PERFORM 2SCALE
IMPROVING HEALTH WORKFORCE PERFORMANCE

Malawi update March 2021

REACH Trust

PERFORM2Scale in Malawi – our successes

Staff from the **Research for Equity and Community Health (REACH) Trust**, in collaboration with the **Ministry of Health** (MoH), are working with DHMTs in three district groups (DG) in Malawi (three districts in each DG). In each district they are supporting staff in identifying and tackling specific **workforce and health service performance-related 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.

There have been many successes including:

- Ntchisi increased the number of managers who had developed personal workplans in the previous six months from 20% to 90%, with some departments achieving 100% completion rates.
- Salima increased health facility supervision (an identified cause of poor quality service delivery) from <50% to 75%, and demonstrated increased team cohesion and coordination.
- Salima DHMT also reported successfully using the PERFORM2Scale methodology when addressing COVID-19 in their district.
- In Dowa there is evidence that DHMTs' lobbying and entrepreneurial skills have been enhanced, resulting in a dormant health facility being reopened, operating theatre equipment repaired and additional staff recruited.
- Improvements in the DHMTs' management skills have been observed across the DHMTs, eg the Ntchisi team reports improvements in group working, confidence and empowerment.

The input of the Quality Management Directorate (QMD) of the MoH is vital to the delivery of the MSI. The QMD is a strong supporter of the MSI and is at the forefront of running and scaling-up the initiative. The MoH appreciates the MSI's practical approach to quality improvement. It is hoped that the intervention will be taken to all districts in Malawi and embedded in national and district-level health planning.

A Ministry of Health view of PERFORM2Scale

Dr Bongani Chikwapulo

I coordinate leadership management programmes at the Ministry of Health and am passionate about leadership development. Early in my career I doubled as a medical doctor while managing the clinical department. It was not an easy task and I made a lot of mistakes because I was not prepared for the leadership role. From then I was passionate about ensuring doctors in Malawi were given leadership skills. PERFORM2Scale is in line with that, so I have always supported the programme.

This programme meets a pillar of the ministry's health strategy - to strengthen health leadership – and the approach taken (of involving Ministry of Health structures) is sustainable. PERFORM2Scale gives ministry-level managers opportunities to interface with managers at district level - to provide real time guidance - something that wasn't happening before.

The uniqueness about PERFORM2Scale is its practical approach. DHMTs are supported to identify and resolve a problem that they face every day. In doing that process there are also practical lessons that they can take and apply when addressing other problems.

Another issue about PERFORM2Scale is the sharing of experiences. In Malawi there are many challenges but limited resources, and sometimes managers feel they could give up. But when managers hear the experiences of others, that they have been able to address problems with similar resources, they are encouraged.

When you are working in a limited resource setting you don't have a choice but to have strong leadership. We need synergetic, efficient leaders, able to use limited resources to achieve more. Strengthening leadership is not an option for us - it is something that we need to do - and PERFORM2Scale has actually made leadership support to DHMTs easy.

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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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 existing 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 practical 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.

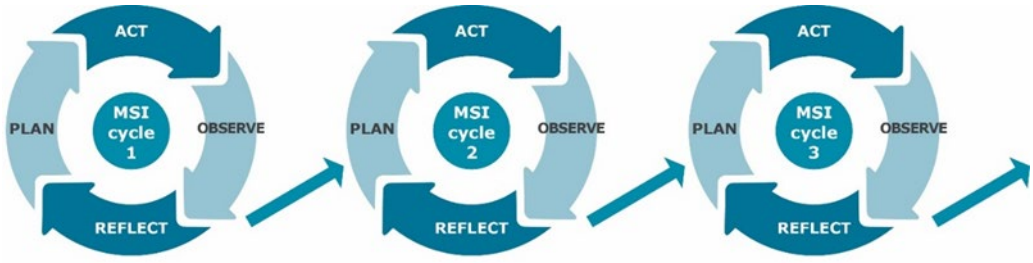

Fig. 1 The MSI cycle will help DHMTs to solve problems and gradually improve their management competencies

How PERFORM2Scale in Malawi differs from other initiatives

- The DHMTs analyse their own district contexts and understand the human resource and service delivery problems. With the support of the MSI framework they are the right people to choose the problems to address, decide how best to tackle them within their resource pot and then implement the changes. This also increases their **ownership of the process**.
- We have **clear evidence** of the positive effects of the MSI (see the case study).
- It is **action research-based** – DHMTs learn by doing. One MoH staff member remarked: *"we do not want projects that come with the aim of developing guidelines etc – we prefer projects which have action at their heart. PERFORM2Scale has stood out as an MSI initiative."*
- The MSI is flexible. It can be **aligned** with government policies and integrated into existing work systems and structures, eg recommendations from national health policy and District Implementation Plans.
- The MSI has helped to develop strong relationships and communication channels between **stakeholders at all levels,** eg among DHMTs; between DHMTs, MoH and Councils; and MoH and MoLGRD, as well as among departments and directorates who are now talking to each other.
- DHMTs are encouraged to reflect on their actions and learn from the outcomes, and also those of the other districts involved. This is vital if real improvement is to take place but also helps **adapt the MSI to different contexts**, promoting its sustainability and potential for scale-up across Malawi.

