PERFORM 2SCALE
IMPROVING HEALTH WORKFORCE PERFORMANCE

Scale-up in Malawi

REACH Trust

Welcome to the PERFORM2Scale Validation Workshop

Our research is to "develop and evaluate a sustainable approach to scaling-up a district level management strengthening intervention in different and changing contexts".

In today's workshop, we will discuss and reflect on our original plans for scale up, how these have been adapted in Malawi, and what we have learned about this process. This knowledge will be useful for other managers and decision makers grappling with the challenges of scaling-up an intervention.

PERFORM2Scale in Malawi – our successes

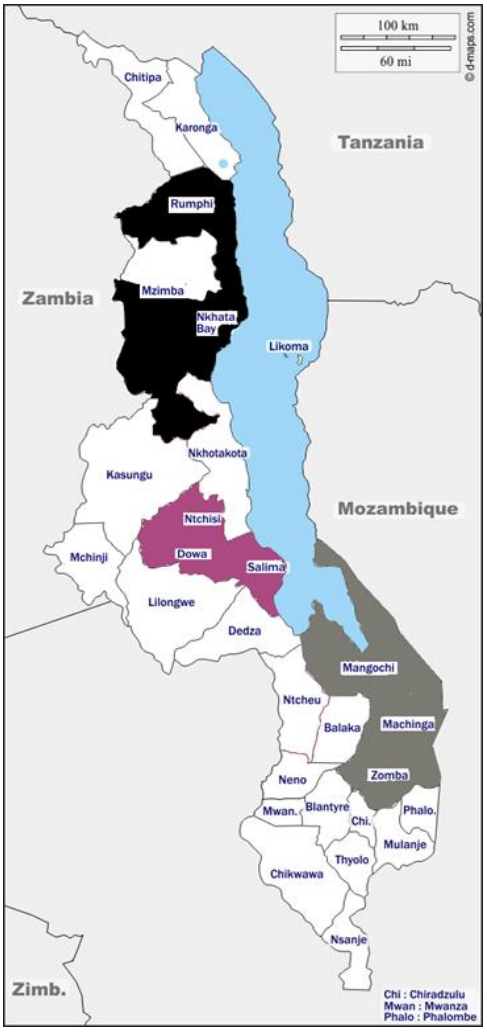
Staff from the **Research for Equity and Community Health (REACH) Trust**, in collaboration with the **Ministry of Health** (MoH) and Ministry of Local Government and Rural Development (MoLGRD), are working with DHMTs in three district groups (see right). In each district they are supporting staff in 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**. At the same time the REACH team is evaluating a sustainable approach to scaling-up the MSI so it might be used by DHMTs across Malawi.

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 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 has been vital to the delivery of the MSI given its responsibility for ensuring quality service delivery. The QMD is a strong supporter of the MSI and is at the forefront of running and scaling-up the initiative. The



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

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

PERFORM 2SCALE
IMPROVING HEALTH WORKFORCE PERFORMANCE

Scale-up in Malawi

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 helped DHMTs **identify workforce-related problems and develop solution strategies** to be integrated into their annual district plans. The teams analysed their own problems, developed and implemented appropriate workplans, and reflected and learned about management through experience. Evaluation showed that by solving problems, such as weak supervision, high absenteeism and ineffective staff appraisal, workforce performance and service delivery improved. Those involved also became better managers. The MSI fitted in with DHMTs' schedules and **largely used existing resources**.

To have a wider impact, and contribute to achieving UHC, the MSI is being scaled-up by PERFORM2Scale in Ghana, **Malawi** and Uganda**,** supported by partners from universities in Ireland, Netherlands, Switzerland and the UK. By repeating the practical MSI cycle the new learning becomes embedded (management is strengthened), service delivery is improved and the infrastructure for scale-up is secured. By scaling-up this process in districts across Malawi it will support our efforts to achieve UHC.

