



Market Facilitation Clinics

A “How to” Manual

*Supporting practitioners to learn, collaborate,
and address shared challenges*

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Part A) Definitions and Context for Market Facilitation Clinics

1) What is a Market Facilitation Clinic? When is it useful?

Definition: Market Facilitation Clinics are a method that brings together market development practitioners to help each other overcome practical and urgent challenges. Rich, contextualized and deep learning takes place as a result of these interactions. MF clinics are one specific instance of a more general process called Practitioner Learning Groups (PLGs), which involves people working together for an extended period of time to tackle common challenges in their work.

Clinics¹:

We use the word clinic to signify a place to come to diagnose and move forward with urgent problems. It does not mean coming to an expert who will give you the solution, but rather a group process whereby participants help their colleagues respond to an immediate challenge more effectively.

Best contexts: The clinics are useful amongst busy practitioners who have very little time to learn outside of the context of their work. In these cases, the strongest incentive to learn comes from the expectation of overcoming specific challenges in their programmes for which they are accountable. For the method to work, the challenges have to be of a similar nature. Geographic proximity between participants may also improve the performance of the clinics.

Who is this manual for?

This manual is useful for learning champions/facilitators and knowledge managers within relatively large organizations and networks who are trying to increase the relevance of learning, networking and peer-support amongst very busy practitioners.

What will you find here?

This manual provides a detailed explanation of how the method works, how to design and manage it, what problems to expect, and how much it costs. All of this information is based on the lessons learned during the first pilot of the clinics from April to August 2016.

2) Key assumptions and prerequisites for a clinic

This section lays out some of the key assumptions that underpin the market facilitation clinics. The intention is to be explicit so that others who are considering the method can adapt the model accordingly based on different assumptions.

¹ For a good example of this type of clinic, see the Presencing Institute's use of 'case clinics': <https://www.presencing.com/tools/case-clinics>

Participant Motivation

- Practitioners are over-worked and under constant pressure to deliver measurable results.
- Practitioners may invest time in training, but it is a very small share of the total time they spend “running” their programs.
- The method works better with field practitioners who can put new knowledge into practice quickly. This entails a profile of participants who are working in the field but who have enough influence within their teams and organizations to steer their programs.

Participant Learning

- Practitioners learn better when learning is contextualized, on-the-job and is geared towards solving concrete problems on the ground.
- Exposing practitioners to peers from other organizations with different visions and ways of doing things increases the diversity of ideas, reduces repetition of mistakes, reinforces good practices and helps them to compare strategies.
- “Learning backwards” (learning from past experience with the expectation that the newly acquired knowledge will be useful in an event in the future) is less exciting and engaging than “learning forwards” (learning through the reflection about present problems so that newly created knowledge can be put into practice immediately).

Group Composition

- The groups should not be very big to allow for detailed discussions. 3-4 people is ideal.
- Group members should be located in similar geographic regions to improve coincidence of time zones. This is important for the logistics of conference calls.

Part B) Designing and Launching a Market Facilitation Clinic

Part B lays out the important steps that need to be taken to scope and launch Market Facilitation Clinics. This follows the choices made during the pilot, and provides lessons learned and insights on the implications of those choices made along the way.

1) Define purpose and scope of the clinics

Purpose

The purpose of the pilot MF clinics was to promote effective learning and good practice amongst *market systems development practitioners* so that they can boost the impact, scalability and sustainability of their programs.

Scope

For this pilot, all clinics were completely **virtual**. There was the intention to have some in-person groups, but this became problematic in the formation stage. The pilot supported 4 parallel MF clinics, which convened for roughly 2 months - with 5 calls for each group. There were no geographic restrictions on participation, which drew participants from more than a dozen countries.

At this early stage of design, it is important to set a limit for how many participants and groups in total you have capacity for. In the pilot, we initially were aiming for 2 or 3 groups, with a maximum group size of 5 participants. Our recommendation is to limit group size to 4 members, and focus on finding an excellent fit with criteria and common challenges.

Planning

The pilot projects had an original timeframe of 6 months. Below is the timeline that was created at the beginning of the process, in January 2016

Main activities	Jan	Feb	Mar	Apr	May
<i>Identify teams with similar challenges to form groups</i>					
<i>Find and hire clinic facilitator</i>					
<i>Exchange of problems and design of solutions</i>					
<i>Implementation of solutions</i>					
<i>Synthesis of implementation process and lessons learned</i>					
<i>Monitoring of implementation and costs</i>					
<i>Production of cost-benefit analysis report</i>					

However, as we started the pilot, we realized that we needed a lot more time in the initial stages to select the right people and create groups. In addition, the actual active period for the clinics got shortened in the pilot, but we think that at least three months are needed for it to be effective.

2) Hire a facilitator

While a facilitator could be recruited internally, in the pilot phase, an external facilitator was recruited by designing and advertising a Scope of Work through relevant networks. The SoW can be viewed in [Appendix 1](#). The core competencies to look for in a facilitator can be broken down into knowledge, skills, attitudes and logistical considerations:

Table 1

Knowledge	• Market systems approaches, examples from different contexts and geographies • Resources available - experts, documents, learning and dissemination platforms (e.g. Micro links, BEAM and SEEP, etc.) • Challenges that practitioners face in their organizations and programs
Skills	• Communication – written and oral. In particular, listening and paraphrasing (given low sound quality and different accents during conference calls) • Group facilitation - ability to move conversation along, encourage people to participate, etc. Pay attention to power dynamics. • Organization - scheduling, preparation, etc.
Attitudes	• Flexibility - big picture schedule, small scale changes • Openness to learning • Persistent/patience - chase people down, use multiple modes of communication to cajole people to participate • Good sense of humor - useful when things do not go as planned and people get a bit “tense” • Firmness - to maintain a reasonable degree of discipline amongst participants.
Logistics	• Time zone of facilitator should be similar to participants if possible • Flexibility/availability at different times of day

If you plan to run more than two clinics concurrently, it is worth considering a co-facilitator, who can help with specific tasks. In this pilot, having one facilitator managing four groups meant that certain tasks (notes from meetings) had to be a lower priority, and towards the end there was some fatigue in terms of facilitating conversations for multiple groups.

3) Invite participants to apply

A market facilitation clinic works best when it is targeted at a specific group of people. If it is run internally to a single organization, this may simplify the process significantly. In the pilot, a wide net was broadcast to participants from many different organizations.

Before announcing the call for applicants, think about key criteria for participation and the types of questions that would best elicit that information. Think carefully about the expectations that the call for applicants will generate amongst potential participants, especially if people may think they will be able to access funding for travel or time away from work. Will you be able to meet them?

