will conduct meetings, manage their discussions, outline when and how group participants will communicate with others about the group's work, and describe how conflicts among group participants will be resolved.

The facilitator can have a draft set of ground rules ready at the beginning of the dialogue (see Section 2.2.2). In the plenary session, the facilitator should then request additions, changes, and reformulations of the ground rules, before seeking final agreement on them from the group.

Any new participants should receive and review the ground rules before joining the group. New participants should have the option to ask the group to consider changes or additions to the ground rules.

2.2.3 Articulate goals of the dialogue process

After completing the introductions and setting the ground rules, participants jointly review the results of the stakeholder assessment and discuss the draft goals. The group should also agree on benchmarks for how the dialogue process itself will be monitored (see Appendix H for example benchmarks). The goals and benchmarks can serve as guideposts for the participants, facilitator, and conveners alike throughout the rest of the process.

Box 13

Possible introduction exercises and ice breakers

- Introduction interviews in pairs, followed by each partner introducing their counterpart.
- Individual presentations of a professional passion.
- Small group discussion that results in two or three key purposes, accompanied by personal introductions.

Depending on the size of the group, it may be more efficient to have participants working in small groups as they review the assessment results and discuss the draft goals and benchmarks. Design of the small group sessions should be guided by the following questions (adapted from Consensus Building Institute):

- Do participants represent the full range of stakeholder interests, particularly those whose cooperation is essential for success?
- Who might be missing? Are their interests represented effectively by another group already present? If not, how might their views be incorporated into the process?
- Is there agreement among participants on some overarching goals for the process?
- What are suggested benchmarks for monitoring the dialogue process?
- Are there sufficient resources (time, funding, technical assistance, skilled facilitation) to promote constructive and well-informed dialogue among the stakeholders?
- Is there a clearly defined relationship to governmental and intergovernmental decision-making?

The small groups will not be tasked with addressing all of these questions at once. The facilitator should ensure that each small group session has a manageable number of decisions (e.g. brainstorming which voices may be missing

and how to include them or agreeing on goals or benchmarks for the dialogue process). This may mean that a series of small group sessions is designed to address any of the outstanding questions identified above.

Once the small group work is completed, the facilitator should bring everyone back into the plenary to summarize key points and identify any gaps in participation, goals, or benchmarks. Together participants consider any additions to these draft goals and then formally agree to a final version of their vision for the dialogue process and the benchmarking process.

2.2.4 Getting agreement on key issues and understanding underlying interests

2.2.4.1 Deciding on key issues

The next step is for the participants to get agreement on all the key issues. Using the results of the stakeholder assessment, the facilitator will have already prepared an initial draft analysis of the key issues (see Section 2.1.1). This is generally done through a presentation to the plenary (e.g. using PowerPoint or handouts), although the facilitator may change this approach depending on the needs of the group. In the context of this Guide, an issue is defined as an area or topic for agreement.

Once the draft list of issues has been presented, participants can refine and reframe them. This can be done in small working groups, where stakeholders are divided up based on their expertise, mode of intervention, role, etc. It is the facilitator's job to help the group generate a list of key issues on which this group will choose to work, using a mutual gains approach, which is explained further in the next section.

2.2.4.2 Understanding underlying interests

As mentioned above, this Guide is built on an interest-based, mutual gains approach to dialogue and consensus building. This approach provides a way to overcome obstacles to agreement by trying to produce gains for all stakeholders, rather than using what is known as a hard bargaining strategy. The mutual gains approach focuses on interests (why you want something) rather than positions (what you want).

In the small groups, participants should use these discussions as opportunities to learn more from one another about their respective interests related to the key issues listed in 2.2.4.1: their hopes, fears, concerns, and how they imagine those interests can best be addressed. One useful tool for distinguishing constituency positions from interests is to ask: "Why do we want that?" "What do we want that for?" "Why is that important to us?" Thus, at this stage, the emphasis in the small group work should be on inquiry about, and gaining an understanding of, others' interests as they relate to the key issues. The stakeholders should also share their priority of interests with each other. Understanding these priorities will later aid the group in establishing an overall priority of the consolidated list of issues.

2.2.5 Review existing evidence

At this point in the process, there will be a list of key issues and a shared understanding of underlying interests. However, it is possible that not all stakeholders will agree on the priority of the key issues, nor will they necessarily agree on which bodies of evidence are most relevant when addressing particular issues. Thus, at this phase of the dialogue process, participants will decide if they have all of the relevant data at their disposal and if not, what additional technical information needs to be collected.

Situational analysis at the national or sub-national level will likely have been conducted prior to the initiation of the MSD. For women's and children's health, this analysis may include, for example, national or sub-national sector reviews, RMNCH programme reviews, Joint Assessment of National Health Strategies and Plans (JANS), Country Countdown to 2015 processes, human rights analyses, and RMNCH implementation analyses. The situational analysis will provide information about priority policy and implementation needs for RMNCH (for example, policies and implementation related to emergency obstetric and neonatal care, early pregnancy, nutrition, etc.).

Some stakeholders may have also engaged in a scenario planning process prior to or as a part of an MSD.[d] Scenarios are used to stimulate thinking and to encourage discussion about current decisions and future policies. The questions raised during a scenario planning process can help stakeholders weigh risks and opportunities and give them the chance to consider the implications of, and responses to, different events. This kind of thinking can feed directly into an MSD as stakeholders consider their short- and longer-term interests and develop options for meeting those interests.

The collection and analysis of evidence is not always conflict-free (see Box 14). MSD processes often suffer from disputes about scientific and technical methods, data, findings, and interpretation. This is often the case for public health issues with a cross-sectoral reach, like RMNCH, because dialogue participants come from a range of sectors and bring different worldviews, methodologies, and use different experts to collect and interpret evidence.

Joint Fact-Finding (JFF) is a tool used in many consensus building processes that can help stakeholders avoid this common problem and build a shared understanding of technical and scientific issues and their implications for policy.

Box 14

Example of a dispute about scientific and technical methods in an MSD process

Imagine that participants in an MSD disagree about the effectiveness of offering financial incentives to parents as a way of addressing the policy challenge of raising girls' enrolment in schools. Each stakeholder group brings forward an education expert to support its point of view. Each of the experts claims to be neutral and objective in presenting the scientific evidence on the impact of incentives on enrolment. The experts never meet together with each other and the stakeholders, for a systematic review and discussion of the evidence. Instead, they appear separately to defend their work and criticize the assumptions, methods, and findings of other experts. The stakeholders who are not technical experts quickly become frustrated and decide that there is no right answer to the question. The likely outcome is a programme based on political compromise within the range of arguments presented by the duelling experts rather than a solution that truly meets the interests of increasing girls' enrolment in school.

