

## Draft Agenda

9:00–9:30 a.m.

Welcome and presentation of the purpose and research questions

9:30–9:40 a.m.

Review the Analysis Framework with themes and “Where are we today?” completed

9:40–9:50 a.m.

Discuss what stuck out to you and why

9:50–10:00 a.m.

Share back small group discussions with the larger group

10:00–10:15 a.m.

Break

10:15 a.m.–12:15 p.m.

Complete the “Where do we want to be next?” and “How will we get there?” sections of the Analysis Framework

12:15–1:00 p.m.

Lunch

1:00–2:00 p.m.

Discuss prioritization questions for each adaptation

2:00–2:30 p.m.

Complete the Value vs. Feasibility map for each recommendation

2:30–3:30 p.m.

Review the “easy wins” and discuss any missing recommendations as a large group

3:30–3:45 p.m.

Break

3:45–4:15 p.m.

Determine next steps

4:15–4:45 p.m.

Closing

## APPENDIX 8. PAUSE AND REFLECT (P&R) SESSION TO DEVELOP RECOMMENDED ADAPTATIONS TO IMPROVE MDA

**Purpose:** To ensure that the initial findings from the qualitative data collection are shared beyond the data collection team to jointly determine and prioritize evidence-based programmatic adaptations with the stakeholders that will be responsible for making the changes.

**When to conduct the session?** After the data collection team completes data collection and fills out the themes and “where we are today” in the Analysis Framework template.

**Who is included?** Neglected tropical disease (NTD) team (national, district, and community level) and persons involved in the qualitative assessment. We recommend that no more than 20–25 people participate in the discussion so that everyone can be fully engaged.

**Who leads the session?** A member of the NTD program team or implementing partner who has strong facilitation experience.

**What is the end product/deliverable of the session?** A completed **Analysis Framework** and list of prioritized adaptations to include in the work plan for the next round of mass drug administration (MDA).

You may also want to develop a report of the findings and recommendations either in narrative or presentation format to share with stakeholders not involved in the process. A possible template for the presentation format is included in the guide.

**What needs to be done in advance of the session?** The data collection team should have finished data collection and completed the **Theme Matrix Worksheet**. The team should also have transferred the themes and sub-themes to the **Analysis Framework** and completed the column “Where are we today?” The purpose of this session is to give all attendees space to digest the themes that have been identified (the **pause** part) and **reflect** on what they mean for programmatic adaptation and implementation moving forward.

### WHAT IS THE STRUCTURE OF THE SESSION?

- Facilitator provides an overview of the purpose of the qualitative data collection and clearly displays the **questions** that guided the design of the qualitative assessment.
  - » These can be pinned to the wall as a continued point of reference.

- Distribute the **Analysis Framework** with themes and “Where are we today?” sections completed to all of the attendees to review for 5–10 minutes.
- Break into small groups to discuss what surprised or resonates with you and why.
- Facilitator reconvenes the group and leads participants through the process of completing the “Where do we want to be next?” and “How will we get there?” sections of the Analysis Framework. If there are a lot of themes, consider breaking into groups to work on this.
  - » Where would we like to be next?
    - *What does success look like for this theme?*
    - *What are concrete results that we could use to measure that success?*
    - *What are potential barriers to success?*
  - » How will we get there?
    - *What, if any, recommendations for changes were suggested by study participants?*
    - *What are the concrete steps that we need to take to get to our vision for success?*
    - *Who needs to implement those steps?*
    - *What additional support do we need?*
    - *How long do you expect it to take?*
    - *What positive and negative impacts will this change have on the program? For example, adapting MDA timing to reach one group may negatively impact on another.*

