

Call for proposals

Technical Support Centre – Systems
thinking for district manager decision-
making

Deadline:

7 May 2019

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Request for Proposals

Technical Support Centre – Systems thinking for district manager decision-making

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Overview

The Alliance for Health Policy and Systems Research is seeking proposals from an academic institution to be a Technical Support Centre for three low- and middle-income country (LMIC) teams to engage in systems thinking to support improved district manager decision-making. **This is not a call for research proposals.**

Background

Health system transformations required to meet the Sustainable Development Goals include district health systems that are well-led and well-managed. District manager decision-making is an important input in district health system performance. Yet, weak management and decision-making capacities at district level persist and have been shown to contribute to poor management and coordination of service delivery, and hinder scale-up of proven health interventions (Doherty et al., 2018). There have been numerous initiatives to support district manager decision-making over the years, such as WHO's Strengthening District Health Systems (Cassels and Janovksy, 1995) and UNICEF's District Team Problem Solving (Hipgrave et al., 2018) which have employed differing varieties of continuous quality improvement/total quality management (CQI/TQM, the management philosophy based on assumptions of problems within organizations not being clinically or administratively rooted, but rather systemic and arising out of structural inabilities to perform as intended (McLaughlin and Kaluzny, 1994)). System resistance to interventions proven to be effective emerges from mental models (the 'decision rules': strategies, procedures, habits, biases, emotions and reflexes guiding decision-making) that are narrow and too short in time horizon (Sterman, 2006). Dynamic health systems are much more complex than the proximal, rational and linear solutions offered. However, problem-solving that seeks to increase greater systems awareness may better enable district managers to develop more holistic, and thus more suitable solutions. This raises the question: how can district manager capacities for systems thinking and practice be better supported and sustained to improve district health performance?

As an approach to navigating complexity, systems thinking aims to identify the interrelations between a system's various components. Systems thinking is an approach to problem-solving that views problems as part of a wider, dynamic system (de Savigny and Adam, 2009). Systems thinking opens up capacities to move out of thinking in short, causal chains, towards thinking in terms of *feedback loops* which both create and result from decisions, and in turn shape the context (feedback can be either reinforcing and self-correcting), *time delays* (which can fluctuate), and *stocks and flows* (which accumulate nonlinearly) (Sterman, 2006). Systems thinking, in essence, changes mental models by expanding the boundaries of the problem, from multiple perspectives, and over a longer time period.

In the field of health policy and systems research, the application of systems thinking has evolved from conceptual considerations to frameworks, and now systems thinking methods and approaches are being used with greater frequency (Adam, 2014, de Savigny and Adam, 2012). A wide array of system thinking tools and approaches, such as soft systems methodology, causal loop diagrams, social network analysis, systems dynamics and process mapping have been recently applied to health policy and systems research

(de Savigny et al, 2017). These tools and approaches can usefully illuminate different aspects of systemic behavior. For instance, the soft systems methodology promotes a process of enquiry and stakeholder reflection to build consensus on problems and solution identification; causal loop diagrams help to visualize emergent system behavior (its causal linkages and feedback loops); social network analysis helps to understand influences of interpersonal relationships and the larger structures they create; systems dynamics explore self-organizing system behavior, and process mapping captures system processes end-to-end to identify inefficiencies, bottlenecks and design flaws limiting system performance. However, there remain gaps between how local actors theorize systems-based approaches and their abilities to sustain newly-learned practices and tools (Sautkina et al, 2014), suggesting that not only is more guidance on how to translate systems thinking concepts into practice needed, but broader shifts in the bureaucratic and change-resistant institutional contexts in which district managers find themselves are also required (Chapman, 2004).

Engaging a Technical Support Centre

The Alliance for Health Policy and Systems Research (the Alliance) will issue a call for proposals to launch a new programme of facilitation, technical support and research focused on systems thinking to support district manager decision-making in LMICs. This initiative is part of a broader portfolio of work on systems thinking and its applications for health systems strengthening. The call for proposals will request country teams consisting of district health managers and researchers in three LMICs to undertake systems research to support district manager capacities to generate greater systemic perspectives on problem identification and solution generation to address their service delivery challenges.

To implement this work, the Alliance seeks the services of a Technical Support Centre (TSC) to work directly with country manager-researcher teams to strengthen their capacities for systems thinking. The expected outcomes are country district teams with increased systems thinking skills and improved decision-making practice, which ultimately will lead to better district health system performance.

Objectives and specific tasks of the Technical Support Centre (TSC)

The TSC will provide, in a participatory manner, ongoing technical support to the selected country district teams, in collaboration with the Alliance Secretariat.

Specific tasks of the Technical Support Centre will include:

