PERFORM 2SCALE
IMPROVING HEALTH WORKFORCE PERFORMANCE

Findings to date
October 2019

Key messages

The PERFORM2Scale management strengthening intervention (MSI) is functioning effectively in Ghana, Malawi and Uganda.

There have been successes in addressing workforce performance and service delivery problems including increases in yaws case detection, TB cure rate and officers developing workplans.

With only one completed MSI cycle the indications of management skills being strengthened in all three countries are limited but include adapting workplans, more regular and structured DHMT meetings, better communication between members, effective lobbying for resources and developing solutions as a group.

Expansion of the MSI is taking place as more districts are integrated into the programme. The institutionalisation of the MSI scale-up in government policies or processes is progressing.

Champions who support the MSI scale-up are emerging in the Ghana Health Service and in the Quality Management Department of Malawi's Ministry of Health.

Background

Better health workforce performance is critical to achieving Universal Health Coverage (UHC). The district is a key level for making performance improvements, particularly in decentralised contexts where managers have greater opportunities for decision making.

In 2011-15, the **PERFORM** project tested a **management strengthening intervention** (MSI) for district health managers in Ghana, Uganda and Tanzania. The MSI was facilitated by national research teams who supported **District Health Management Teams** (DHMTs) in identifying workforce-related problems and developing integrated strategies to be included in the annual district plans, largely using available resources. Evaluation of the MSI showed: improved health workforce performance by solving problems such as poor supervision, high absenteeism and ineffective staff appraisal systems; improved service delivery and those involved became better managers. The MSI was convenient for the DHMTs, fitting in with their busy schedules, and promoted exchange and mutual learning both within and across district teams. DHMTs wanted to continue using the MSI and suggested that other districts adopt it.

To have a wider impact, and so contribute to achieving UHC, the MSI is now being scaled-up in the **PERFORM2Scale** project in **Ghana, Malawi and Uganda**. Country Research Teams (CRTs) are currently working with two district groups in each country and are planning a third, totalling nine districts in each country. By repeating the MSI cycle it is intended that learning is embedded (management is strengthened), service delivery is improved and the infrastructure for scale-up is secured. This, in turn, will support countries in achieving UHC.

Teams in each country started the scale-up of the MSI in early 2018, following a one-year inception phase.

This brief is an overview of progress to date with the scale-up processes in each country. It is based on an interim report produced for the European Union.

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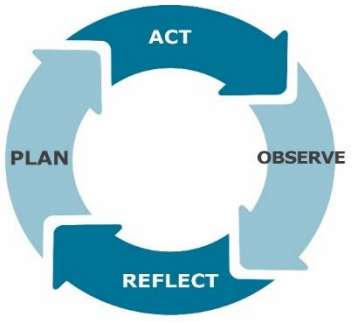
Project principles & processes

This MSI uses an **action research approach** to enable the district health management teams (DHMTs) to:

- analyse their own workforce performance and service delivery problems and develop appropriate workplans (**plan**),
- implement the workplans (**act**) and
- learn about management from the experience (**observe** and **reflect**).



The Action Research Cycle

The MSI is facilitated by national research teams through DHMT workshops, joint meetings and follow-up support. The main principles ensuring the intervention will lead to management strengthening are:

- DHMTs choose problems to address as this increases their ownership of the process
- Not providing extra resources for the work plans
- Not being too ambitious with plans, ensuring that strategies are feasible
- Carrying out the MSI as a team
- Sharing experiences and learning across districts

We have adapted a systematic scale-up approach, developed by **ExpandNet** (expandnet.net) and WHO, and are testing it in different contexts. This uses both a 'vertical' scale-up approach ("institutionalization through policy, political, legal, budgetary or other health systems changes in particular to support the horizontal scale-up") and a horizontal scale-up approach ("expansion and/or replication of the intervention across the country") to support overall sustainability.