(adapted from Consensus Building Institute)

d. For a description of a scenario planning process in public health, see UNAIDS (2005). AIDS in Africa: three scenarios to 2025. Available from http://data.unaids.org/Publications/IRC-pub07/jc1058-aidsinafrica_en.pdf

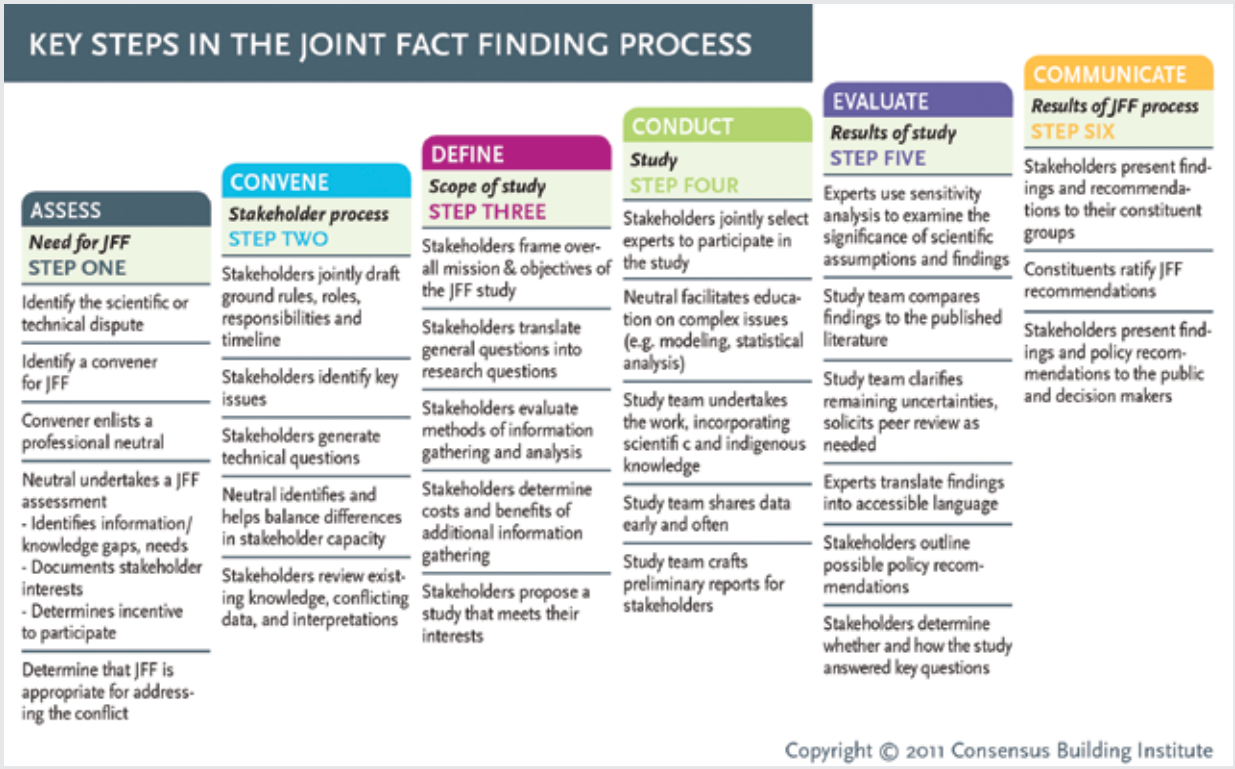
JFF seeks to resolve technical and scientific issues at the beginning of the dialogue process to avoid losing time and producing less effective outcomes. In a JFF process, the stakeholders work jointly to define the technical questions to be answered and together identify and select qualified experts to assist the group. The stakeholders then work together with these selected experts to refine the questions; set the terms of reference for scientific/technical studies; monitor (and possibly participate in) the study process; and review and interpret the results. Key resources offer details more on JFF.[18,19]

The tool can be used at any point in the process, whenever there is a need to establish a common set of facts. Policy briefs (see Appendix F) can be a simple way of presenting the findings from a JFF process. Box 15 and Appendix I provide more information about the steps in JFF.

If a JFF process is used and additional data must be collected, the facilitator then works with the participants and the convener to determine when and how that process will happen. In all likelihood, it happens outside

Box 15

Key steps in the Joint Fact-Finding process



the time constraints of the current meeting and thus the choice of experts, data collection, and dissemination needs to be incorporated into a revised agenda and the work plan for the dialogue process. Once the decision has been made as to how the information from the JFF will be integrated into the process (i.e. a written report to stakeholders or a presentation at a subsequent meeting of stakeholders), it can be a powerful tool for helping stakeholders establish their priority of issues (see Box 16).

2.2.6 Prioritizing key issues

Two results, or work products, should emerge from the small group work in 2.2.4 and the review of evidence in 2.2.5:

1) a list of key issues;
2) a list of the underlying interests of each party as related to each issue.

When each small group has refined these two lists, they should be presented back to the plenary where agreement on a prioritized list of key issues can be reached. There is no need for the group to agree on the interests – as some might be shared, others might be specific to different stakeholders, and some may even be in conflict. However, it is important that everyone understand the interests presented and the priority that parties have given to those interests. Thus, time should be built into the agenda for this discussion and questions of clarification.

Box 16

Joint Fact-Finding example: the IGWG[18]

The experience of the Intergovernmental Working Group on Public Health, Innovation and Intellectual Property (IGWG) shows the benefits of developing a joint understanding of technical issues.

The IGWG was established in 2006 as an intergovernmental working group open to all Member States. The initial negotiating session was relatively ineffective, as many of the delegations were confronted by complex issues not typically addressed by those in the public health realm.

A series of regional and inter-country meetings was subsequently organized to enable the national delegations to better understand the issues, dialogue with key stakeholders, and develop negotiation options.

When the delegations met a year later in plenary, the negotiating process was markedly improved.

The result of this phase is a clearly articulated and prioritized set of key issues that can then be integrated into the work plan of the dialogue and on which the stakeholders will work throughout the next steps of the process.

Box 17

Managing the discussion of interests and priorities

One way of managing this process is to ask the small groups to use post-it notes when sharing their interests – one interest per post-it note, numbered according to its priority. There is no need to attribute the interest to a specific stakeholder at this point. Then, once the group has returned to plenary and the key issues have been identified, they are listed on separate index cards and pinned to a wall. The interests on the post-it notes are then arranged around the relevant issues.

This process provides a visual representation of the interests as they relate to specific issues and the group can get a sense of different priorities. If there are any questions or a lack of understanding about an interest or set of interests, the group can discuss it at this point.

2.2.7 Establish working agenda for the next steps in the dialogue process

At this point in the process, the initial meeting of the dialogue may come to an end. This decision is entirely dependent on resources available for the dialogue process, availability of the participants and of the space, and the tasks that may need to be accomplished before the next part of the dialogue process can move forward. These tasks might include the work of a JFF sub-committee (see Section 2.2.5). Or they might involve the development of different potential proposals or options by each stakeholder group, based on the key issues and interests they explored in the previous joint working session.

>>> GUIDE SPOTLIGHT

Developing short, costed reports within stakeholder constituency groups

For an MSD on women's and children's health that is focused on aligned, costed workplans, this step involves participants going back to their stakeholder constituency groups for preparation of a short, costed report that details those RMNCH-related intersectoral interventions that the group is currently implementing, and those that the group proposes to implement as part of the aligned workplan. All of the interventions detailed in the short reports should fall within the priority RMNCH areas agreed to in the first MSD session. Stakeholders should keep in mind that the options presented in the short proposals should not become positions. They are "ideas meant to jump start the value creation process."[18] Each participant should retain an open mind with regard to the efficacy of these ideas, as they will be more fully informed once all participants are around the table and engaging in dialogue.

After consultation with the participants and the convener, the facilitator will suggest a working agenda for the subsequent sessions. The agenda will be based on the goals set at the outset of the process and include a clear set of next steps, a date for the next meeting, a tentative list of products that need to be available in time for the next meeting, and agreements that may result from that next session. The facilitator should also take the time to gather feedback from participants about the process to date using feedback forms (see Appendix G) and the benchmarking tool developed in the meeting (see Appendix H). Once consensus on the next steps has been achieved, and feedback from participants gathered, the convener can adjourn the meeting and the facilitator takes charge of preparing the next phase.

2.3 Refine options for mutual gain

It is important to reiterate that at this stage, the MSD process for women's and children's health is most likely no longer confined to a single meeting. Thus, the options that are discussed during this phase of the dialogue will probably have been developed in working sessions outside of the official meetings. The goals, then, of this phase are to ensure that the interests underlying the options are well understood, create additional value as appropriate through the enhancement of the ideas on the table, and reinforce the relationships between the stakeholders to lay the groundwork for more effective implementation of the agreement.

