PERFORM 2scale

Theory of Change for scaling up management strengthening at district level to support the achievement of UHC

This theory of change (ToC) consists of two pathways: Pathway 1 on the scale-up process and Pathway 2 on the management strengthening process (see Figure 1 below). The diagram only shows the outcomes that would lead to other outcomes and ultimately the desired impact; a separate detailed implementation plan is needed to complement the ToC. The different spheres represent the different levels of outcomes, they entail the sphere of control, the sphere of influence and the sphere of interest; and they are colour-coded. The Perform 2 Scale project has direct influence on the outcomes in the sphere of control and partly on those in the sphere of influence. Outcomes in the sphere of interest are aimed for by the project, but are more difficult to directly influence and are also dependent on many other contextual factors. The assumptions between the outcomes are numbered (A1, A2, etc.) and listed below. The purpose of this ToC is to clarify the main outcomes and the necessary processes to achieve these outcomes over the whole project period.

Pathway 1 for the scale-up process starts with the outcome that the user organizations are convinced of the value of the MSI. This is essential for the project to be able to start. Examples of activities that are needed for this outcome to be reached are initial stakeholder engagement based on the evidence from the PERFORM 'pilot' and other examples of similar interventions. Initial support in establishing the scale-up infrastructure (vertical scale-up: mainly the NSSG and the RT) will need to be directed by the project through the Country Research Team (CRT) and paired partner (PP). The infrastructure established will enable a scale-up strategy to be developed. Assuming the experiences from the first MSI cycles are positive, champions for scale-up emerging from within or around the NSSG and RT would activate a wider group of stakeholders who are convinced about the value of the MSI scale-up. This stakeholder support is essential for the NSSG and RT to plan for the second and third District Groups and to gradually ensure that health policies, plans and resource allocation at national and regional levels support the ongoing scale-up of the MSI. The knowledge gained from the scale-up of the MSI[1] will support the effective scale-up of other health systems/service delivery areas, resulting in improved service delivery and contribution to UHC[2].

Pathway 2 commences with the plans for implementing scale-up[3] of the MSI with District Group 1, but the pathway also applies to District Group 2 and 3. For all districts, the pathway starts with the outcome that DHMTs are capacitated in the MSI/ action research approach. The process of going through the action research cycle: **plan** (identifying, prioritising and developing strategies to address problems), **act** (implementing the strategies planned), **observe** (checking on the implementation of the strategies) and **reflect** (learning what works and what does not, and deciding what needs to be changed in the strategies) will lead to strengthened management skills and teamwork and increased confidence and independence of DHMTs. Addressing workforce and/or service delivery problems[4]

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[1] Note that this links to the overall objective of PERFORM2scale: "to develop and evaluate a sustainable approach to scaling up a district level management strengthening intervention in different and changing contexts".

[2] The financial protection aspect of UHC is not covered by PERFORM2scale (see DOA p5).

[3] Or initial start-up in the case of Malawi

[4] The DHMT may only select a workforce performance problem, but it needs to be linked to improving service delivery. The bundles of strategies developed by DHMTs may include strategies to directly improve service delivery, but they should also address workforce performance problems.

will contribute directly to improved service delivery. If the NSSG, RT, DHMTs and other stakeholders see the value in the MSI for improving workforce performance and management strengthening at district level, they will continue with horizontal scale-up to include more district groups. If DHMTs are convinced of the value of the MSI they will continue using it and, with experience gained from some of the team acting as facilitators for MSIs in other district groups, will wish and have the skills to use the MSI independently thus embedding the MSI in the DHMT way of working. The collective ongoing use of the MSI across an expanding number of district groups will contribute to improved general management, leading to improved service delivery. It will also contribute to improved workforce performance management, and therefore improved workforce performance, also leading to improved service delivery. Improved service delivery contributes to the achievement of UHC.

The explicit assumptions that underpin the logic of the ToC are:

A1: Key stakeholders are convinced by the available evidence about the MSI and are initially and remain willing to collaborate with the scale-up process (DOA Table 1.3.5).

A2: attention of key NSSG members not diverted by other priorities (DOA Table 1.3.5)

A3 new knowledge on scale-up lessons is sufficiently well documented and disseminated

A4 Sufficient opportunities to apply scale-up knowledge available

A5: DHMTs willing to participate in the intervention even though no implementation funds are provided (DOA Table 1.3.5)

A6: Effective facilitation skills during cycle; Workplan developed by DHMTs is feasible (time-frame, decision-authority, resources) and addresses real problems (see DOA p19)

A7: DHMTs remain convinced of the value of the MSI; and sufficient support available from RT to support expansion of District Groups

A8: Members of district group develop sufficient facilitation skills from working with new district groups; low turnover of team members

A9: DHMT remains key organisational structure at sub-national level; DHMT works as a team, low turnover of team members, decision-space does not decrease

A10: DHMTs involvement in this project, with the consequent opportunity costs, does not undermine, through possible diversion in project activities, health service delivery (DOA Table 1.3.5)

A11: Service delivery plans remain in line with health care needs

Approved by PMC on 08 June 17

Figure 1: Theory of change for PERFORM2scale