Analysis methodology

This brief is based on an interim report produced for the European Union. The report uses an analytical structure based on PERFORM2Scale's Theory of Change. We developed an extraction framework based on the Theory of Change and extracted data from programme documents. These summaries were then synthesised to highlight the key points and learning about implementation of the scale-up process. Results of process and outcome evaluations will be reported later.

Salima DHMT and consortium members during a workshop in Malawi, August 2019

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Progress to date

In summary, the MSI is being implemented in all three countries, the DHMTs are addressing workforce-related and service delivery problems and, more importantly, there are signs that management is being strengthened. Scaling-up the programme - putting in place organisational structures and resources which will ensure its sustainability - is developing. However, it should be remembered that PERFORM2Scale is still only 1.5 years into its full implementation with a further 1.5 years to follow.

Workforce performance and service delivery problems addressed by the DHMTs:

The DHMTs have identified, analysed and developed feasible workplans for a range of real workforce and service delivery problems. Some positive effects have emerged.

Ghana - Yilo Krobo DHMT members analysed the causes of low yaws case detection, and increased the detection rate by intensifying active and passive case search, developing and training supervisors on the use of the yaws monitoring tool, and developing and disseminating key messages to the population.

Uganda - In Luwero district the low TB cure rate was identified as an area for intervention. In December 2017 it stood at 20% but by the first quarter of 2018/19 had reached 63.3% due to the strategies the DHMT implemented.

Malawi - Ntchisi DHMT aimed to reduce the number of managers who had not developed workplans in the previous six months (90%). Since implementation the completion rate has increased from 10% to 80%, with some departments achieving 100% submission rates.

Management competencies gained by the DHMTs include:

Ghana - DHMTs are identifying and tackling underlying problems in their districts using a range of approaches. Team work among Fantekwa DHMT members improved through more regular and structured meetings, higher quality communication between DHMT members and increased confidence in the team and quality of the work.

Uganda – An eight-month self-assessment by districts indicated that implementing the workplan supported better teamwork, reflection and leadership skills. Engagement with a wider group of stakeholders at district level appears to be the biggest achievement, while securing additional resources is the biggest challenge.

Malawi - In Ntchisi the DHMT reported that MSI training has enhanced members' ability to analyse and reflect on problems and come up with group solutions, and has increased their confidence and empowerment. In Dowa there is evidence that the lobbying and entrepreneurial skills of DHMT members have been enhanced, resulting in a dormant health facility being reopened and additional staff recruited.

DHMT staff from Bunyangabu address key problems with CRT support. Uganda, July 2019

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Scale-up resourcing and infrastructure:

The National Scale-Up Steering Group (NSSG – oversees scale-up during and beyond the project) has been established in each country, with the Ghana body functioning particularly well, led by the Deputy Director-General of Ghana Health Service. Resource Teams (RT – will implement the scale-up of the MSI) are also established in each country, but further work on strengthening their facilitation of the MSI is needed. Comprehensive, funded scale-up strategies are expected to emerge over the coming months.

Yilo Krobo District presents on improvements in yaws case detection. Ghana, March 2019

Champions who support the MSI are emerging:

In **Ghana** they include a Regional Directorate of Health Services. In **Malawi**, the Quality Management Department of the Ministry of Health has emerged as a champion, and other members of the RT and the NSSG are demonstrating strong support. In **Uganda**, the focal person in the NSSG and members of the RT support the MSI and may develop into champions.

As further evidence of the impact of the MSI is produced, and there is more stakeholder engagement, these champions will be able to better support and advocate for the MSI.

DHMTs participate in the MSI despite a lack of implementation funds:

Ghana - Despite initial concerns about the lack of additional funds, there is good 'buy-in' to the MSI approach from the DHMTs. They value the MSI as it has given them a way to address their problems which has resulted in improvements which can be used to improve their ranking in the district league table.

Uganda - DHMTs were willing to participate in the MSI because of the results of the earlier PERFORM programme. They recognise that many management improvements can be made without additional resources. However, there is a need to ensure that action plans are developed to leverage existing funds and support.

