



Capacity Strengthening Evaluation Report
Deliverable D5.1

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D5.1

Capacity Strengthening Evaluation Report

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Improving health workforce performance



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List of abbreviations

AR	Action research
CAO	Chief administrative officer
CRT	Country Research Team
CW	Consortium workshop
DC	District Council
DG	District Group
DHMT	District Health Management Team
DHO	District Health Officer
DOA	Description of the Action
EC	European Commission
EP	European Partner
HRM	Human resource management
HSC	Health Service Commission
ICA	Initial Context Analysis
LSTM	Liverpool School of Tropical Medicine
MoLG	Ministry of Local Government
MoLoGRD	Ministry of Local Government and Rural Development
MoPS	Ministry of Public Service
MOH	Ministry of Health
MSI	Management Strengthening Interventions
NGO	Non-governmental organisation
NSSG	National scale-up steering group
PEA	Political Economy Analysis
PI	Principal investigator
PP	Paired partner
PY	Project year
P2S	PERFORM2Scale
QA&I	Quality Assurance and Inspection
QI	Quality improvement
QIF	Quality Improvement Framework
QISG	Quality Improvement Support Group
QMD	Quality Management Directorate
QMT	Quality Management Team

RT	Resource Team
TWG	Technical Working Group
TB	Tuberculosis
ToC	Theory of Change
TORs	Terms of References
WHO	World Health Organization
UHC	Universal Health Coverage
HSD	Health sub-district
HRM	Human Resource Management
WP	Work Package

Executive summary

The PERFORM2Scale (P2S) consortium aims to strengthen the decentralized health systems of Ghana, Uganda, and Malawi through the implementation and scale-up of a management strengthening intervention (MSI). The MSI uses participatory approaches to enable district health managers to facilitate quality improvement of management and workforce skills, and, by extension, improve health service provision. Building on its predecessor, the PERFORM project (2011-2015), P2S further emphasises the horizontal and vertical scale up of the MSI.

With the scale-up of a management strengthening intervention (i.e., the MSI) as its core activity, P2S is inherently a capacity strengthening programme. Specifically, the primary goal of the capacity strengthening component of P2S was to develop the capacity, where needed, of the various constituents to deliver the project, as underpinned by four objectives: 1) To develop the capacity of researchers to implement the MSI; 2) To develop the capacity of researchers to implement the scale-up of the MSI; 3) To develop the capacity of resource teams (RTs) and the National Scale-up Steering Group (NSSG) to implement and sustain the scale-up of the MSI; and 4) To develop the capacity of research teams where needed in the areas of process and outcome evaluation; research uptake; communications and project management.

Since the commencement of P2S in 2017, numerous capacity strengthening activities have taken place among project consortium members and district level stakeholders. In addition, informal work processes and collaborative learning inherently strengthened capacities, as a by-product. This report presents findings from our evaluation of the P2S capacity strengthening strategy with two overarching aims to: 1) examine and unpack to what extent capacity was (or was not) developed at the consortium, Resource Team (RT) and National Scale-up Steering Group (NSSG) levels; and 2) share the learnings which unfolded throughout the process of attempting to build capacity within P2S.

Key messages

Drawing from a range of secondary data sources collected throughout the lifetime of the project, including periodic reports and meeting minutes, this evaluation further draws on the views of consortium members reflected across semi-structured interviews conducted across all seven partner organizations, as well as focus group discussions with Country Research Teams (CRT) in Uganda, Ghana, and Malawi. Overall, our evaluation discusses the following key learnings:

1. The importance of fostering a shared, consortia-wide consensus on how capacity strengthening should be distinctly outlined and collaboratively operationalised for PERFORM2Scale and other similar programmes;
2. Ensuring a multidirectional approach to the implementation of capacity strengthening activities and equity in partnerships is paramount;
3. Identifying capacity needs and tailoring of capacity strengthening activities must be done on a responsive and iterative basis, engaging people in ways that are contextually relevant; and
4. Relational and in-person strategies to develop capacity strengthening must be facilitated.

Introduction

Improving health workforce performance is critical to achieving Universal Health Coverage (UHC) (Martineau et al., 2018; Mshelia et al., 2013). Developed as part of the initial PERFORM project between 2011 and 2015, the management strengthening intervention (MSI) is an intervention designed to support district health management teams to solve workforce performance problems, navigate existing resource constraints, and improve service delivery, ultimately positioning them to strengthen their own managerial capacities.

To have a wider impact, and thus contribute to UHC, the P2S project aimed to scale-up the MSI in Ghana, Malawi, and Uganda from 2015-2021. The overarching aim of P2S was to develop and evaluate a sustainable approach to scaling the MSI at the district level within the context of decentralized health systems. Through a 4-stage action research (AR) approach, the MSI enabled district health management teams (DHMTs) to plan, act, observe and reflect: In the *plan* stage, DHMTs analysed their own workforce performance and service delivery problems to develop appropriate workplans, while in the *act* phase, they implemented the workplans into action. The observe and reflect phases enabled DHMTs to monitor and uptake lessons learned from the overall experience, fostering the adaptation of workplans as necessary to ensure context responsiveness.

To promote the sustainability and scalability of the MSI, P2S adapted a systematic approach for scale-up that was developed and piloted by ExpandNet and the World Health Organization (WHO). More specifically, this approach envisioned both a 'vertical' scale-up (institutionalization through policy, political, legal, budgetary, or other health systems changes to support the horizontal scale-up) and a horizontal scale-up (expansion and/or replication of the intervention across the country). To advance the scale-up process, a National Scale-up Steering Group (NSSG) was formed in each country in collaboration with its respective Country Research Team (CRT) and Ministry of Health, with the idea that the NSSG would eventually lead the vertical scale-up process. Moreover, it was envisioned that the CRT and NSSG would identify Resource Team (RT) members, who would support District Health Management Teams (DHMTs) with the implementation of the MSI within new districts as horizontal scale-up progressed.

The scale-up process was designed to start with one grouping of three districts within each country to implement the MSI. Following the completion of the first AR cycle, which varied across context, a second MSI cycle was planned for the same group of districts to continue the management strengthening process, whilst a second group of districts was started. In this way, the district strengthening process would be ongoing and the geographical spread of districts using the MSI cycle would increase.

To ensure all stakeholders across the project were supported and facilitated to enact their respective roles and strengthen necessary competencies related to MSI implementation and scale up, capacity strengthening strategies were integrated across the implementation of P2S. Capacity Strengthening Work Package (WP) 5 - led by the Ireland team at both Trinity College Dublin (TCD) and Maynooth University (MU), working closely with other partners, was designed to ensure that capacity strengthening was aligned with the MSI, scale-up, evaluation and communications. All partners

contributed to capacity strengthening through commenting on draft materials and documents and also by leading competency strengthening within the consortium, including during workshops and webinars. The next section unpacks the notion of capacity strengthening and explicates how we positioned capacity strengthening within P2S.

Defining Capacity Strengthening

The concept of capacity describes an ability, competency, or understanding to execute a skill or enact a role; however, more recently, the literature surrounding capacity has expanded beyond emphasising strengthening the capacity of the individual through knowledge acquisition, to hone in on capacity as a value-neutral transfer of skills (Finn et al., 2021; Bates, Boyd, Smith and Cole, 2014; Nchinda, 2002). Capacity strengthening has both an individual and organisational dimension, the latter including organisations such as governments or non-governmental organisations (Pulford et al., 2021). From a more critical perspective, capacity strengthening is also contentiously debated within the literature for inherent ethical tensions between capacity and autonomy (Rajeshwari Deo & Van Wessel, 2020). Some scholars debate that when employed with vulnerable populations, capacity strengthening has the potential to perpetuate inequitable power dynamics (Mornina & Istratii, 2022).

Capacity strengthening was intentionally embedded within the methodological and theoretical infrastructure of P2S, rooted in the partnerships of multi-level international and interdisciplinary stakeholders. We thus adopted the definition outlined by Bates and colleagues (2014), who cite capacity strengthening as: “a process of improving individual skills, processes and structures at the organisational level and the networks and context in which the organisation functions” (p. 1). This approach was chosen as it operates on the premise that individuals are situated within the contexts of their socio-political, cultural, historical and organizational environments, thereby conceptualising capacity strengthening as an inclusive process that focuses on improving individual skills, processes and structures within the contexts they function in (Bates et al., 2014).

Building upon this definition, the integration of a capacity strengthening strategy that is both ethical and resonant with those positioned on the receiving end necessitates a practical and contextually responsive approach to its design, monitoring, and evaluation. Consonant with these ideas, this evaluation draws on the five-step framework developed by Bates and colleagues (2014) for the design, monitoring and evaluation of our capacity strengthening strategy, adapting it as appropriate for the context of the P2S project. In the following section, we introduce the capacity strengthening strategy for P2S, together with the conceptual framework that guided our approach to strengthening capacity across the project’s lifetime.

Capacity Strengthening Strategy

The Capacity Strengthening Strategy for P2S ([see Annex 1](#)) adopted a practical and systematic approach to guide the design, monitoring and evaluation of capacity strengthening activities, which was based on a following five-step model for planning, collecting information, making decisions, and improving performance for capacity strengthening previously used in different African contexts (see Bates et al., 2014):

1. Define the goal of the capacity strengthening project;
2. Describe the required capacity needed to achieve the goal;
3. Determine the existing capacity and identify any gaps compared to the required capacity;
4. Devise and implement an action plan to fill the gaps;
5. Learn through doing; adapt the plan and indicators regularly.

Designed to be flexible and to take into consideration the different contexts and scales of the activities, the ethos of our capacity strengthening strategy was thus one of inclusivity for designing health research capacity strengthening programmes (Bates et al., 2014). Specifically, capacity strengthening was harnessed across and between the following levels:

- The Individual, using observation and reflective practice. Consortium partners and DHMT members learn from each other and from the programme process, while forming strategic alliances with other health systems researchers and practitioners to build capacity for programme effectiveness.
- The DHMT, through an action research cycle of plan, act, observe, reflect.
- The RT, through a collaborative approach with CRTs to facilitate MSI implementation and scale up.
- At an organisational level, the Consortium was targeted through learning as a shared practice enhanced by episodes of observation and reflection.

Taken together, P2S' capacity strengthening approach sought to harness the participation and leverage the existing skills and resources of individuals, institutions, organisations, and systems to achieve the following four objectives:

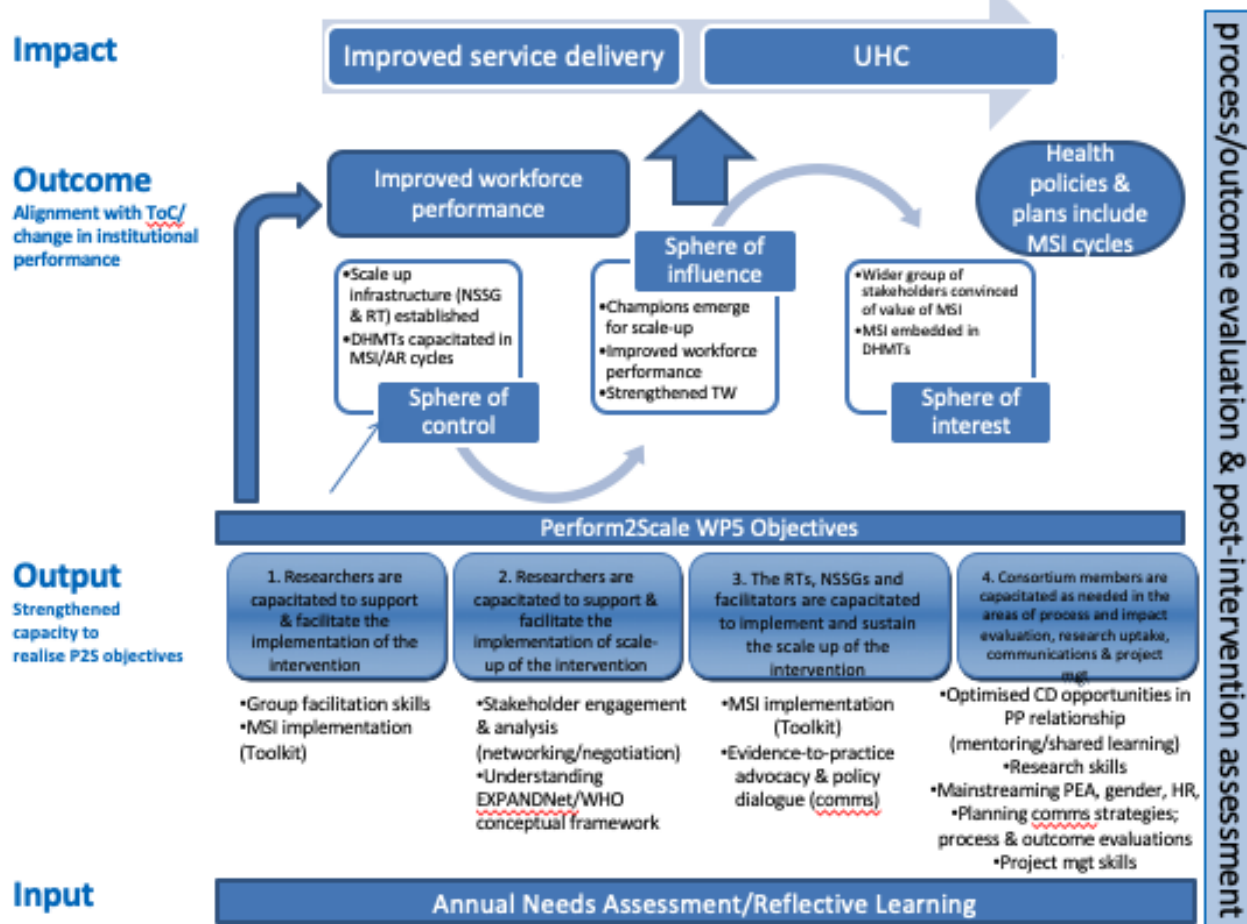
1. Develop the capacity of researchers to implement the MSI
2. Develop the capacity of researchers to implement the scale-up of the MSI
3. Develop the capacity of resource teams (RTs) and the National Scale-up Steering Group (NSSG) to implement and sustain the scale-up of the MSI
4. Develop the capacity of research teams where needed in the areas of process and outcome evaluation; research uptake; communications and project management.

Objectives 1, 2, and 4 of the PERFORM2Scale capacity strengthening strategy thus related to developing the capacity of researchers, that is, consortium members, to both implement and scale up the MSI, and on various skills related to research and analysis within P2S. Objective 3 of the strategy, on the other hand, targeted the RTs and NSSGs, focusing on the implementation and scale-up of the MSI.

Aligned with the five steps above, tasks within WP5 included the identification of capacity strengthening gaps and then, together with the consortium, trying to build in structures (for example, webinars, workshops etc) to strengthen the identified gaps. Each African partner/CRT (Ghana, Malawi, and Uganda) was paired with one European partner (Swiss TPH, TCD, LSTM) with the stated purpose of this being to ensure continuous support and interaction between EU partners who were leading on methodology strengthening and African partners who were leading on the implementation of the scale-up (DOA, p.46). As outlined in the capacity strengthening strategy (p.2), the paired partnership modality was also intended to contribute to capacity strengthening in P2S through identifying bi-directional opportunities for strengthening capacity for health systems research within each paired-partner arrangement.

Consistent with step five of our overall approach, the P2S capacity strengthening strategy was considered a living document. As such, it was designed to be implemented, monitored regularly throughout the course of the P2S project and reviewed and revised annually as capacity needs evolved and changed. *Figure 1, the PERFORM2Scale Capacity Strengthening Conceptual Framework*, illustrates the pathway through which WP5 planned to deliver activities, as identified by the initial identification of consortium needs assessment undertaken in 2017. Outcome indicators were embedded in the Theory of Change and the overarching goals of P2S. Working closely with other WPs, the process and outcome evaluations were designed to capture capacity strengthening outcomes at the institutional and national levels, supported by additional qualitative research in selected aspects of capacity development.

Figure 1: PERFORM2Scale Capacity Strengthening Conceptual Framework (2017)



Source: Adapted from UNDP, Capacity Strengthening Primer, *Framework for Measuring Capacity Development*, 2009)

Capacity Strengthening Final Evaluation

Study design and aim

The current capacity strengthening final evaluation (D5.1) was designed as a sub-study within P2S, with primary aims to evaluate the capacity strengthening strategy and appraise its effectiveness. In other words, we sought to answer the question: *Whether and, if so, how capacity was strengthened across the lifespan of PERFORM2Scale?* The evaluation draws upon three areas: a (i) secondary desk review of existing data, including existing reports and consortium meeting minutes, as well as a series of (ii) semi-structured interviews and (iii) focus group discussions.

Research Questions

In specific, the following four research questions guided the overall evaluation of the strategy:

1. What capacity gaps were identified to support the implementation, facilitation and scale-up of the MSI as well as researching the process?

2. How did we develop the capacity of P2S researchers to support the implementation, facilitation and researching the scale up of the MSI and to what extent did we achieve this?
3. What did we do to develop capacity of the RTs and NSSGs and to what extent was this achieved?
4. What lessons did we learn as a consortium from the P2S approach to capacity development?

Methods

Desk review of Existing Data

A desk review of existing data was conducted between August 2021 to December 2021. The documents reviewed included data collected within the process and outcome evaluations which were conducted to obtain in-depth understandings of how the MSI and scale-up have been implemented in Ghana, Uganda, and Malawi during the first, second and third cycles of the MSI. More specifically, these tools included tool 5 scale-up assessment, tool 6A and 6B semi-structured interviews on the MSI, and tool 7 CRT reflections. Additionally, the P2S research protocol, periodic reports, workshop reports, working group minutes and minutes from PP meetings were reviewed.

Capacity Strengthening Inventory Chart

Data synthesised in the desk review was used to create a capacity strengthening activity inventory of capacity strategies enacted for each stakeholder group across the project's lifespan. The capacity strengthening inventory chart ([Annex 2](#)) was peer-reviewed by the 'Capacity Strengthening' working group and subsequently completed by two independent researchers who reviewed the following existing data sources: past webinar PowerPoint and/or video (PEA, data management, gender sensitive research, MSI and scale up, costing, capacity strengthening, doing reflection, photography, writing/blogging/illustrations, working with the RT, MSI adaptations, ToC), workshops (data analysis) and reports (scale up reports, webinar reports, consortium workshop reports, case study guidelines).