After having reconvened the stakeholders, there are several ways that the facilitator might organize this phase of the dialogue process. Box 18 shows two options:

Box 18

Refining the options for mutual gain

Option 1: One possibility is, after having collected all of the options and proposals from the stakeholder groups, the facilitator engages a large group discussion. While this has the advantage of everyone being able to hear each other's views on all the issues, this method is not particularly efficient if there are many participants and there are a large number of issues. In addition, there are risks that some voices might be drowned out by more vocal stakeholders.

Option 2: Another possibility is to divide up the stakeholders according to the key issues. The facilitator organizes the inputs from each stakeholder group as they relate to a specific issue. The facilitator also provides each working group with the evidence from the JFF process if appropriate. The relevant stakeholders then gather in a small group (one group per key issue) to discuss the options on the table and to develop a set of integrated proposals to present to the larger group. These proposals must be informed by the understanding of the priority interests and the group members should be able to articulate how their integrated options respond to those interests. In addition, the group must refer to the evidence gathered in the JFF process to justify their choices of integrated options and proposals.

Once back in plenary, the objective is for each group to share its work. The facilitator should not be seeking agreement at this stage. Instead, the facilitator seeks to inform all working groups about the product of the others and allows for a discussion should there be any questions about the work product, the underlying interests, and/or the justification using the evidence from the JFF.

At this point in the MSD process, a sub-committee may need to develop cost proposals for the integrated options arrived at by the stakeholders. The stakeholders might consider nominating participants from the group who have particular expertise and information about costs and financing options (MOH professionals, donors, other implementing partners). The role of this sub-committee should be to develop cost proposals that match the entire range of possible priority actions generated by the group in the earlier session. A similar sub-committee can be appointed to generate ideas for monitoring and evaluation of the eventual agreement.

This phase of the process ends with the facilitator collecting the work of the sub-groups, the results of the subsequent plenary discussion, and that of the special sub-committees. The facilitator's job is now to lay the groundwork for the participants to ultimately reach agreement. As described in the next section, the facilitator will create a single text to effectively manage the process of reaching agreement.

2.4 Reaching agreement

2.4.1 Developing a single text

Experience shows that when groups in MSD processes are trying to reach agreement on a complex set of issues that will require organizational commitments and potentially legal, regulatory, and/or policy changes, it is useful to use a single text approach which involves creating a unified document reflecting the group's shared understandings and agreements.[12]

The single text approach, or One Text, is managed by the facilitator and ensures that only one official version of the text is circulating amongst participants at any given time. The facilitator will take the options generated by the group and craft a One Text that addresses each of the key issues identified by the stakeholders. At this point, the One Text will be a very rough draft, with gaps and incomplete text. The facilitator will then share the draft of the One Text with the stakeholders and collect their feedback (see Box 19 and Appendix J).

By retaining control of the One Text, the facilitator can avoid the problem referred to as duelling texts, which often results in more positional bargaining, as stakeholders attempt to lobby for, or sell, their version of an agreement. If the facilitator manages the text, he or she can then clarify points of resistance, dig for underlying interests, and suggest ways of possibly overcoming obstacles, without allowing the process to become positional.

Box 19

The One Text process

One Text is a tool for building agreement when there are many complex issues, many parties with differing perceptions and facing pressures from their constituents, and where the process might be threatened by stalemate.

The effectiveness of the One Text process rests on the fact that a neutral facilitator, who has no authority to make decisions and who is skilled at listening to interests and drafting options for agreement, is the person in charge of the draft. The facilitator must be patient and resilient enough to persevere in the face of criticism. In this process the parties are invited to criticize successive drafts presented by the facilitator – to explain what does not work and why. The parties need not commit to a decision or agreement until they have fully explained and heard each other's interests.

Steps in the One Text process are outlined in Appendix J. *(See Fisher, Ury & Patton, 1991)*[20]

>>> GUIDE SPOTLIGHT

One Text process for aligned, costed workplans

In an MSD for women's and children's health that is focused on aligned, costed workplans, the One Text will be the costed workplan that draws from the options suggested by each constituency group and also those options developed together in the plenary sessions. For each issue covered in the workplan, the single text can include multiple options that the group has under discussion at any given time. By showing multiple options side-by-side, the single text approach can encourage creative mixing and matching of options within and across issues.[12] By compiling points of agreement as well as unresolved issues in a single text, the group can continuously monitor its progress in a concrete way, and also explore trade-offs across issues. The One Text then becomes the basis for a consensus agreement.

2.4.2 Integrating complementary interests and making wise trade-offs among conflicting interests

It is important to clarify what is meant in this Guide by a consensus agreement. This kind of agreement is one that all participants can accept or live with. Ideally it will reflect strong support from all stakeholders. However, not all stakeholders need to strongly support all elements of the agreement for the group to reach consensus – defined as no dissent. This section and the section 2.4.3 draws on recognised strategies for multi-stakeholder consensus building.[12]

The process should seek, but not require, unanimous agreement of all participants within the time frame set at the outset of the process in order to complete the group's work. If unanimity cannot be achieved, it is important that the process not be held up by one or a small number of participants. It is also important to ensure that the participants have checked with the organizations or constituencies they are representing before indicating whether they can support the final agreement. The role of the facilitator is in part to ensure that all voices are heard, their perspectives considered, and their concerns integrated into the final product when possible. Indeed, the facilitator may need to help the group guard against being held hostage by one or a small number of participants who are holding up agreement. At the same time, the facilitator needs to ensure that a minority voice or concern is not lost, simply because the majority speaks more loudly. It is the facilitator's role to create a process that manages both of these, sometimes competing, tensions.

When the group cannot easily find a solution that satisfies all participants, the following four strategies can be utilized:

1) *Use agreed standards of fairness to make decisions*

   Instead of resorting to hard bargaining, the facilitator seeks agreement on principles, standards, or criteria that are seen by all parties as a reasonable and fair way to make a decision. Examples of criteria are the probability of reducing maternal and child mortality, programme cost-effectiveness, equity in cost sharing, and administrative feasibility. The JFF process can sometimes result in mutually agreed upon standards of fairness or evidence that can be used to evaluate decisions.

2) *Seek wise trade-offs*

   This involves trading across issues that participant's value differently. For example, one stakeholder constituency group may care more about maximizing the role of the private sector while another cares more about minimizing the cost of implementation. The participant from the first group might therefore accept a higher cost-share, to be borne by the constituency group or by the private sector. In exchange, the other stakeholder might accept more private sector involvement in implementation.

3) *Create contingent agreements*

   Contingent agreements provide a way for participants to put in place a procedure for changing an agreement in response to future developments. For example, imagine that some participants are concerned about the capacity of civil society actors to follow through with implementation. A contingent agreement would allow the civil society group to take a smaller role in implementation as a pilot project, for a trial period. After the trial period, the MSD group reconvenes, reviews progress, and makes an agreement about the civil society group's new role.

4) *Return to shared vision and principles*

Returning to shared vision and principles allows participants to assess whether and how the proposed agreement would achieve success. One way of generating momentum around an agreement is to remind participants of the principles, goals, and commitments that they made early on in the process. Ensuring that the agreement captures and responds to those goals can be an effective way of achieving final consensus. For example, imagine that the government is resisting an agreement because the final cost of its implementation is too high. If one goal articulated at the first meeting was sharing the costs of implementation and the proposed agreement incorporates new resources from private sector partners, the government might be persuaded to support that agreement because it does not have to bear all of the costs.