How PERFORM2Scale in Malawi differs from other health care initiatives

- DHMTs analyse their own district contexts and understand the HR and service delivery problems. With the support of the MSI framework they are the right people to choose the problems to address, decide how to tackle them within their resource pot and then implement change. This also increases their **ownership of the process**.
- PERFORM2Scale has clearly shown that given the necessary management skills, including entrepreneurial skills, DHMTs can **maximise their available resources** to solve problems and improve workforce performance and health service delivery. Due to the cost-neutral methodology of PERFORM2Scale, the actual activities in the work plans of the DHMTs were not funded.
- **DHMTs learn by doing**. One MoH staff member said: *"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 policy** and integrated into existing work systems and structures, eg recommendations from national health policy and District Implementation Plans.
- DHMTs are encouraged to reflect on and learn from their own and other DHMTs' actions and outcomes. This is vital for improvement but also helps **adapt the MSI to different contexts**, making it sustainable and scalable.

Scaling-up PERFORM2Scale in Malawi

In Malawi it is clear that the political and economic context in which we are operating has had a substantial influence on the MSI implementation and its scale-up. Consultations with MoH and establishment of the NSSG took longer than expected and delayed the commencement of the project. The PERFORM2Scale's cost-neutral concept was a bitter-pill to swallow at the outset. However, overtime DHMTs applauded the concept as it challenged their entrepreneurial skills – which they demonstrated to their surprise and successfully implemented their MSI cycles. The RT and CRT managed to develop a scale-up strategy that was endorsed by the NSSG, however its development was also delayed due to the fact that more time was needed to gather evidence on MSI outcomes, including the need for experience to be built in horizontal scale-up. This evidence and experience led to the realization that satellite structures could be included in vertical scale-up strategy. Due to NSSG members having busy schedules, and selected RT members having deputy director functions, the RT and CRT took the lead in developing the specific plans, which were endorsed by the QMD director and later the NSSG and Senior Management in MoH. It remains unclear whether the aforesaid context will exert a similar influence on the implementation of the scale-up plan.

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

PERFORM 2SCALE
IMPROVING HEALTH WORKFORCE PERFORMANCE

Scale-up in Malawi

REACH Trust

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.

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

PERFORM 2SCALE
IMPROVING HEALTH WORKFORCE PERFORMANCE

Scale-up in Malawi

REACH Trust

A DHMT member's view of PERFORM2Scale

Dr Jollings George Kasondo, District Medical Officer for Salima, describes his experience of PERFORM2Scale.

When we began this initiative, we identified problems that we were encountering in day-to-day service delivery, but when we scrutinised, them using PERFORM2Scale's problem tree analysis we realised that the root cause was a lack of DHMT supportive supervision. We came up with a six-stage plan of how we should address these problems and we are now seeing many improvements in Salima.

Firstly, PERFORM2Scale is helping improve our reporting rates and the timeliness and completeness of our reports. It has also led to improvements in the **efficiency** of DHMT members, with fewer and better planned meetings. This has promoted **teamwork**, reduced the cost of meetings, and improved our efficiency and effectiveness. Together these are contributing to a **cost-effective** way of handling problems which is helping **improve service delivery**.

In PERFORM2Scale you use your own resources to address the challenges, which is more **sustainable** because it is not donor driven. This is also promoting **self-reliance** among the DHMT members. Also with regards to staff, we are seeing improvements in **job satisfaction**. Recently the director recommended the promotion of some DHMT members because of their commitment and good work which is increasing job satisfaction and motivation.

We have **improved staff supervision** by costing and supporting supervision and service delivery activities using the little budget that we have. PERFORM2Scale has also been adopted by our extended DHMT, where we are seeing the next generation of members able to learn and practice these skills, **increasing confidence** among staff.

The DHMTs have also used PERFORM2Scale to look at **COVID-19-related issues**. Service delivery gaps have been identified and we came up with a plan that led to a range of integrated activities and structures on the ground.

I think we need to integrate PERFORM2Scale into our routine activities. It has to be championed. It is a good tool that supports service delivery and improves programmes on the ground. I would recommend that the Ministry of Health adopts and integrates it into the practice of the DHMTs.

More on PERFORM2Scale in Malawi

Visit the project website: www.perform2scale.org
Twitter: @perform2scale Facebook: /perform2scale

Read our latest in-depth report: www.perform2scale.org/country-reports-2021

Contact us at REACH Trust: Hastings Banda: mayingira@yahoo.com

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