The capacity strengthening inventory chart was subsequently used as a participatory tool during the September 2021 consortium virtual workshop on Zoom to further flesh out the chart, adding depth and richness through participants experiential knowledge. In this participatory session, participants were grouped by paired partner into three virtual Zoom break-out rooms (Ireland/Malawi, Ghana/Swiss, and Uganda/LSTM), and asked to leverage their experiences engaging in particular activities or recalling more informal activities. This activity was designed to recognise that not all capacity strengthening activities were formally conducted and subsequently documented; rather, capacity often builds through informal and iterative engagements, such as shadowing or coaching. As such, CRTs were encouraged to complete additional rows of the chart pertaining to the district and national stakeholders based on their collaborative work conducted with them across time.

Semi-structured interviews with consortium members

Key informant interviews (KIIs) were conducted with consortium members across all institutions (n= 7) in January 2022 to provide in-depth information on their experiences related to capacity development. The participants were purposively selected by individual institutions based on the longevity of their role within the project, meaning they would have had the opportunity to participate in many of the capacity

strengthening activities across the project's lifespan. Due to staff turnover across the 5 years, as well as availability of participants for interview, levels of experience ranged from 1 to 5 years, with a mix of both senior and early career researchers. As specified, there was representation from all institutions including both the European partners as well as the African partners. An interview guide ([Annex 3](#)) was developed for the consortium level and included probes related to baseline capacity strengths and gaps to support MSI implementation and scale-up, as well as broader questions to facilitate retrospective reflections of the capacity strengthening approach, to identify to what extent it was successful, and to generate lessons learned from the project.

Focus Group Discussion with Country Research Teams

In specific to research question 3, focus group discussions were also held with each Country Research Team (n=3) in January 2022 to expand upon the capacity strengthening strategy as it relates to the RT and NSSG stakeholder groups. Focus groups specifically targeted CRTs due to their experience directly supporting the RT and NSSG groups, and being supported by them, thus their experiential knowledge was sought to further delve into whether capacity was developed among these groups. Focus groups were therefore not conducted with EU partners due to their lack of contextual knowledge and limited experience directly working with RT and NSSG groups on the ground. Using an adapted version of the semi-structured interview topic guide ([Annex 4](#)), questions honed on the capacity strengthening strategy and its effectiveness for RT and NSSG to tease out whether capacity was (or was not) developed among these groups. Additionally, questions tapped into the CRTs experiences supporting (and being supported by the RT and the NSSG) to uncover whether bidirectional learning had taken place, as well as broadly their experiences integrating the capacity strengthening strategy for RT and NSSG from a wider consortium perspective.

Data analysis

Interviews and focus groups were transcribed and, along with documentary evidence, uploaded to NVivo12 for analysis (QSR, 2018). Prior to analysis all transcripts were read and reread, so that the team involved in the analysis were familiar with the transcripts. The analytical process used both a deductive and inductive approach. A deductive coding strategy based on the capacity strengthening strategy research questions was initially used to organise the data into four higher order themes. For the documentary review, the data identified was compiled and displayed in table format. For the interviews and focus groups, an inductive process followed to further explore each higher order theme, identify subthemes, and inquire for similarities and differences in views. The final aspect of this phase of analysis involved reviewing the final structure and selecting illustrative quotes. Abbreviations for illustrative quotes are already noted in the abbreviations in the introduction however to be specific participants who took part in interviews at baseline and post intervention have been allocated the following identifiers:

For individual interviews: (European partner (EP) or Country Research Team (CRT)_participant number e.g., 01, 02, 03 etc)

For FGDs: (Focus Group Discussion (FGD)_Country Research Team (CRT) 1, 2 or 3_participant number from the FGD e.g., 01,02,03, etc.)

Findings

1. What capacity gaps were identified to support the implementation, facilitation and scale-up of the intervention as well as researching the process?

The capacity strengthening needs of consortium members were assessed at different stages throughout project year one (2017), as familiarity with the project increased and participants became more aware of their own capacity gaps. In project year three (2019), a Capacity Strengthening Session took place at Consortium Workshop 4 in Accra, Ghana, where the consortium had an opportunity to look back at the capacity strengthening strategy, with the aim of reflecting on capacity strengthening activities to date, as well as assessing future needs and identifying activities to address these needs.

1.1 Project Year One (2017)

Capacity needs were initially assessed against consortium defined optimal capacity derived from key sources, principally the WHO's ExpandNet Framework [2010], grant agreement [Description of the Action] document, and the research protocol. As these documents described in detail the layers of project activity, points of intersection between WPs, deliverables, and milestones to be reached, it was possible to identify the core skillset required to deliver all of the elements of P2S as illustrated by *Table 1*.

Table 1: Capacity required to deliver PERFORM2Scale (2017)

PERFORM2Scale's Capacity Strengthening Objectives	Competencies Required
Competencies required to implement the MSI	<ol style="list-style-type: none"> 1. Problem analysis 2. Designing integrated human resource management bundles & health systems strategies 3. Planning & implementation strategies 4. Group facilitation skills 5. Action research skills 6. Lobbying/negotiation & policy dialogue
Competencies required to scale-up the MSI	<ol style="list-style-type: none"> 1. Stakeholder analysis 2. Stakeholder engagement 3. Context/political economy analysis 4. Systems thinking 5. Strategic planning skills for scalability 6. Mainstreaming - gender, human rights, equity & PEA
Capacity to 'steer'/guide the RTs and NSSGs to implement and sustain scale-up of the intervention	<ol style="list-style-type: none"> 1. Communication and networking skills
Core skills required by consortium members to deliver all the requirements of PERFORM2Scale	<ol style="list-style-type: none"> 1. Qualitative and quantitative research skills 2. NVivo 11 Pro/data analysis 3. Project management skills including planning for process & outcome evaluations; communications etc 4. Ability to mainstream cross-cutting issues – gender, equity & human rights & apply PEA at all levels of research 5. Communicating research including publications, policy briefs, conference presentations

Based on the mixed methods capacity needs assessment conducted in 2017, consortium members identified 9 broad areas to prioritise for capacity strengthening for P2S. These are highlighted in *Table 2* together with the key objectives and interventions for capacity strengthening that were agreed by consortium members at Consortium Workshop 2 in Amsterdam (2017).

Table 2: Consortium Self-Identified Capacity Strengthening Needs (2017)

Capacity Gap	Objective/Activity
1. Stakeholder Analysis	<ul style="list-style-type: none"> • Negotiation and Networking Skills (KIT) • Resources for Engaging (Uganda) • Negotiation and Networking, Budget Management and Support for Project Managers (PM) (Malawi) • Stakeholder Engagement (Ghana) • Communication to non-consortium partners <ul style="list-style-type: none"> ○ Tools are currently available for the initial engagement process from Perform
2. Scale-Up	<ul style="list-style-type: none"> • Proficiency in understanding and application of ExpandNet • How to best identify any problems i? Root causes, prioritization of problems, designing the intervention, resourcing, implementation, decision space? • How do we get P2S to fit into existing workflows, rather than asking the DHMT to adopt/adapt to our work plans and workflows? • For contexts where there are similar initiatives taking place, there is a need to demonstrate how P2S is different. Why P2S over other similar programmes?
3. Paired-Partners	<ul style="list-style-type: none"> • Specifically, how to handle unpaired partner functions - communication and shared roles and responsibilities (KIT) • Task-sharing, active involvement, local ownership (LSTM) • Managing Emails - Response from Partners; Conferences Meeting over Skype (Uganda) • Regular and Open Communication between Paired Partners (Ireland) • Strengthening Shared Knowledge Portal for Local Partners (i.e. NSSGs and DHMTs) (Malawi)
4. Political Economy Analysis	<ul style="list-style-type: none"> • What does PEA mean and how does one conduct it (General)
5. Research Uptake, Publication, and Public Engagement	<ul style="list-style-type: none"> • How to best communicate the TOC – which is quite complex (General) • Scientific Writing and Public Engagement (KIT) • Writing Skills (Swiss TPH and Malawi) • Policy Briefs (Public Engagement) (Uganda) • Policy Briefs and Social Media (Ghana) • Communication and Presentation Skills (General)
6. Research, Process and Evaluation Methods	<ul style="list-style-type: none"> • Qualitative Data Analysis using Nvivo (KIT) • Mixed Methods (Swiss) • Quantitative Data Analysis, Costing (LSTM) <ul style="list-style-type: none"> • Are there costing experts in each CRT? Do they need to be hired? • Rigorous documentation of Action Research (Ireland) • Mixed Methods, Data presentation, Evaluation (Uganda) • Evaluation Processes and Quantitative Analysis (Malawi)
7. Administration and Grant Management	<ul style="list-style-type: none"> • EC-specific requirements (KIT, Uganda, Ghana) • Budget Management and Support for PMs (Malawi)

8. Infrastructure/IT	<ul style="list-style-type: none"> • Access to Electronic Journals (Uganda) • Internet Connection, Access to electronic journals (Malawi) • Access to Data Analysis Software, Electronic Journals (Ghana)
9. Supervision and Mentorship Support	<ul style="list-style-type: none"> • Coaching skills towards partners, as related to WP7 (KIT) • Mentoring across Different Organizations (LSTM, Uganda) • Networking and Coaching Skills (Malawi)

1.1.1 Initial Reflections on Capacity Needs Identified

The following findings emerged from the initial interviews with consortium members that took place online ahead of Consortium Workshop 1 (2017).

Expand knowledge on Political Economy Analysis

Political Economy Analysis (PEA) emerged as an area that participants felt that they had little knowledge of in terms of its meaning and the process of conducting one. It was anticipated that much of the capacity strengthening around PEA would need to be outsourced because of a perceived lack of capacity within the consortium. Speaking of the importance of strengthening capacity on PEA, one consortium member commented that:

“In the area of human resources, this [PEA] is key because there is a lot of nepotism, there is a lot of politics behind that and if you are not able to read the environment politically, and do that analysis of how these organisations and individuals work with the systems, and how they communicate, and how they exert powers among each other, you will not be able to grasp [PERFORM2Scale]” (European partner(EP)_06)

Enhance skills in stakeholder analysis and engagement

There were various levels of experience of stakeholder analysis and stakeholder engagement however, consortium members placed emphasis on the challenges they had faced in previous projects and therefore identified stakeholder engagement as an area to prioritise for capacity strengthening . Speaking from experience, a member of a CRT shared a common challenge:

“Whenever you want their time, it doesn’t come for free so you have to have a budget for the stakeholders, otherwise they will not show up” (Country Research Team(CRT)_07)

While the CRTs expressed confidence in engaging stakeholders for P2S due to existing relationships with Ministries within their respective countries, some of the EU partners focused on the need to also think about developing capacity to engage stakeholders at a global level. There was consensus across the consortium that the strategy for identifying and engaging stakeholders was still uncertain with regards to the PERFORM2Scale strategy and that further understanding would be required on the approach.

Strengthen skills and experience in specific research, process, and evaluation methods

Consortium member respondents further identified gaps in specific skillsets deemed critical for supporting the facilitation and scale up of the MSI, as well as researching the process. Only one member of the consortium interviewed appeared to have experience in Health Economics and therefore

identified the importance of developing skills in this area as related to being able to cost the scale-up. Highlighting the rationale for prioritising costing as a capacity need, a consortium member explained:

“One of the very important outputs that we will get out of this project is to tell governments it has been tested, it has been successful and this is how much it costed...I mean, finance feasibility is one of the key criteria used by governments to make any decision and to adopt any intervention...I’m not sure if we have those [skills]” (EP_06)

Although existing capacity was identified for conducting mixed methods research, including rigorous monitoring and evaluation, the CRTs were foremost to express a desire to strengthen skills in these areas, particularly in relation to quantitative research:

“We will need quite a lot of support in terms of monitoring and evaluation” (CRT_07)

“The monitoring and evaluation aspect, I think when it comes to capacity strengthening as far as this scale up is concerned, is very, very critical, and we need to capture that” (CRT_03)

Some of the EU partner respondents agreed that capacity strengthening in these areas may be necessary and acknowledged that while people across the consortium may also have experience in qualitative research, for example, *“how much experience?” (Consortium_05)* does each individual have.

Related to Action Research, consortium member respondents felt that there may be a need to strengthen how to engage with the reflective stage of the Action Research Cycle for P2S. Sharing from experience with the previous PERFORM project, one consortium member recollected the following:

“Right from the word go there was not a clear-cut strategy to achieve the objective of reflection, so you know there’s always this improvisation. We have to improvise in order to have that reflection bit going, so the capacity in that particular area of reflection will be useful” (CRT_03).

Further develop skills in research uptake, publication writing, and public engagement

Consortium member respondents agreed that a strong communication strategy would be necessary for the research within P2S. Again, there were capacity strengths identified within the consortium. Specifically, the European partners interviewed felt they had strong capacity in scientific writing and publishing but they identified potential gaps for the CRTs, as well as for more junior researchers in their teams, suggesting how existing expertise could be leveraged in this area:

“There’s some very good skills within the team about that [scientific writing] so I think we could utilise those to support people. You know I’m thinking more of the country teams really, to write papers and to write them early on and get into a paper culture or a publication culture” (EP_04)

“Make sure that the paired partners have a leading role in this activity. At least a core leading role in this activity... It may involve some training, it’s not clear and must be explored together also with the capacity strengthening work package” (EP_02)

It was recognised in the initial capacity needs assessment that communication skills would also need to be developed for writing policy briefs, using social media and facilitation of dissemination meetings to

communicate research beyond an academic audience. This was in reference to capacity strengthening across many of the participating institutions:

“I think we could probably use some capacity strengthening in terms of how we communicate to the wider public, how we communicate to the beneficiaries, how do we bring this back to very clear messages rather than here is a big complex academic paper with loads of stats” (EP_08)

Enhance skills in project management, administration, and grant management

Key perceptions around project management, administration and grant management indicated the need for strong leadership in these areas as well as expertise in budget management:

“I think that raises the issue for other partners, particularly the southern partners. I think that will be difficult, and particularly the financial management and working out the budget, planning, activities, and budget allocation and making sure they've got enough money to be able to do the activities” (EP_04)

“It's a very complex project, I think, and at least the person dealing with the management has to understand what has to be delivered, when and how, and be timely and be honest and be truthful” (EP_06).

Support paired partnership function

Many of the consortium members had experience of working with other institutions at varying levels, and some working within consortia, but not all had experience working in a paired partnership. Perceptions of the paired partnership for P2S implied that the European Partners would play a supportive role to the African Partners however, it was not clearly defined how this function would operate. Some of the key areas mentioned for successful partnerships focused on communication, willingness, and shared objectives:

“I think capacity in terms of spending time and... ways to communicate that work well, so I think that's it and having that discussion early on, and saying how is that going to work between the paired partners” (EP_04).

“It depends, I guess very much on the interests and willingness from the local partners... The main objective is to transfer the capacity as much as possible and to make sure that the work is owned locally but this does not always work out” (EP_02)

“Respecting each other's autonomy in terms of the way that we operate in our respective organisations but also setting common goals... and I think that shared responsibilities are really important so that no one partner feels that they are doing the lion's share of the work. That could create all sorts of nasty things within a partnership” (EP_08)

1.1.2 Capacity Goals

Following the capacity needs assessment process in project year one the consortium agreed on ten goals for the lifespan of the P2S project. These goals are presented in *Table 3*.

Table 3: Capacity Strengthening Goals collaboratively set by P2S Consortium in PY1

- 1) Develop and enhance skills in stakeholder analysis and engagement. This includes strengthening networking and negotiation skills, and learning how to communicate at different levels to sell the intervention.
- 2) Establish and acquire key competencies required for a scale-up project. This should result in the scale-up process becoming embedded within countries.
- 3) Build strong research collaborations with paired partners to ensure open communication, learning and mutually supportive environments. Demonstrate success of multi-country projects and partnerships.
- 4) Expand knowledge on Political Economy Analysis, as well as strengthening capacity to do this thoroughly.
- 5) Southern partners to have a leading role, or co-leading role in publishing peer-reviewed papers.
- 6) Develop capacity in conducting both process and outcome evaluation.
- 7) Strengthen capacity to communicate and present research.
- 8) Develop research skills to enable career strengthening and personal growth.
- 9) Embed capacity strengthening within the core function of the consortium.
- 10) To be a stronger team by the end of the project, equipped with the necessary skills to address all the issues generated.

1.2 Project Year Three (2019)

1.2.1 Revisiting Capacity Needs of the P2S Consortium

During the Capacity Strengthening Session at Workshop 4 in Ghana 2019, consortium members spent time discussing progress on the capacity needs that had been identified in 2017. Of the 9 broad areas that had initially been identified, **Political Economy Analysis, scale-up, research uptake and stakeholder analysis/engagement** were prioritised as “*extremely important*” for further and ongoing capacity strengthening as the project moved into years 4 and 5. Specific feedback emerging from the consortium on capacity needs is illustrated in *Table 4*.

Table 4: Ongoing capacity needs for P2S Consortium

Ongoing Capacity Needs	Feedback
Stakeholder Analysis & Engagement	<ul style="list-style-type: none"> • Need for communication packages • Needs continuous attention • Negotiation skills • How to use evidence and to communicate it effectively to stakeholders e.g. NSSGs
Scale-Up	<ul style="list-style-type: none"> • How to ‘sell’ the scale up • More sharing of experiences through a case study approach
PEA	<ul style="list-style-type: none"> • Need to refresh understanding of PEA

	<ul style="list-style-type: none"> • How to examine in-depth challenges in P2S using a PEA lens • Understanding how PEA can help to navigate these challenges. • Documenting PEA
Research Uptake	<ul style="list-style-type: none"> • How to write a policy brief • Social media: blog posts, twitter, videos • How to adjust communication to your audience
Research, Process and Evaluation Methods	<ul style="list-style-type: none"> • Harmonisation and analytical strategy for each of the tools • NVivo and more qualitative analysis skills (deductive, key areas of interest/inductive)
Admin & Grant management	<ul style="list-style-type: none"> • Support with financial issues
Reflection	<ul style="list-style-type: none"> • Teaching on how to facilitate reflection • How to write about reflection
Gender Analysis	<ul style="list-style-type: none"> • How to apply GA to project operations • Putting a gender lens on analysis in P2S

Capacity Needs of DHMTs, RTs and NSSGs

Consortium members were asked to specifically discuss how the capacity strengthening component of P2S can support the work of the DHMTs, RTs and NSSGs to implement and sustain the scale up of the intervention. At the workshop, consortium members expressed concerns about targeting capacity strengthening activities towards NSSGs because they were generally more senior people and may not be as available or receptive to getting involved. With the RTs, the consortium felt that it was challenging to get hold of RT members to be able to identify what their capacity needs might be however, it was felt that more efforts were needed to support RTs with facilitating the MSI and preparations for meetings. Finally, discussions on the needs of DHMTs focused on members of the DHMTs who may take a more facilitatory role with the scale-up of the MSI in other districts. Consortium members therefore identified the need for DHMT members to have capacity strengthened in district level facilitation including trainings and orientation on MSI manuals, teachings on problem selection, action research and reflection.