A **call for participants** should include the following key pieces of information to smooth the process of vetting and selecting people to fully engage in the clinics:

- *Demographic information*
 - Name, job title, project, organization, country
 - Email address, phone numbers, skype contact
- *Challenge currently being faced*
 - Ask applicants to describe their current field level challenge, and provide examples (such as the one below) that provide enough context and detail to assess the relevance of the challenge

Example of a good challenge:

“Getting cold chain technology to smallholder dairy farmers to improve their access to lucrative and sustainable markets by involving private / commercial partners to roll out this among the smallholder farmers on a sustainable basis.”

The other types of questions that should be included in an application are ones that **test participants’ commitment** to the process. This is always difficult to assess, but is one of the most crucial criteria for a high functioning learning group. Below are some examples:

Table 2

<i>Example question to test commitment</i>	<i>Rationale</i>
1) Have you agreed on the challenge with your project team?	Participants must be able to mobilize their teams and organizations around new ideas and strategies they come up with in the clinics.
2) Do you have financial support and the ability to invest the required time?	This is important in case participation has costs (e.g. travelling from the field to an internet cafe to be in a phone conference or meeting in person with the other members of the group). Their organization or the line manager has to know this in advance and agree to cover them.
3) Are you a member of XYZ organization? (in our case, the SEEP Network)	This is important for the purposes of showing the value of this method to network members. Hopefully, the clinics will be used also by non-SEEP members (in which case, this condition does not apply).

Once the set of questions have been developed² and integrated into a website or other channel for receiving applications, it is time to broadcast the call through channels that are effective for reaching the

² For a full list of the questions used see [Appendix 2](#).

target audience. In our pilot, this meant using the most active online learning communities for market development practitioners. Specifically, four channels were used to share the call for applications:

1. The Market Facilitation Initiative (MaFI) LinkedIn Group
2. The BEAM Exchange website and LinkedIn Group
3. The SEEP Network website and newsletter
4. Twitter accounts for all three of the above organizations

Figures 1.1 and 1.2 below show some tangible examples of the language used to market the MF Clinics (described as Practitioner Learning Groups, the generic term):



Fig 1.1: Screenshot of twitter promotion by The SEEP Network

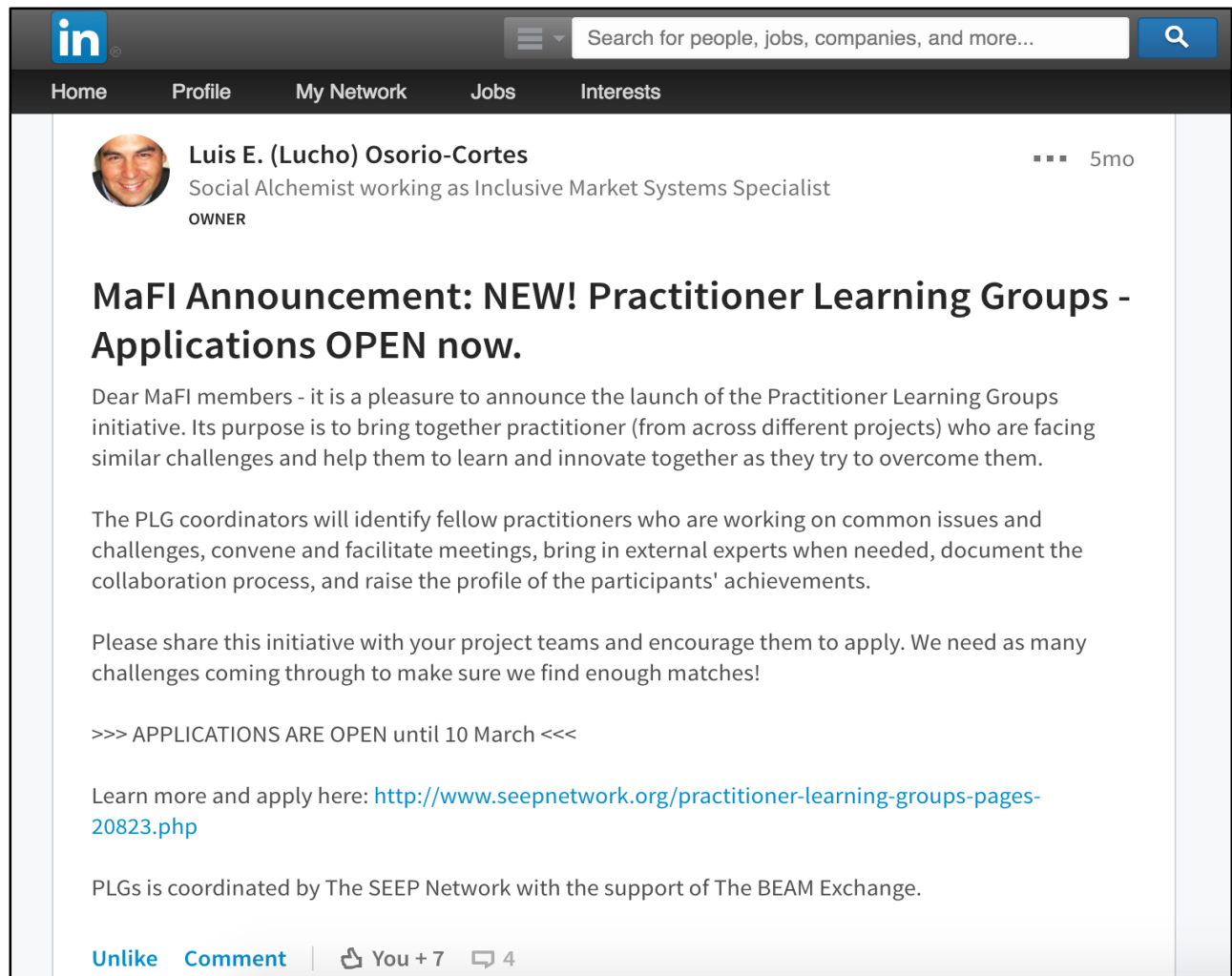


Fig 1.2: Screenshot of LinkedIn promotion by MaFI Facilitator Lucho Osorio-Cortes

4) Assess and select participants

Once applications have been received, the team responsible for reviewing should consolidate the criteria that will be used for selection. The three criteria below were used for the pilot:

- Must be part of a team that is implementing a market systems development program. Applicants with theoretical or hypothetical challenges questions were disqualified.
- Must articulate their challenge reasonably well. Extremely vague or muddled challenges were disqualified.
- Must be keen to learn and share experiences and resources generously. This is difficult to assess but it was sometimes implicit in the framing of the challenge.

Table 3

<i>Well-framed challenges</i>	<i>Poorly framed challenges</i>
"The main challenge I am facing with this particular project is figuring out the best type of model for supporting these type of business development ventures (in this case, the network of community agro dealers) and where the different actors/partners are best placed to provide their services."	"Default in repayments. Funding staff retention"
"We would like to integrate the LVCD approach and the Financial Inclusion interventions to help small farmers to increase their income. We would like to explore how to achieve this in places where there are MFIs and in places where no MFIs are present."	"Partners development in the face of adequate human resource support without financial support"

5) Cluster participants into groups

While screening applicants that do not meet criteria, or whose challenges are simply too vague, you also want to cluster participants into groups based on 'common' challenges. The size and diversity of applications will have a major implication on how much effort this step requires.

