



Applying systems thinking: Process mapping in Bangladesh

Presented at HSR 2018

Programme: Urban Health in Bangladesh

- Three year project (2015–2018)
- Four key components:
 - Actors coordination
 - Health information systems
 - **Health financing**
 - Capacity building
- The team worked in 3 municipalities and across relevant line Ministries and departments at national level

Intervention: how to improve financing for urban poor

- Urban poor access services in the public and private sector incurring high out of pocket expenditures
- Financial protection mechanisms for urban poor are fragmented and provider-specific

National level health financing policy and service delivery arrangements for public and private sector providers

Municipal level work to improve financial protection and access to services for the poor

Method: Process mapping

What is it:

- A participatory and action-oriented methodology
- To promote collective thinking and facilitate communication among stakeholders
- To provide visual and simplified representation of complex interactions

Why use it:

- To map complex information and funding flows
- To reach a common view of the system
- To provide an initial tool to manage change

How to use it:



Method: how we used it

Define process to improve

- Identified core processes (budgeting, purchasing of services)
- Defined key question with stakeholders

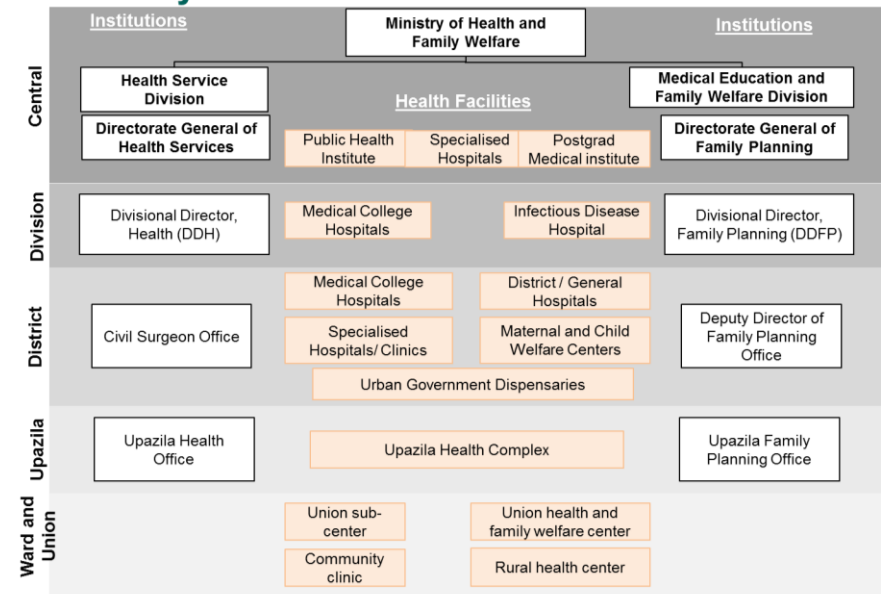
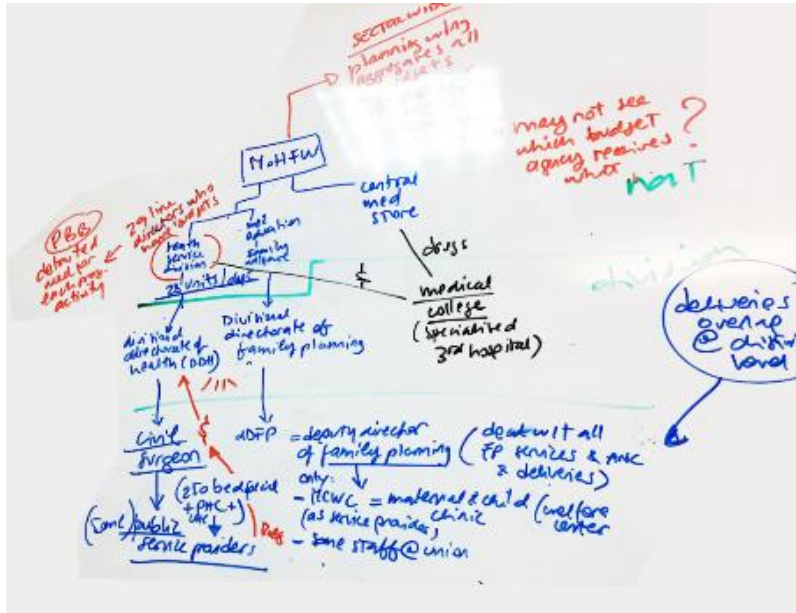
Describe current process