2. How did we develop capacity of P2S researchers to support the implementation, facilitation and researching the scale up of the MSI and to what extent did we achieve this?

Objectives 1, 2, and 4 of the PERFORM2Scale capacity strengthening strategy related to developing the capacity of researchers to both implement and scale up the MSI, and on various skills related to research and analysis within PERFORM2Scale as identified in the research objectives.

2.1 Capacity Strengthening Implementation Framework

Following the initial capacity needs assessment conducted in project year one (2017), a capacity strengthening implementation framework was developed covering project years one and two. As illustrated in [Annex 1](#), the capacity strengthening implementation framework was structured to reflect capacity strengthening needs, the interventions that would address those needs and the indicators and tools that would contribute to the overall assessment of the capacity strengthening components of P2S. In the implementation framework, goals corresponded with the capacity strengthening needs identified by the initial assessment. While the output level pointed to specific results, the ‘activities’ column identified what needed to be done for the output to be achieved and by whom. The outcome level articulated the purpose of the capacity strengthening intervention including what would be achieved

and the specified indicators in this column linked capacity strengthening goals with the Theory of Change.

As highlighted in Section 1.2, a follow up capacity needs assessment was conducted in project year three and additional activities were added to the framework based on the identified needs for the rest of the project. Throughout the lifespan of P2S, consortium members were encouraged to put forward suggestions for capacity strengthening in different areas of the project. Therefore, while the framework was a useful tool for guiding the capacity strengthening work package, it was flexible enough to allow for adaptations.

2.2 Capacity Strengthening Activities

Details of the specific capacity strengthening activities that took place are outlined in the Capacity Strengthening Activities chart found in [Annex 2](#). Many of the capacity strengthening activities that took place for the consortium either took place via an e-learning platform (e.g., webinars, paired partner meetings, virtual workshops, working groups) or in person (consortium workshops, writing weeks, trainings). Generally the planning for capacity strengthening activities was developed, refined and modified in partnership with other consortium members and institutions. The activities were derived directly from the capacity gaps that had been identified by the consortium. For specific activities, individuals or institutions were responsible for organising and facilitating the activity.

2.3 Reflections from the consortium on individual capacity strengthening

Presented below are the findings from the post intervention qualitative evaluation interviews highlighting both the strengths and challenges of developing capacity of the P2S consortium to support the implementation, facilitation and scale up of the MSI as well as the research aspects.

2.3.1 Facilitation and Implementation of the MSI

One of the key objectives for capacity strengthening was to ensure that CRTs and other consortium members were capacitated to facilitate and implement the MSI. The UK, Uganda, Ghana and Switzerland teams were familiar with the MSI from the first PERFORM project however, Ireland, the Netherlands and Malawi were introduced to the MSI through P2S. An MSI toolkit formed the foundation of the MSI training, and many of the capacity strengthening sessions focused on how to use Action Research to operationalise the toolkit. This included content on the Action Research cycles; how to observe and reflect; understanding of HR/HS bundles; and how to facilitate problem identification and selection of bundles. Additionally, a Train-the-Trainer approach was utilised, mainly during the earlier consortium workshops to develop the capacity of the CRTs to be able to support the RTs and DHMTs to implement the MSI later in the Action Research cycle. Consortium Workshop 3 in Uganda was largely devoted to implementing the MSI, with sessions co-developed by LSTM and TCD. The Train-the-Trainer approach also focused on strengthening capacity of CRTs around facilitation skills. Ongoing capacity strengthening for MSI implementation took place via webinars, reflection sessions, workshops, and sessions for countries to share case studies with the rest of the consortium for cross-country learning. For example, and as noted in the activities chart, the CRTs shared experiences from MSI workshops during a webinar in June 2018. Such examples demonstrated multi-directional capacity strengthening taking place.

Findings from the post-intervention interviews indicated that capacity for facilitating and implementing the MSI was strengthened considerably through P2S. Consortium member respondents recalled that facilitation skills had been an area that the consortium had initially identified as a challenge. This was specifically related to unfamiliarity with the project. By the end

of P2S, feedback indicated that CRTs felt that they were much more confident as facilitators and had a good understanding of the MSI. One participant provided an example of the impact of improved facilitation skills during the project:

“We are good facilitators that is why our RTs, it didn’t take them much trouble to grasp the concept, as well as to take over the facilitation because ourselves having studied the MSI, having done more like the trial and error in the first two workshops we grasped the fields, and we were good facilitators, and we were able to train the RTs to do the same. So, yes, our facilitation of MSI has improved” (CRT_01)

CRTs mentioned other specific skills that they felt were strengthened during the facilitation of the MSI including problem analysis, observation and listening. One example provided by a CRT member illustrated the improved interaction with DHMTs as the project progressed. The CRT member explained that rather than trying to tell the DHMTs how to do things, the CRTs learnt to allow them to discuss their own problems while critically reviewing and asking the DHMT members questions to help them think through their plans and to make changes based on their own discussions and realisations.

In the initial capacity needs assessment, the reflection component of the Action Research cycle was an area identified as needing capacity strengthening. While this was aimed at the DHMTs based on experiences from the previous PERFORM project, consortium members shared their thoughts on how reflection took place across the consortium as well. According to the findings, the process of reflection and expectations fell more so on the African partners rather than the EU partners. For example, there were scheduled sessions for CRT reflection but not so much for other members of the consortium other than during the joint ToC reflections. It was agreed that while EU partners were taking part in reflection, for example at the PP meetings, the process was not formalised to the extent it was with CRT members. This aligned with what was agreed in the Research protocol: "During the process evaluation, the CRT will continue with their reflection. The CRT reflection will capture the views and experiences of the CRTs regarding factors and actors influencing the MSI and the scale-up of the MSI. The rationale behind the application of the CRT reflection is that CRTs have an important role in the implementation of MSI and its scale-up. Therefore, we think it is important to capture their views and experiences during the process evaluation " (p.33).

2.3.2 Facilitation and Implementation of the Scale-Up of the MSI

A second key objective for the capacity strengthening work package was to strengthen the capacity of the consortium to scale-up the MSI. Consortium members were introduced to the ExpandNet approach to scaling-up and a toolkit was developed to support the operationalisation of this approach. Again, a variety of activities took place to help strengthen capacity of the consortium to support scaling-up. These activities involved in-person sessions at workshops, webinars, a video toolkit, working groups, reflection sessions and ongoing virtual and practical activities on stakeholder analysis, negotiation, networking, and advocacy skills to enhance stakeholder engagement. Additionally, continuous PEA related discussions and reflections took place across the lifespan of the project.

As with the MSI, CRTs were encouraged to share learning across the consortium via case study webinars and presentations. Understanding more about the concept of scaling-up and how to support and facilitate the scale-up of the MSI was an area prioritised at the beginning of P2S. Findings from the post-intervention interviews evidenced uncertainty around the extent to which capacity was strengthened around the process of scaling-up rather than on the understanding of the ExpandNet framework and concept. For example, an EU consortium partner stated that because she joined the project later, she did not feel as if she fully understood what scale-up meant:

“I did not specifically, like, get the information on how to do the scale up myself. Like, if I have to do another intervention, I don’t know where to start with the scaling up” (EP_01)

On the other hand, another EU consortium member felt that she as an individual *“learnt a lot about scale up...thinking things through on the way to do it or not to do it, you know, what needs to be clearer, what needs to be done” (EP_P4)*. And feedback from others in the consortium such as the CRTs indicated that they felt capacity gaps had narrowed in relation to scale-up. Specifically, one participant shared that he now has substantial capacity in his understanding of the process of scaling up including the complexity that’s involved, as well as the implementation side:

“I think at the beginning I was so naïve as a person. I thought it was something simple but now I know it’s a complicated process looking at all the players that are supposed to be involved if the scale up is to take place... We have gone through all processes, and it is those processes that I would consider my skills now. If there was another project, for example, that requires scale up, maybe I would take a different approach because we would have learnt. So, yes there has been capacity built in us in terms of scale up. Firstly, the theoretical part, after reading we had a certain view of scale up. And in implementing the scale up we now learnt the practical way of scaling up rather than just the theory” (CRT_01)

Probing more on why some consortium members questioned the extent to which capacity had been strengthened in scale-up, an EU consortium member shared that in some instances, CRTs probably spent too much time on the MSI implementation rather than the scaling up aspect of the project. She wondered if this is because as researchers, people may have felt more in their comfort zone with the implementation rather than the scaling-up aspect of the MSI where there was a need to go beyond just “thinking politically” but also to interacting with those dynamics as well as influencing stakeholders to make certain decisions. The same individual commented that implementation of the MSI and scaling up of the MSI *“required different skill sets” (EP_P3)*. Moreover, she highlighted that *“it’s not going to be everyone in a team who is comfortable to do that”*. Another consortium member from a European institution concurred and expressed that while the whole focus of the P2S project was on scale-up, the reality was that people focused so much on the MSI that they did not get to grips with scale-up until much later in the project. She stated:

“I think, yes, there has been some capacity strengthening around the concept of scale up and the practicalities of it but not to the extent that I could have hoped for really” (EP_04)

Another consortium member felt that perhaps so much time was spent on the MSI because it was too complex with too much detail and could therefore have been simplified. It was suggested that it may have been enough to adhere to the principles of the MSI rather than getting overwhelmed with following it prescriptively. Another reflection shared on scale-up is that there probably was no need for the initial context analysis to be as extensive as it was. For example, considerable time was spent focusing on aspects like the history of a health system but for P2S there was a need to understand more on who influences who and through what process change was taking place. Additionally, it was mentioned that more time should therefore have been put into developing the scale-up framework together with the consortium as well as bringing people onboard with P2S right from the initial stages. There was an element of the consortium initially underestimating how much time would be needed to engage partners within each country as well as how challenging the process would be.

Like with other concepts in the P2S project, the terminology and complicated language around scale-up may have alienated people within the consortium as well as other stakeholders when really, as one consortium member stated, scaling up is a process that people did already have experience with.

Political Economy Analysis

Like scale-up, PEA was a term that many consortium member respondents initially felt unfamiliar with. During the initial capacity needs assessment process in 2017, almost all of the institutions highlighted PEA as an area in which there was a significant capacity gap across the consortium. During the mid-project needs assessment in Ghana in 2019, consortium members requested that more focus be placed on PEA. Specifically, they fed back the need to refresh understanding of PEA, to examine in-depth the challenges confronted in P2S using a PEA lens, and to understand better the way in which PEA could help navigate these challenges. It was agreed that PEA would be incorporated into existing reporting templates and into the reflection section of reports to capture learning.

By the end of the project, findings indicated that the consortium research participants found PEA to be one area where capacity had been strengthened. A consortium member stated that *“whatever knowledge I have on political economy analysis I attribute that to P2S” (CRT_P1)*. The research participants praised the theoretical introduction that they had to PEA as well as the subsequent workshops which in terms of theory brought people to understand what it is and what one needs to do. Accordingly, not only had knowledge increased on PEA but the same participant explained how he and his colleagues had gained experience on how to approach different partners as well as understanding why certain stakeholder engagements would be more challenging. A key learning area that was noted is that conducting a PEA is not a one-off activity but rather something that should be continuous throughout the project. Moreover, it was evident that members of the consortium would utilise the approach in the future with different projects that they might be working on.

By the end of the project, individuals felt that capacity had been developed on understanding more on PEA terminology, but there was also recognition that PEA was something that many people already had experience of without knowing it as PEA. One member observed that the difference with P2S is that PEA was now something that people were doing more deliberately rather than a way of doing things without being aware of the potential impact and influence on scale-up.

Stakeholder Engagement

With new knowledge and expertise on PEA and identifying relevant stakeholders, consortium members acknowledged that stakeholder engagement was a critical part of their learning for P2S. An African partner stated that unlike previous projects, *“we didn’t have to sweat for them [stakeholders] the way we sweated in P2S” (CRT_P1)* meaning that considerable time was poured into engaging the stakeholders. It was explained that one of the challenges with engaging stakeholders was that the project was being presented as cost neutral so the African partners therefore had to convince stakeholders of the value of the without added financial incentive, for example. CRTs had to learn to be vigilant in identifying stakeholders as well as persistent and coherent in their presentations for engaging them in the project. This was a skill consortium members, and especially CRT members, felt that they had acquired as part of supporting the scale-up of the MSI.

When reflecting on the extent to which capacity was strengthened across the consortium on stakeholder engagement, an EU member explained that she felt that there was not always the willingness from members to invest in stakeholder engagement even though key individuals had been identified through the stakeholder analysis. The same participant felt that there were a number of *“missed opportunities”* on engaging stakeholders of whom would have been critical to the scale-up

process. It was unclear as to why these opportunities were “missed” and the perception from a CRT perspective was that adequate efforts were made to engage people to the best of their ability and that other factors may have been at play which prevented involvement of certain stakeholders.

2.3.3. Additional capacity strengthening required for delivering P2S

The fourth research objective for the capacity strengthening component of WP5 focused on strengthening (i) research capacity in process and outcome evaluation; (ii) project management skills; (iii) communication and research uptake skills; and (iv) how to adopt a mainstreaming approach for incorporating gender into P2S.

Research Capacity

Based on the capacity needs assessment, efforts were directed at capacitating consortium members to conduct the initial context analysis, to operationalise the tools supporting the process and outcome evaluation and to undertake the costing of the intervention. Several skills training workshops were conducted in person and online, supported by written guidelines and a fieldwork manual that consortium members could refer to for detailed guidance. The purpose of the fieldwork manual was to guide the CRTs in the partner countries, as well as anybody else involved in conducting research, on the qualitative and quantitative data collection methods to be used. A session was conducted on qualitative data analysis and the use of NVivo 11 for centralised data storage collaborative analysis. Consortium members also received guidance on data protection and anonymisation.

Based on the findings, there was evidence to suggest that capacity was strengthened in specific research skills through the capacity strengthening activities, evidenced by the majority of the research tools being operationalised successfully. More especially, members from across the consortium, specifically CRTs and junior researchers from the EU partner institutions, reported improved confidence in qualitative research methods. That said, there were concerns shared on the little involvement CRTs had in the analysis of the qualitative data. Additionally, the lack of capacity strengthening on quantitative research skills, including the use of the costing tool, proved to be a disappointing shortfall within the P2S capacity strengthening strategy.

Consortium members who had identified quantitative skills as a capacity gap at the beginning of the project, still felt that there had been little capacity developed in this area. Some members felt that they did not have the opportunity to learn how to conduct quantitative analysis but rather it was more about collecting the data, inputting it, and then handing it over to others for analysis. A CRT member said that at times this extended to both the quantitative and qualitative data:

“I would say that what I’m about to say here came up previously. I have forgotten exactly which discussion it was, but I think we might have expressed concern to say when it came to the analysis of the data some of it was mainly done by our partner, maybe the PP or the consortium and we were not involved such that we might have missed some skills that we should have learnt... As a consortium I think if we are analysing data from [country] whether we are using excel or whether we are using what, it could have been very appropriate that we were involved in each and every step other than the analysis is done somewhere and then we are just given the final data and say write a report, the computations where not involved, I think that’s an area where we think we have been robbed of skills to learn.” (CRT_01)

An EU partner commented on how enthusiastic some of the consortium members had been to learn more on quantitative analysis:

“They really expressed that they want to learn about how to do the quantitative analysis, I am not sure to what extent that has been taken into account. I remember

that they clearly said it when we were doing the working groups as well, that they really want to learn how to do a quantitative analysis and then it was planned for a certain training or whatever but then I am not sure how it progressed” (EP_03)

Consortium members who had strong quantitative skills explained some of the challenges experienced with strengthening capacity in this area. It was explained that webinars were not thought of as the most efficient way of teaching quantitative skills especially if people had no foundations or baseline capacity in quantitative research and analysis. One consortium member commented *“that you know these are big skills to develop and may take years and it’s hard to develop them”* (EP4). Overall, it was felt that more thought should have been given on how to ensure capacity was developed in areas of quantitative analysis and consortium members expressed disappointment that despite raising the issue on several occasions, formal training did not materialise.

The use of the costing tool was identified as an area that CRT members struggled with and didn’t receive sufficient support:

“If you talk of the costing tool, I think it was mostly Microsoft excel and I think we don’t have an expert in excel here. We made a lot of blunders and I think it’s because we didn’t have a right person to handle that component. We have had struggles up until now. I think we are struggling with the costing component of the project... we are told the areas we are supposed to fill but at the same time we are not being told this cost must go here and his cost must go there. So, we ended up putting up costs where they are not supposed to be, and it made the analysis difficult” (CRT_01)

An EU partner agreed with the lack of attention paid to strengthening capacity on costing and stated that the capacity gap was across many of the consortium partners: *“I don’t think any of us understood what we have been doing with that”* (EP_P4). Trying to understand why this was the case it was explained that there had been quite a high turnover of different staff who had capacity around costing which therefore impacted on this component of P2S. It was agreed that more people should have been working together on the costing with the CRTs rather than just expecting the CRTs to do the work. It was suggested that there had also been assumptions made about existing capacity however, referring to the initial needs assessment, it was clear that costing was a clear capacity gap. Reflections from other consortium members indicated that some elements of P2S felt like *“after-thoughts”* rather than *“planned”*, with costing provided as an example of such. Another CRT member stated that their team did have considerable capacity on costing but felt like the consortium did not utilise their capacity to support with the costing and therefore considered this another missed opportunity for the project. It was not clear why this capacity was not leveraged.