2.4.3 Responding to holdout stakeholders

In some cases, despite the group's best efforts, it may not be possible to reach a full consensus on the agreement. Some stakeholders may holdout, in a desire to have greater influence. In this scenario, there are several options for reaching decisions:

- Voting, perhaps with the requirement that a super-majority (e.g. two thirds) of participants support the proposed agreement.
- If the group is providing recommendations rather than making decisions, provide a report that explicitly distinguishes recommendations on which there is full consensus, recommendations on which a majority or super-majority of all stakeholder groups agree, and recommendations on which there is no super-majority agreement.
- Referring the issues in dispute to an independent individual or group that is recognized as competent and legitimate by all group participants, and seeking a non-binding recommendation or a binding decision on how to resolve the issue.

2.5 Prepare for implementation of the agreement

Once the participants in the MSD process reach an agreement, they need to formally endorse it. That endorsement should include a process by which the participants specify the steps that will be taken and by whom to ensure that the agreed-upon work plan will be formalized and implemented.

Often the results of a consensus building process are advisory and must be revised and adopted by a set of external decision-makers. If the relationship between the dialogue and final decision-making process about the implementation of the agreement has been clarified from the beginning, there should be no surprises at this stage.

In some cases political and institutional forces beyond the control of the group, and beyond the control of the decision-makers themselves, may cause serious problems in implementation. For example, change in national leadership after the commencement of an MSD process for women's and children's health may affect the government's commitment to RMNCH. Changes in leadership in government ministries and key partner organizations may affect commitment to the MSD process, the agreement, and its implementation. Budget problems driven by domestic or external economic factors may also make it difficult for stakeholder groups to commit funding to implementation of the agreement.

In these cases, it is important for the group to jointly develop a strategy for influencing decision-makers. This strategy could include:

- Face-to-face meetings between a number of group participants and senior officials in decision-making bodies;
- Formal submission of group recommendations to the appropriate government body, accompanied by media coverage;
- Meetings with international counterparts to encourage them to advocate for the importance of the agreement in their dialogue with decision-makers.[12]

Phase 3: Implementation and Accountability

This third phase consists of activities that occur after multi-stakeholder agreements are reached. The steps will vary in each setting, and will be determined by stakeholders as part of the dialogue process. Activities can include dissemination of decisions, information and/or new approaches; evaluation of the dialogue process; implementation of agreements; and monitoring and review of implementation of the agreements.

3.1 Dissemination activities

The participants of the MSD should discuss and agree upon what dissemination activities are appropriate. Effective dissemination may include a range of activities, such as press releases, press conferences, and the targeting of specific groups or constituencies. Guide 8 of the SURE Guides provides further information on dissemination strategies for informing and engaging stakeholders.[16]

3.2 Evaluation of the dialogue process

Following the dialogue process, the convener and planning group together with the facilitator should consider the following three questions:[16]

- What went well in the dialogue?
- What did not go well in the dialogue?
- What could be done differently or improved next time?

Feedback forms (Annex G) provided to participants can be used to gather information to answer these questions. Lessons learned can inform future efforts to organize and run MSD processes.

The convener and planning group may also decide to conduct a full evaluation of the MSD which would assess the extent to which objectives have been met, the dialogue's contribution towards addressing the specific problem addressed, and what still needs to be done.

3.3 Implementation of the agreements

One common challenge to successful implementation of public health agreements is insufficient planning for implementation during the dialogue process. In this scenario, there is a disconnect between the design of the agreement and how it is likely to unfold in practice. To ensure this does not happen, it is important that implementers are fully represented in the dialogue process and implementation concerns are considered in every step of deliberation. The advantage of an MSD is that it builds relationships, which can then be leveraged to ensure joint accountability for implementation. As implementation concerns are raised earlier in the MSD process, stakeholders can craft mechanisms to ensure that resources are tied to results and processes are put in place that allow for regular reporting on the progress of implementation.

A second challenge to implementation is the failure to address in agreements the environment of uncertainty within which [RMNCH and other] health policies are implemented. Contingent agreements are a tool that can be used to anticipate and plan for future changes in the context that can affect implementation. Monitoring and reporting mechanisms built into agreements can be used for early detection of implementation problems.

A third common implementation challenge is the lack of sufficient resources for implementing the agreement as it was initially designed. Throughout the dialogue process, participants need to consider the financial and non-financial resources required to implement the agreement. In addition, the dialogue process should include resource-rich stakeholders as participants throughout the entire process.

3.4 Monitoring, reviewing, and updating agreements

Periodic monitoring and review of implementation of the agreements coming from the MSD are essential for three reasons:

- To assess whether implementation is achieving the group's goals;
- To respond to new information and circumstances;
- To encourage the ongoing use of MSD processes to inspire institutional change.

As mentioned in Section 3.3, these monitoring and review mechanisms should be discussed throughout the dialogue process and built into the final version of agreements. Monitoring processes are most successful if the stakeholders have articulated a joint accountability framework – ensuring that success of the MSD is tied to a) both the effectiveness of the dialogue and; b) to the implementation of any agreement.

3.4.1 Monitoring implementation

The agreement should include a monitoring system with indicators of success and means for gathering information on those indicators on a regular basis. If there are contingent agreements in the agreement, monitoring of the conditions that could trigger action is essential to implementation. For example, if a donor agrees to continue funding implementation only if implementing agencies meet benchmarks for providing access to RMNCH services in underserved areas, monitoring is necessary to determine whether that requirement is being met. If serious questions are raised during monitoring, the findings might trigger a review of the strategy for and implementation of increasing access.

Monitoring systems should include representatives of all stakeholder groups if possible. If there is mistrust between stakeholder groups or a lack of internal capacity to undertake monitoring, participants may decide to fund an external party to be the monitor if there are resources to do so.

3.4.2 Providing opportunities to review, identify lessons, and update agreements

The final version of the agreement should also include a mechanism by which participants can be reassembled if there is a change in commitments, a new opportunity to achieve joint goals through a different strategy, and/or unexpected changes in the implementation environment. Periodic meetings of the participants can promote stronger long-term relationships and reduce the risk that some participants perceive others to be unresponsive if difficulties do arise.

3.4.3 Encourage the on-going use of MSD processes

A third way of supporting the monitoring and the implementation of agreements reached is to encourage institutions – such as the Ministry of Health, national or sub-national agencies, or consortiums of community-based organizations – to incorporate an MSD as an ongoing process within the organization. The MSD can be used as a tool to continuously integrate the voices of the various stakeholders as issues change and circumstances evolve. This can help to remove barriers to implementation by identifying and dealing with them as they arise and prevent future conflicts over new priorities and issue areas, because the divergent views of the various stakeholders are constantly being taken into consideration.

Annex A:

Essential RMNCH and Related Inter-sectoral Interventions[1]

