PERFORM 2SCALE
IMPROVING HEALTH WORKFORCE PERFORMANCE

Uganda update June 2020

PERFORM2Scale in Uganda – our successes

Staff from **Makerere University's School of Public Health**, supported by commissioners from the **Ministry of Health** and human resource personnel from the **Health Services Commission**, are working with DHMTs in three district groups in Uganda. In each they are supporting staff in identifying and tackling specific **workforce and health service performance problems** which are impacting on service delivery in their districts.

This management strengthening intervention – a process of planning, implementing, reflecting and refining – allows staff to take ownership of their own problems and to address them using existing resources.

Since inception there have been many successes among the districts including:

1. **Reduced absenteeism** and **improved provision of service** in both Wakiso and Nakaseke districts.
2. **Improved TB cure rates** in Luwero (20% in Dec 2017 to 63% by March 2019).
3. Progress towards **addressing low ante-natal clinic (ANC) attendance** in Ntoroko district through increased community awareness and improved performance management.
4. **Steps to improve rates of fresh still births** in Kabarole using strategies to increase ANC attendance and reduce labour complications through the provision of EmOC based on early detection of complications. These strategies are being embedded into quality improvement projects at the district and facility levels.
5. Increased confidence among staff and better team work and leadership performance.
6. Improved coordination with stakeholders at district level.

The team hopes that this evidence of effectiveness, and the enthusiasm and support of the participating DHMTs, will enable the intervention to be taken to other districts in Uganda and embedded in national and district-level health planning.

A DHMT member's view of PERFORM2Scale

Dr Innocent Nkonwa, District Health Officer of Luwero District, describes his experience of PERFORM2Scale.

When PERFORM2Scale came on board we were told that we would not be given funding but were supposed to act on simple initiatives which were within our decision space and which could impact positively and lead to very good outcomes. So, we identified our problem [low TB cure rates], did a root cause analysis, then came up with strategies – how we are going to address the problems? - and over time have seen that our TB cure rate has improved.

We think that the methodology is going to help our district move forward. We are trying to take it into other fields of medicine and we have seen improvements. Our [TB] cure rate has improved, our mother and child indicators have improved, our satisfaction rate has improved, our malaria and HIV indicators have improved... We have learned that there are things that we need, like team spirit, working together, identifying the root causes, not to be reactive but proactive… This methodology, if you embrace it, can do much to help indicators.

Personally, my knowledge has improved drastically. We think we need a lot of resources, yet at the end of the day you just need to reorganise your environment to see that you can change the outcomes. Also, I've learnt that every time there is a positive change it inspires and motivates staff to work better. As a leader I've also learnt that data is critical in human resource management… it speaks volumes.

The most important thing in P2S is that the interventions put in place are activities which are under our control, or within our decision space. At times we underestimate the outcomes which might come with them, but we began with these simple interventions and when you add them up they have a big impact in our service delivery. If other districts were empowered and they learned how to use their scarce resources, which I think PERFORM2Scale does, then I think that we can achieve more.

The PERFORM2Scale project has received funding from the European Union's Horizon 2020 research and innovation programme, under grant agreement no. 733360.

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A Commissioner's view of PERFORM2Scale

Godfrey Oyo, Principle Human Resource Officer at the Health Service Commission.

Human resources are the most critical aspect of achieving UHC. The districts implementing PERFORM2Scale are looking at the performance of the health workforce, and if it is improved then achieving UHC will be very easy for us.

The districts are autonomous and are allocated resources, which means they have to plan and budget for their activities. As we [Commissioners] have supported the district resource teams we have encouraged them to integrate most of their activities into PERFORM2Scale.

This initiative has come to boost the implementation of some of the performance management initiatives the government already has in place. You hear people talking about the difficulties of conducting health workers' performance appraisals, but now I can confidently say that many health workers are comfortable filling in their appraisal forms because they have seen the importance of the [PERFORM2Scale] tools used in the districts.

Most of the participants expected that the project would come with finance [it does not] and at that time participation was a challenge. But as time went on the members understood how PERFORM2Scale operates and the benefits, and now most are utterly comfortable. They are able to appreciate and use the tools introduced by this project alongside what they already have in their districts, the local workplans.