In the pilot, we used a grounded approach to identifying themes and patterns that emerged from applications, and sought to adjust initial groupings until we had an appropriate number and size of groups. There is also an opportunity to simultaneously apply a geographic filter at this stage. We tried this, but the geographies of participants did not align well enough with their common challenges.

Copy of PLG Applications

File Edit View Insert Format Data Tools Add-ons Help All changes saved in Drive

				\$ % .0 .00 123 ▾	Arial ▾	10 ▾	B <i>I</i> <u>U</u> <u>A</u> ▾						
A	G											H	
f	Country	Challenge											
5	Ethiopia	cash injections for the rural settlements and how load facilitation should happen.											
6	United States	I am most interested in developing solutions that translate market systems theories and approaches into practice. There seems to be a gap between current market systems thinking and practice. I am interested in seeing how we can close this gap.											
7	Ethiopia	The main challenge is our interventions is as we are trying to follow the market facilitation approach to enhance resilience to drought in pastoralist areas; the free aid approach of fellow organizations working in the same area is distorting the market. Even the market actors are out of business due to free damping of supplies in the market.											
8	Ghana	Interested in market systems across the board, but particularly in how we are improving our systems thinking and our ability to do adaptive management.											
9	Zimbabwe	Getting cold chain technology to smallholder dairy farmers to improve their access to lucrative and sustainable markets by involving private / commercial partners to roll out this among the smallholder farmers on a sustainable basis.											
10	Ethiopia	- Measuring systemic change and impact at the household level											
11	United Kingdom	I am facing following 3 challenges in doing research, impact evaluations of market development projects: Challenge-1: The market development projects have markets at its core which is always dynamic, more so in not so stable socio-political contexts...when grounds underneath is changing so dramatically every few months, then the results trajectory of the market development project becomes very shaky and doing an evaluation within this set up											

Fig 2: Screenshot of the original spreadsheet of applications (numbered, with names hidden)

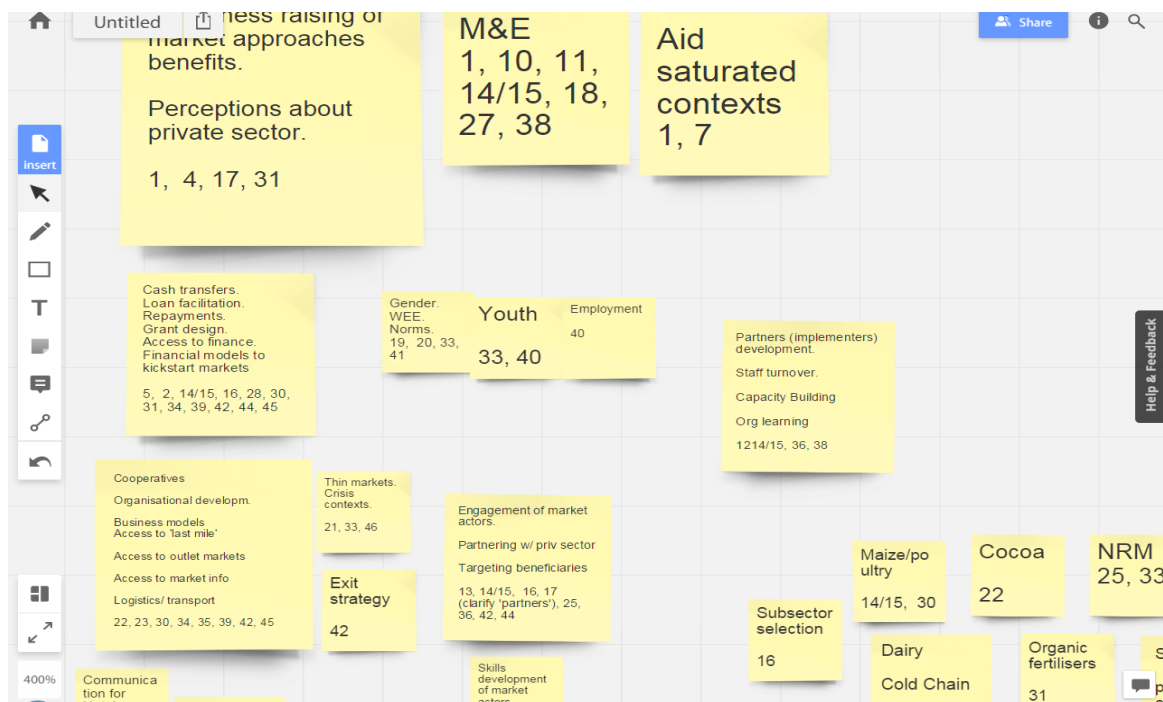


Fig 3: Example of thematic clustering using keywords and themes. Software: Realtime Board

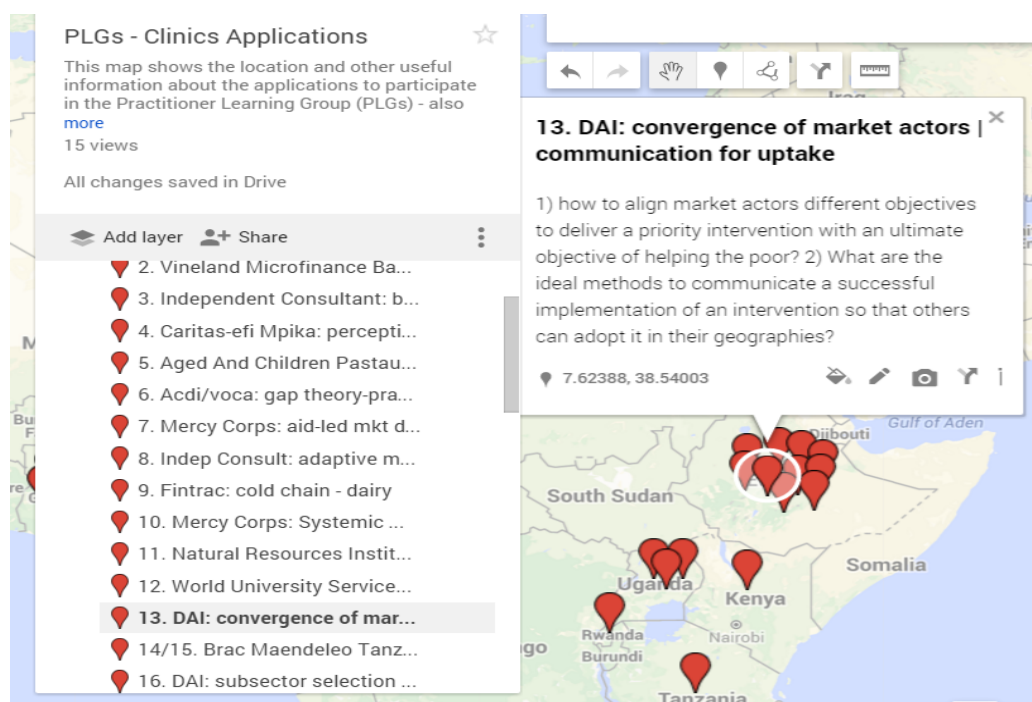


Fig. 4: Visualization of application locations to detect geographic clustering. Software: Google Maps

