

The need for strengthening management/workforce performance at district level

In Uganda, we need health workers with the relevant skill mix to improve health workforce performance in order to achieve Universal Health Coverage. Managers at district level are being supported to improve annual planning and implementation in the decentralised structure of service delivery. They also need a simple and sustainable way of improving workforce performance management and the relevant management competencies such as leadership, planning and performance appraisal.

The PERFORM management strengthening intervention

The PERFORM initiative developed a management strengthening intervention (MSI) and tested it with District Health Management Teams (DHMT) in Ghana, Uganda and Tanzania from 2011-15. In Uganda, the project was piloted in Kabarole, Jinja and Luwero districts.

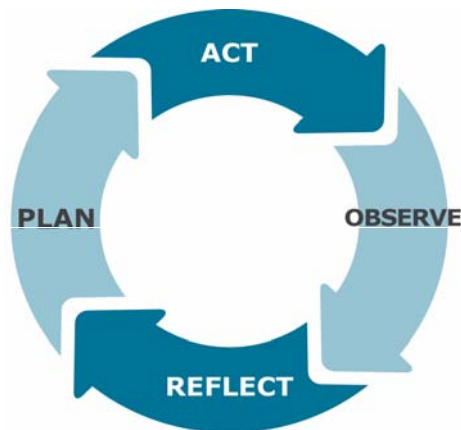


Fig 1. The action research cycle

The MSI used an **action research approach** (see fig 1) to enable the teams to analyse their own problems related to workforce performance and to develop appropriate workplans (**plan**); implement the workplans (**act**) and learn about management from the experience (**observe** and **reflect**). The MSI was facilitated by Country research teams in through meetings, short workshops and joint meetings of DHMTs, and also follow-up support visits. The teams tackled problems such as poor supervision, absenteeism and ineffective staff appraisal systems. They developed integrated strategies to be included in the annual district plans, largely using available resources.

The evaluation of the MSI showed that it helped to strengthen management for health workforce performance. Some strategies were even attributed to improving service delivery. For example, in Luwero district, the introduction of duty attendance registers reduced absenteeism and late coming at facility level. In Kabarole district, performance management was enhanced through strengthening support supervision by developing health facility supervision books and support supervision check lists. Similarly, Jinja district was able to improve its performance management by strengthening its support supervision structures.

The MSI was also convenient for the DHMTs, fitting in with their busy schedules, and promoted collaboration both within the district team and between district teams.

Partners

Liverpool School of Tropical Medicine, UK (overall leadership)

Swiss Tropical and Public Health Institute

Royal Tropical Institute (KIT), Netherlands

Centre for Global Health, University of Dublin, Trinity College and the University of Maynooth, Ireland

School of Public Health, College of Health Sciences, Makerere, Uganda

School of Public Health, University of Ghana

The Research for Equity And Community Health Trust, Malawi

Options Consultancy, UK

The benefits of the MSI to the DHMTs

Deliver results (fig 2): PERFORM2Scale is an action research project - this means that once you determine the best ways to improve performance, you can implement these changes and monitor their effects in your districts.

Enhance capacity: The action research approach will contribute to your skills and abilities as a DHMT to resolve problems and maximise the use of your resources.

Offer flexibility: You will have the autonomy to design your own strategies for improving the performance of your workforce, with the support of PERFORM2Scale researchers. We will work with you to implement these strategies and observe their effects.

Pioneer improvements: You are the first districts to be involved in PERFORM2Scale and are therefore pioneers for our project. We hope to utilise learning from PERFORM2scale to support improved health workforce performance in other districts and potentially other countries.



Fig 2. Benefits of the MSI to the DHMT

Expansion/Scale up the PERFORM MSI

The aim of the five-year PERFORM2Scale initiative is to develop and validate a costed national scale up process for the MSI which was developed under PERFORM. The expansion/scale up strategy includes working with government and other employers, and relevant stakeholders to integrate the initiative into existing national level management structures to sustain the implementation of the MSI at district level in Uganda.

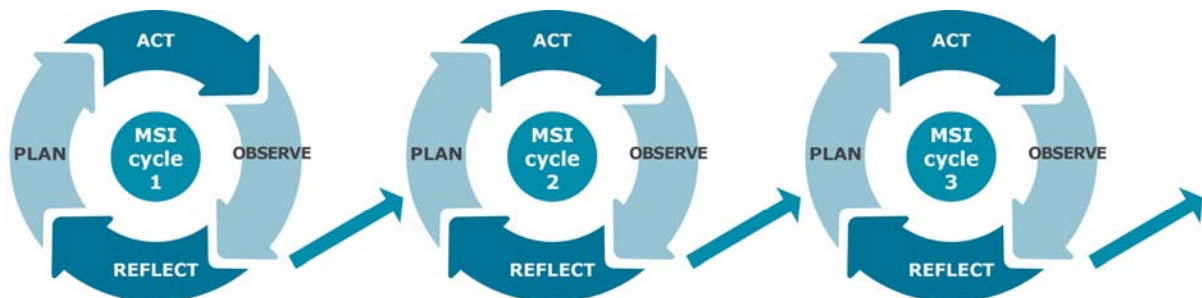


Figure 3: The ongoing MSI cycles will help DHMTs to better address workforce performance problems

What has happened so far?

In the inception year (2017) we established the National Scale up Steering group (NSSG) and Resource Team (RT) to oversee and implement the scale up process. We also selected the first District Group (DG1) consisting of three districts; Luwero, Nakaseke and Wakiso.

In the second year of the project (2018), the CRT and the RT have supported DG1 to conduct the first MSI Cycle. Figure 4 shows the activities that have happened.