When we started this project, some participants seemed green about aspects of human resource management, but now understand the does and don'ts of HR practices to improve service delivery. Capacity building for the district resource teams is critical to the sustainability of PERFORM2Scale, as is transferring the approach to lower levels. Most of the participants involved are district leaders, and there is a need to transfer their knowledge to lower teams so they can come up with their own initiatives.

Also, they are transferring the project's message to stakeholders at district level, especially local government programme leaders. I am happy to say that most of the districts appreciate this initiative, and I believe that once it is scaled up to a number of districts, it will be owed by those districts and will support ongoing government programmes.

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Background to PERFORM2Scale

In 2011-15, the PERFORM project tested a management strengthening intervention (MSI) with District Health Management Teams (DHMTs) in Ghana, Uganda and Tanzania. The MSI was designed to help DHMTs identify workforce-related problems and develop solution strategies to be integrated into their annual district plans. It used an **action research approach** to enable the teams to analyse their own problems, develop and implement appropriate workplans, and to reflect and learn about management through experience. Evaluation showed that by solving problems such as weak supervision, high absenteeism and ineffective staff appraisal systems the health workforce performance improved, as did service delivery. Those involved also became better managers. The MSI fitted in with DHMTs' busy schedules and largely used available resources.

To have a wider impact, and so contribute to achieving UHC, the MSI is now being scaled-up in PERFORM2Scale in **Ghana, Malawi** and **Uganda,** supported by partners from universities in Ireland, Netherlands, Switzerland and the UK. 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.

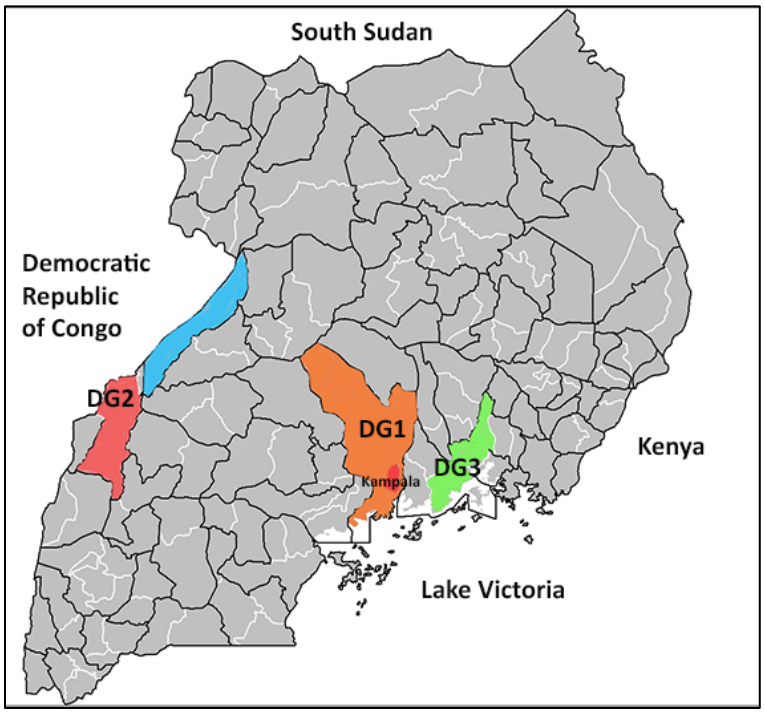

Fig 1. The area covered by PERFORM2Scale in Uganda
There are three district groups (DG):
DG1 - Luwero, Nakaseke and Wakiso
DG2 - Kabarole, Ntoroko and Bunyangabu
DG3 - Jinja, Luuka and Buikwe

We have learnt the importance of…

- Presenting clear **evidence** of the positive effects of the management strengthening intervention.
- **Aligning** PERFORM2Scale with government policies to demonstrate the programme's relevance and value.
- Developing strong relationships and communication channels with **stakeholders at all levels** to **communicate our successes.**
- **Adapting the MSI as part of the scale-up plan**: streamlining the MSI to increase sustainability.
- The **reflection stage** of the MSI process without which learning by the DHMTs cannot take place.
- **Developing the capacity** of those involved to take on the facilitation and advocacy roles.

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