Summary of essential interventions

Continuum of care	Adolescence & pre-pregnancy	Pregnancy (Antenatal)	Childbirth	Postnatal (mother)	Postnatal (newborn)	Infancy & childhood
All levels: Community Primary Referral	▪ Family planning (advice, hormonal and barrier methods) ▪ Prevent and manage sexually transmitted infections, HIV ▪ Folic acid fortification/ supplementation to prevent neural tube defects	▪ Iron and folic acid supplementation ▪ Tetanus vaccination ▪ Prevention and management of malaria with insecticide treated nets and antimalarial medicines ▪ Prevention and management of sexually transmitted infections and HIV, including with antiretroviral medicines ▪ Calcium supplementation to prevent hypertension (high blood pressure) ▪ Interventions for cessation of smoking	▪ Prophylactic uterotonics to prevent postpartum haemorrhage (excessive bleeding after birth) ▪ Manage postpartum haemorrhage using uterine massage and uterotonics ▪ Social support during childbirth	▪ Family planning advice and contraceptives ▪ Nutrition counselling	▪ Immediate thermal care (to keep the baby warm) ▪ Initiation of early breastfeeding (within the first hour) ▪ Hygienic cord and skin care	▪ Exclusive breastfeeding for 6 months ▪ Continued breastfeeding and complementary feeding from 6 months ▪ Prevention and case management of childhood malaria ▪ Vitamin A supplementation from 6 months of age ▪ Routine immunization plus *H.influenzae*, meningococcal, pneumococcal and rotavirus vaccines ▪ Management of severe acute malnutrition ▪ Case management of childhood pneumonia ▪ Case management of diarrhoea
Primary and referral	▪ Family planning (hormonal, barrier and selected surgical methods)	▪ Screening for and treatment of syphilis ▪ Low dose aspirin to prevent pre-eclampsia ▪ Antihypertensive drugs (to treat high blood pressure) ▪ Magnesium sulphate for eclampsia ▪ Antibiotics for preterm prelabour rupture of membranes ▪ Corticosteroids to prevent respiratory distress syndrome in preterm babies ▪ Safe abortion ▪ Post abortion care	▪ Active management of third stage of labour (to deliver the placenta) to prevent postpartum haemorrhage (*as above plus controlled cord traction)* ▪ Management of postpartum haemorrhage (*as above plus manual removal of placenta)* ▪ Screen and manage HIV (if not already tested)	▪ Screen for and initiate or continue antiretroviral therapy for HIV ▪ Treat maternal anaemia	▪ Neonatal resuscitation with bag and mask (by professional health workers for babies who do not breathe at birth) ▪ Kangaroo mother care for preterm (premature) and for less than 2000g babies ▪ Extra support for feeding small and preterm babies ▪ Management of newborns with jaundice ("yellow" newborns) ▪ Initiate prophylactic antiretroviral therapy for babies exposed to HIV	▪ Comprehensive care of children infected with, or exposed to, HIV
Referral*	▪ Family planning (surgical methods)	▪ Reduce malpresentation at term with External Cephalic Version ▪ Induction of labour to manage prelabour rupture of membranes at term (initiate labour)	▪ Caesarean section for maternal/foetal indication (to save the life of the mother/baby) ▪ Prophylactic antibiotic for caesarean section ▪ Induction of labour for prolonged pregnancy (initiate labour) ▪ Management of postpartum haemorrhage *(as above plus surgical procedures)*	▪ Detect and manage postpartum sepsis (serious infections after birth)	▪ Presumptive antibiotic therapy for newborns at risk of bacterial infection ▪ Use of surfactant (respiratory medication) to prevent respiratory distress syndrome in preterm babies ▪ Continuous positive airway pressure (CPAP) to manage babies with respiratory distress syndrome ▪ Case management of neonatal sepsis, meningitis and pneumonia	▪ Case management of meningitis
Community strategies	▪ Home visits for women and children across the continuum of care ▪ Women's groups			* Family planning interventions at Referral level include those provided at the Primary level		

Annex B:

Example of a Stakeholder Assessment Report

Stakeholder assessment table

Stakeholder	What is their involvement in women's and children's health?	What do they think are the key priorities in regards to improving women's and children's health?	What are their views about participating in a multi-stakeholder dialogue process?	What would their goals be for this dialogue?

Annex C:

The PolicyMaker Tool

PolicyMaker is a software tool for political analysis in health policy reform developed by Michael R. Reich and David Cooper.[15,21] The tool has been used by UNFPA to assess a range of RMNCH issues[22] and by political analysts of health reform in many different countries.[23]

The tool guides the analyst through five steps of political analysis. The analyst can complete each step, or be selective according to the objectives of the analysis.

Step 1: Define the content of the policy under consideration;

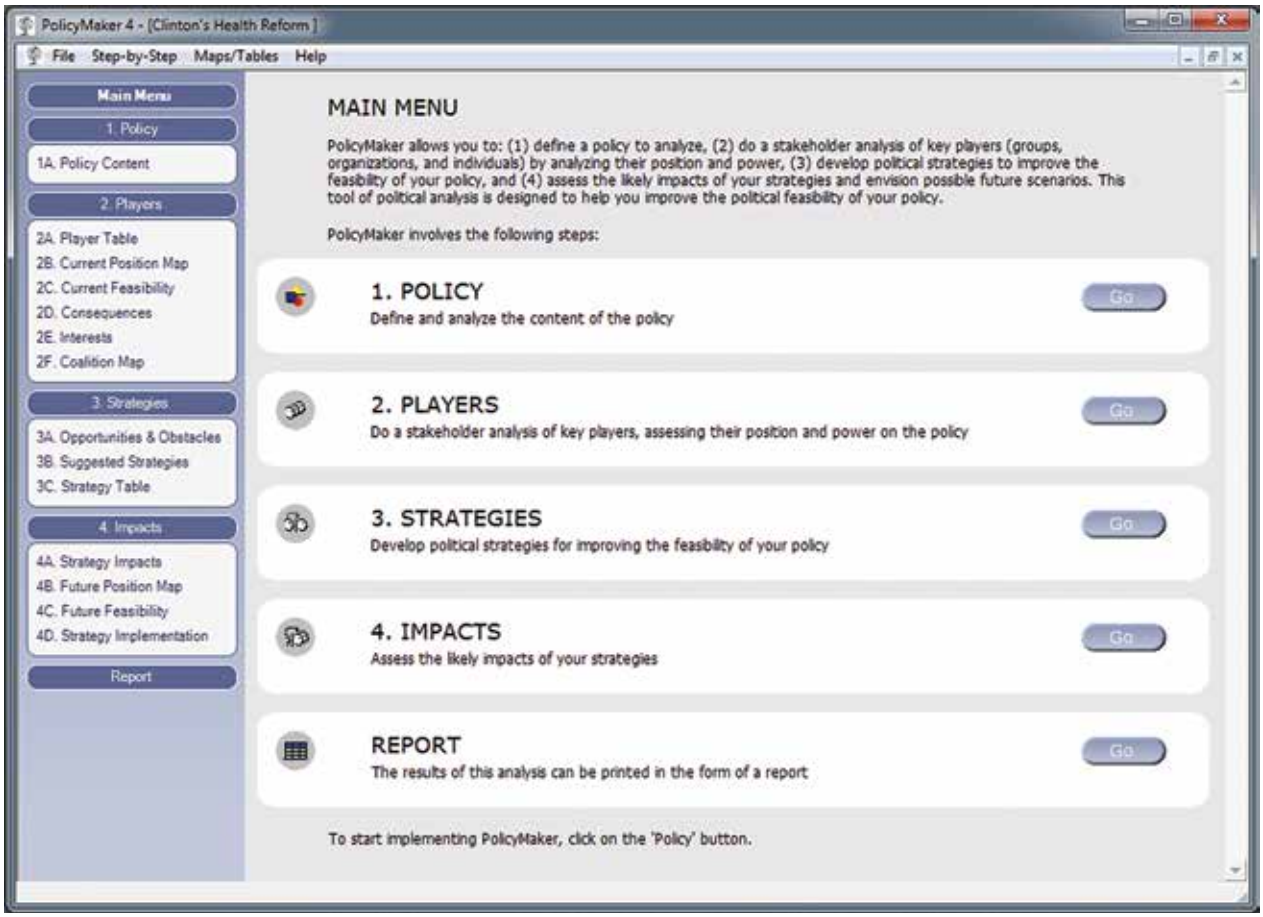
Step 2: Identify political players, their interests and relationships;

Step 3: Analyse opportunities and obstacles to the policy in the political environment;

Step 4: Design political strategies;

Step 5: Assess the potential and actual impacts of the proposed strategies.