1. Leading, in partnership with the Alliance Secretariat and working with country district teams, a workshop to develop and finalise an overall design of the project:
 - A development workshop will occur at the beginning of the project and bring together national and district authorities of identified countries to discuss how systems thinking methods may be applied to their particular district contexts to improve service delivery. Identification of relevant health interventions (preventive, promotive or curative) for countries' health-related SDG achievement will be explored. The workshop's output will be a concept note with countries' inputs to guide the overall implementation of the project. Involvement of national authorities at the initiation of the project will enable future district-national level dialogues for communicating findings during the life of the project.
2. Adapting, with country district team, systems thinking methods, tools and approaches to local needs:
 - Following country-level policy dialogue processes led by the research teams, the Technical Support Centre will work with teams to introduce and adapt relevant systems thinking methods, tools and approaches to develop their capacities to match systems methods to problem diagnosis (and the interventions of interest emerging from the policy dialogues).
3. Supporting development of country district teams' research protocols:
 - This will involve supporting country district teams in designing protocols that employ systems thinking methods to address their identified problems. The TSC will support country district teams in reaching consensus on potential data sources, data gathering tools and study materials, and analysis methods to support the country work.
4. Facilitating analysis workshop:
 - The workshop will bring together all relevant stakeholders to deliberate on how findings can further stimulate ideas for health systems strengthening in-country. The TSC will lead the development of 'capacity-building packages' and policy briefs to explain the utility of systems thinking approaches as part of wider dissemination of learnings nationally and across other districts.
5. Evaluating transformations of systems thinking:
 - To evaluate whether or not district managers have really learned systems thinking and which factors enable or hinder sustained systems practice, the TSC will undertake an integrated evaluation to understand the transformations district managers undergo as they engage with the process of using systems thinking methods, and have their own mental

models shift. The evaluation will investigate whether or not systems thinking helps improve the speed, sustainability, quality or other dimensions of real-world problem-solving in health systems. This will involve introducing district managers to reflective practice techniques – developing the habit of studying one’s own actions and experience to improve one’s way of working. It is key to systemic learning.

6. Providing ongoing technical support to country district teams:
 - The TSC will provide technical support to country district teams in aspects related to the project in an ongoing manner for the life of the project. This will also involve supporting country district teams to develop manuscripts for submission to peer-review journals.

Institutional profile

For consideration for this award, the following selection criteria apply:

1. Established reputation in application of systems thinking concepts, methods, tools and approaches.
2. Established track record in working in LMIC district health management.
3. Demonstrated skills using participatory and reflective approaches.
4. Expertise in conducting individual/institutional-level evaluations.
5. Demonstrated ability to support systems research.
6. Demonstrated ability to support policy dialogue processes and research uptake.
7. Strong publication record reflecting the aforementioned topics.

Evaluation of proposals

Proposals will be assessed by a minimum of two external reviewers based on criteria that will include:

1. Innovation.
2. Scope for sustainability.
3. Rigorous and high quality research-support methods.
4. Qualifications and experience of the team.
5. Value for money.

Funding and period

One Technical Support Centre will be funded up to a maximum of **US\$ 300,000**. No further funding will be provided by the Alliance within or beyond the project period. **The activities of the Technical Support Centre are expected to run for 24 months from mid-2019 to mid-2021.**

Application process

Deadline: 7 May 2019

Bids submitted after this deadline will not be considered.

Successful applicants can be expected to be notified within one month of the deadline. WHO may, at its own discretion, extend this closing date for the submission of bids by notifying all applicants thereof in writing.

Submissions of bids should be made at alliancehpsr@who.int. Please use the subject: **WHO Bid Ref. Call for Proposals: Technical Support Centre - Systems Thinking**.

Submissions of **no more than 7 pages** (standard font at size 11, 1.15 line-spacing, normal margins) and should include the following:

1. Name of the bidding institution, including contact details and name of the key contact person.
2. Motivation for applying: how this work fits in with the bidder's expertise and aligns with current areas of work in research and capacity strengthening in systems thinking, organizational learning and change and/or district management.
3. Composition of the proposed team: names, expertise, function in institution, role in team, and experience relevant to the call. CVs should be included as an annex to the submission.
4. Description of the proposed approach to be used to support country district teams in systems thinking, including conceptual framework or theoretical discussion on how proposal will yield the expected outcomes.
5. Itemized budget for 24 months based on the objectives and specific tasks of the Technical Support Centre outlined in this call.

Note for applicants

1. WHO may, at any time before the closing date, for any reason, whether on its own initiative or in response to a clarification requested by a (prospective) applicant, modify the bid by written amendment. Amendments could, inter alia, include modification of the project scope or requirements, the project timeline expectations and/or extension of the closing date for submission.
2. All prospective applicants that have submitted a bid will be notified in writing of all amendments to the bid and will, where applicable, be invited to amend their submission accordingly.
3. Applicants should note that WHO reserves the right to:
 - a. Award the contract to an applicant of its choice, even if its bid is not the lowest;

- b. Accept or reject any bid, and to annul the solicitation process and reject all bids at any time prior to award of contract, without thereby incurring any liability to the affected applicants and without any obligation to inform the affected applicants of the grounds for WHO's action;
 - c. Award the contract on the basis of the Organization's particular objectives to an applicant whose bid is considered to be the most responsive to the needs of the Organization and the activity concerned;
 - d. Not award any contract at all;
 - e. WHO has the right to eliminate bids for technical or other reasons throughout the evaluation/ selection process. WHO shall not in any way be obligated to reveal, or discuss with any applicant, how a bid was assessed, or to provide any other information relative to the evaluation/selection process or to state the reasons for elimination to any applicant.
4. WHO is acting in good faith by issuing this request for bids. However, this document does not obligate WHO to contract for the performance of any work, nor for the supply of any products or services.
5. WHO reserves the right to enter into negotiations with one or more applicants of its choice, including but not limited to negotiation of the terms of the bid(s), the price quoted in such bid(s) and/or the deletion of certain parts of the work, components or items called for under this bid.
6. Within 30 days of receipt of the contract, the successful applicant shall sign and date the contract and return it to WHO according to the instructions provided at that time. If the applicant does not accept the contract terms without changes, then WHO has the right not to proceed with the selected applicant and instead contract with another applicant of its choice.

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