On the qualitative data, an individual explained that a decision had been taken that meant that the African partners would not be as involved in the data collection for the process and outcome evaluations as the CRTs were too involved in the whole process and some of the EU partners were more removed and therefore in a better position to conduct interviews and analyse data. In response to this, a CRT participant commented:

“We had raised concern for example where CRT was more like a data collecting entity and then the analysis is done somewhere, and then you are involved later on when you are writing the report, yet that analysis skill is something we would have benefited from, so those are the kind of things” (CRT_04)

Reflecting on how the data analysis took place the way it did, those responsible for the coding mentioned that the thinking behind the process of analysis was twofold: firstly, it was felt that it was a

lot of work so EU partners involvement would support the CRTs and secondly, explained that perhaps everyone didn't have access to NVivo licenses so it made sense for those who did have access to the software to conduct the coding. It was not clear as to why some of the institutions had chosen not to budget for qualitative software or if licenses had expired, however, it was noted by an EU partner that for the process evaluation coding and analysis was shared between all the African partners and EU partners for both rounds of data collection.

Project Management Skills

To ensure that EU administrative and grant management requirements were met by consortium members, those responsible for overseeing the delivery of the P2S in their respective countries, were supported by the leading institution. This included one-to-one follow up and guidance on a regular basis. On project management, an EU partner commented:

"I'm not sure we did any formal support of that in terms of webinars or anything like that, but I know that there has been support for people doing the financial reporting and I have been advising in sort of an informal basis, walking things through on the whole role of disallowed costs" (EP_04)

Paired partners worked together to have monthly meetings and to produce country reports, scale-up reports and other relevant outputs. Each country was supported with feedback from reviewers. Project management committee meetings for country representatives were held monthly to report on progress and to discuss ongoing planning for the projects and any challenges that would arise.

Communication and Research Uptake

Communicating about P2S was critical to engaging and getting buy in from decision makers and other stakeholders. For the long-term success of P2S and to gain buy-in from decision makers, it was important that all stakeholders were clear about the aims of the MSI communicated through publications and the dissemination of findings over the course of the project. A communication work package within the P2S project contained capacity strengthening in communication and research uptake as part of its remit. Various capacity strengthening activities took place including communications training to support consortium members to develop policy briefs, evidence-to-practice advocacy, and policy dialogue. In person sessions included social media, photography and blogging. 'Videoing with your phone' training was also offered however there was no take up on this. Webinar guidance was also provided to support presentation skills. Presentations were made available on blogging, photography, illustrations, and social media.

Involvement in writing publications for P2S was varied. All partners agreed the publication guidelines at the beginning of the project and these stated that we should: "Agree authorship (author, co-author) on substantial contributions to the conception and design, acquisition of data or analysis and interpretation of data, drafting the article or revising the main intellectual content and approving the final version for publication " (DOA, p1). There was a clear process of submitting publication requests that were approved (or not) by the PMC. Active collaboration within institutions was more evident than across different institutions. One consortium member felt that it was challenging trying to engage people to actively contribute to publications because of the geographical barriers. The writing workshops that had taken place at the in-person consortium meetings were found to be a useful method for working on publications collectively however, there were challenges met with seeing publications through to completion. It was felt by a CRT participant that P2S made sufficient efforts to create a conducive environment for writing publications however, it was also explained that the team felt very overwhelmed with the number of tools, reports, trainings, and field visits that P2S expected and therefore felt it was too much to expect output on publications as well. Other CRT members agreed

with the success of the writing workshops but felt that capacity strengthening around writing publications could have been strengthened further through the online platform.

“I think that the writing workshop in Ghana I really enjoyed it. I think it was really nice to work altogether under different projects and share with each other on key messages, yeah for me that was really like I really enjoyed it and also like doing it altogether, I felt that was some sort of the first time where we all were like in a relatively equal space some sort of. Like we were all working on papers and we all had dedicated time for that and we all had our objectives for that like I felt again that was some sort of great. So yeah, I really enjoyed it but then after that you see that your paired partners are more able to continue with those papers compared to the African partners which is then again linked to that question about time and dedication” (EP_03)

An online buddy system was agreed upon to proceed after the Ghana writing workshop but this did not materialise. Based on what participants shared in the interviews, there was frustration from several EU partners on the limited contributions from some of the CRT members towards paper writing. However, looking at this from the perspective shared earlier of a CRT member, it was clear that CRTs in some instances felt overwhelmed with work. Moreover, not all of the CRT institutions had reliable access to journal databases. When enquiring about authorship of papers, participants shared that it was often decided by asking consortium members who would like to be involved in a specific publication however, lead authorship was sometimes determined based on requirements for doctoral research. For example, it was a requirement for some PhD students to be first author on a certain number of papers. Overall, consortium members were encouraged to submit ideas for publications and support was offered to help publications materialise.

Mainstreaming Gender

The toolkit included ways to look at gender in the MSI including in the problem analysis and development of strategies, and in learning to mainstream gender, a gender sensitive research webinar was delivered to help support consortium members to incorporate gender analysis as part of the P2S project. Findings from the post intervention interviews indicated that there had been challenges raised throughout P2S on how to conduct a gender analysis as well as questions raised by some consortium members on why it was necessary. One consortium member described there being *“fatigue with the gender thing”* (EP_03) and another member stated that they felt like there was *“resistance to it across the whole programme”* especially with more senior levels of people in the CRTs. Therefore, some consortium members reported that people didn’t really try to include it in facilitation with DHMTs as they were not convinced of the purpose or merit. On the other hand, a CRT participant thought that P2S should influence the gender composition of the DHMT yet it was beyond the control of the project.

By the end of the project it was felt, mainly by the EU research participants, that insufficient attention had been given to strengthening capacity in this area with one participant suggesting that because it was not a deliverable it was not considered a priority and therefore people were also not forced to think about the importance of conducting a gender analysis. A CRT member agreed stating that:

“We never had an outright objective for gender within P2S... and even then we began trying to hang on some pointers to gender but there wasn’t an objective. If it was there maybe we would have had a more deliberate way to analyse gender so then we settled in for low hanging fruits like the number of participants and also the gender of people in the positions” (CRT_02)

From the perspective of other CRT members, too much time was spent discussing gender analysis when it was not entirely understood what its relevance was to the project:

“It was not actually something we could force in... we have always felt like gender was being forced on the project just to make sure that there is gender being mentioned in the project but perhaps it wasn’t necessary” (CRT_01)

“Unfortunately for the system like the one we are working in, gender wouldn’t really apply for everything. First of all, the project isn’t really so gendered... for example for positions that are in the DHMT the system selects people who are qualified and not necessarily because of their gender but because they are qualified” (CRT_02)

It was not clear if stated opinions were reflecting underlying attitudes to gender rather than gender within P2S.

In summary, the findings in this section indicate that the implementation framework for capacity strengthening successfully guided efforts to strengthen capacity of P2S researchers to support the implementation, facilitation, and scale-up process of the MSI as well as the associated research through a wide range of activities. These activities were both formal and informal. Feedback from the consortium indicated that not only did individuals strengthen technical skills but in addition both intrapersonal and interpersonal skills were also evidenced to be strengthened. While there was an assumption in the initial capacity strengthening strategy that many of the capacity strengthening activities would be targeted at the African partners who were largely responsible for the facilitation, implementation and scale-up of the MSI, consortium members were recipients of most of the capacity strengthening activities and reported acquiring and strengthening skills, particularly in PEA, stakeholder analysis, process evaluation and scale-up. While as a consortium there were attempts to strengthen capacity on gender analysis and costing, there was a clear gap around building skills on quantitative research, with participants suggesting that this could have been planned for better.

3. To develop the capacity of Resource Teams (RTs) and the National Scale-up Steering Group (NSSG) to implement and sustain the scale-up of the intervention

3.1 What did we do to develop capacity of the RTs and NSSGs?

The capacity strengthening activity chart ([see Annex 2](#)) highlights several formal strategies implemented to develop the capacity of the RTs and NSSGs in each country. These formal mechanisms, which included in-person workshops, trainings, and supportive documentation, were primarily one-directional in orientation and focused on strengthening the RTs and NSSGs familiarisation with key processes of the MSI design, implementation, and evaluation, in addition to the perceived skillsets required to support implementation and scale up of the MSI, such as facilitation. For example, in FGD CRT 1 the CRT reported that the RT were capacitated in facilitation skills, while the RT and NSSG built capacity in the Action Research (AR) methodology to engage them on the mechanisms for the MSI (AR) and scale up (ExpandNet framework). The engagement afforded stakeholders opportunity to critique and share ideas for better operationalisation of the AR and scale up. Meanwhile in CRT 3, the RT members were reported to have had capacity built in the area of performance appraisal.

“The only thing that was lacking that we realized was also the capacity in Action Research because they needed to understand the methodologies and tools being used in order for them to

determine whether it's fit for purpose [...] so we also have them facilitating the AR training and workshops that we organized, which was to build their capacity in AR" (FGD_CRT 1,_02)

At the NSSG level, inter-district workshops and consortium workshops served as opportunities to foster capacity strengthening at the NSSG level through a collective knowledge sharing and collaborative learning approach. For instance, NSSG members might borrow a strategy implemented by another district to target a shared problem. An additional example from an international consortium perspective includes NSSG members traveling to attend the Ghana country workshop in March 2019 and following the pandemic, the Virtual Zoom workshop in September 2021. In these instances, selected NSSG members shared their experiences and learned from the other respective countries attending, suggesting an element of bidirectional capacity development.

However, in the event, our findings indicated such formalised mechanisms of capacity strengthening with RT and NSSG were limited. Focus group discussions with each CRT raised pragmatic and epistemological challenges that were encountered in relation to capacity strengthening at the RT and NSSG levels. Pragmatically, frequent turnover in RT and NSSG membership implicated the consistency with which capacity strengthening could be effectively achieved. For example, one CRT member highlighted that regional staff turnover subsequently changed the composition of RT and NSSG groups, often resulting in the loss of strongly developed relationships and the capacities that had been cultivated through that relational engagement.

"The NSSG, the issue we have always had is once, for instance the last regional director who left before this current one came, she stayed for a while and we were able to build a strong relationship with her to the standard that we could easily exchange WhatsApp messages or suggest phone calls and all that to get formal responses to some of the meetings, or information we may need, but unfortunately you create this rapport and before you realize they've transferred the person to a different place" (FGD_CRT 1_01).

Additionally, the inherent busy schedules of national stakeholders posed as a barrier to the regularity of meetings and subsequently to the effectiveness of their roles as MSI scale-up champions. To circumvent this challenge, several context-responsive adaptations to the approach was made by CRTs, such as offering to meet outside of normal working hours. While the P2S project design envisioned a specific number of professionals to comprise the Resource Team (RT), CRT 3 rationalized from a pragmatic perspective that composing a larger team with members from diverse levels, departments, and ministries would prevent gaps in attendance when schedule conflicts inevitably occurred.

In addition to pragmatic challenges, focus group discussions with CRT members across each country highlighted a subtle assumption embedded within the initial objectives of the capacity strengthening strategy. Specifically, one of the objectives distinguished within the overarching capacity strengthening strategy outlined the goal to build capacity of RT and NSSG members, which suggests capacity gaps exist to begin with. However, given the project sought to recruit these individuals due to their contextual knowledge, skills, and experience, this objective should have been more specifically tailored to scaling up the intervention, rather than a broad stroke goal that did not convey project specific capacities intended. As a result, CRTs were challenged with how to tactfully and respectfully approach and fulfil this objective with high-ranking, skilled members of the RT and NSSG.

"When we talked about strengthening the capacities of RTs, assuming that the RTs did not know how to conduct a workshop. But in our context we already had something similar for quality improvement. And these are the very same teams that go down to the district and teach DHMTs how to identify problems, come up, use the available data, come up with counter solutions. So

there was just no way team X was going to say okay this is the MSI and we would like to teach you how to identify problems” (FGD_ CRT 2_01).

“We used the MSI toolkit, we used it as a guide to identify capable people, or at least we presented that list to the NSSG, and the NSSG links departments that were connected to our intervention and identified capable people. So these were positions that were already doing something similar or were knowledgeable in the area of our intervention to support the work of the CRT. So these are people that already came highly knowledgeable and capable [...] They are assuming that there wouldn't be capacity there, that is a problem” (FGD_ CRT 2_01).

“In terms of the capacity of the RTs and the NSSGs, as I said earlier on, I don't think these people needed any capacity strengthening to be able to implement the MSI or to be able to scale it, all they needed was just to be oriented to the content and approach of the project, that is all. [...] I wouldn't say we would teach them how to facilitate, no, maybe we just tell them this is the approach we want to take and then they would do it, so I don't know if really there was that need for capacity strengthening in them, that capacity strengthening that we did was just to furnish them with what is the project to know about, how they go about facilitating it, but I think they were already able people.” (FGD_ CRT 3_04).

Due to this assumption embedded within the capacity strengthening strategy, CRTs resultantly navigated how to onboard the capacity strengthening approach in a way that remained relevant to their socio-political context and the positionality of stakeholders within that context. For example, one CRT noted the impossibility of capacity trainings with high level government officials among the NSSG, while another noted divergent perspectives of the NSSG role from stakeholders in country versus the way in which it had been envisioned at the consortium level.

“When we shared that idea of strengthening their capacity, I don't think it was very welcome, because can you imagine putting a commissioner or director in a class? [...] The classroom capacity strengthening for the RT and NSSG, which we had prepared for P2S, could not work” (FGD_ CRT 2_02).

“We were now using the context to inform us how to go about things. So when they [consortium] kept on pushing for training, we were like but we don't need to train, they have been moving along with us for every activity and they have learned along the way. So there is no need for a formal training to tick the box of capacity being built for RT” (FGD_ CRT 2_02)

“I may take you to the recently held validation workshop held in X. It was unanimous observation to say the activities that were actually assigned to the NSSG were misplaced and not realistic because they were too technical and so they were supposed to be undertaken by the RT and not the NSSG per say, so that already speaks volumes, it tells you how we missed it in terms of trying to see how best we want to support NSSG as a structure and how best we want to support the RT” (FGD_ CRT 3_01).

In light of these described challenges, the activity charts and focus group data provide evidence that capacity strengthening with RTs and NSSGs necessitated an inherently informal, experiential, and strengths-based approach. Notably, one CRT member appraised the importance of them leading the capacity strengthening strategy with the RT and NSSG, rather than EU partners wherein the risk of further reinforcing global north parachute approaches with the African partners would have been heightened.

“If this was to be done by you [Irish team], it would be seen as a foreign concept, you know, something that is as usual being imposed on the DHMTs and you know, that would definitely go against ownership and commitment, but we being at the forefront, even for us, we initially we feel some stumbling blocks, but when results were being realized, that is where then you have the momentum in person, so I think we are best placed” (FGD_ CRT 1_02)

The CRTs appraised however that the effectiveness of such an approach to capacity strengthening was highly predicated on; 1) fostering strong working relationships with the RT and NSSG members and 2) selecting approaches which aligned with and were respectful of the existing socio-political context and stakeholder dynamics. For example, it was expressed by one CRT member that prior to any capacity strengthening taking place, it was first necessary to capture the interest and buy-in of stakeholders; in other words, capacity cannot be built without the active engagement and intrinsic motivation of the recipient.

“It links very much to the stakeholder analysis, thereby identifying stakeholders and then what is their level of interest, what kind of message to put across in order to have them come on board it comes down to buy-in, because the person may not even be interested in any form of capacity being built, it’s buy-in, first of all you need to win the person over before you identify what to give out, so the baseline it enabled us to know to engage them more with briefing notes and information about the projects” (FGD_ CRT 1_02)

Consistent networking and communication through a variety of mediums, such as WhatsApp or email, was expressed by members of CRT 1 as one such strategy to first build and maintain strong interpersonal connections with their respective stakeholders.

“In terms of our relationship and informal communication with the RTs, we did a lot with them aside the formal meetings and all that. They were free to reach us any time on WhatsApp and we could also read their emails, phone calls, and in instances where they visit the region or did come to X, they can pass by the office” (FGD_ CRT 1_01)

“Our relationship we have developed over time with the NSSG focal person and the RTs themselves, that is where they can be able to even tell you I won’t be here next week, is it okay for us to meet the other week or 7:00 in the evening. So at CRT we have to know that this is something that we can actually have to ride along with” (FGD_ CRT 2_01)

“I think one of the factors that is creating a good bond with the [name of governmental group] is the fact that we are able to listen to each other. I think there will be times where they call us and say ‘we are concerned about this, this, and this’. And then we have to listen and adjust” (FGD CRT 3_01)

Through the process of strengthening relationships and consistent engagement with district and national stakeholders, CRTs were able to gain buy-in and subsequently gauge the existing skills and competencies of RT and NSSG members. CRTs in each country used a tailored and contextually relevant approach within their own setting to identify the inherent capacity strengths of their stakeholders. It appears this approach, which focused on capacity strengths rather than gaps, was aligned with stakeholders’ existing competencies, skillsets, and experience.

“In terms of strengths, I think the RT especially members of the RT that belong to the [name of governmental group], I thought one of the strengths that they possessed was that they are already used to facilitating similar kind of workshops that we’re doing in P2S, and they were already familiar with tools like problem tree, so they had already used the fish bone for example,

and for me that was actually a major strength that we saw in the RT members, specifically those being to the [name of governmental group], fortunately they were majority of the team. So I think that really worked well for us” (FGD_ CRT 3_ 01).

“The NSSG are mostly highly skilled people who have been involved in a lot of projects and scale ups, so it was from the beginning of the baseline, it was easy to realize that they might have had some experience or idea when it comes to scaling up or one of these related projects” (FGD_ CRT1_ 01)

“We need to then change the rhetoric of saying that we found them without any competencies. They actually had competencies. We only had to place the right context with them and have them demonstrate where their capacities were” (FGD_ CRT 2_ 02).

This strengths-based approach allowed the CRTs to then identify contextually appropriate ways to facilitate RTs and NSSGs applying their existing skillsets specifically for the needs of the project, such as familiarisation with key processes of the MSI design, implementation, and evaluation.

“The key word that always came out from NSSG is understanding the structures. So for example when you talk about scale up and wanting to operationalise or functionalise NSSG, but they understood the structure of the scale up then is working with the technical working groups. So we know that NSSG as defined within the project design could not work, but we could use an existing structure like the technical working groups which are [name of governmental group], to also meet the same objective. So that’s also capacity strengthening ” (FGD_ CRT1_ 01).

It appears CRT 1 recognised that establishing a stand-alone, project specific NSSG would be ineffective and chose instead to seek out the required skills and strengths within existing governance groups, and work with them rather than pushing against them, or reinventing the wheel. This inherent understanding of the structures was also evident by CRTs’ informal, experiential, and strengths-based approach to capacity strengthening. For example, CRTs coached RTs through supportive visits at the districts and in meetings prior to or following district meetings.