- Identified support and management processes
- Desk review and initial interviews
- Designed a stakeholders map
- Developed a simplified '*as-is map*' for budgeting funding flows and service provision

Analysis of current process

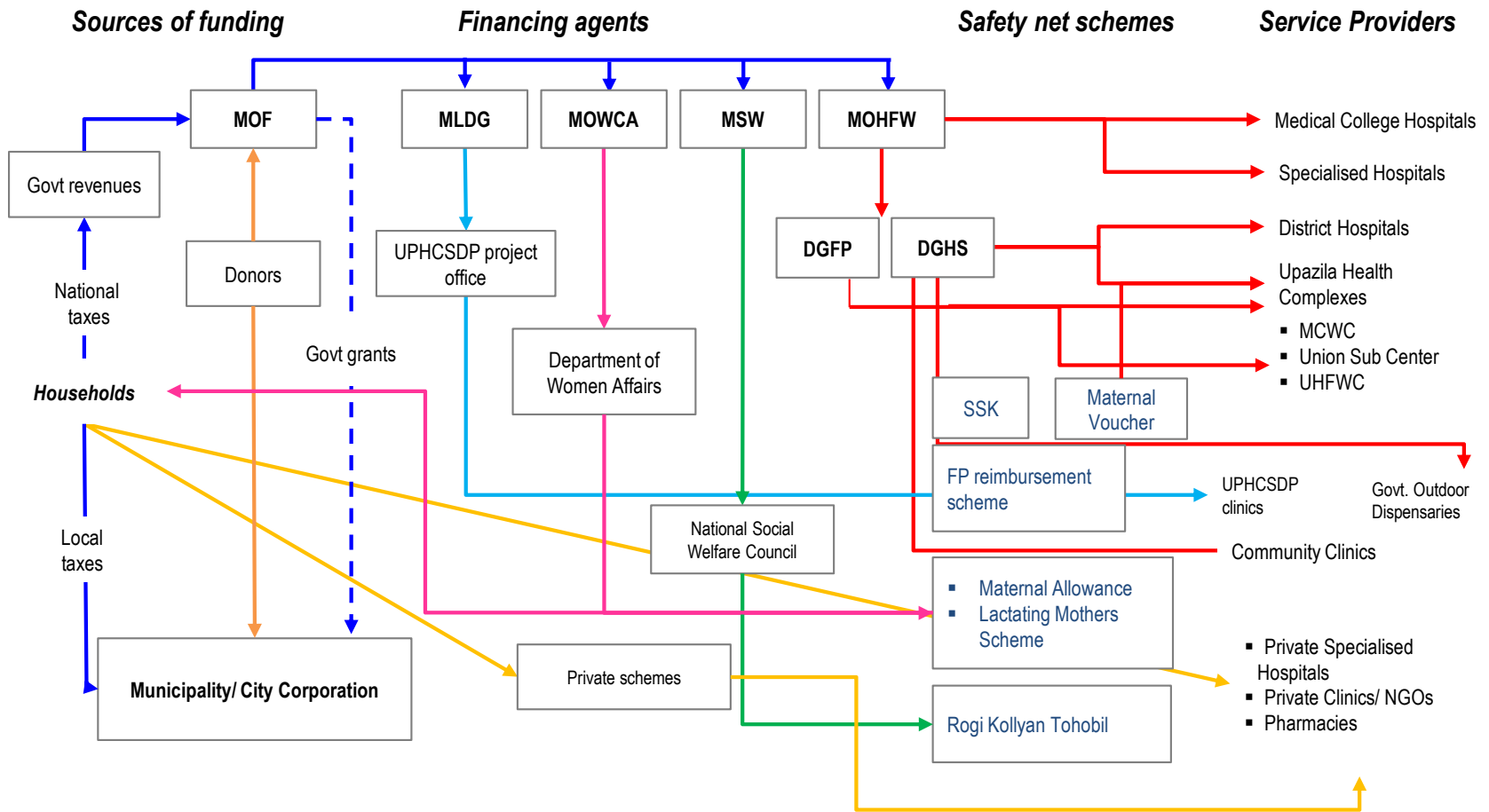
- Stakeholder workshops and KIIs to analyse finding and validate the results