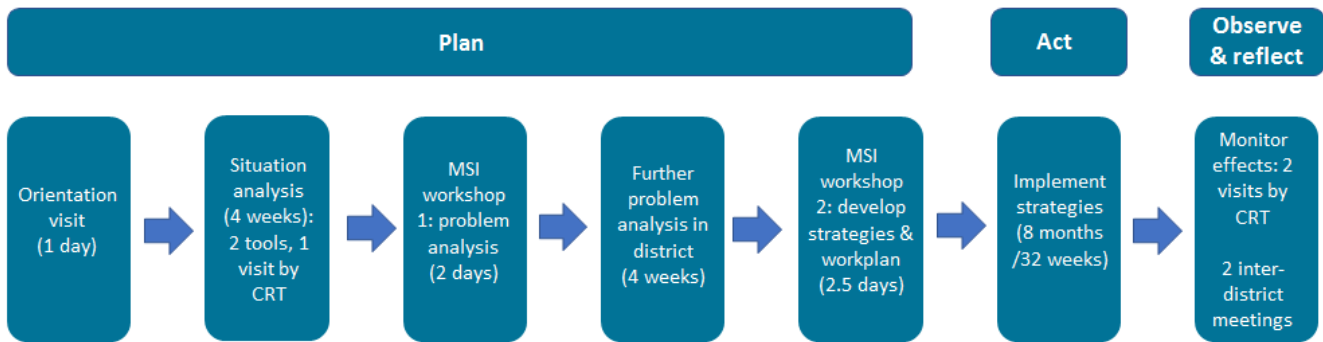


Fig 4. Activities within MSI

Orientation visit

The Country Research Team (CRT) – researchers from the School of Public Health (Makerere University) - along with the RT visited the districts in DG1. This was the first visit to the study district, and included a meeting with the DHMT and other relevant stakeholders in the district. The purpose of the orientation visit was to provide more information about PERFORM2Scale, what is expected of the DHMT throughout the study, and to develop a plan for the first MSI cycle which synchronises with the other DHMTs in the District Group and is in line with the overall scale-up plan. During the visit, the CRT also introduced the two tools that are used for the district situation analysis, explaining the purpose of the tools and what data to collect.

Situation analysis

In this four-week phase, the DHMT, with support from the CRT and RT conducted a situation analysis where they identified health workforce and service delivery problems in their districts. Attention was paid to differences experienced by women and men as well as gender and equity concerns in service delivery. There are two tools that are used to conduct the situation analysis: **District Situation Analysis Tool** and the **Health Management Information Systems (HMIS) Synthesis Tool**. Both tools use data or knowledge that already exists in the district. The CRT and RT made one visit to each district to support the DHMT in the situation analysis. The outputs of the situation analysis are: a completed District Situation Analysis Tool, a completed HMIS tool, and a list of workforce performance problems or other problems with a clear link to workforce performance that are prioritised by the DHMT.

MSI Workshop 1: problem analysis

In this two-day workshop members of DHMTs in Luwero, Nakaseke and Wakiso districts came together to review findings of their situation analyses, and to conduct an analysis of one of the problems they had identified. Each DHMT presented their situation analysis and their prioritised list of problems, and received feedback from the other DHMTs as well as the CRT and RT. Each DHMT then selected the problem that they wanted to address and conducted an in-depth analysis of this problem.



Fig 5. Problem analysis by DHMT during MSI workshop, Uganda

Further problem analysis in the districts

As not all DHMT members were able to participate in MSI Workshop 1, it was important that learning from the workshop be taken back to the extended DHMT. This four-week period allowed for collection of more data to inform the problem analysis where necessary, and revision and refinement of the problem analysis taking in the perspectives of the extended DHMT.

MSI Workshop 2: development of strategies and workplan

In this 2½-day workshop, members of DHMTs in Luwero, Nakaseke and Wakiso districts came together, again to refine the problem analysis, and to develop a workplan for human resources/health system strategies to address problems identified in the situation analysis. During the workshop, the CRT and RT agreed with the DHMT on support processes during the implementation period, as well as ways to observe and reflect on the implementation and effects of the strategies.

Where are we now and what happens next?

Implementing the workplan

The DHMTs are currently implementing the strategies developed in the August 2018 workplans over a period of 8 months, ending May 2019.

Observing and reflecting

The reflection stage is a time when the DHMT, with support from the CRT and RT, can step back and take stock of whether, and to what extent, problems have been solved or have evolved over the period of the action research project. They can also think about why problems have or have not resolved. This is an important part of the learning process. It is also the most challenging stage of the cycle. There are several approaches and tools that can help reflection take place including a reflective diary. The DHMT can keep the diaries to help document the strategies they have implemented and how they implemented them, and then to reflect on what went well, what did not go so well and why.

Inter-district meetings: The three DHMTs in the District Group 1 will come together in an inter-district meeting. The first inter-district meeting is scheduled for December 14th 2018 where DHMTs will share progress and learning about implementation of the strategies, how they have solved any problems, and any effects of the strategies. The key aspect of this meeting is to bring the districts together and help them learn from each other.

In **Year 3**, the MSI cycle will continue in District Group 1 and a new cycle will start in District Group 2 (DG2). The districts selected for DG2 are Kabarole, Bunyangabu and Ntoroko.

In **Year 4**, the MSI cycles will continue in DG1 and DG2 and a new cycle will start in DG4. During this period the NSSG and RT will take increasing responsibility for organising scale up and facilitation of the MSIs and will manage the planning and implementation for existing and new cycles in **Year 5**.

Read more:

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