“Also pre-meetings, pre-workshops, post-workshops as we reflect together, so those would have been part and parcel of the way we related. [...] So you don’t set out to train or build capacity per se, but in sharing you end up learning from each other” (FGD_ CRT 2_ 01)

Additionally, CRTs in each country leveraged their contextual knowledge to identify instances when it was necessary to support their respective RTs. As one example, a shadowing approach to foster ‘on-the-job’ learning demonstrated an informal learning-in-action approach where RT members assisted in the planning and execution of the workshop enabled the strengthening of tangible skills in the organization, facilitation, and dissemination of a workshop. This supported experiential learning within an empowering and supportive space for RTs and NSSGs to demonstrate ownership and leadership in the project.

“It is very clear that the RT and NSSG were very technical especially when it came to performance management or human resource management. And we came on with a bigger picture of the MSI, you know, so at the end of the day we just created an enabling environment for them to support DHMT in those thematic areas” (FGD_ CRT 2_ 01).

“There were times we had meetings with the RTs because we had to change our approach to some of the workshop and facilitation so there are many instances, even during support visits, there are instances where they have to take the lead, we have to stay back because at the end of the day it relates more to the issues in the districts” (FGD_ CRT 1_ 01)

CRTs also executed their contextual knowledge through understanding the importance of connecting district-level stakeholders to the national level officials, facilitating co-learning and collaboration among the NSSG and RT within their respective districts, creating an experiential and immersive opportunity for bidirectional learning that did not previously exist.

“It was like P2S had provided an opportunity for DHMTs to interact with their bosses in the ministries of health and local government and it enabled them actually to present their issues and in some instances they got like instant support or responses, where in other instances the directors were actually capturing the issues and saying we will take them back to the ministry for more consultations and more timely response, so I thought that was another informal activity that took place and it actually manifested itself as a strength as a part of the NSSG because we learnt that no intervention has ever provided such a platform where national leaders or managers could actually have such sessions with DHMT members” (FGD_ CRT 3_01).

3.2 To what extent was capacity strengthening of the RTs and NSSGs achieved?

The above section discussed the capacity strengthening approaches for the RTs and NSSGs, including strategies which were contextually responsive, experiential, and strength-based, as well as the pragmatic challenges and epistemic tensions experienced along the way. The findings did indicate an assumption within the overarching capacity strengthening strategy, which positioned RTs and NSSGs as inherently requiring capacity. As CRTs pointed out, these stakeholder groups were highly skilled and experienced to begin with, layering an additional complexity into the appraisal of whether capacity was developed among RTs and NSSGs. However, data pulled from our desk review, capacity strengthening activities inventory, and focus group discussions did highlight some clear examples where capacity strengthening of these stakeholders achieved.

Following the orientation workshops, the CRTs in each country leveraged their contextual knowledge to identify instances when additional training or field visits were necessary to support their respective RTs. For example, CRT 3 noticed their RT would benefit from capacity in performance appraisal skills and thus included them in the performance appraisal workshop that was designed for DHMTs.

“I think can comment on the issue of performance appraisal, that issue is within the government system that there should be a performance appraisal on a yearly basis, but it looks like it was there theoretically but not practiced, so when some of the DHMTs decided to choose performance appraisal as their intervention in the P2S project, gaps were identified in how to undertake the performance appraisal, so I thought maybe that although that gap was defined among the DHMTs, it was evident that some of the RTs were also not competent enough to handle that. So the training was conducted for the DHMTs, but I am believing that the RTs also benefited from that” (FGD_ CRT 3_03).

Moreover, additional training was tailored to build capacity of RT facilitation and reflection skills in CRT 1 and 3.

“I would say their key role as far as their involvement in the project is concerned is facilitation of the implementation [...] After we realized their needs, we have them join our monitoring visits where we go and review our strategies we are moderating. Later on, having built their capacity in facilitation, some we delegated those roles to were at the forefront of facilitating review meetings and workshops” (FGD_ CRT 1_02)

[...] when we took the RTs for a training in terms of making sure they know what P2S is all about, what is expected of them, how should they go about facilitating all the sessions and so they were indeed able to take over and they did that splendidly” (FGD_ CRT3_01)

“We could be indeed looking back and saying probably that was a gap in the capacity of the RT to facilitate but I think we must be quick to mention that we are citing this example because performance appraisal is a problem for the whole government, it’s a national issue and so it wasn’t surprising really to see them struggle because even within the experts we had brought in from the department [name] has alluded to, even amongst them there was actually also varying you know skills and capacity in as far as delivering that session where that is concerned, so it’s really a very big issue broader than what we might want probably to capture in as far as the capacity of the RTs” (FGD_ CRT 3_01)

“There was that sort of gap in RT capacity to facilitate to take reflection on board so it took time, and umm, yeah but finally we managed to we succeeded and we had members of the RT facilitating quite well in the reflection (FGD_ CRT 3_02)

In summary, our findings appraise the activities attempting to build RT capacities in facilitation and supportive skills as successful. This is evident as RTs in each country independently facilitated meetings, reflection, and workshops with their respective DHMTs. Additionally, the CRT support visits to RTs were gradually phased out as RTs became more competent in their roles, suggesting the capacity of RTs had been built and handover of core duties related to MSI scale up had been successful. The findings also suggest capacity among NSSG to effectively carry out their roles had been achieved, as champions of scale-up emerged within each country and a wider group of stakeholders were convinced of the value of the MSI. While we note the NSSG structure itself within each country was unique and context-dependent, as well as challenges to maintain that structure emerged, such as staff turnover, our findings do suggest NSSGs had their existing capacities strengthened to support existing MSI cycles and ongoing scale up.

4. What lessons did we learn as a consortium from P2S approach to capacity development?

The overarching lesson learned over the course of implementing the capacity strengthening strategy for PERFORM2Scale was that a strengthened participatory approach was required from design to evaluation. For the capacity strengthening approach to be considered authentic and meaningfully participatory in nature and method, participants appraised that strengthening was required in relation to;

1. fostering a shared, consortia-wide consensus on how capacity strengthening should be distinctly conceptualised and operationalised for PERFORM2Scale and other similar programmes;
2. ensuring a multidirectional approach to the implementation of capacity strengthening activities and equity in partnership working
3. identifying capacity needs and tailoring of capacity strengthening activities on a responsive and iterative basis, and engaging people in ways that are contextually relevant
4. facilitating relational and in-person modalities of capacity strengthening

4.1 Strengthening shared understandings of ‘capacity development’

At the beginning of the project, the initial activities of the capacity strengthening strategy included both an academic scoping review on what was meant by “capacity development” and the collaborative strengthening of a shared set of capacity strengthening goals, in alignment with Bates and colleagues’ (2014) practical approach to capacity strengthening (see the ‘defining capacity strengthening’ section on p. 8).

In hindsight, it was argued by one respondent that perhaps this was disproportionately theoretical and academic in orientation: *“The first phase of it was a bit difficult to get through, the theoretical part”* (EP_P4). The participant explained that from the beginning, the conceptualisation and operationalisation of capacity strengthening was predominantly informed by how it was defined, actioned, and researched in the field of academia, with an absence of commensurate attention to and integration of how the consortium understood capacity development. For example, it appeared at the beginning of P2S that a proportion of consortium members may have considered capacity strengthening to mean improving knowledge but reflecting on the whole process, a participant commented that *“I think we can all agree that knowledge is not equal to capacity development”* (EP_02).

While there were extensive efforts made to introduce the theory of capacity development, participants argued that perhaps more attention could have been directed to strengthening understanding about its pragmatic application within PERFORM2Scale. Therefore, some of the participant narratives suggest that there had been a need to establish, from project outset, consortia-wide cohesion on how capacity strengthening should be distinctly conceptualised, operationalised and measured for PERFORM2Scale.

“Maybe there was a need to redefine what we mean by capacity strengthening [within the consortium]. I mean it’s one of these terms but what do we actually mean by it. And I suppose that’s where we started because we wanted to know what do other people mean when we talk about capacity strengthening [...] Then of course it’s then how do we assess it? Are we just quickly improving on our knowledge, like, before I didn’t know how to do quantitative analysis now I know how to do a quantitative analysis? Or is it that we are improving on other things like confidence? [...] We didn’t have a kind of cohesive or clear definition of what capacity strengthening is and I think to me in hindsight we could have done better” (EP_02).

While all three CRTs voiced that they had been consulted in the design of the capacity strengthening strategy and felt that they were at the center of its implementation, a perceived need for a strengthened cohesion about ‘capacity development’ remained, as evident from participants’ narratives, to be particularly relevant when working with the RT and NSSG. There was variance in perspectives about what activities should or should not be defined as capacity development. For example, while some consortium members may have conceptualised activities focused on familiarising the RT and NSSG about P2S as capacity development, others defined such activities as ‘information sharing’.

“So first to comment about the activity around orientation of the RT and NSSG. For us, we conceptualise that as information sharing, but also the deliberating together on how to roll out into the district group. That is what the meeting was about. It was nothing to do with strengthening their capacity, we were just sharing our information. There’s not so many projects that shared information with them. I don’t think that if I come and tell you about PERFORM2Scale, I am strengthening new capacity. I am only sharing information. And you choose whether or not to take it or not. So I think there was that misunderstanding about that particular activity. [...] We feel that in terms of conceptualising capacity, one, certain things have to be set aside, that was there are possibilities around the south strengthening capacity with the north. Two, that some activities can deliver capacity strengthening, but actually are information sharing, and we don’t have to loosely or strongly map the title onto those activities” (FGD_CRT 2_02).

There was however a more fundamental question evident in participants narratives about what kind of capacity development, *if any*, was needed with the RT and NSSG and how this could be achieved. While efforts were made to engage with this question (outlined in [section 3](#) of the findings), participants’

narratives appear to appraise that there remained limited 'common ground' about this amongst the consortium and that *more* attention to developing cohesion in this regard would have helped:

"The definition of what sort of capacity we are looking for here is an issue, because capacity is too broad and the people we are dealing with are high level government officers who have various capacities in many areas. Now if we are talking of capacities in view of the defined roles and responsibilities as prescribed in P2S project, then possibly assuming that they would have capacity gaps would be quite unfair, because they are the people already in the ministry, they know what is happening already" (FGD_ CRT 3_02).

"Because of the variations in terms of how people are doing things in the different countries and because there was not common ground in regards to how certain things need to be done, of course there are variations of how capacity should be built and the capacity requirements in the various countries (FGD_ CRT 1_02)

"I think there should have been common understandings right from the onset, as to which level of people, if you have understanding and agreement of which level of people then of course the capacity strengthening required would be generic because if DHMT are used as RT of course in Uganda, Malawi and Ghana, then of course we know the capacity needs of some of these DHMT members made to be generic, but whilst Uganda were selecting a certain group of people of course their capacity needs would be different, then they require an individual tenet of strategies that suits them, but we have generic frameworks, generic manuals for developing capacities of these RTs. So that is what I think right from onset, from my side I think that is something that could have been resolved right from the beginning of the intervention" (FGD_ CRT 1_02).

"I think there was a bit of a lack of clarity possibly on my side because the formal activities we can refer to at the moment are the webinars which came along the way so right away from the beginning when there was this capacity strengthening , I think I should say that I expected a bit more because that was capacity strengthening where we are dealing with many players in P2S, the CRT the RT the NSSG and all that, and so I think there was that lack of clarity and I agree that possibly conceptualization of capacity strengthening may as well have had gaps between different players" (FGD_ CRT 3_02)

As with other aspects of the project, like with many projects of this complexity, there were many 'unknown unknowns' at the beginning of the project. This is reflected in the following quote:

"If we had a clear definition of what capacities we would need for which groups, then it would make a bit more sense and equally that would have helped and not just the CRT but possibly the whole consortium to be well focused to achieve capacity strengthening in the different players that were involved in P2S implementation" (FGD_ CRT 3_02).

4.2 Strengthening bidirectionality

Aligned with the need to co-design the conceptualisation and operationalisation of capacity development, participants highlighted the need for strengthened bidirectionality in the implementation of capacity strengthening activities.

Instances of successfully achieving bidirectionality were evident from participants' narratives. For example, this European partner highlighted their experience of reciprocal learning with African partners during a phase of data analysis stating that *"I learnt from them [CRTs] and they also learnt from me"*

(EP_01). The participant continued to describe how their capacity had been strengthened through the support of the CRT consortium member:

"[...] one thing I would really like to highlight was while I was doing the analysis, it was estimated to be a little bit harder than these other things but I had a lot of support from [a CRT consortium member]. Several times we had phone calls and he would walk me through everything. So yeah I really would like to thank him " (EP_01)

During some of the consortium workshops too, participants reported a sense of reciprocal working between all partners. In the exemplar provided below the complementary relational support offered by consortium members to help refine a project presentation was appraised by the participant as valuable in promoting their feelings of confidence in presentation and facilitation.

"I must say that on this one we had the support from the consortium because I remember in the beginning, we would prepare the presentation and then there would be a zoom call where we were presenting so that the partners may comment and from the comments that we got we felt we are ready to go and make the presentations. So, I would say I got support from the consortium at the beginning because we discussed the presentations, and I was also confident to present" (CRT_01)

In addition, the project's smaller working groups were also appraised to be helpful in fostering reciprocal capacity strengthening. The working groups, the majority of which were established towards the latter end of the project's duration and comprised of cross-consortia membership, were deemed to promote a culture of co-learning, shared leadership, and ultimately shared accountability.

"I only regretted that we started a bit relatively late but I think it really worked well, like, and especially if you are involved with all different actors from different countries and I think it is like a way of enabling great interaction and discussions, so I think that was great. I also think sometimes it's good that leadership was handed over in those working groups to other people" (EP_03)

Considerable bidirectional capacity strengthening also appeared to occur with external stakeholders, such as the RTs and NSSGs. CRT members in particular, emphasised the reciprocal learning which took place between them and the RT with the CRT learning from the RT about the socio-political context of the health system landscape and the RT learning from the CRT about the MSI approach and strengthening their facilitation skills during MSI workshops.

"The only way you can successfully implement intervention is having your capacity strengthened on what goes on with the context, knowledge on the context, learning about the context. They only compute by which we can get that knowledge is by engaging with them [RT] and having them more or less teach us or show us what to do and what not to do, so our capacities were built as CRTs by learning from them and through our discussions, particularly on the context. I think it was bidirectional so they also, like I indicated from the beginning, they do acknowledge when it comes to facilitation and the MSI approach, they really learnt a lot [...] I feel that if we would have engaged in the collaborative learning more, perhaps we could have achieved more results because our knowledge of the context may have been built more" (FGD_CRT2_01)

Informal instances of capacity strengthening have been described in the preceding quotations and other formalised capacity strengthening activities specifically focused on strengthening and strengthening capacity of the EU partners (e.g. paired partner visits to the implementing countries, webinars of shared interest). However, some participants interviewed for this evaluation were of the opinion that the majority of the more formal capacity strengthening activities and mechanisms were one-directional and predominantly focused on strengthening and strengthening capacity of the teams in the global south in the design, implementation, scaling and evaluation of the MSI.

“I think there was a perception that it was only the CRTs that needed capacity and not the Northern partners, but it is obvious equally that also the Northern partners, they are also learning from the CRT. Often times they are not, actually they are only dependent on the CRTs because they are the people that are on the ground, and so we didn’t indeed, we did not focus much also on the learning of the other consortium members, so it was like only the CRTs are the ones that need the capacity” (FGD_CRT 3_01).

“I think the webinars were more like for the CRTs to implement things perfectly well, so they were like guiding us on how to do certain things, it wasn’t a two way to say maybe the northern partners were also getting that capacity development, it was more like a teacher and these are the students [...] Maybe we were not clear to the beginning, because if we were talking about capacity strengthening as a consortium, we should have defined who’s capacity do we want to develop and to what extent (FGD_CRT3_04)

“More or less I think we need to decolonise global health in this case and actually the outcome is the fact that also they can be learning from the South. [...] It starts with the individuals and then spreads out to the groups that they lead with. Because you cannot start from a group, it has to start from an individual understanding and change your perspective and then it moves outwards. Otherwise, you are going to keep on having the same conversations or claiming that we are decolonising, but actually we are colonising it further.” (FGD_ CRT 2_02).

Opportunities to acknowledge and integrate the skills and expertise of African partners into the capacity strengthening activities were perceived to be under-utilised. Reflecting on the perceived lack of bidirectionality in formal capacity strengthening activities, a participant recalled a comment made about P2S’s approach to capacity strengthening during the EU’s external review of the project. The participant recalled the reviewer commenting on the capacity strengthening strategy being quite one-sided: *“There was a lot of capacity in the south about some of these concepts but there was literally ignoring of all that input at that stage” (CRT2_P1)*. This was a sentiment which the participant concurred with and explained in their own words:

“In some areas people were literally failing to pick on an essential part of what would make things strong. So, listening, I think only to the north and ignoring the South may be a missed opportunity of capacity strengthening as a consortium” (CRT_02)

Additionally, on areas like Political Economy Analysis (PEA), a CRT member had significant experience in PEA but felt like this was not acknowledged or utilised. Moreover, the institution that they worked for had conducted several consultancies on PEA yet a European partner was assigned responsibility to lead on this. Speaking from the perspective of a European partner, a participant explained that it didn’t seem right that at times she was explaining things to the CRTs when some of the members were more qualified than her or had more skills in some of the areas that she was responsible for:

“Grouping partners, for example as we were for political economy analysis and we were like teaching the others on how to do it some sort of learning or whatever, whereas like yeah it would have been great if there would have been more equality, and I think this really has to do with like, yeah, how the consortium is set up [for example, speaking of a CRT researcher] I think she had great qualitative skills I think she is a good qualitative researcher and she has a PHD. I do not have a PHD and then like I am the one who is explaining how to do qualitative like I don’t know [...] I find it sometimes challenging, like, I did not want to play or take sometimes the role that we were taking and at the same time sometimes it was necessary” (EP_03)

Whilst instances of successful bidirectionality did occur over the lifetime of the project, the overall sense, from the people interviewed, was that the acceptability and effectiveness of the capacity

strengthening approach would have benefited from adopting a more collaborative and strengths-based approach.

“But also bidirectional learning does not make assumptions that you don't know whereas capacity strengthening is saying there is this gap and I am trying to fill this gap. Bidirectional learning is appreciating that you come to the table with something, and you are adding” (FGD_ CRT 2_01).