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Staff support supervision strategy

AIM
Improve day-to-day service delivery problems in Salima district

SYMPTOMS

- 50% health centres not supervised in 2017/18
- Lack of performance appraisal system
- High maternal death rates - 28 deaths in 19 facilities in 2017/18
- Poor record keeping in the HR dept

DIAGNOSIS

Phones X
Motivation X
Competing priorities ✓
Resources X
Staff X

→ Lack of DHMT supportive supervision

TREATMENT

Six-stage plan to address the root causes of the lack of supervision

OUTCOMES

- Vehicle for supervisory visits
- More DHMT members - share the supervisory workload
- Improved patient problem identification - software used
- Improved reporting - Malaria reports from 17% timeliness & 60% completeness to 100% on both

= Reporting, supervisory and information systems working better
= Greater staff efficiency & effectiveness
= Greater job satisfaction & confidence

Case study – staff supervision in Salima

When the Salima District Health Management Team (DHMT) met to begin work on PERFORM2Scale in 2017, the team was aware that it lacked certain leadership and management skills which were impacting on service delivery. In a workshop setting the team set to work and prioritised a single problem to investigate – that more than 50% of health facilities were not supervised in 2017/18. This had led to low staff motivation, poor implementation of existing workplans, wasting of resources and ultimately to poor quality service delivery including a high maternal death rate.

Fig 2. Salima DHMT at the inter district meeting

In group settings, and using a root cause analysis, the DHMT first identified the fundamental problems associated with the lack of supervision and then developed a six-stage human resource-focused strategy to address those issues. They were supported in this process by the team from REACH Trust and MoH officials. Also, other DHMTs' from other districts offered advice and critiqued the team's approach. As they implemented their ideas the DHMT engaged in a process of observation and reflection

The results are shown opposite. By addressing the lack of resources (ie accessing vehicles and phones), issues around overworked personnel and competing priorities (ie recruiting to the DHMT to share the workload) and reporting and procedural problems the team was able to make inroads into its chosen problem, resulting in improved reporting and supervisory systems, and happier, more productive staff.

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PERFORM2Scale elsewhere in Africa

The management strengthening intervention is also being scaled-up in Ghana and Uganda. There we have also seen service delivery, workforce performance and management successes including:

- Improved TB cure rates
- Higher detection rates of Yaws and other neglected tropical diseases
- Reduced absenteeism and improved provision of service
- Increased confidence among staff. Better teamwork and leadership performance.

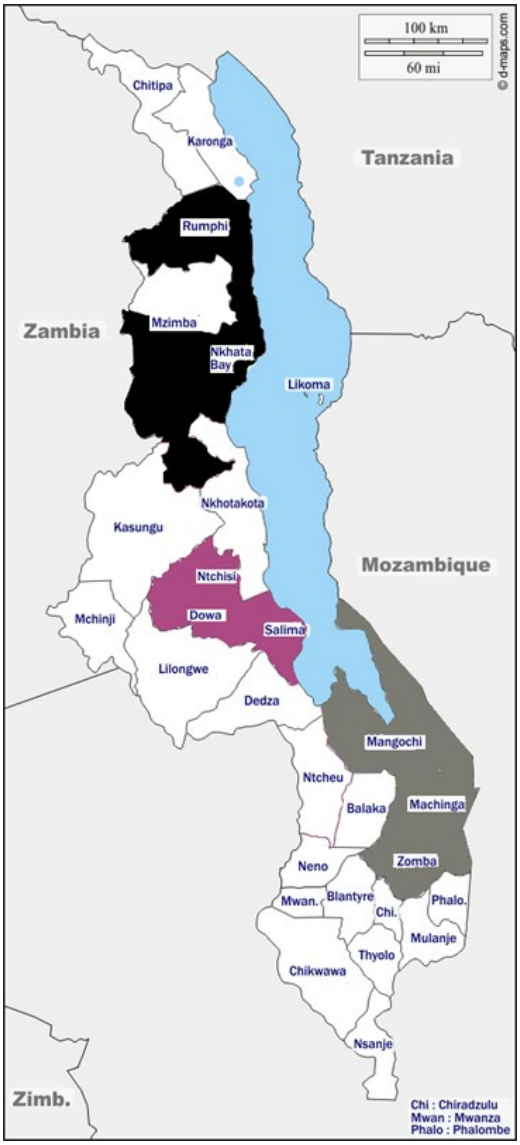

Fig 3. PERFORM2Scale in Malawi
There are three district groups:
DG1 - Dowa, Ntchisi and Salima
DG2 - Machinga, Mangochi and Zomba
DG3 - Mzimba south, Nkhata Bay and Rumphi

Map: ©d-maps.com

"We have a colleague in the DHMT, whenever he has a meeting with members of staff, he shares with them about this project and encourages them to use the strategies as we do in the PERFORM2Scale project"

DHMT member

"Essentially, we look at whether the programme is too huge in terms of expenditure or too expensive. At the same time, we look at a programme if it is introducing new things. So PERFORM2Scale is not, it's a lighter programme to implement. There are some programmes that are introduced and are heavily reliant on the resources that are coming. But with this one, the resources are really within the scope of our expectation."

NSSG member

"As DHMT members we are working in collaboration, because at first we could just look at issues at departmental level without also looking at what the other departments were doing. Now it has integrated us much further as we are able to identify and discuss issues together."

DHMT member

"It teaches us to utilize the little resources that we have, hence reducing the dependence syndrome."

DHMT member

PERFORM2Scale Partners

Liverpool School of Tropical Medicine, UK (overall lead)

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

School of Public Health, University of Ghana

Swiss Tropical & Public Health Institute

Research for Equity & Community Health (REACH) Trust, Malawi

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

Royal Tropical Institute (KIT), Netherlands

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