PolicyMaker screenshot: Main Menu



>>> GUIDE SPOTLIGHT

Utilizing PolicyMaker in developing aligned, costed workplans for RMNCH

In a stakeholder assessment for developing aligned, costed workplans for RMNCH, PolicyMaker would have the following steps and objectives:

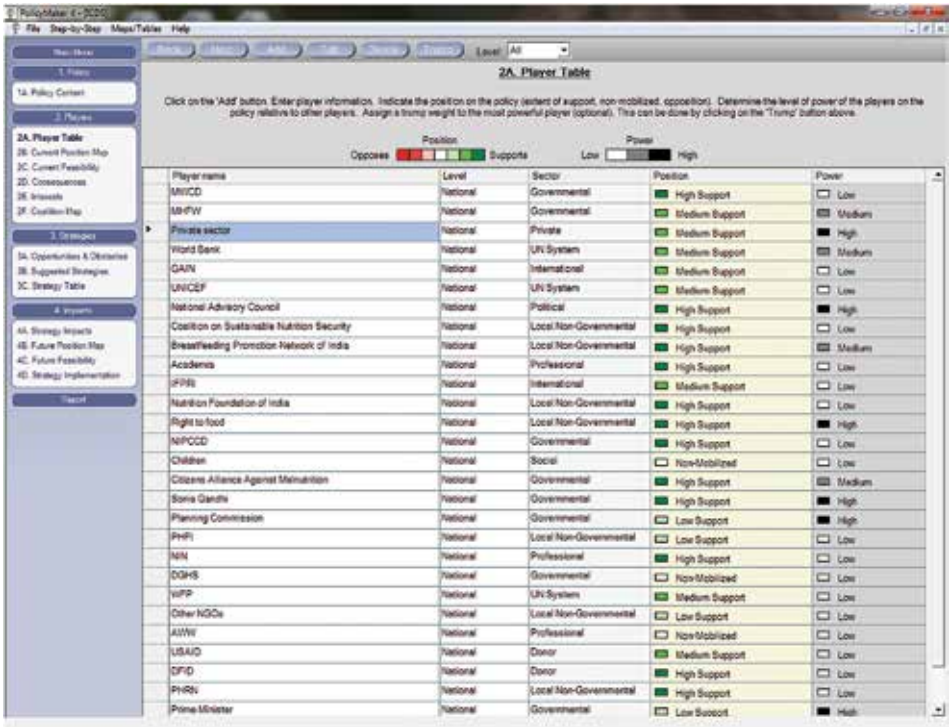
Step 1: Define the MSD process and its goals under consideration – *Increase the implementation of essential RMNCH interventions through multi-stakeholder engagement, consensus on a costed workplan, and participation in implementation.*

Step 2: Identify relevant players, their interests, and relationships - *Identify the most important stakeholders and analyse their positions, power, and interests, and assess the consequences of the MSD process and its goals for the players. Also, analyse the networks and coalitions among the stakeholders.*

Step 3-5: Analyse opportunities and obstacles to the MSD process and its goals, and consider ways to address these in the design of the MSD process – *Identify those issues that are likely to present challenges so they can be addressed proactively in the later design of the multi-stakeholder group's goals, ground rules, and work process.*

PolicyMaker provides the analyst with a series of tables and maps or diagrams that organize essential information about the policy under consideration. An example is the following Player Table from a PolicyMaker analysis for food and nutrition security.[24]

PolicyMaker screenshot: Player Table: the ICDS stakeholders



Annex D:

The Interest-based, Mutual Gains Approach to Negotiation and Consensus-Building

The interest-based, Mutual Gains Approach (MGA) is based on the work of Roger Fisher, Larry Susskind, and others at Harvard Law School's Program on Negotiation. The approach emphasizes a negotiation and consensus-building process built on the parties' interests, rather than their positions. Interests are the hopes, fears, concerns, and desires of each party; positions are the demands that each party makes to satisfy those underlying interests. An interest-based approach is designed to generate more creative, efficient, and sustainable solutions to tough, multi-issue, problems. The mutual gains approach also focuses on building relationships between the parties to ensure effective implementation of the agreements reached.

In MSD processes on public health issues that include stakeholders from public and private sectors, interests might include:

> *…protecting public health, promoting development, making a profit, satisfying shareholders, enhancing organizational reputation and image, generating resources to pursue their missions, improving relationships with key counterparts, establishing precedents for future negotiations or gaining fair treatment on an issue, among many others.*[18]

By focusing on interests rather than positions, stakeholders can open up new possibilities for mutual gains and a way out of a deadlock.

> *A position is one way to meet an underlying interest, and is often presented as a 'take it or leave it' choice. In contrast, an interest may be met in any number of ways, and it does not have to be presented as a demand or ultimatum.*[18]

Examples of interests vs positions

A participant in an MSD process might first state their demand as "increasing staffing in our primary health clinics." After being asked "why?" the participant might answer: "to improve primary health care service delivery." The second statement is a more useful framing of the interest, because there may be alternatives to increased staffing in the primary health clinics that could be equally or more effective in improving primary health services delivery.[18]

In contrast to the mutual gains approach, positional approaches assume that interests are incompatible and mutually exclusive. In reality, most negotiations have potential for joint gains on many issues. A positional approach sets parties in opposition to one another, damaging relationships rather than seeking ways to maximize joint gains, and losing substantive value in the process.

Positional approaches can include both hard and soft bargaining. A hard bargainer might use their power or role to extract a concession or agreement from the other party, perhaps getting what they want in the short term but damaging the relationship over the longer term. A soft bargaining strategy can be equally ineffective, as stakeholders avoid contentious topics at all costs and frequently sacrifice their own interests in order to reach agreement and maintain good relationships. In these situations, the agreements reached are often incomplete and challenging to implement because the difficult issues have not been dealt with. In both cases, positional bargaining leaves you with few choices about how to negotiate other than responding in-kind, generally leading to ineffective results.

Key principles of the Mutual Gains Approach[18]

Prepare effectively by focusing on stakeholders' interests and best alternatives to a negotiated agreement and by generating initial proposals for mutual gains.

- In value creation, begin by exploring needs and interests, not by stating positions.
- To find potential mutual gains, use no-commitment brainstorming to develop options and proposals that might meet both one's own needs and interests and those of other stakeholders.
- Seek maximum joint gains before moving to value distribution (i.e., making commitments and compromise on deciding who gets what).
- When distributing value, find mutually acceptable criteria for dividing joint gains.
- In follow-through, ensure that agreements will be sustainable by committing to continuing communication, joint monitoring, contingency planning and dispute resolution mechanisms.

Annex E:

Points to Address in Draft Ground Rules

(adapted from Consensus Building Institute)[25]

1. ***Goals of the group***: preferably in the form of an agreed goal or mission statement.
2. ***Relationship between the group and conveners/sponsors***: accountability of the group to conveners/sponsors, reporting from the group to conveners/sponsors, specific forms of support to be provided by conveners/sponsors to the group (e.g. funding, technical/consultant assistance), etc.
3. ***Participation in the group***: selection, duration, rotation, etc.
4. ***Participants' responsibilities***: representing and communicating with their organizations/constituencies, attending meetings, providing information and other resources, participating in a constructive manner, etc.
5. ***Organization of group meetings***: who is responsible for preparing and circulating meeting agendas and background materials, chairing/facilitating meetings, drafting meeting summaries, providing logistical support to meetings, etc.
6. ***Responsibilities of the facilitator***: facilitating the process as a whole and facilitating individual meetings, providing meeting summaries/actions points, assisting in resolving disagreements, helping to resolve questions about the interpretation of ground rules, confidential communications with group participants, etc.
7. ***Guidelines for group discussions***: participants to speak in turn, as recognized by the chair/facilitator, without interruption, for no more than X minutes; all participants to make an active effort to understand and respond to each other's concerns; discussions to be conducted using a Mutual Gains Approach; etc.
8. ***Conflict resolution procedures and decision rules***: responsibility of participants to identify potential conflicts and to let other participants know their concerns, use of the facilitator or other sources of assistance to resolve conflicts, goal of achieving consensus, use of other decision-making procedures when conflicts cannot be resolved by consensus.
9. ***Attribution of comments***: rules for how information received during the meetings can be used, for example the Chatham House Rule: "Participants are free to use the information received during the meeting, but neither the identity nor the affiliation of the speaker(s), nor that of any other participant, may be revealed." See http://www.chathamhouse.org.uk/about/chathamhouserule/.
10. ***Communication with the media and the public***: who is responsible for providing public information about the group and speaking on behalf of the group, procedures for reviewing and approving public information materials and public statements, opportunities for members of the public and the media to observe and comment at meetings, etc.
11. ***Access to and use of funding available to the group***: sources of funding for the group, agreed uses for funding, procedures for using funds, etc.
12. ***Any other issues that group participants feel it is important to address in the ground rules***.

