

The need for strengthening management/workforce performance at district level

In Malawi, 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 devolved structure of service delivery. However, 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. PERFORM2Scale is working towards this.

The PERFORM management strengthening intervention

PERFORM2Scale's precursor was the PERFORM initiative which developed a management strengthening intervention (MSI) and tested it with District Health Management Teams (DHMT) in Ghana, Uganda and Tanzania from 2012-14. The MSI used an *action research* approach (see Figure 1) to enable the teams to analyse their own workforce performance problems and develop appropriate workplans (**plan**); implement the workplans (**act**) and learn about management from the experience (**observe** and **reflect**). The MSI was facilitated by national research teams in each country through meetings, short workshops (Figure 2) and joint meetings of DHMTs, and follow-up support. 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*.

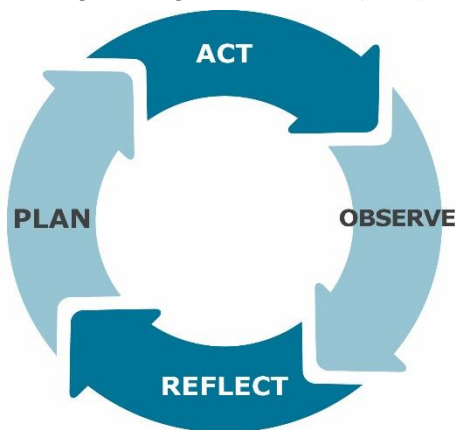


Figure 1: the action research cycle

PERFORM's success

The evaluation of the management strengthening intervention showed that it helped to strengthen management for health workforce performance. Some strategies were even contributed to improving service delivery. For example, in Ghana, improved supervision of Community Health Officers led to better record-keeping and immunization defaulter tracing, and ultimately reduced drop-out rates and higher vaccination coverage.

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. DHMTs wanted the use of the MSI to continue and suggested that the approach should be expanded to more districts.

What are the benefits of the MSI to the DHMTs?

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

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

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

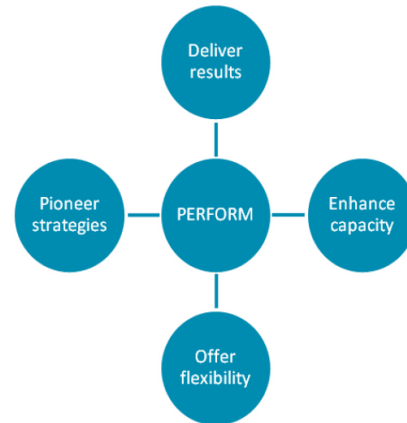


Figure 2: Benefits of the MSI to the DHMT

Pioneer improvements: Malawi's DHMT staff 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.

Expanding/scaling-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, 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 Malawi.

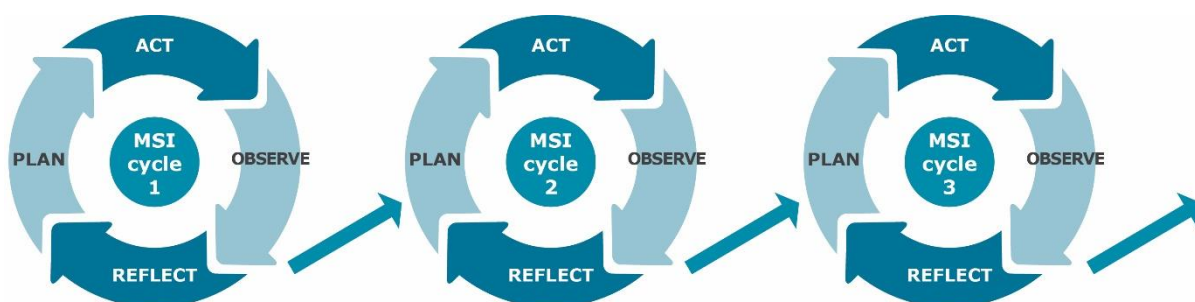


Figure 3: The MSI cycle will help DHMTs to solve problems and gradually improve their management competencies

What has been achieved so far?