Understand the context: institutions and actors

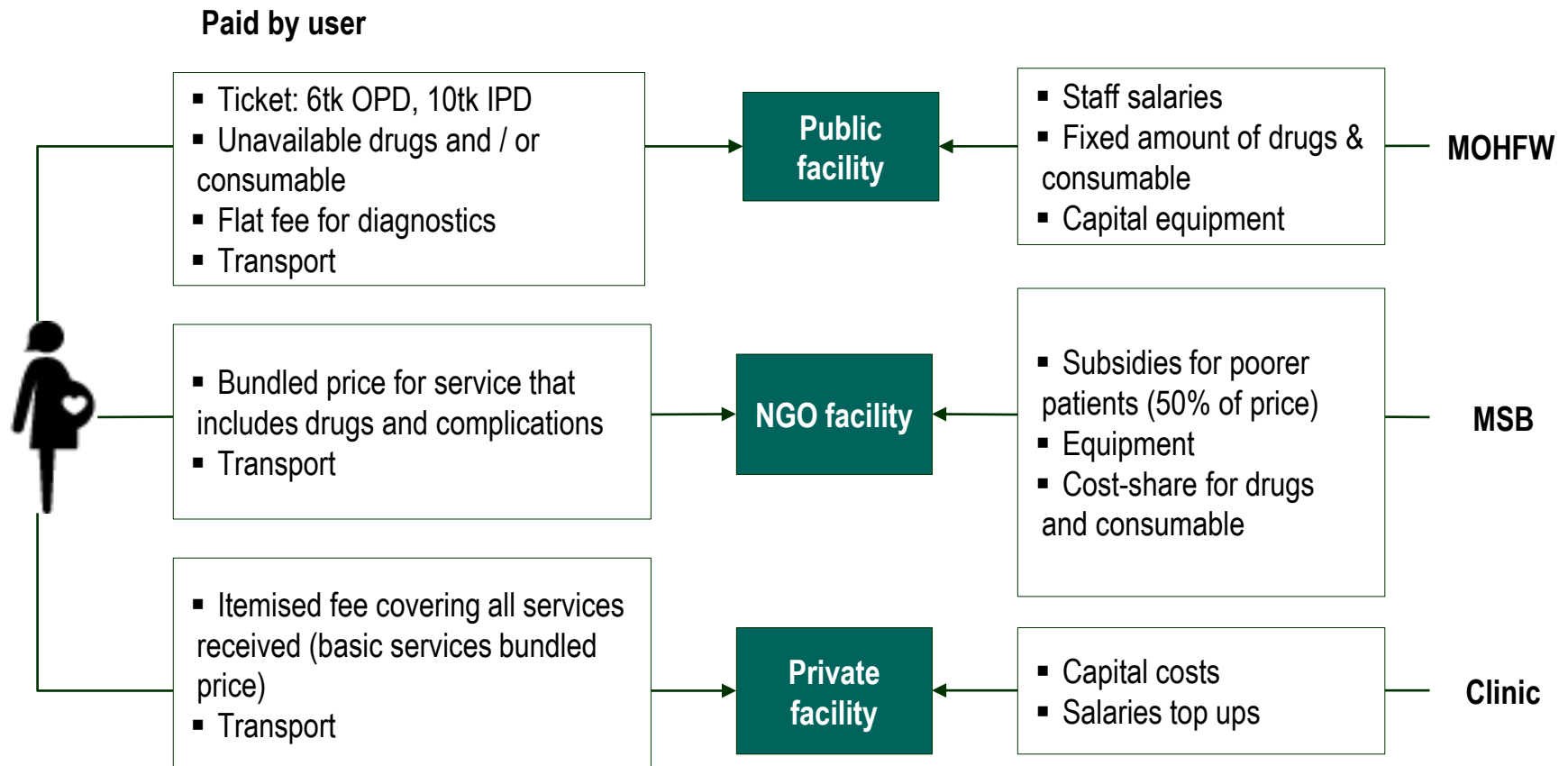


We mapped institutional structures, identified decision makers and budget holders for health and urban service delivery

Develop as-is map: funding flows



Analysis: how the poor pay for maternal health services



Challenges and Lessons

- Limited stakeholders' interest in 'taking a step back' to re-assess the situation
- Perception that process mapping was a discrete exercise not something to be used to inform decisions
- Short time available limited our ability to do multiple rounds of discussions and mapping → we had to simplify even more questions and maps
- Willingness to participate varied based on who else was involved (e.g. private providers vs. local authorities)

- Understanding of respective responsibility was different amongst stakeholders
- Fragmented and narrow focus was amplified by the limited participation and dialogue amongst key stakeholders
- There were no institutional arrangements able to bring together those who could make decisions for urban health
- Missing bigger picture of service delivery and financial subsidies for urban poor