	A	B	C	D	E	F
1	Themes	Applic #	Locations	Geo Hub	Feasible satellite	
2	Awareness raising of market approaches benefits.	1, 4, 17, 31	Eth, Zamb, Eth, Ban	Eth	Zamb	
3	Perceptions about private sector.					
4						
5	M&E	1, 10, 11, 14/15, 18, 27, 38	Eth, Eth (both from MC), UK, RSA (possibly Tanz), Can, US, Ban	None		
6						
7	Aid saturated contexts	1, 7	Eth, Eth (both from MC)	None		
8						
9	Cash transfers	5, 2, 14/15, 16, 28, 30, 31, 34, 39, 42, 44, 45	Eth, Nigeria, RSA (possibly Tanz), Eth, Uga, Ban, Cote D'Iv, Uga, US, C/Rica, Angola	Eth	Uga	
10	Loan facilitation					
11	Repayments					
12	Grant design					
13	Access to finance					
14	Financial models to kickstart markets					
15						
16	Gender.	19, 20, 33, 41	Eth, Gha, Nep, Bra	None		Would they like to interact virtually only?
17	WEE.					
18	Norms.					

Fig 5: Example of trying to cluster by geography (see column D in spreadsheet: "Geo[graphic] Hub")

The nuts and bolts of inclusive finance in rural areas:
Using systems thinking to help market actors design and manage financial products that meet the unique constraints of rural farmers/poor.

Location: Uganda/Ethiopia

Projects/challenges included (6 in total):

- Implementing a warehouse receipting system - getting it to function well. (Uganda)
- MIS and microcredit for smallholder integration (Uganda)
- Cash injections in rural areas (Ethiopia)
- Savings mobilization (Ethiopia)
- Credit facility for farmers to buy organic fertilizer (Bangladesh)**

Name	Position	Org Name	Country	Justification: why are they a good fit for this PLG?	Clarification: what questions do we have for the individual?	Answers to questions

Fig 6: Example of a more detailed preliminary framing for a group. One document was created for each proposed group with proposed location and examples of project-level challenges.

6) Schedule informal interviews with top candidates

Once you have a short list of participants (for example, 20 applicants for 15 spots) that are clustered into preliminary groups, we strongly recommend conducting short phone calls with each applicant to get to know them better and test their fit with the proposed group.

These 1-on-1 calls, which can be as short as 20 minutes in length, help build the relationship between the facilitator and participants, and serve as a crucial screen to make sure participants are serious, are good communicators, and actually want to be part of the clinic they are offered access to.

Scheduling these informal interviews is best scheduled using an online tool (like [doodle](#) or [calendly](#)) and offering more than 1 timeslot per participant. For example, if you are trying to set-up 10 calls, offer 20+ timeslots on the poll, to avoid excessive email communication. Other tips for speeding up this process include:

- Gather multiple forms of contact info from people (skype and phone) so you can reach out directly if they don't show up at scheduled time.
- Set the doodle settings so that participants can only choose 1 option, and that time zones are automatically adjusted. This means that as soon as someone indicates their availability for a time, they are confirmed.
- Send a short email to confirm with people 1-2 days after they have filled out the poll to confirm the time.
- Send a second email to people 2 days before the call to remind them of the time, date and communication method (skype or phone call)

The agenda for the 1-on-1 call should be very simple - starting with introductions and context on the person's work to build rapport and get to know their communication style. From there, ask the person to explain their challenge verbally, and ask some probing question to understand it in more depth. This is very valuable, as they may have written about something in a couple of sentences on their application, but their actual current challenges may be quite different. Finally, share with the person the preliminary framing for the clinic you are proposing for them to join (key questions, nature of challenge, other participants) and ask them to talk about:

- What would you want to gain from *that specific group*?
- What would you offer to *that specific group*?

A spreadsheet like the one pictured below can help to keep track of the applicants, their proposed group, any notes on communication, and a simple 'traffic light' system for the quality of the interview.

	A	B	C	D	E	F	G
1							
2	Name	Contact info	Who contact	PLG #	Notes	Time?	
3				1		Round 1 convo w/ Mike and Nisha	Very keen
4				1		Round 1 convo w/ Mike and Nisha	Decent fit; US-bas
5			Mike	1	Emailed April 27th	Friday April 29th; 8:30am EST (3:30pm Kenya time)	Decent fit; hard to
6				1		Round 1 convo	Hard to hear/unde
7			Mike	1	Emailed Apr 17th (responded to poll same day)	Friday April 22, 7:00 am EST	Very strong and k
8			Mike	1	Emailed April 29th (late!)	Tuesday, May 3rd, 8:00am EST	
9			Mike	1	Emailed Apr 17th (responded)	Monday, May 2nd, 8:30am EST	
10							
11				2		Round 1 convo w/ Nisha	Good fit
12				2		Round 1 convo w/ Mike	Great experience
13			Mike	2	Emailed Apr 17th	Friday April 22; 6:30am EST	Decent fit
14			Nisha	2	Emailed April 27th	Friday April 29th; 8:30am EST (3:30pm Kenya time)	No Show!

Fig. 7: Master spreadsheet showing multiple types of contact information and scheduling notes. Color coding by 'stop light' ([green = good, yellow = questionable, red = not a good fit] to give a snapshot of their potential to be a good contributor.

7) Finalize group composition and schedule group launch calls

Once you have spoken individually with all shortlisted applicants and selected the final participants, the next step is to finalize the group composition.

All participants should pass the screen of fit, communication ability, commitment and presence of a common challenge. Secondly, when it comes to forming suitable groups, the goal is to find people with similar challenges, who are within 4-6 hours of time zone difference³ of each other, while keeping the group size to 4 at the high end.

Be prepared for the very first call to take a long time to schedule effectively. It may take more than one scheduling poll to find a time that works for 100% of a given group's members. With some luck, once you do find a time (i.e. Tuesdays at 8:00am GMT), you can use that as a regular meeting time and not have to continually search for people's availability.

³ *Note:* Consider time zone 'spread' as a group criterion. Once it becomes very wide (12-13 hours) it severely constraints what time of day you can hold calls. In the pilot, multiple clinics had this sort of spread (i.e. a member in Colorado and another in Cambodia) which means that calls can only take place very early for Colorado participants and very late for Cambodia participants.