Annex F:

Policy Briefs to Support Evidence-Informed Policy-making

Policy briefs that support evidence-informed policy-making are products that package the best available research evidence – from, for example systematic reviews and local research evidence – on a specific issue.[25] The starting point is the issue, such as an RMNCH issue like family planning. Policy briefs should address the issue, underlying problem, context, and summarize the available research evidence. Policy briefs also usually include options to address the problem and key implementation considerations.

Questions to guide the preparation and use of policy briefs:

1. Does the policy brief address a high-priority issue and describe the relevant context of the issue being addressed?
2. Does the policy brief describe the problem, costs, and consequences of options to address the problem, and the key implementation considerations?
3. Does the policy brief employ systematic and transparent methods to identify, select, and assess synthesized research evidence?
4. Does the policy brief take quality, local applicability, and equity considerations into account when discussing the research evidence?
5. Is the policy brief in a format that allows readers to scan the key messages quickly in order to determine whether reading the entire document is warranted (i.e. a graded-entry format)?
6. Was the policy brief reviewed for both scientific quality and system relevance?

For more information on policy briefs, refer to the SUPPORT Tools for evidence-informed health Policymaking (STP) 13 (http://www.support-collaboration.org).

Possible outline of a policy brief for the Dialogues for Women's and Children's Health

I. Title (possibly in the form of a compelling question)

II. Key Messages (possibly as bullet points)

III. Report

- Introduction that describes an issue related to the improvement of women's and children's health and the context (national or subnational) in which it will be addressed.
- Further definition of the issue, drawing on local research, systematic reviews, and other global evidence.
- Options for addressing the problem, with each one assessed in a table.

Additional content that could appear in boxes or in an appendix

- Methods used to identify, select, and assess synthesized research evidence.
- Review process used to ensure the scientific quality and system relevance of the brief.

Annex G:

Example Questions for Feedback Forms

Feedback forms should be used at different times and in different formats to allow stakeholders the opportunity to provide feedback and give the convener and facilitator the chance to make changes to the unfolding process as needed. Participants should be informed that the provision of feedback is voluntary, confidential, and anonymous.

Some MSD processes also conduct follow-up surveys with participants several months after dialogue, with the objective of identifying what, if any, actions have been undertaken by dialogue participants and what, if any, impacts have been achieved.[25]

Feedback forms should be specific to each Dialogues for Women's and Children's Health process, but potential questions could include (adapted from Lavis et al, 2009):

Example feedback questions

1a. Did the dialogue provide an opportunity to build a shared purpose for the dialogue process?	**YES**	**NO**
1b. How useful was this approach?	**1 2 3 4 5 6 7** **(Useful) (Worthless)**	
1c. Comments and suggestions for improvement?		
2a. Did the dialogue provide an opportunity to agree on all the key issues related to improving women's and children's health?	**YES**	**NO**
2b. How useful was this approach?	**1 2 3 4 5 6 7** **(Useful) (Worthless)**	
2c. Comments and suggestions for improvement?		
3a. Did the dialogue provide an opportunity to understand all stakeholders' underlying interests in relation to the key issues?	**YES**	**NO**
3b. How useful was this approach?	**1 2 3 4 5 6 7** **(Useful) (Worthless)**	
3c. Comments and suggestions for improvement?		
4a. Was the dialogue informed by pre-circulated information resources?	**YES**	**NO**
4b. How useful was this approach?	**1 2 3 4 5 6 7** **(Useful) (Worthless)**	
4c. Comments and suggestions for improvement?		

5a. Did the dialogue provide an opportunity to review this evidence?	**YES**	**NO**
5b. How useful was this approach?	**1 2 3 4 5 6 7** **(Useful) (Worthless)**	
5c. Comments and suggestions for improvement?		
6a. Did the dialogue provide an opportunity to refine options for the agreement?	**YES**	**NO**
6b. How useful was this approach?	**1 2 3 4 5 6 7** **(Useful) (Worthless)**	
6c. Comments and suggestions for improvement?		
7a. Did the dialogue provide an opportunity to discuss key implementation considerations?	**YES**	**NO**
7b. How useful was this approach?	**1 2 3 4 5 6 7** **(Useful) (Worthless)**	
7c. Comments and suggestions for improvement?		
8a. Did the dialogue provide an opportunity to discuss who would take action on implementation?	**YES**	**NO**
8b. How useful was this approach?	**1 2 3 4 5 6 7** **(Useful) (Worthless)**	
8c. Comments and suggestions for improvement?		
9a. Did the dialogue bring together all the relevant stakeholders who would be involved in, or affected by, decisions related to improving women's and children's health?	**YES**	**NO**
9b. How useful was this approach?	**1 2 3 4 5 6 7** **(Useful) (Worthless)**	
9c. Comments and suggestions for improvement?		
10a. Did the dialogue ensure fair representation among participants?	**YES**	**NO**
10b. How useful was this approach?	**1 2 3 4 5 6 7** **(Useful) (Worthless)**	
10c. Comments and suggestions for improvement?		
11a. Did the dialogue provide an opportunity to engage a facilitator to assist with the deliberations?	**YES**	**NO**
11b. How useful was this approach?	**1 2 3 4 5 6 7** **(Useful) (Worthless)**	
11c. Comments and suggestions for improvement?		

Annex H:

Example Benchmarks for a Multi-Stakeholder Dialogue Process

Benchmarking the dialogue process is a way for the participants in an MSD to monitor the dialogue process. Together with the MSD goals, benchmarks can serve as guideposts for the participants, facilitator, and conveners throughout the entire process. Table AH.1 provides example benchmarks and criteria; specific indicators to measure these can be developed by participants for each particular context.

Example benchmarks and criteria

Benchmarks	Criteria
1. Planning of dialogue activities	▪ Ground rules for dialogue are finalized by participants ▪ Dialogue goals are finalized by participants ▪ Dialogue workplan/agenda is finalized by participants
2. Provision and use of information resources	▪ Information resources (such as situational analysis) are provided prior to dialogue ▪ Information resources are referred to and utilized throughout dialogue activities ▪ Additional information is collected through Joint Fact-Finding if relevant
3. Inclusiveness	▪ High proportion of stakeholder group representatives attend dialogue activities (relative to number of invited) ▪ Stakeholders attending dialogue activities represent all sectors, regions, and constituency groups identified in mapping exercise ▪ Participation by all stakeholder group representatives in dialogue discussions ▪ Stakeholder group representatives communicate frequently with their constituencies ▪ Participants in stakeholder dialogue have opportunity to provide feedback on dialogue process via feedback forms
4. Policy dialogue intensity	▪ Interactions amongst participants are frequent so the dialogue does not lose momentum
5. Policy formation progress and efficacy	▪ Issue is acknowledged ▪ Issue is in discussion (key issues, underlying interests, options for workplan) ▪ There is agreement about the ends (i.e. agreements) ▪ There is agreement about the means ▪ There is agreement on monitoring and evaluation ▪ There is agreement on resources
6. Dialogue outputs	▪ Implementation of agreement is monitored ▪ Information is shared freely

Annex I:

Steps in Joint Fact-Finding[18]

Joint Fact-Finding (JFF) is a tool that is a central component of many consensus-building processes.[19] It provides a method for stakeholders to work together to build a shared understanding of technical and scientific issues and their implications for policy. Stakeholders jointly define the scientific/technical questions to be answered and identify and select qualified experts to assist the group. They then work together with these selected experts to refine the questions; set the terms of reference for scientific/technical studies; monitor (and possibly participate in) the study process; and review and interpret the results.