“It is more about thinking positively [...] rather than always thinking there's a gap. I am thinking that this is something that will resonate better with the PERFORM2Scale philosophy of working with the available resources” (FGD_ CRT 2_02).

“For example, if you talk about understanding gender or political economy, we were already negotiating with the national level actors, the DHMTs, working within the context. This is something we were already doing. The only thing they [consortium partners who lead CD activities on gender/political economy] did was, you know, a theoretical box around the work. So again, there should have been, it should have been dubbed as maybe co-learning, something like that, as opposed to just capacity strengthening ” (FGD_ CRT_02)

While there was an initial assessment conducted to establish baseline capacity, it was suggested therefore that conducting a strengths assessment across all consortia membership at project outset would have been valuable to initially identify and responsively action upon *“what specific people could lead on, what knowledge do people have individually, and trying to offer a list that other people had the opportunity to work with that person”* (EP_P2). Should this have occurred, equity in opportunity across consortia membership may have been fostered wherein an enhanced awareness was created about who had certain skills in particular subject and/or methodological domains and who therefore could lead and/or should be partnered with to collaboratively carry out associated capacity strengthening initiatives.

4.3 Strengthening equity in partnership working

The need for strengthened reciprocity in the capacity strengthening approach extended into the Paired Partnerships (PPs) mechanism¹. Each PP had their own set of arrangements for meeting and communicating, the frequency of which often increased in the lead up to project deliverable deadlines. Opinions varied on the success of the PP model and there was an overall sense that the degree of team cohesion experienced within PPs vacillated over the course of the project's five years. For example, one CRT member described the partnership as overall being "good" but at times "intense. We had positive moments, we had negative moments" (CRT_01).

With regards to positive moments, the experiential learning garnered by EU partners when visiting their paired partners in the implementing countries was perceived to be particularly valuable as it provided deep insight into the contextual realities of implementing the MSI. This in-country contextual learning was appraised to help facilitate an EU partners' enhanced understanding of the inherent challenges the CRT experienced and subsequently strengthen trust and cohesion within north-south working relationships;

"[...] maybe we're not believed to say it is difficult to talk to the DHMTs on reflection, but when she came, she noticed for herself and maybe she was our protector now" (CRT_01)

There were also instances cited wherein effective partnership working was evidenced in the PPs, particularly when preparing in advance of key implementation events and during reflective, debriefing meetings after:

"Other than I would also say when we were facilitating, that is facilitating in the districts for example if you have workshop 1, workshop 2, I must say as an individual I had a part that I was given to do, and I also got support from my colleagues here and I remember in some instances we also had our paired partners coming in. We could discuss together, make the programs together, go through the presentations together and even the discussions that we were having after every meeting with the partners they were all helpful" (CRT_01)

There were nevertheless narratives from some participants which indicated experiences of inequity within PPs. The African partners were described as at times being disengaged with their partners in Europe which was perceived, by one participant, as being attributed to a potentially unequal relationship between partners. It was acknowledged that this may have been an assumption but clearly the lack of engagement was not fully understood:

"I am not sure whether it's like capacity, whether it's like time, whether it's like personal dedication I don't know like other problems going on or whatever I don't know, I have no idea what it was.. [did the CRTs think] why are we writing these reports... is this only for someone's PhD... I can imagine that they had those suspicions... the ideas are there but like is it dedication, or is it that indeed they are too busy or there is too much going on in their family lives. I mean it all would make sense, I think like, is it the cyclone indeed and therefore I mean those things don't happen in Europe" (EP_03)

"It was a little bit uncomfortable and I could see why some of the other paired partners were disengaged at some point and I think as much as we try to support remotely I think it calls in to

¹ The paired partnership involved one EU country partnering with one African country to collaborate on the implementation of WPs 2-4. The purpose was to ensure continuous support and interaction between EU partners who will be leading the methodology strengthening and African institutions who will be leading on the implementation of the scale-up. It is also expected that paired partnership will help with capacity development. The paired partnership arrangement was agreed to by all partners at the time of the bid submission.

question how equal these relationships ended up being and I wonder if maybe there is a better way of doing that in the future. I don't know what that looks like necessarily but it's weird that that all the paired partners were global north and global south" (EP_02)

As evidenced above, questions were raised about why the PPs were established exclusively between 'global north' and 'south' partners which was ultimately perceived by some participants to further reinforce inequity and power differentials within the capacity strengthening approach.

"Between paired partners supporting all the other capacity of like the African partners that I felt like maybe that's not the way to do this and that also that with regards to the capacity strengthening I think that good dynamics were not there most of the times" (EP_03)

This experienced inequity within PPs is depicted in one participant's description of the PP as more of an "overseer" one. This description is highlighted in one of the EU partner participants' narratives wherein they describe the "overseer" role and express their discomfort with it.

"A lot of the, you know, ground work of following up on people waiting on a particular person in the office for three days to show up, getting people together for workshops, getting people together like for... you know that takes a lot of work and a lot of effort and it's not something that it kind of appears in countries were not necessarily involved so in ours it felt like a bit of an overseer model...In some parts it kind of feels a little bit uncomfortable because you are not located in this context with them so you can't support them in day-to-day activities. You end up feeling like you are kind of reminding them what they need to do and that's not the supportive role I think we were meant to play as a pair partner. It just became a little bit uncomfortable on that regard" (EP_02)

The dissatisfaction of some participants with the degree of reciprocity achieved in PPs was also noted in relation to report writing. One CRT participant reflected on behalf of his team that at times they felt like the support from their partner wasn't sufficient and that they had expected more.

"When we are writing reports together and we send to the paired partners, we expected a lot of input from the partners but more like we were just getting questions and the like, you know there were minor things that as a paired partner you would just change" (CRT_01)

However, a counter argument was articulated by European partner participants who highlighted that they had at times found it hard to support with areas like the report writing as they did not always have the 'on the ground' knowledge required to write the content and therefore struggled with how to support better with reports other than posing questions on areas that they were unsure of.

The inequity experienced and observed by the participants interviewed in this evaluation led them to argue that from project outset, a considered lens on and commitment to fostering and maintaining equitable partnerships was required. Specifically, findings indicated that a strengthening of "safe space" within the consortium was required to facilitate more honest and open discussions about how to rectify some of the experienced imbalances in equity and improve partnership working, both within PPs and at wider consortium level. A participant with extensive experience of working in consortia felt that the P2S set up stood out as having several "demarcations" along with a lot of "territory marking", more so than others that he had been involved with before (CRT2_P1). When asked to explain this further, the participant explained that more should have been done across the consortium to make sure consortium members had a clear understanding of partnership. From his perspective, issues of unequal partnership were

brushed under the carpet with no sense that there was “a lot of space being open” for discussions around capacity development. This sentiment was also expressed by others who noted a lack of a “safe space” in the consortium.

“I am not sure to what extent there was a safe space in the consortium...like I am wondering to what extent it was possible for all of us to challenge that. I am not sure like to what extent we as a consortium have been reflective about our way of working” (EP_03)

From participants narratives, there was a sense that more time and thought was required to develop a shared understanding and agreement about how the consortium would work in equitable partnership, the value system that would underpin it, and the mechanisms which would facilitate and maintain it. An EU consortium member was adamant that more time should have gone into strengthening trust and working on relationships. She said:

“I would have invested much time at the beginning of the project in relationships, in equal relationships, in creating a safe space where everybody is able to participate to discuss the difficult parts, and the painful parts but like to make it open and that it would have been difficult at the beginning but then I think like especially for a project for 5 years, even longer, but it would have been worth discussing those political and difficult issues, sensitive issues mostly at the beginning and instead of ignoring it” (EP_03)

Another reflection from a European partner indicated that in future projects she intends to be more mindful from the beginning on the partnerships and what everyone’s values are as a consortium, including an element of monitoring this throughout the project. Similarly, a CRT member reflected:

“We believe that a lot of improvement can be done but I am thinking what makes the disagreements accentuated is basically small thing that are overlooked all the time. So within capacity strengthening I think there has to be some intention or reflection around how things are done, how people are feeling about what they have done. And then we revisit the mode of doing the things. That way by the end of the project everyone is on the same page” (FGD_ CRT_02).

4.4 Strengthening engagement and responsive tailoring

The need for a more iterative approach to capacity strengths and needs assessment over the lifetime of the project was expressed. Aside from the mid-way assessment conducted during a consortium workshop in 2019, a number of participants felt that more regular “check-ins” with consortium members would have been appreciated and valued;

“New strengths, who is doing what, what could we do, you know, if you need something. If you need help with this, who could you turn to or who can you help, who could you go to for assistance or guidance” (EP_02)

More regular engagement with peoples’ needs was seen to be particularly pertinent given the rate of staff turnover in the consortium. One participant stated that due to the turnover in the 5-year period, which was perceived to be a predictable occurrence, a prospective contingency plan should have been put in place to ensure new members’ capacity strengths and needs were assessed and responded to.

“Because there was a turnover within the consortium maybe it would have been better to kind of try to constantly check in on okay what systems we have, what strength do we have now because those were like shifted into six months’ time” (EP_02)

One participant felt that a more sustained engagement with and, in their words, ‘enforcement’ of capacity strengthening was required throughout the entire project duration but acknowledged that this was difficult due to the scope and competing demands of the programme;

“I think looking back for me I would be saying I think enforcement if I may use that word, enforcement of the implementation of the capacity strengthening strategy was a missed opportunity for us as a consortium and I’m not surprised to see that happening because I think P2S was really broad and we had quite a lot to achieve within the timeframe we had given ourselves” (FGD_CRT 3_01)

In addition to the preference for sustained engagement, the somewhat generic or ‘one size fits all’ approach was critiqued by some participants. Participants suggested that a more responsive, tailored approach to capacity strengthening would have been valued. For example, while numerous capacity strengthening activities were conducted in the early phases of project implementation, as outlined in the findings 1.1 on p. 12, it was appraised by one participant that a more tailored approach would have helped mitigate disparities in the baseline capacities of consortium partner experienced at the early stage of the project. This was of specific relevance for partners entering into the PERFORM consortium for the first time. This participant argued that not all of the consortium partner institutions had been involved with the previous PERFORM project and yet, from their perspective, there was an expectation that each partner should be working with the same capacity and at the same pace. In reality, having not had the experiential learning garnered through involvement in PERFORM, an African partner felt “disadvantaged”:

“So, for people who we were just coming into the program we felt disadvantaged because I know the other countries had had an experience of it. And at the same time, we were expecting to be moving at the same pace forgetting that the team is a new entrant” (CRT_01)

Consequently, this same participant appraised that had the type of capacity strengthening engagement implemented at the mid to end point of the project also been provided at the very beginning, they would have received the guidance they required and the challenges they encountered in the early phase prospectively mitigated.

“Before we started the implementation, we should have had more discussions, more webinars [as] we didn’t get things right at the beginning” (CRT_P1).

“I think it was because the engagement there was minimal, I wish the engagement that happened in the middle or towards the end of the program it was the same way it happened at the very beginning... I think we would have had much guidance [...]” (CRT_01)

As the project evolved it was suggested that probably not all consortium members were interested in developing skills in all aspects of the project. Therefore, opportunities should have been there for those who wanted to learn distinct skills in more detail (e.g. quantitative analysis) and who could have been ‘buddied’ up in smaller groups for a more tailored capacity strengthening experience:

“Like someone like me I don’t really want to develop the skills in that. Maybe the assessment was a bit blunt. At the start instead of really looking at individuals and what they want then to try to match people up, something like that might have worked better” (EP_04)

Based on the interviews, it was suggested that more transparency on the issue of opportunities to study within the consortium would have been helpful from the beginning of the project. Such opportunities could have been made available from the suggested funding pot for capacity strengthening and helped partners to feel more empowered and in control of addressing their own capacity needs.

4.5 Strengthening relational and in-person modalities

On reflecting about what worked well, many of the participants specifically highlighted mechanisms of capacity strengthening which were predominantly informal, relational in orientation, and with an experiential learning component (e.g. paired partnership visits, 1-1 peer support, teamwork, and mentorship). Alongside the aligned exemplars outlined in Section 4.2 and 4.3, the informal, relational capacity strengthening mechanism of mentorship was also appraised positively.

Individuals in more junior positions across both African and European institutions expressed satisfaction with the mentorship that they had received, both within their country teams and across the consortium membership. . Examples of such mentorship ranged from helping individuals to settle into a new role with an open-door policy, to collective and shadowing approaches to data collection, data analysis and data write-up.

“When I did the first interviews X from the X team really helped me out too. Like she conducted the first three interviews and I was part of like hearing how it was going so I kind of knew how I needed to direct the questions. I had conducted interviews in other projects but every project is different so that was really helpful” (EP_01)

It was however clear from participants narratives that in person modalities of capacity strengthening required further strengthening . However, due to funding constraints, the geographical spread of partnering institutions and, later in the project, the COVID-19 pandemic, the latitude to embed in person modalities of capacity strengthening was impeded.

“I think it’s also really difficult when you have people located so kind of geographically spread out to do capacity strengthening to kind of put up a topic together” (EP_02)

Consequently, the strategy relied heavily on online modalities which were, in large part, appraised by participants as a useful way of learning, both within the context of COVID-19 as well as working with people situated across different countries. Webinars, online consortium workshops and working groups were perceived to provide an opportunity for countries to share updates on their work packages as well as to work in smaller groups. These opportunities for exchange were thought to be a success:

“For me it was pretty helpful like to understand what we want to do and circulating the drafts of the outlines of the tool until we got to the point that yes that’s what we are going to do. I think that’s helpful because even before they also had Webinars during this time we did not have Webinars but we did have this group work meeting several times to exchange” (EP_01)

However, there was also a sense that people may have been experiencing Zoom fatigue or simply “sick of online things” (EP2). While participants acknowledged that COVID-19 did impact on partners ability to travel to each other, the opinion that more in person trainings and collaborative skills exchange should have been built into the overall project from the start (even before the COVID-19 pandemic) remained:

“When you are doing stuff online ,you know, and to be honest, you just have too many things going on and the opportunity to really kind of come together and do some proper training I think was first of all undermined by Covid but I think was never really built in. Like we used to have some at consortium workshops [...] but I think you need like separate components built into it where you invite people and they are welcome come along but you don’t necessarily need everyone in the consortium either” (EP_02)

Reflecting on the limited availability of in-person modalities of capacity strengthening, participants who had been involved in consortia before offered examples of how capacity strengthening had worked well

in their previous experiences. One CRT participant discussed the benefits of in-person working with other consortium members who had capacity strengths in certain skill sets:

“There would be somebody who would fly over to Malawi to be with the team and enter the data together, then start the analysis and then start writing the report together and in that way, there was learning happening. I also remember there were selected individuals taken to one country. I remember I went to Kenya because there was a specific thing to be learnt, so Ethiopia sent some delegates and we stayed there for a week or two and you have that skill” (CRT_01)

Consequently, it was suggested that more travel could have been factored in for the benefit of partners working together, not just for workshops but for implementation as well. While COVID-19 impeded ability to travel towards the latter end of the project, participants were of the view that the travel budget required to facilitate such experiential, in-person training hadn’t been factored in from the start:

“I think if we had of factored things like us travelling, obviously we have the benefit of you being there but that wasn’t planned. And also us as well travel, not just for workshops but for other parts of the implementation. And then there is Covid and whatever and we have done a couple of visits but we lost that at the start somewhere and I think that was really important in terms of supporting” (EP_02)

An enhanced travel budget would have also supported participants appraisals that the potential for international collaborative learning among RT and NSSG across each implementing country would have been very valuable and was a missed opportunity.

“When we were in Uganda, I think NSSG members RT members were of the view that probably if we were to look at their capacity, perhaps in cooperating with some exchange visits that could have worked well for them, they suggested that could be regarded as some capacity that they might have benefited from the project, because they thought having those sessions with their colleagues in other countries and learning from each other, that could have probably helped them” (FGD_ CRT 3_01).

Discussion

Linking back to the four research questions the capacity strengthening strategy sought to respond to, we summarize each point for discussion below, followed by an appraisal of strengths and limitations.

1. *What capacity gaps were identified to support the implementation, facilitation and scale-up of the MSI as well as researching the process?*

Findings show that in the earlier stages of the project, and as acknowledged by the consortium members, there were many ‘unknown, unknowns’ in that it wasn’t entirely clear until the project progressed what capacity was needed to support the implementation, facilitation and scale-up of the MSI. A thorough and systematic capacity needs assessment process conducted across the first year of the project, allowed consortium members to gradually identify critical gaps as compared to the optimal capacity and goals set. Nine broad areas were identified as capacity gaps in 2017: stakeholder analysis; scale-up; paired-partnership; PEA; communication; research, process and evaluation methods; admin and grant management; Infrastructure; supervision and mentorship.

Revisiting the capacity needs two years into the project proved useful in assessing ongoing needs as well collaboratively deciding as a consortium which areas should be prioritised going forward. Priority areas identified included PEA, scale-up, communication and stakeholder analysis. Additionally, gender analysis and reflection were added as specific capacity needs. Evaluation of the strategy revealed

disappointment around the extent to which capacity in quantitative research skills was strengthened, however, there was little surprise that this remained a significant capacity gap by the end of the project due to the complexity involved in organising capacity strengthening activities in this area, including the added complication of staff turnover.

Requests for addressing additional capacity needs (such as through webinars) were also noted at the PMC monthly meetings and planned for accordingly. There was therefore an opportunity and forum for project managers to highlight specific capacity gaps within their teams or across the consortium.

2. How did we develop the capacity of P2S researchers to support the implementation, facilitation and scale up of the MSI as well as researching the process and to what extent did we achieve this?

Findings from the evaluation detail the numerous and wide-ranging activities that took place to strengthen capacity of P2S researchers to support the implementation, facilitation, and scale-up process of the MSI. Based on the priority capacity gaps identified in P2S, activities were planned for the consortium as a whole, as well as individually for each unique context. Capacity strengthening activities were both formal and informal, including work processes and collaborative learning inherently strengthening capacities, as a by-product. Based on the evaluation, it is evident that the majority of the activities devised in 2017 ([Section 1.1](#)) and included in the Capacity Strengthening Strategy ([Annex 1](#)) were conducted across the life-span of the project, with additional activities added in 2019 in response to the capacity needs review or specific request (e.g. at PMC meetings). Efforts were made to accommodate capacity strengthening activities that were due to take place in-person through creative sessions and working-groups on a virtual platform. While it was noted that this wasn't a substitute for in-person interaction, it was felt and reported that capacity was still strengthened, especially in areas such as PEA. The qualitative findings evidenced that individuals did strengthen technical skills in addition to both intrapersonal and interpersonal skills, all of which contributed to the implementation and facilitation of the MSI. Additionally, consortium members reported significant knowledge acquisition related to proficiency in understanding and application of ExpandNet.