It can also help to send some reflection questions to prime people for the very first group call, such as the two below which were used in the pilot:

1. *What is the current, specific field challenge you are facing that relates most closely to the theme of this Practitioner Learning Group? (Theme = leveraging market systems for reaching the last mile)*
2. *What is one interesting thing you have seen or learned related to this challenge in the past 2 weeks?*

Part C) Facilitate the Market Facilitation Clinics

1) Conduct group calls

In many ways, the group calls are the core of a Market Facilitation Clinic. Below are the core elements that were used in the pilot, all of which we recommend including (plus other elements) for others considering this method. We still have things to learn, and the detailed design is flexible in order to be adapted to organizational contexts, but we think that most of these are crucial to success of the method.

Element 1: Relationship building and context development

The 1-on-1 relationship between facilitator and participant should have started already with the informal interview. This should continue through email contact for scheduling and include fun and light rapport. This trust and relationship is crucial to being able to contact people on short notice, and to get feedback.

An effective practice implemented in the pilot was to start the very first call with participants and facilitator sharing personal context about what is happening in people's lives beyond work. A sample question would be "tell us about your family", which can uncover unexpected coincidences, and even shed light into why people can't make certain times for calls due to family commitments.

Participant's relationships with one another are equally important but harder to force, especially in a Market Facilitation Clinic that is purely virtual. This takes time, as well as being comfortable with silence on the part of the facilitator, so that people are able to jump in and speak directly to one another.

Element 2: Developing a shared learning agenda

Definition: a shared learning agenda is a set of questions that the group mutually agree are worth addressing together. *"What is the question we are trying to answer together?"*

The intention of a learning agenda is to have a reference point to decide what topics and conversations are prioritized and help participants see why they are in a group and what they want to accomplish together. A preliminary learning agenda will be embedded in the group's initial topic/theme, but it is important to test/challenge the assumptions by letting participants define it themselves.



To do this, we recommend having everyone describe their role, their organization, and some of their key challenges during the initial launch call. Allocating 5-10 minutes per person is important to allow people enough time to elaborate and contextualize. After 30-40 minutes, the facilitator can simply ask someone to take a first stab at the learning agenda, before gently coaxing others to react, give feedback, improve and iterate on the learning agenda. Below are examples that show how the focus of the group shifted after this first call:

Table 4

<i>Initial framing</i>	<i>Final learning agenda</i>	<i>Drivers of change</i>
"Scaling up effective business models through multiple private sector actors"	"Making the case for a market systems approach to other development actors"	Group members were positioned in senior roles and were more acutely aware of wider set of stakeholders; programs being implemented were in very different phases.
"Logistics of business models for reaching the last mile"	"Engaging partners to extend business models to reach the last-mile."	Most group members were still looking to identify and select partners to develop pilot business models, so the group refined its focus on this selection process.
"How to analyze and use social norms to inform market systems programming"	"How can market systems change gender norms by making the business case?"	There was debate about the merits of a tight vs. broad learning agenda, which was never fully resolved. There was some reflection that by not getting more specific (picking one or two norms), the group wasn't able to get as deep with their technical knowledge and learning.

Element 3: Current case studies from participants

The case studies are the backbone of the Market Facilitation Clinics - they are where the pragmatic views of practitioners come to bear on real challenges. They also represented more than 60% of all the time spent together on the group calls, so are a significant investment.

Idea in brief: Participants each prepare a well-framed case study based on a current challenge they face in their work. This highlights the different actors involved, the history, the goals and the barriers faced by the participant. This should be linked to the challenge they stated when they applied to the group, but can even be more specific (difficulty working with a specific market segment or even a specific business).

Purpose: By sharing detailed examples and getting input from peers, participants are able to see new perspectives on their challenge. Those asking questions broaden their awareness of market systems in different contexts, and learn by trying to add value to their peers.

There are some clear lessons on how to improve the quality of the case studies:

- Get people to send written synopsis of their case study to the group in advance (mandatory).
- Prioritize time for group questions, which can be separated into two kinds: (a) clarification questions where people are filling in details, building a clearer picture of 'what is'; and (b) Suggestions/perspective questions where people are pushing the case owner to think about what they could do differently.
- Get the case study leader to summarize their key takeaways at the end of the call, and follow-up in subsequent calls to learn about progress. This reinforces the message that the cases should lead to learning and action, which is then implemented.
- If possible, limit yourself to only one case study per group call. In some instances, in the pilot, two cases were explored within a single (90 minute) call, which created extra time pressure and occasionally limited the insights of case leaders.

There are some potential adaptations to the format that emerged from the pilot which are worth considering:

More intentional case selection: If you were to ask participants to list a range of possible case studies from the current work early in the first call, then these topics could be prioritized to fit well with the learning agenda. This would help participants prepare better in advance, and to ensure the learning agenda is being furthered intentionally. In the pilot, there were some cases where people chose a case study that was only tangentially linked to the themes of the group, but given they had prepared it in advance, it was difficult for the facilitator to change their topic once they got started.

Shorter cases: If it becomes mandatory for people to send their case in writing in advance, then it would be possible to experiment with shortening the case studies (30 min maximum). This would require the cases to be written in advance.

Element 4: Updates on progress and learning from the field

It is helpful to start each group call with a check-in, whereby participants update each other on what they have been thinking, learning and doing in their work. This helps to continue to build group relationships, and to highlight good examples of curiosity and self-driven learning within the group. This element helps illuminate the wider context of people's work, since the update doesn't have to be confined to the group's topic, which may lead to unexpected connections. It also reinforces how all practitioners deal with the full range of organizational issues in implementation, and not just the topic that their clinic is focusing on (i.e. group may be focusing on donor alignment, but practitioners still deal with market research, M&E, etc.)

Element 5: Expert Q&A and explorations

While the core principle of the market facilitation clinic is that people can gain sufficient perspective and insight from their peers to tackle their challenges, it is also powerful to inject the perspectives of so-

called ‘experts’ who are senior leaders in a sector with deep knowledge and experience to convey to the group.

This element proved valuable in the pilot, and came in a few different modes:

- Specific research insights on the topic.
- Past/current experience working on exactly the sort of challenge the group is dealing with. This is a bit like a super-participant who has advanced knowledge.
- Thought leader who has wide experience, has worked in different contexts, and is writing/influencing the field on the topic.

The degree to which the expert can tailor their insights to the group lies mostly on the facilitator to be able to frame the group’s purpose and give clear direction to the expert. If possible, you should obtain some written material in advance to share with participants. If this is not possible, links to the resources (and networks) afterwards is a good backup plan. All four of the experts in our pilot had more to share, and many participants reported that referring back to these (even 3-4 weeks after the fact) was very useful.