Box 15 from the main text is repeated below for convenience.

Table AI.1

Key steps in the JFF process

KEY STEPS IN THE JOINT FACT FINDING PROCESS

ASSESS *Need for JFF* STEP ONE	CONVENE *Stakeholder process* STEP TWO	DEFINE *Scope of study* STEP THREE	CONDUCT *Study* STEP FOUR	EVALUATE *Results of study* STEP FIVE	COMMUNICATE *Results of JFF process* STEP SIX
Identify the scientific or technical dispute	Stakeholders jointly draft ground rules, roles, responsibilities and timeline	Stakeholders frame overall mission & objectives of the JFF study	Stakeholders jointly select experts to participate in the study	Experts use sensitivity analysis to examine the significance of scientific assumptions and findings	Stakeholders present findings and recommendations to their constituent groups
Identify a convener for JFF	Stakeholders identify key issues	Stakeholders translate general questions into research questions	Neutral facilitates education on complex issues (e.g. modeling, statistical analysis)	Study team compares findings to the published literature	Constituents ratify JFF recommendations
Convener enlists a professional neutral	Stakeholders generate technical questions	Stakeholders evaluate methods of information gathering and analysis	Study team undertakes the work, incorporating scientifi c and indigenous knowledge	Study team clarifies remaining uncertainties, solicits peer review as needed	Stakeholders present findings and policy recommendations to the public and decision makers
Neutral undertakes a JFF assessment - Identifies information/ knowledge gaps, needs - Documents stakeholder interests - Determines incentive to participate	Neutral identifies and helps balance differences in stakeholder capacity	Stakeholders determine costs and benefits of additional information gathering	Study team shares data early and often	Experts translate findings into accessible language	
Determine that JFF is appropriate for addressing the conflict	Stakeholders review existing knowledge, conflicting data, and interpretations	Stakeholders propose a study that meets their interests	Study team crafts preliminary reports for stakeholders	Stakeholders outline possible policy recommendations	
				Stakeholders determine whether and how the study answered key questions	

JFF is a tool that can:

- Enable stakeholders to explore difficult topics together, developing a common knowledge base and an understanding of what is known as the range of uncertainty.
- Allow stakeholders with less knowledge, education, or expertise to learn more about the technical issues involved.
- Facilitate greater creativity and better agreements.
- Help to improve relationships among parties with differing interests and perspectives.

Annex J:

Steps in the One Text Process[26]

To use the One Text Process, a third-party facilitator will:

1. **Explore underlying interests:** Meet with the various parties to explore interests and concerns underlying their positions.
2. **Write a first draft** of a possible agreement. The draft should outline the key issues to be addressed, and present one way of meeting them. To avoid premature commitment, the facilitator should:
   - ➢ Emphasize the draft's incompleteness by writing "DRAFT" at the top of each page
   - ➢ Keep this first draft incomplete and non-operational especially for more sensitive conflicts
3. **Discuss with each party:**
   - ➢ Explain the ground-rules: "No one will be asked to commit to this draft until the end of the process, during which you can neither accept nor reject any part of the draft since it is not being formally proposed."
   - ➢ Ask for criticism (and listen for underlying interests and concerns)
   - ➢ Avoid asking a party for a specific solution to their problem
   - ➢ Make no commitments regarding how the text will be re-drafted
4. **Keep only one copy (one text):** Avoid giving copies of the text to the parties, as they tend to amend them, take positions, and risk circulating multiple, competing texts.
5. **Write Draft #2:** Revise the draft to better meet the different parties' interests.
6. **Ask the parties for criticisms again:** Remind them not to accept/reject the draft.
7. **Continue repeating this process:** The cycle of drafting ➢ criticism ➢ re-drafting continues until time runs out, or you have a draft that cannot be significantly improved.
8. **Ask for acceptance:** When presenting the final text to the parties, don't ask for criticism, ask for acceptance: "Having listened to your criticisms and re-drafted accordingly, I have prepared this proposal. This is the final text; no changes are allowed. Will you accept this now, yes or no?"

Acronyms

AIDS	Acquired Immune Deficiency (or Immunodeficiency) Syndrome
AusAID	Australian Agency for International Development (now merged into the Department of Foreign Affairs and Trade)
DFID	Department for International Development (United Kingdom Government)
ICT	Information and Communications Technology
IGWG	Intergovernmental Working Group on Public Health, Innovation and Intellectual Property
IHP+	International Health Partnership
EVIPNet	Evidence Informed Policy Network
JFF	Joint Fact-Finding
mHealth	Mobile Health
MOH	Ministry of Health
MSD	Multi-stakeholder dialogue
MDGs	Millennium Development Goals
PMNCH	Partnership for Maternal, Newborn & Child Health
RMNH	Reproductive, Maternal & Newborn Health (Alliance)
RMNCH	Reproductive, maternal, newborn and child health
SURE	Support the Use of Research Evidence
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development

Working Definitions

Contingent agreements: A tool for participants to put in place a procedure for changing an agreement in response to future developments.

Conveners: Sponsors of multi-stakeholder dialogue processes who initiate and support the process.

Dialogue: A discussion between interested parties about the relative importance of values, interests, and principles of each party and about establishing a commonly agreed programme of action that properly reflects those values and interests.

Facilitators: People who are responsible for ensuring that a multi-stakeholder dialogue process is well run.

Goal framing: A technique for defining a goal in a way that is compelling to a wide range of stakeholders.

Interests: The needs, hopes, fears, concerns, and desires of each stakeholder group. Distinct from *positions* (see definition).

Joint Fact-Finding (JFF): A tool that can help stakeholders build a shared understanding of technical and scientific issues and their implications for policy.

Key issues: The areas or topics for agreement in the MSD process.

Multi-stakeholder dialogue (MSD) process: A structured, interactive process that brings stakeholders on a particular issue together to enhance levels of trust, empower low visibility groups, improve communication between stakeholders, facilitate information sharing, generate innovative solutions and integrate best practice in order to inform policy-making, implementation, and other types of action.

Mutual gains approach: A negotiation and consensus-building process built on the parties' *interests*, rather than their *positions* (see definitions); the approach emphasizes building relationships between stakeholders to ensure effective implementation of the agreements reached.

One Text process: A tool for building agreement when there are many complex issues, many stakeholders with differing perceptions and interests, and where the MSD process might be threatened by stalemate.

Participants: Representatives of stakeholder organizations or constituency groups who come together to participate in a multi-stakeholder dialogue process.

Positions: The demands that each stakeholder group makes to satisfy underlying interests (see definition).

Stakeholder: Someone with an interest in a particular decision, either as an individual or representative of a group. This includes decision-makers and decision-influencers, as well as those who are affected by decisions.

Stakeholder assessment: An assessment process that highlights key stakeholders and constituency groups, identifies each party's interests and needs, and highlights those issues that are likely to present challenges and opportunities in the multi-stakeholder dialogue process.

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