Although there was no shortage of capacity strengthening activities across the 5 years of the project, a key concern emerging in the evaluation centred on the need for ensuring a multidirectional approach to the implementation of capacity strengthening activities and equity in partnerships.

3. What did we do to develop capacity of the RTs and NSSGs and to what extent was this achieved?

Our findings appraise the activities attempting to build RT capacities in facilitation and supportive skills as successful. This is evident as RTs in each country independently facilitated meetings, reflection, and workshops with their respective DHMTs. Additionally, the CRT support visits to RTs were gradually phased out as RTs became more competent in their roles, suggesting the capacity of RTs had been built and handover of core duties related to MSI scale up had been successful. The findings also suggest capacity among NSSG to effectively carry out their roles had been achieved, as champions of scale-up emerged within each country and a wider group of stakeholders were convinced of the value of the MSI. While we note the NSSG structure itself within each country was unique and context-dependent, as well as challenges to maintain that structure emerged, such as staff turnover, our findings do suggest NSSGs had their existing capacities strengthened to support existing MSI cycles and ongoing scale up.

4. *What lessons did we learn as a consortium from the P2S approach to capacity development?*

[Section 4](#) of this evaluation discusses the lessons learnt as a consortium in great depth. Therefore in sum, to fulfil the aims of the strategy, the methods utilised to develop capacity across the consortium, RT, and NSSG were extensive in volume (Annex to Inventory) and varied in approach from formal mechanisms (e.g. explicit trainings, documented guidelines, and webinars) to more informal mechanisms (e.g. paired partnerships, experiential learning, experience sharing). The findings from the evaluation of the strategy indicate that the effectiveness of the outlined methods varied, while the epistemological and pedagogical approach required adaptation. Several factors may have contributed to participants' critical appraisal of the strategy. Such critical appraisal should not be read as a negation of the work conducted nor the good intentions underpinning it, but instead provide us with necessary constructive learnings for future practice.

From the outset, the capacity strengthening component of P2S was confirmed to be cost-neutral, with individuals providing the entry point for the capacity strengthening interventions. This meant that capacity was designed to be leveraged across consortium members. This budget constraint perhaps impeded the latitude with which the work package leads could explore, test, and implement more innovative methods of capacity development, in addition to further strengthening the effectively employed methods such as the in person and experiential learning modalities. In other research capacity strengthening initiatives, a lack of dedicated funding set aside specifically for capacity strengthening activities has been cited as a challenge to achieving sustainability (Bates et al., 2014).

Staff turnover within the institutions leading the capacity strengthening work package may also have impeded the degree to which the strategy was responsively reviewed, adapted, and implemented. Strengthened continuity of all staff members may have provided a more consistent, cohesive approach across the lifetime of the project and, importantly, a retention of the institutional memory required to learn and improve over time.

Opportunities to review and refine the strategy were challenged by both the complexity and intensity of PERFORM2Scale's overall aims, objectives, and consequently its methodological scope. Capacity Strengthening was defined as a 'supporting work package' and as such successfully securing its relative priority against competing needs of the implementing and research work packages was, at times, difficult. While a more rigidly implemented monitoring and evaluation strategy to capacity strengthening may have ensured the degree of iterative and responsive engagement desired by many of the participants in this evaluation, it may also have detracted resources from the implementation of the MSI and the scale-up. Further discussion across the consortium about how to synergistically dovetail the aims, functionalities and outcomes of all work packages was required if we were to significantly improve the experience and effectiveness of capacity strengthening for all involved.

As the action research methodology and emphasis on participatory research continues to expand, there are important implications of these learnings for the health systems field of research. Five overarching learnings resulted from the evaluation of the P2S capacity strengthening strategy, including: 1) the importance of a shared understanding of 'capacity strengthening', 2) recognising and facilitating the bidirectionality of capacity strengthening, 3) equity in partnership working, 4) promoting regular engagement and responsive tailoring, and 5) the importance of relational and in-person modalities.

As one such example of taking up these learnings for future research, it is suggested that a strengths-based assessment of capacity (in addition to capacity needs) would be a valuable approach to initially identify and responsively action upon how individuals and groups can lead and build upon existing skills, strengths, and expertise. We suppose this approach would

equalize inherent tensions within the notion of capacity strengthening and thereby balancing any inherent assumptions of what capacity gaps might exist, whilst also fostering equity within partnerships.

Disseminating our findings and learnings, as tailored for health systems researchers can guide future research projects which aim to embed capacity strengthening approaches within their programmes. As decolonizing global health is an important theme within the global health and health systems disciplines, we therefore feel it is important to share both the strengths and limitations of our strategy, as such transparency is how tensions can be reconciled collaboratively and how future researchers and students can learn. Instead of focusing solely on 'what went wrong', we encourage fellow researchers to query 'how can we do better'.

While we are mindful the above findings perhaps reinforce several limitations of the capacity strengthening approach, we want to emphasize there were several strengths to balance out this appraisal, both of which are shared within this section. We also explicate the strengths and limitations of the methods employed to conduct this appraisal study below.

Strengths & Limitations of the Capacity Strengthening Strategy

Strengths of Capacity Strengthening Strategy

We appraise the capacity strengthening strategy to have several key strengths. The strategy itself was rooted in academic scholarship, guided by a five-step framework (Bates et al., 2014) which had been piloted within several African settings. All three CRTs voiced that they had been consulted in the design of the strategy and felt that they were at the centre of its implementation, which they perceived was important. Moreover, the strategy targeted multiple stakeholders from the consortium through to the district, through a multi-pronged approach that targeted diverse forms of capacities from theoretical learnings to implementation skills. Within each country, there were attempts made to develop stakeholder capacities through relational approaches underpinned by contextual and collaborative experiential knowledge, largely as a result of CRT supportive adaptations, relationship strengthening and collaboration on the ground. This responsive engagement was appraised as a key strength of the strategy, as well as the bidirectional learning which emerged as a result.

Limitations of Capacity Strengthening Strategy

There were several pragmatic challenges that limited the appraisal of capacity strengthening in P2S. While the original capacity strengthening strategy designed in 2017 was envisaged to be a flexible, living document that would be reviewed and revised annually as capacity needs evolved and changed, there were barriers to successfully doing so. Staff turnover of the leading partner of the capacity strengthening work package posed as a challenge for consistent and iterative adaptations. It is thus acknowledged that the strategy could have been more responsive to contextual changes across the lifespan of the project. A contextually relevant and responsive strategy would have also encouraged each country to adapt a version of the capacity strengthening strategy to reflect their country's context. Additionally, staff turnover also translated to limitations to our ability to compare data collected in January 2022 with any existing pre-data at the consortium and country stakeholder levels.

Moreover, as pointed out by CRTs, there were inherent assumptions within the original capacity strengthening strategy that positioned RT and NSSG as needing capacity developed. In most cases it seems the NSSG did not need to be capacitated as they were highly skilled to begin with and were thus not engaged in CD activities, in Uganda their perspectives showed the RT also did not require capacity strengthening whereas in Malawi and Ghana the RT were engaged in CD activities and demonstrated capacity being built over time. This was also noted within the consortium, that while capacity was built

in European partners through the acquisition of PhDs, collaborative learning forums such as webinars often emphasized strengthening the capacity of CRT members rather than all partners. It is however acknowledged that the paired partnership model (which connected one European partner with one African partner) was agreed to by all partners at the time of the bid submission, so while all partners consented to this and the capacity strengthening strategy, the limitation is the limited adaptation to the approach as needed (due to the pragmatic issues discussed above) and the limited space for collective critical reflexivity among the consortium.

Strengths & Limitations of the Evaluation

A principal limitation of the evaluation study relates to the sample profile. Due to staff turnover within the consortium, the retention of participants from the initial capacity needs evaluation is limited and the degree of institutional memory amongst the participants about all capacity strengthening activities and approaches is also variable. 50% of the participants who took part in interviews in 2017 were no longer part of the consortium by the time the post intervention interviews were conducted. Further, not all consortium members were interviewed for the evaluation and so the study findings may not be an exhaustive representation of all experiences and perspectives within the consortium. The addition of interviews with RT and NSSG members would have also provided enhanced insight about their experiences of and perspectives on capacity strengthening in the PERFORM2Scale project. The methodological rigour of the evaluation was however strengthened by several collaborative design components, including a consortium working group which peer reviewed both the capacity strengthening activity chart and the proposed data collection approach. Data in the capacity strengthening inventory charts were collaboratively synthesized by all consortium members during the virtual webinar in September 2021 and a second iteration by CRTs prior to the focus group discussions to comprehensively capture both data previously documented and experiential knowledge. Finally, potential interpretative bias in analysis of the qualitative data was reduced via in-depth discussions of the themes and data within the authorship team throughout the analytical process, in addition to feedback from the consortium membership.

Conclusion

This report summarizes the process of evaluating the PERFORM2Scale capacity strengthening strategy and the four research questions embedded within it, through a desk review, semi-structured interviews and focus group discussions. Analysis of data, highlighted several strengths and limitations of the overarching capacity strengthening strategy, and key learnings to suggest for future research with capacity strengthening components. As explicated above, strengths noted were collaborative design, multidirectional approach targeting diverse stakeholders and a context responsive and adaptive method of implementation. The limitations pointed out the leading team's staff turnover, and the lack of an iterative or 'living' strategy document which might have rectified subtle epistemological assumptions within conceptions of capacity and objectives of who's capacity was to be built and to what extent.

Finally, the overarching key message and the implication of this report for future action researchers and health systems researchers is the importance of a participatory approach throughout the capacity strengthening process, from design to implementation, monitoring, and evaluation. We therefore recommend the following suggestions for future research and practice intending to embed capacity strengthening within their programme infrastructure: 1) Fostering a shared, consortia-wide consensus on how capacity strengthening should be distinctly conceptualised and operationalised, and 2) Subsequently ensuring the implementation of capacity strengthening activities are enacted in ways

which are iterative, multidirectional, and context responsive, such as facilitating relational and in-person modalities of capacity strengthening are suggested.

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Annexes

Annex 1: Capacity Strengthening Strategy Report

Annex 2: Capacity Strengthening Activity Chart

Annex 3: Consortium Interview Topic Guide

Annex 4: CRT Focus Group Topic Guide

Annex 1: Capacity Strengthening Strategy Report



PERFORM2Scale Capacity Strengthening Strategy (MS 29) & Implementation Framework (PY 2017 – PY 2018)

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Section 1: Introduction

At its most essential level, the concept of capacity describes an ability or power to do or understand something. Capacity development, however, is both nebulous and contested in the literature, primarily due to the changing and evolving nature of the concept as well as the diverse contexts in which it is applied (MacLennan et al., 2013). The premise upon which capacity strengthening rests has expanded in recent years beyond the more traditional focus on the individual and a value-neutral transfer of skills (Bates, 2014; Nchinda, 2002 ;). It is now understood that capacity strengthening is a “multifaceted phenomenon” (Fowler & Ubels, 2010) that “encapsulates individuals, organisations and the wider society in which they function” (Bester, 2015, p3).

PERFORM2Scale is inherently a capacity strengthening programme as the primary objective is to improve health workforce performance by taking a management strengthening intervention (MSI) to scale in differing and changing contexts. PERFORM2Scale embeds a Learning Process Approach (Kolb, 2014) to management strengthening at district level in which district health management teams (DHMT) – facilitated and supported by country research teams (CRTs) – engage in a process of reflective learning through action research to address health workforce performance issues at district level. As such, research and action are mutually reinforcing elements emphasising capacity strengthening through a learning-by-doing paradigm. Drawing on psychologist, David Kolb’s experiential learning model (1974), the PERFORM2Scale research consortium also processes experience through observation and reflection to promote bi-directional learning between and across organisational partners. As such, the programme is less of a ‘blueprint for action’ and more a continuous learning cycle that facilitates change at the level of all participating individuals and organisations. This process is conceptually rooted in *Symbolic interactionism*, a sociological framework that encapsulates the diverse meanings and interpretations that people place on objects, interactions, and people. The social construct of learning-by-doing at all levels is then the capacity strengthening vehicle through which language conveys meaning and transmission of symbols in the PERFORM2Scale programme (*see Section 2*).

PERFORM2Scale has adopted the definition put forward by Bates, Boyd, Smith and Cole (2014) which describes capacity strengthening as “a process of improving individual skills, processes, and structures at the organisational levels and the networks and contexts in which the organisation functions.” (2014: 1). This approach operates on the premise that individuals do not operate in a vacuum but are both influenced by and influence the institutions and systems within which they operate. As the capacity strengthening component of PERFORM2Scale is cost-neutral, individuals provide the entry point for capacity strengthening interventions, the primary goal of which is to develop the capacity, where needed, of the various constituents to deliver the project as underpinned by four objectives:

1. To develop the capacity of researchers to support and facilitate the implementation of the intervention;
2. To develop the capacity of researchers to support and facilitate the implementation of the scale-up of the intervention;

3. To develop the capacity of district level facilitators, Resource Teams (RTs) and the National Scale-up Steering Group (NSSG) to implement and sustain the scale-up of the intervention;
4. To develop the capacity of research teams where needed in the areas of process and outcome evaluation; research uptake; communications and project management.

This cost-neutral approach to capacity strengthening supports the strengthening and evaluation of a sustainable means of scaling up a district level management strengthening intervention in different and changing contexts. The Capacity Strengthening Strategy therefore articulates the opportunities and entry points for capacity strengthening in accordance with the aims and objectives of Work Package 5 led by the Centre for Global Health, University of Dublin, Trinity College (TCD) and Maynooth University. It is embedded in PERFORM2Scale's Theory of Change to bring about individual and institutional capacity strengthening for improved workforce performance and health systems strengthening .

PERFORM2Scale is conceptually rooted in the strengthening of individual and team skills to strengthen processes and structures at the organisational level, and through the scale-up process, the networks and contexts in which organisations function. This capacity strengthening strategy is consequently strengthening on the overarching premise of the primary intervention, i.e. implementation of a management strengthening intervention (MSI) and scale-up of that intervention in three different and changing contexts. It provides a framework to strengthen the capacity strengthening component of PERFORM2Scale and a clear plan that responds to the core competencies required to deliver the intervention, scale up the intervention and sustain the intervention by different constituency groups.

A review of the literature for capacity strengthening that preceded the capacity needs assessment in early 2017 (see summary at Appendix A) identified key lessons and principles which form the basis upon which this strategic approach is built:

1. The strategy is adaptive to the local contexts (Uganda, Ghana, and Malawi);
2. The capacity needs assessment has been rooted in a participatory approach;
3. The strategic objectives are aligned with the overarching objectives of PERFORM2Scale; and,
4. The strategy is embedded in PERFORM2Scale's Theory of Change, which defines the capacity strengthening pathway.

Each country research team is paired with one European institution: the purpose of this relationship is to ensure continuous support and interaction between EU partners who are leading methodology strengthening and African institutions who are leading on the implementation of the scale-up. The paired partnership modality is also intended to contribute to capacity strengthening in PERFORM2Scale emphasising bi-directional opportunities to strengthen capacity for health systems research. The potential for south-south collaboration is also envisaged but this is budget dependent (Description of Activity, 2017).

The conceptual framework for capacity strengthening in Section 2 will illustrate the sociological framework within which the approach is embedded. Section 3 will report the

result of the rapid capacity needs assessment undertaken in early 2017 and in section 4, capacity needs and interventions are linked to output and outcome indicators embedded in PERFORM2Scale's Theory of Change. Capacity strengthening at the individual level will be captured by a post-intervention capacity strengthening assessment with qualitative follow-up in specific and key competency areas², while process and outcome indicators for capacity strengthening at the institutional and national levels have been embedded in Tools 5-9 in the process and outcome evaluations.

While the learning pathway is clear in terms of developing the capacity of researchers to support and facilitate the implementation of the MSI and scale up as per the requirements of objectives 1, 2, and 4, the pathway for capacity strengthening under objective 3 - *To develop the capacity of district level facilitators, Resource Teams (RTs) and the National Scale-up Steering Group (NSSG) to implement and sustain the scale-up of the intervention* – is less clear. The RTs and the NSSGs will not engage in skills transfer opportunities provided by PERFORM2Scale and as such it is envisaged that there will be a more subtle approach to learning enabled in each context. How this will play out in each of the 3 country contexts is currently unknown but it is envisaged that Resource Team members will shadow the MSI cycles in the initial stages to manage subsequent cycles, while the NSSG will be supported with guidance and dialogue (see DoA: 20). These structures were not established when the first capacity needs assessment was undertaken and will be a primary focus of the assessment to be undertaken at the end of 2018.

This strategy is a living document as capacity strengthening is an evolving process. As such, it will be implemented, monitored regularly throughout the lifetime of the PERFORM2Scale and reviewed and revised annually as capacity needs evolve and change. As such, the needs assessment and capacity strengthening implementation framework herein, covers project years 1 and 2 (2017 and 2018) only.

² This will be undertaken by TCD and the UoM as per the provisions of Work Package 5 – (see DoA, p.23)

Section 2: A Symbolic Interactionist Approach to Capacity Strengthening in PERFORM2Scale

The PERFORM2Scale approach to the capacity strengthening of consortium members, DHMTs, Resource Teams (RTs) and the National Scale-up Steering Groups (NSSGs) is based on a cost-neutral reflective learning process approach. Experience is harnessed at the level of the DHMT through an action research cycle of plan, act, observe and reflect, while at the level of the consortium, learning is a shared practice enhanced by episodes of observation and reflection.

The goal of capacity strengthening is transformative in that it seeks to enable, strengthen and enhance the ability of individuals and organisations to act in accordance with their own goals and priorities. Through the PERFORM2Scale action research cycle and learning-by-doing paradigm, the social construct of self and society is created and recreated as challenges emerge and the occurrence of new and unpredictable experiences necessitate adaptation (Stryker, 2008). A pioneer of *symbolic interactionism*, George Herbert Mead, argued that society emerges out of interaction and shapes the self. Equally, however, self shapes and determines social interaction in a mutually reinforcing cycle of change. This loop-back process of social interaction is established on the premise that people symbolically communicate meaning to each other with others orienting those symbols on the basis of their own interpretation (Ritzer, 2008). Consequently, *symbolic interactionism* operates on the premise that actors engage in a process of mutual influence in which, “individuals form new meaning and new lines of meaning” (Manis and Meltzer, 1978:7). As such, PERFORM2Scale’s mutual learning process approach is arguably rooted in a *symbolic interactionist* sociological framework.