Sequencing and frequency

- We recommend bringing experts roughly half-way through a clinic. This balances group formation goals (letting the group form its own culture) with knowledge integration goals (leaving enough time for the new perspectives to be integrated).
- Bringing in at least 2 experts per group will allow for a diversity of opinions, highlighting that no single person has the answers or the ‘right’ perspective when it comes to market systems approaches.

Element 6: Folder with shared resources

Given the desire to build on existing knowledge, it is important to provide a mechanism for leveraging existing market facilitation resources. In the pilot, we created a shared Google Drive folder for each clinic, which was populated with documents and reports relevant to that group’s learning agenda. These were identified in large part by the facilitator and the other members of the planning team, while a few were suggested by participants themselves, or provided by experts.

The use and uptake of resources was mixed. Most people read at least one or two resources, while others never looked at them. To optimize this element, we recommend highlighting one specific resource for participants to read in advance of each call. This could be strategically chosen to build on the theme of that call’s case study, if the topic has been decided on in advance.

2) Maintain group momentum

While the group calls form the spine of the Market Facilitation Clinic, there is great potential to leverage the time in between calls to solidify learning gains and to continue the group’s momentum. We recommend focusing on four key logistical tools and strategies to maintain group momentum:

Summarize conversations immediately

Not all people will attend all calls, so investing 30-60 minutes after each call to create a 1-2-page summary of the key points raised is a powerful way to catch people up who miss calls. It also will ease the knowledge capture for documentation at the end of a market facilitation clinic. This important function requires diligence and time investment, and was not adequately prioritized during this pilot. Our suggestion to improve this is to make regular deliverables an explicit part of the facilitator role description (i.e. send a 1-page summary within 2 days of each call) and make sure participants read that in advance of the subsequent call.

Check-in with trusted members for feedback

1-on-1 check-ins with individual members are an excellent way to get a pulse on how things are going and to gather feedback on how the clinic is progressing. If there is limited budget and time for this, priority can be given to (a) strong contributors and (b) people who miss sessions, to support the high and the low end to keep the group as a whole moving along.

Adaptive scheduling

This is the most mundane but possibly the most crucial logistical strategy for maintaining group momentum. When working with diverse groups spread across countries and time zones, there will frequently be people who cannot make a planned group call. Judgement calls will arise when you have to decide whether to charge forward without someone, or to reschedule.

Especially for the first 2 calls, we recommend trying to accommodate everyone. Key to this is quick decision making, which usually involves reaching out to people 1-on-1. Group emails are convenient to send, but unreliable to wait for responses to. Sometimes a 90 second call is all it takes to get a clear answer on someone's availability for an alternative time, and it is worth the financial cost of paying to call people on their cell phone (via skype or other paid service).

Timing the reminder emails and updates carefully

Even people who are available for a regularly scheduled group call will forget. Particularly if there is any change to the 'normal' schedule, you should send email reminders in advance so participants have it on their radar. This is even more important for reminding case leaders to prepare and send written case studies to their colleagues in the group before the call.

3) Wrap up the process

As the final call approaches, it is a good time to think about the requirements for wrapping up and documenting the market facilitation clinics. Since this document is an example of what the documentation might look like, here is a brief list of the 3 key elements of wrap-up that we undertook in this pilot (subject to adaptation in other contexts):

Feedback survey

We opted to only conduct a final exit survey at the end given the short time frame and limited number of calls. This was sent out to participants 1-2 days after their final call as a group. The full survey is included in [Appendix 2](#).

Post-clinic follow-up

We plan to do a shorter follow-up survey with people ~3 months from the end of the clinics to see the extent of implementation and what results have occurred. This will also be supplemented with In-person engagement at upcoming conferences where possible.

Documentation

Given the pilot nature of these initial Market Facilitation clinics, we have invested heavily in documentation, creating this guide as well as a set of written (and audio) case studies of all 4 groups. Our purpose with these outputs is to feed the learning on each challenge back into the wider field of market development, and to market the clinics to a wider audience as a method for learning and knowledge management.

Part D) Feedback, Evaluation and Analysis

A detailed exit survey was given to participants at the end of their final group call, which contained 35+ questions (including sub-questions and justifications). Much of this was open form, giving people the space to answer in their own words. To make for easy digestion, the results of key questions have been synthesized below to give the reader a sense of the overall feedback on the pilot. Of the 17 individual participants, 16 completed the survey.

1) Expectations of participants: before and after

In response to an open-ended question about initial expectations for the market facilitation clinics, we received a range of answers that we clustered into themes. The four main expectations are summarized below, with the frequency of their mention in parentheses:

- To gain technical knowledge, specific to their context and challenge (8 mentions)
- To share specific experiences of others, doing similar work (8 mentions)
- To put learning into practice immediately (4 mentions)
- To build relationships, networks and community (3 mentions)

We asked whether expectations changed at the very beginning, as a result of their 1-on-1 call and the launch call with their group. The table below summarizes the responses:

Table 5

Change	# of participants	Examples
Unchanged	3	"It went the way I thought it would"
Changed (lowered expectations)	2	"I realized the group would have less technical depth than I had assumed" "I realized that my organization would not get as much exposure in the SEEP Network"
Changed (realized they had incorrect assumptions)	11	Groups were smaller than I expected, but I came to see that as an advantage. There were less calls than I had expected. I realized I could learn a lot from the experience of others. I realized I wasn't the only one facing this sort of challenge. Size of groups, number of calls, realizing other shared their challenges, value in learning from others, etc.

Finally, we asked participants to rate the extent to which their expectations were met overall, having reflected back on the whole process (1= not satisfied at all, 5 = extremely satisfied).

The average rating overall was **3.6 out of 5**, showing moderate satisfaction, with a wide range of responses (standard deviation was 1.5).

The graph below shows the distribution of ratings across all four groups. Each color represents a different group, but group numbers have been left out for anonymity. The most frequent rating is 5/5 (extremely satisfied), with 6 of 16 participants providing this rating.

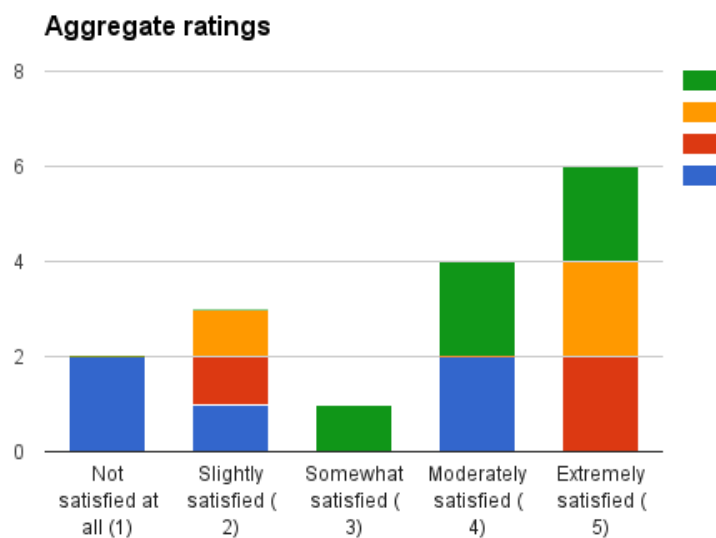


Fig. 8

We also asked participants to explain their rating in an open form question. This gave considerable insight into why they gave the rating they did, but adds complexity to the analysis. Some excerpts from these rating explanations are shown in the table below:

Table 6

Rating	Explanation of rating
1	<i>While I am quite in favor of having participants from a variety of nationalities and geographies on the PLG calls, logistically it made the calls quite difficult to have people from such extremely different time zones on the same call.</i>
2	<i>There are no ready solutions out there since each situation is unique in its own right. Solutions have to be thought out and devised by people confronted with the situation. The exercises provided new perspectives of looking at challenges, thus help in problem solving.</i>
3	<i>Missed one call that was crucial to me, particularly the fourth one where XX and YY shared their case studies. I missed the details as well as suggested strategies shared.</i>
4	<i>It was a good opportunity to test this idea of getting practitioners 'together' from around the world. The group seemed to be in agreement at the end that, if such a group were to run again, it would be fruitful to identify areas of shared interest at the beginning and then prepare for a series of more specifically focused sessions.</i>
5	<i>The reflection, discussion, and new resources spurred me on to take action more strategically than I have been doing recently.</i>

2) Changes initiated by Participants

We asked respondents, **“have you initiated any specific changes in your organization or project that you would link back to the Practitioner Learning Group?”**

Nine respondents said they had already initiated, four were in the progress, and only three did not plan to initiate changes. Note that the three who did not plan to initiate changes were the same participants who were ‘not satisfied at all’ by the overall process.

Below are some of the examples of changes that had been initiated already. Given the purpose of the clinics and the short duration of these four groups, we see these as extremely promising examples of the type of field learning and implementation that are possible even with a ‘light’ implementation of the method.

- Instead of increasing geographical area for scaling up, revisit the same farmers who were made aware of benefits and trained on using organic fertilizers to increase adoption.
- Selecting an implementing partner for a business cooperatives project using a resource highlighted in the clinic (Methods for Identifying and Selecting Lead Firms).
- Lobbying national cooperative federation to provide solar powered processing equipment to women-led cooperatives to improve productivity.

- Considering options to replicate community-level progress update meetings at a village level which proved effective at highlighting and normalizing women's success in business. (This had been shared by another clinic participant as a best practice).
- Testing venture capital in areas where there are no microfinance institutions to fund small producers' organizations to improve their productive conditions, hence their income.
- Developing a new project concept to explicitly align the activities of the major actors in the water and sanitation sector in Cambodia, which has gained momentum and is under consideration for funding.
- Co-hosting a donor staff workshop together with DCED and BEAM Exchange targeting donor staff in Tanzania, Kenya, Ethiopia, and Uganda.
- Making a documentary of transformational stories from female farmer role models and sharing with partners and women to encourage women producers.
- Created a database of women, gender materials, tools, studies.

3) Recommendations and willingness to pay in future

Given the interest in using this pilot as a basis for further expansion of Market Facilitation Clinics, we asked a couple of questions to do a rough 'market test' of the value of this service to participants.

When asked whether they would recommend this initiative to a friend or colleague, **15 out of 16** said they would - a very interesting result, given that two of the three who were 'not satisfied at all' would still recommend the initiative. Almost all people said that, in particular, they would recommend it to practitioners who are actually implementing a market systems program. Some recommended senior managers, directors or executive directors, while others were not specific about the level of seniority.

We also asked about people's willingness to pay for this service in the future, and found that 5 out of 16 were confident their organization would be willing to pay for this experience in the future.

Part E) Recommendations for Future Adaptations

This pilot cycle of Market Facilitation Clinics was an ‘experiment’ in many senses. In this section, we review some of the key variables that we either held constant across all groups (i.e. number of calls) or that we varied across groups (size of group, geographic spread, types of org’s). This section is intended to capture some of the learning from what choices we made in this pilot, and make recommendations about how to adjust variables in the any subsequent iterations of this method.

Table 7

Variable	Range in pilot	Recommendation + Rationale
1) Duration of clinics: number of calls and timespan	All groups had 5 calls spread across 8-10 weeks	Increase to 7-9 calls to take advantage of relationships built and to go deeper on technical learning. This would increase the cost of the pilot, but likely solidify impact and learning of participants, by exploring more existing resources (tools, frameworks and published case studies) and giving them more time to implement new actions and strategies.
2) Size of groups: number of participants per clinic	Group size ranged from 3-5 people	Target 3-4 people with the motivation, commitment and fit with group topic. Quality is more important than quantity of participant; risk of group of 5 is the feeling that there is ‘always’ someone absent.
3) Types of participants: seniority and location of participants	Wide range from field to HQ; early career to senior management	Keep groups of the same ‘level’ in terms of seniority (middle managers or senior managers) who are in country implementing projects. This minimizes power differences and makes it easier for people to relate to each other’s context.
4) Types of organizations: size, scope and nature (public vs. private)	Wide range from international to local; NGO, private contractor and local business	Target participants who work on programmes explicitly taking a market systems approach (or planning to start adopting the approach). Be vigilant in probing the motivations of businesses to join a clinic. While diversity in organizational form supports mutual empathy, it can also derail conversations if not checked. It is likely better to invite businesses to join on a 1-off basis than to be core group members. Ultimately, shared interest in facilitating systemic change in markets is crucial.
5) Familiarity with market systems	Range from deeply experienced to brand new	Conduct some sort of rudimentary ‘screening’ to at least have a gauge of people’s understanding and experience with market systems approaches. Host a kick-off webinar (optional) for all clinic participants to set some common language and framing about market systems.

6) Multiple people from same organization	Three organizations had multiple participants, most did not	In future, make a more explicit effort to connect together people within the same organization who are participating in parallel clinics. We didn't have enough interaction to know the value of this feature.
7) Topic selection process	Open call, followed by second round where we 'pitched' topics to attract applicants	Seek ways to support participant-led identification of topics and interaction with each other, rather than trying to direct this process centrally. Some sort of virtual open space (google doc, e-discussion, LinkedIn discussion) could help participants find people they are interested in learning from and actually decrease the time spent sorting through applications.
8) Cross-clinic interaction	No explicit interaction between groups was supported	Bringing together the participants from all clinics at the beginning and end of the process could support buy-in and cross-fertilization of ideas.
9) Introduction of existing resources & knowledge	One guest expert per group and 4-6 articles or resources shared with each group	Increase use of existing materials on SEEP, BEAM and other platforms, and ask participants to play a more active role in reading and recommending resources to one another. This can be linked to 'assigning' one key reading between each group call to foster shared learning. As mentioned in previous sections, increase to 2 guest experts per group, and have these spread more evenly across the duration of the clinic.