Malawi -The lack of implementation funds is a source of discontent and demotivation for some DHMT members, however, there are indications that DHMTs remain willing to participate in the MSI because of the beneficial impacts on service delivery.

DHMTs are capacitated in the MSI approach:

Ghana - Interviews with the CRT, NSSG and RT identified that DHMTs have developed capacity in the MSI approach: actively participating in the workshops to identify and find solutions for problems, implementing their action plans, and assessing the effects.

Uganda and Malawi – In all districts in Uganda and two districts in Malawi, the DHMTs have engaged with the MSI, participating in workshops and meetings. Their self-assessment of their confidence and skills was very positive.

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Engaging stakeholders:

Key stakeholders are generally positive about the available MSI evidence and remain committed to the scale-up process, particularly in **Ghana** and **Uganda** where PERFORM was implemented. In Ghana they were impressed that positive changes can be made with few additional resources and recognised how the MSI can strengthen the management capacities of the DHMTs. In **Malawi**, personnel from directorates within the Ministry of Health are strongly supportive of the MSI.

The Ghana NSSG and CRT meeting in April 2019

Facilitators…

- Effective and continuous engagement with key stakeholders at national, regional and district levels including both technical and political leaders and with the NSSGs and RTs.
- Evidence of the success of the MSI and regular dissemination of these findings to the stakeholders.
- Development of partnerships that can support the action plans of the DHMTs.

…& challenges of scale-up

- Commitment of some NSSG members to the scale-up process; they have competing demands and other priorities.
- DHMT staff turnover which affects participation in the MSI, potentially weakening the team's capacity. However, some turnover has resulted in staff with earlier experience of PERFORM moving to districts taking part in the MSI for the first time.
- Capacity & availability of RTs to facilitate the MSI.
- Resource constraints in the districts can hinder implementation of the DHMTs' work plans.
- Competing initiatives at district level.
- Slow and politicised decentralisation process in Malawi continues to limit the decision space of district managers regarding MSI implementation and scale-up.

We have learnt the importance of…

- Developing clear **evidence** of the effects of the MSI.
- Continuing to **manage expectations** amongst the DHMTs, RTs and NSSGs about the scope of the MSI.
- Developing strong relationships and communication channels with **key stakeholders** who will support and enable the scale-up of the MSI.
- Frequently engaging with key stakeholders to **communicate the effects of the MSI**; this requires appropriate packaging and constant scanning for opportunities for dissemination.
- The **reflection stage** without which learning cannot take place.
- **Adapting the scale-up plan**: making the MSI less labour intensive for the RTs to facilitate.
- **Developing capacity** of the RT to take on the facilitation role and the NSSG in its advocacy role. Include DHMTs members who have gone through the MSI.
- Promoting the **alignment** of PERFORM2Scale with government policies to heighten perceived relevance and the programme's value, and increase accessibility and acceptability among stakeholders.

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The next step

This brief, and the report upon which is it based, provide an overview of the process of the scale-up of the management strengthening intervention so far, so that lessons may be learnt and fed into the ongoing programme. More formal methods of process and outcome evaluation are underway.

In the coming months, it is expected that the National Scale-Up Steering Groups in each country, supported by the consortium, will develop strong evidence for and strategies to promote the effectiveness of the intervention. This will engage and convince stakeholders, recruit champions at all levels and secure resourcing and infrastructure to manage scale-up.

In the remaining part of the programme, strengthening the ability of the Country Research Teams and Resource Teams to facilitate rigorous root cause analysis, identification of indicators and stronger reflection will be enacted.

We will also focus on ensuring that the National Scale-Up Steering Groups function as well as possible in their organisation and advocacy roles and that the Resource Teams take on independent facilitation of the intervention.

Read more

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Royal Tropical Institute (KIT), Netherlands

Options Consulting, UK

The PERFORM2Scale team, April 2019

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