**Table 8-1. Analysis Framework (with examples)**

| Theme  | Sub-themes  | Where are we today?   | Where do we want to be next?   | How will we get there?  |
|--|---|---|--|---|
| <b>Migrant workers not receiving treatment</b> | <b>Timing of MDA</b>                                    | Male migrant workers miss MDA because they leave to work in the gold mines during the MDA schedule each year. | Migrant men included in MDA.   | MDA schedule changed from May to January to consider the annual migration of these men.<br><br>District Health Office to get permission of companies to set up fixed post-MDA site at gold mines. |
|  | <b>No treatment left in PHC after MDA</b>               | When these migrant workers return home 2 months later, there are no treatments available at the nearest PHC.  | Pills are available to migrant men after they return home.                       | PHC stocks treatment, and CDDs remind families of PHC treatment during household visits at time of return migration.  |
|  | <b>Men do not think they are at risk of the disease</b> | Most migrant men have little understanding of the disease but are concerned about their families.             | Men understand their risk and how taking treatment helps protect their families. | District Health Office liaises with companies to hold information evening sessions at gold mines, focused on how to protect your family.  |

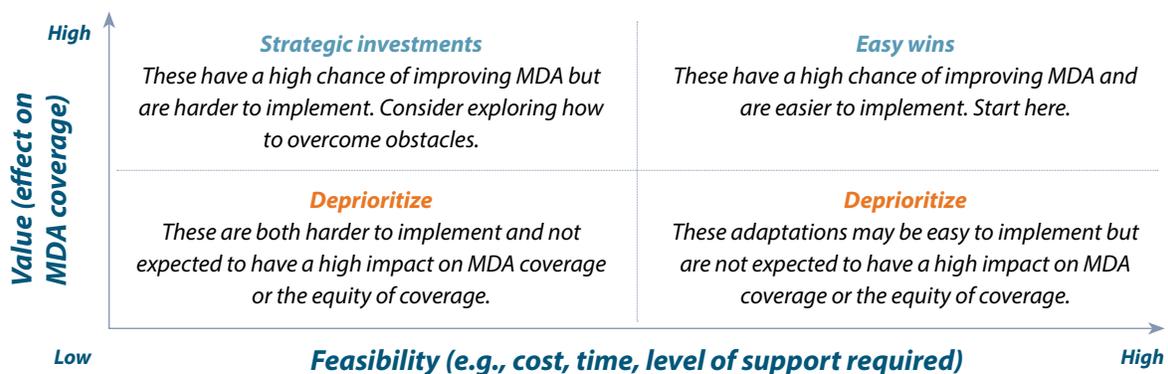
- Facilitator leads a prioritization discussion to determine which adaptations should be prioritized for implementation. The facilitator should help the group think through the following questions for each recommendation. If there are a lot of adaptations, consider breaking into small groups to work on this.
  - » Is there budget involved in making the adaptation? If so, does it fit into the existing budget or require additional funds?
  - » What are the human resources needed to implement the adaptation? Are these currently available?
  - » At what level does the adaptation need to be made? Project? District? National?
  - » What is the level of support for the adaptation?

- » How long will it take to implement the adaptation? Can it be done in time for the next round of MDA?
- » Is this adaptation listed for multiple themes?
- » What is the expected effect of the adaptation on MDA coverage? Did you hear the theme from multiple people? Did anyone contradict it?

After discussing each recommendation, pin a blank **Value versus Feasibility Matrix** for each recommendation to the wall and ask participants to walk around and add an “x” to show where they think that recommendation fits.

Alternatively, you can split participants into groups and assign different recommendations to each group. Groups should talk through the questions above and decide where on the **Value versus Feasibility Matrix** the recommendations fall. Each small group should then report the result to the larger group.

**Figure 1. Value versus Feasibility Matrix**



Finally, review the recommendations selected as easy wins and discuss the following:

- » Are you able to move forward with all of these? Is further selection needed?
- » Are any critical recommendations that you think are missing?
- » By implementing these, do you expect coverage to improve significantly or that you will reach persons previously systematically missed?

**Doing P&R virtually:** As COVID-19 continues to keep our teams at home, we must make considerations for what P&R sessions can look like virtually.

Use Zoom or another videoconferencing platform and consider structuring virtual breakout rooms for smaller group discussions. The meeting host or breakout room facilitator can take notes live during discussions to document the conversation. You can also record the session and share it with participants afterward so that they can review important points of the discussion. For the Value versus Feasibility Matrix activity, participants can use a shape such as a star to indicate where they think each recommendation falls on the map. The facilitator can then take a screenshot of the map and share it back with participants with the meeting recording. If internet connectivity is an issue, consider using a combination of the audio or the chat function in Zoom.