Appendices

Appendix 1: Facilitator Scope of Work

Overview

Practitioner Learning Groups (PLGs), coordinated by The SEEP Network with support from [The BEAM Exchange](#), are designed to help project leaders seize the aforementioned opportunities in an efficient, timely, and cost-effective way. The PLG coordinators identify fellow practitioners who are working on common issues and challenges, convene and facilitate meetings, bring in external experts when needed, document the collaboration process, and raise the profile of your achievements. This collaboration will take place through structured, time-bound, and facilitated interactions, such as Skype conferences, webinars, and in-person meetings.

Scope of Work

Total LoE: 25-30 days (for 2 or 3 PLGs)

The PLGs facilitator will support the group by helping them refine their learning questions and then develop an action plan to address the questions. The PLG facilitators will support ongoing communication and discussion for each group, as well as help the group document its learning. The SEEP team will provide support and supervision through the process. SEEP will also be responsible for setting up call and providing logistical support.

Review shortlisted PLG applications and provide comments
Work with SEEP team to design initial PLG implementation plan (activities and timeline, which will then be customized for each PLG based on learning priorities)
Help the PLGs to clarify and define the problems to be addressed
Convene & moderate interaction, via WebEx, Skype etc. – 1 space per month (if there is interest from the group members, one in person meeting might be convened)
Assist PLGs to record ideas / solutions systematically (e.g. minutes from webinars and executive summaries)
Help PLGs access / consult BEAM & other Networks
Synthesis of learning from the PLGs
Follow up and support PLGs to document their process and results of implementing solutions that they come up with.
Analyze lessons from the pilot overall and write up Broad communication of results via blog, BEAM website & fora Follow up with interested stakeholders

Project timeline

Main activities	Start	End
Launch RFP (3 weeks)	18-Feb	March 10th
Hire Facilitator	Feb 22nd	March 10th
Select teams and inform them (I have a feeling we might have some clarification questions in some cases)	March 10th	March 16th
Exchange of problems and design of solutions		
Solicit additional information from each PLG participant about project	March 16th	March 24th
Initial PLG meeting with facilitator (assuming we do these virtually we should be able to have them done in these two weeks. If we want to do an in person meeting, we need more lead time)	March 25th	April 8th
Implementation of solutions and ongoing exchange (Approx. 10 weeks)	April 8th	June 15th
Production of case studies	June 15th	June 30th
Synthesis of implementation process and lessons learned	June 15th	June 30th

Appendix 2: Application Questions

Call for Applications (First Round)

1. Please describe the market systems development challenge you would like to address through the Practitioner Learning Group (500 words maximum).
2. I have discussed this challenge with my project team, including my project supervisor, and they agree with the importance of addressing this issue.
3. Will you need financial support to participate in the in-person meeting of the PLG? Note: Financial support is only available to SEEP Network members.
4. Which SEEP Network member organization are you affiliated with?

Join the Groups (Second Round)

1. Select the group to which your challenge relates (click here to learn about the four groups):
 - a. Engaging with Multiple Types of Private Sector Partners
 - b. Financial Product Design: Inclusive Finance in Rural Areas
 - c. Gender Norms in Market Systems: The Hidden Forces that Constrain Empowerment
 - d. Leveraging Market Systems to Reach the Last Mile
2. Please describe the market systems development challenge related to the above mentioned PLG you selected.
3. I have discussed this challenge with my project team, including my project supervisor, and they agree with the importance of addressing this issue.
4. Will you need financial support to participate in the in-person meeting of the PLG? Note: Financial support is only available to SEEP Network members.

5. Which SEEP Network member organization are you affiliated with?

Appendix 3: Feedback Survey

(A - Demographic questions)

Name

Organization

(B - Initial Expectations)

What were your expectations for this Practitioner Learning Group when you first applied?

How did your expectations change after your 1-on-1 call and the first group call?

Reflecting back on the whole process, to what extent were your expectations met? (Provide space for comment too)

<i>Not satisfied at all (1)</i>	<i>Slightly satisfied (2)</i>	<i>Somewhat satisfied (3)</i>	<i>Moderately satisfied (4)</i>	<i>Extremely satisfied (5)</i>
☐ []	☐ []	[] ☐	☐ []	[]

(C - Level of engagement)

Number of calls you attended.

If you could not attend one or more calls, please let us know why.

Resources you read from the google drive folder

Resources you shared

Conversations with others at your organization about the PLG process and new ideas/insights you may have gained from it.

(D - Learning & Action taken)

Tools and frameworks you found useful

Examples or case studies that were particularly influential

Specific changes you have initiated in your organization/project that you would link back to the PLGs

(a) what were they?

(b) are the changes you are proposing being accepted or rejected by your stakeholders? Why?

Rate the quality of your relationship with each of the other PLG members (needs to be tailored specifically to each group)

0 = didn't know they were in the group.

3 = aware of who they are and their work.

5 = comfortable reaching out 1-on-1 to ask a question.

(E - Next steps and continuation)

What are the most important issues you still need to address in your organization/project? How are you planning to deal with those?

Do you think you will continue to be in touch with your group members even without facilitator support? Which forms of communication do you plan on using?

Email (1-on-1)

Email (group)

Skype call

Other (specify)

How would you need to change the functioning of the group work if there was no more external support? (i.e. WebEx and presence of a facilitator) What role could you play to make that happen?

(F - Feedback and improvement on the overall Practitioner Learning Group process)

What would you keep and why?

What would you improve and why?

What would you drop? (and why)

What would you add? (and why)

Would you recommend a PLG to a friend or colleague?

If yes, what type of person would you recommend it to?

Based on your experience in this pilot PLG (5 calls over 10 weeks), how much do you think your organization would be willing to pay for this experience in the future?

\$0 - would not pay anything for the service.

\$250/week

\$500/week

\$750/week

More than \$750/week

About SEEP



SEEP is a global learning network. We support strategies that create new and better opportunities for vulnerable populations, especially women and the rural poor, to participate in markets and improve the quality of their life.

Founded in 1985 in the United States, SEEP was a pioneer in the microcredit movement and helped build the foundation of the financial inclusion efforts of today. In the last three decades our members have continued to serve as a testing ground for innovative strategies that promote inclusion, develop competitive markets, and enhance the livelihood potential of the worlds' poor.

SEEP's 120 member organizations are active in more than 170 countries worldwide. They work together and with other stakeholders to mobilize knowledge and foster innovation, creating opportunities for meaningful collaboration and, above all, for scaling impact.

About the BEAM Exchange

The BEAM Exchange is a programme funded by the UK's Department for International Development ("DFID") and the Swiss Agency for Development and Cooperation. It is administered by PricewaterhouseCoopers LLP, working with organizations including the Institute of Development Studies and iTAD. For more information, visit <https://beamexchange.org/>



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