In the inception year (2017) we conducted a stakeholder mapping exercise to identify organisations implementing other management strengthening work, albeit using different tools and processes (PERFORM2Scale is particularly innovative in this area). We also conducted a desk review to analyse the context in which we were to operate. In the second year of the project (2018), 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; Dowa, Ntchisi and Salima.

Orientation visits

The Country Research Team (CRT) - researchers from the Research for Equity And Community Health (REACH) Trust - along with the RT visited the DG1 districts. This was the first visit to the study districts and included a meeting with the DHMTs and relevant local stakeholders such as the district councils. 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. 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. There are two tools that are used to conduct the situation analysis, synthesising information and knowledge already in the district - **District Situation Analysis Tool** and the **Health Management Information Systems (HMIS) Synthesis Tool**. The outputs of the situation analysis include a list of workforce performance and other problems with a clear link to workforce performance. These have been prioritised for address by the DHMT.

MSI Workshop 1

Problem analysis: In this two-day workshop, members of DHMTs from Dowa, Ntchisi and Salima districts came together to review the findings of their situation analyses and to conduct an analysis of one of the problems identified. Each DHMT presented their situation analysis and their prioritised list of problems, and received feedback from the other DHMTs, the CRT and RT. Each DHMT then selected a problem to address and conducted an in-depth analysis of the issue. They were:

- Dowa: Health facilities were not supervised leading to poor service delivery.
- Salima: More than 50% of health facilities were not supervised in 2017/18, which according to the DHMT led to poor service delivery.
- Ntchisi: 90% of officers did not complete work plans in the previous six months.

Following the workshop, the DHMTs went back to their districts to finalise the problem analysis with other DHMT members. This allowed the extended DHMT to learn about the initiative and to contribute their perspectives on the problem identified. In this four-week period, and with support from the CRT and RT, there was further collection of data and revision and refinement of the problem analysis.

MSI Workshop 2

Development of strategies and workplan: In this 2½-day workshop, DHMTs members in Dowa, Ntchisi and Salima districts came together to refine their problem analyses and to develop workplans to address their problems using appropriate human resource and health system strategies. At the end of 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. Diaries were provided to record in their reflections.

What has been achieved and what happens next?

Implementing the work plan

The DHMTs in DG1 have completed an eight-month MSI cycle during which they implemented the Human Resource/Health Systems strategies they planned in the September 2018 workshops. They are now entering the second cycle, with new problems identified and new strategies for solving those problems developed. These issues will be addressed up to January 2020.

Observing and reflecting

The Reflection Stage allows the DHMT, with support from the CRT and RT, to take stock of their progress. Have problems been addressed and to what extent? Have problems evolved over the period of the action research project? What went well? If problems have not been resolved what are the reasons for this? This is an important part of the learning process and the most challenging stage of the cycle. There are several approaches and tools that help reflection take place including reflective diaries which the DHMTs use to record their progress.

Inter-district meetings and successes to date

Two inter-district meetings have taken place, giving the three DHMTs in DG 1 the opportunity to share experiences of implementing their problem-solving strategies. The objective of these meetings is to bring the districts together to help them learn from each other and to swap tips on how to solve some of their challenges. Notable among these was how Dowa district convinced central government to provide extra human resources after they had made a thorough analysis of their HR situation.

Generally, the districts indicated that the PERFORM2Scale problem analysis process is a good tool for analysing real problems and getting real solutions to those problems, and all looked forward to other inter-district meetings.

In **Year 3**, the second MSI cycle will continue in District Group 1 and a new cycle will start in District Group 2 (DG2) with three new districts - Zomba, Mangochi and Machinga.

In **Year 4**, the MSI cycles will continue in DG1 and DG2 and a new cycle will start in DG3. During this period the involvement of the CRT (REACH Trust) will lessen and the NSSG and RT will take increasing responsibility for organising scale up and the facilitation of the MSIs, managing the planning and implementation for existing and new cycles in Year 5.

Read more:

- www.perform2scale.org
- Follow us on Twitter
@PERFORM2scale
- www.facebook.com/PERFORM2Scale/

Contact us:

REACH Trust:

Name: Hastings Banda

Email: hastings@reachtrust.org

Name: Kassim Kwalamasa

Email: kassim@reachtrust.org