PERFORM2Scale is inherently a capacity strengthening programme in the sense that the skills and capacity of DHMTs and RTs, at individual and organisational levels, are strengthened by the action research cycle supporting MSI implementation and scale-up. However, the cost-neutral approach to capacity strengthening *per se* constrains the recruitment of external expertise. CRTs (in Ghana, Malawi and Uganda) and their paired partners (in the United Kingdom, Ireland, the Netherlands and Switzerland) are researchers by profession but required by the programme to develop a range of skills that may be untypical in a traditional research setting. The learning process approach aims to harness knowledge and skills across the consortium to build capacity for health systems research, action research, group facilitation, problem analysis, strategic strengthening and stakeholder engagement.³ Using observation and reflective practice, consortium partners learn from each other and from the programme process, while forming strategic alliances with other health systems researchers to build requisite capacity for programme effectiveness. While this process is taking place at the level of the individual, a *symbolic interactionist* framework provides a lens through which it is possible to hypothesise (and subsequently test the assumption) that the individual is both a receptor and agent of change. *Symbolic interactionism* recognises individuals as active agents in the construction of meaning; that “humans do not simply react to one another’s actions; rather, they

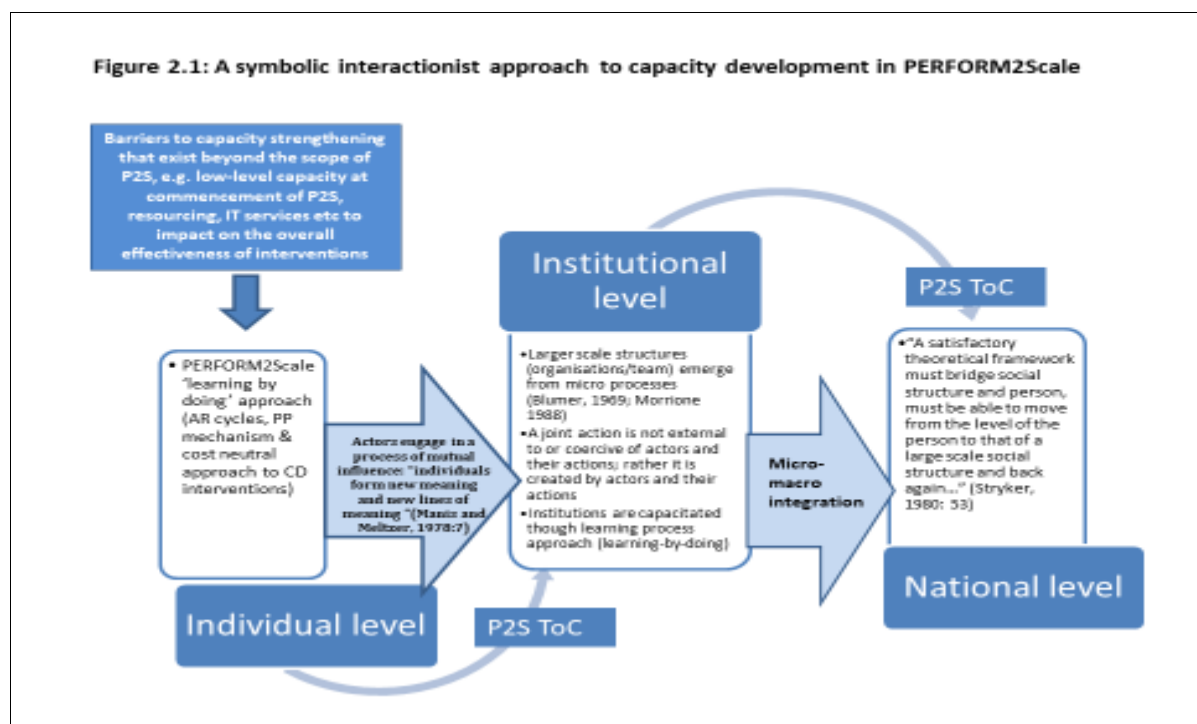
³ This is not an exhaustive list of skills and competencies required by CRTs to support and facilitate the implementation and scale up of the MSI

interpret or define those actions” (Stryker, 2000, p. 90). Consequently self as both structure and process are conceptually integrated, which fits the PERFORM2Scale premise, in which individuals are active, constructivist, problem-solving agents of self and social change. *Symbolic interactionist* theoretical accounts operate on the pivotal principle that there are reciprocal effects between self and social interaction (Stryker, 2002, p. 119) and potentially capacitate each other.

Crucially, *symbolic interactionism* proposes that the self is continuously reacting to the society that shapes the self. Through this process, social institutions, agents and networks are engaged in a constant process of creation and recreation (Stryker, 1980). A *symbolic interactionist* understanding of PERFORM2Scale therefore constructs the individual’s participation in process to strengthen and capacitate both the self in terms of skills strengthening but also the institution at DHMT and consortium levels.

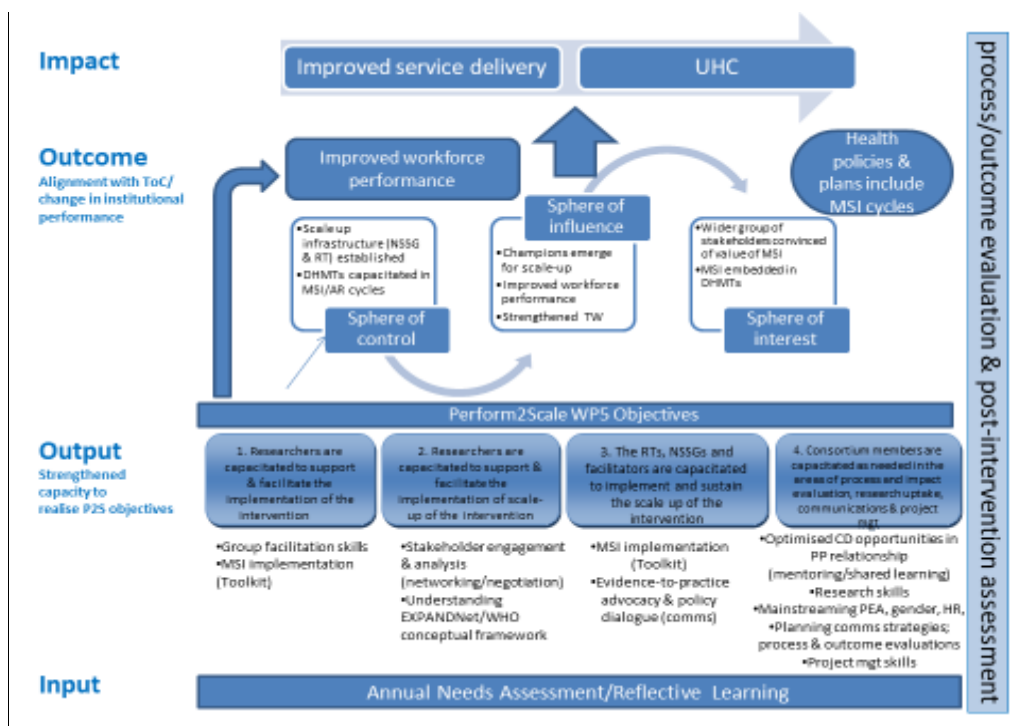
Symbolic interactionism has been applied to studies in a variety of professional fields, including gender and education (Gallant, 2014), environmental studies (Nye and Hargreaves, 2010), action research and education (Hine and Lavery, 2014), and workplace management (Fine, 1993). However, it does not appear to have been applied to capacity strengthening in strengthening studies notwithstanding significant application in educational fields (Rowland and Kuper, 2018; Lee, 2014; Augusto, 2013). This is perhaps surprising as *symbolic interactionism* is a valuable and useful lens to explore and explain people’s interpretations and relationships within their work and the extent to which these prompt and enable organisational-level action or change as indicated by *Figure 2.1*

If as Stryker (1980) argues that the social person is shaped by interaction with social structure, then conversely the person alters patterns of social structure. Applying this logic to PERFORM2Scale would suggest that if the individual is the entry point for capacity strengthening through action research, observation and reflective learning, then the individual holds the potential to alter the social structure at institutional levels. Whether or not changes in individual and institutional level capacity may be detected over the course of PERFORM2Scale will be assessed by a programme of research led by Work Package 5.



As outlined in the introduction, the PERFORM2Scale programme does not provide a ‘blue-print for action’ but rather a continuous learning cycle that facilitates change at the level of all participating individuals and organisations. This approach is well-established in scale-up programming commencing with Korten in 1980 who argued that scaling-up should not be curtailed by too much preplanning, but rather developed “with the capacity for embracing error, learning with the people and strengthening new knowledge and institutional capacity through action.” (p. 480). The creation of ‘new knowledge and institutional capacity through action’ is well aligned with *symbolic interactionism* and the values of the PERFORM2Scale approach. *Figure 2.2, the PERFORM2Scale Capacity Strengthening Conceptual Framework*, illustrates the pathway through which Work Package 5 will deliver interventions as identified by the consortium needs assessment undertaken in 2017. Outcome indicators are embedded in the Theory of Change and the overarching goals of PERFORM2Scale. The process and outcome evaluations will capture capacity strengthening outcomes at the institutional and national levels, supported by additional qualitative research in selected aspects of capacity strengthening using the *symbolic interactionist framework* as described herein. This latter research will be led by TCD and the Maynooth University.

Figure 2.2, the PERFORM2Scale Capacity Strengthening Conceptual Framework



Source: Adapted from UNDP, Capacity Strengthening Primer, *Framework for Measuring Capacity Development*, (2009)

Section 3: Capacity Needs Assessment

This section outlines both the process and results of the first capacity needs assessment undertaken by TCD and MU but this process will be repeated annually as capacity strengthening needs evolve. As outlined in Section 1, PERFORM2Scale conceptualises capacity strengthening as an inclusive process that focuses on strengthening individual skills, processes and structures at the organisational level, and the networks and contexts within which organisations function. This approach developed by Bates *et al* operates 5 steps which include the use of both qualitative and quantitative approaches as outlined in the introduction. The team in TCD and the MU developed a comprehensive approach to capacity needs assessment as defined by Bates *et al*'s (2014) five-step pathway for designing health research capacity strengthening programmes:

1. Define the goal of the capacity strengthening project;
2. Describe the required capacity needed to achieve the goal;
3. Determine the existing capacity and identify any gaps compared to the required capacity;
4. Devise and implement an action plan to fill the gaps;
5. Learn through doing; adapt the plan and indicators regularly.

The capacity strengthening needs of consortium partners were assessed at different stages throughout project year one as familiarity with the project increased and participants became more aware of their own capacity gaps. Three levels of assessment inform the pathway to bridging the capacity gap in order to ensure that country research teams have the capacity to implement and scale up the intervention (the MSI). That the capacity needs of district level facilitators and resource teams to implement and sustain the scale-up of the intervention are met, and that the country research teams are capacitated in research skills, project management and planning, and all the auxiliary skills required to implement and scale-up the intervention.

This section addresses steps 1 to 4 of Bates *et al*'s five-step pathway, as step 5 - *Adapt the strategy and indicators regularly: Capacity strengthening activities and indicators will be monitored to ensure they are on track with the anticipated timescales. There will be a regular reporting cycle in order to monitor progress on objectives, activities and indicators* – will be progressed on an annual basis throughout the project cycle. This approach facilitates the continuously evolving nature of capacity strengthening whereby capacity gaps will be met as presented by the strategic frameworks governing project years (PYs) 1-2, that is 2017 and 2018, outlined in Section 4 but other capacity strengthening needs may arise as the project evolves.

Step 1: The goal of capacity strengthening for Perform2Scale

The first stage in the capacity strengthening framework is to ensure that the intervention addresses local priorities with the potential to be viable, affordable, and sustainable. The capacity strengthening objectives for Perform2Scale were defined at the outset of the project by the LSTM to cross-cut all work packages (WPs), particularly WP 1, *design of the scale-up process and engagement with stakeholders*; WP 2, 3, 4 – *the country*

work packages where the MSI is implemented and scaled up; WP 6, Communication, WP 7, Process Evaluation and WP 8, Outcome Evaluation. The primary goal of the capacity strengthening component of PERFORM2Scale is to develop the capacity, where needed, of the various constituents to deliver the project as underpinned by four objectives:

1. To develop the capacity of researchers to implement the intervention (the MSI);
2. To develop the capacity of researchers to implement the scale-up of the intervention (the MSI);
3. To develop the capacity of district level facilitators, resource teams (RTs) and the National Scale-up Steering Group (NSSG) to implement and sustain the scale-up of the intervention;
4. To develop the capacity of research teams where needed in the areas of process and outcome evaluation; research uptake; communications and project management.

Step 2: The required capacity needed to achieve the goal

The second step identified by Bates *et al* involves a review of the evidence base to assess the optimal capacity required to deliver Perform2Scale’s objectives. A rigorous assessment of the evidence served to underpin the subsequent needs assessment and was undertaken by Thomasena O’Byrne as part of the MSc Global Health degree in the Centre for Global Health, TCD. Key findings from this literature review are highlighted in **Appendix A**.

The review of the evidence-base for capacity strengthening provided the backdrop against which Bates *et al*’s (2014) 5-Step pathway was adapted to progress to a capacity needs assessment for PERFORM2Scale. Optimal capacity was largely derived from key sources principally the WHO’s ExpandNet framework (2010). To overcome the problem identified in Consortium Workshop 1: “you don’t know what you don’t know” a forensic review of both the grant agreement (Description of Activity) document and the ethics application it was possible to identify the core competencies required to fulfill the objectives of Perform2Scale. As these documents describe in detail the layers of project activity, points of intersection between WPs, deliverables and milestones to be reached, it was possible to identify the core skillset required to deliver all the elements of Perform2Scale as illustrated by *Table 2.1*

Table 2.1: Capacity required to deliver PERFORM2Scale

PERFORM2Scale’s Capacity Strengthening Objectives	Competencies Required
Competencies required to implement the MSI	7. Problem analysis 8. Designing integrated human resource management bundles & health systems strategies 9. Planning & implementation strategies 10. Group facilitation skills 11. Action research skills 12. Lobbying/negotiation & policy dialogue
Competencies required to scale-up the MSI	7. Stakeholder analysis

	<ul style="list-style-type: none"> 8. Stakeholder engagement 9. Context/political economy analysis 10. Systems thinking 11. Strategic planning skills for scalability 12. Mainstreaming - gender, human rights, equity & PEA
Capacity to 'steer'/guide the RTs and NSSGs to implement and sustain scale-up of the intervention	<ul style="list-style-type: none"> 2. Communication and networking skills
Core skills required by consortium members to deliver all the requirements of PERFORM2Scale	<ul style="list-style-type: none"> 6. Qualitative and quantitative research skills 7. Nvivo 11 Pro/data analysis 8. Project management skills including planning for process & outcome evaluations; communications etc 9. Ability to mainstream cross-cutting issues – gender, equity & human rights & apply PEA at all levels of research 10. Communicating research including publications, policy briefs, conference presentations

Step 3: Existing capacity and gaps compared to the required capacity to deliver Perform2Scale

The third step in Bates *et al's* paradigm applies the list of optimal capacities to guide data collection for capacity needs assessment. The process of developing a research capacity needs assessment and the initial assessment itself was conducted over three phases. This formed part of the aforementioned MSc Global Health; however, it was conducted in collaboration with the TCD team. Three phases of assessment were conducted before, during and after the first consortium workshop meeting (CW1) for Perform2Scale at the LSTM:

Phase 1

Prior to Consortium Workshop 1, 8 semi-structured skype interviews were conducted with consortium members from across the partner institutions. The purpose of these interviews was to (i) explore contextual factors and underlying assumptions which may impact on achieving capacity strengthening goals (ii) engage consortium members in discussions around existing capacity and perceived gaps in capacity (iii) identify the level on which the capacity needs are being assessed i.e. individual, organisational and/or environmental. The data from these interviews was compiled and collated for presentation to consortium members attending Consortium Workshop 1 in phase 2 of the process.

One of the key themes emerging from the semi-structured interviews was a perceived lack of clarity around areas of Perform2Scale such as the concept of scaling-up, the interaction of the different work packages and the challenges around defining capacity needs without having yet started the project and understood what the needs might be. In response to this perceived lack of clarity, a project clarity self-completed questionnaire (was developed with

the aim of assessing clarity of the consortium members on the project as well as roles within it, both at the beginning and end of Consortium Workshop 1. The assumption being that clarity would improve as a result of attending the 5 day workshop. The questionnaire was also designed to indicate which areas of participant knowledge needed more attention.

Phase 2

The purpose of Consortium Workshop1 was to bring members from partner institutions together to review project objectives collectively, provide clarity on roles, develop a process for identifying and engaging relevant stakeholders and to develop a Theory of Change for the overall project. As part of the workshop, TCD and MU distributed the project clarity questionnaires to consortium members and in addition, led an afternoon session on Capacity Strengthening for the project.

The project clarity questionnaires, distributed at both the beginning and end of the consortium workshop, showed that there was an overall improvement in clarity as a result of attending Consortium Workshop 1, however, clarity in the interaction between the different work packages, clarity on contribution to the overall project and clarity on the theory of change being used, continued to have the lowest average scores at the end of the workshop.

During the Capacity strengthening session, the TCD/MU team:

1. Presented a summary of findings to date from the interviews conducted and discussed with consortium members
2. Conducted a prioritisation exercise to identify areas of capacity that potentially needed to be strengthened
3. Facilitated group discussions around the prioritised areas

Phase 3

The consortium’s initial capacity needs (PY 1 and 2) as identified by this mixed methods approach to capacity needs assessment were taken to the Amsterdam (Consortium Workshop 2) workshop where key objectives and interventions for capacity strengthening were agreed by consortium members as illustrated by *Table 2.2 Consortium Self-identified Capacity Strengthening Needs*. :

Table 2.2 Consortium Self-identified Capacity Strengthening Needs

10. Stakeholder Analysis	<ul style="list-style-type: none"> • Negotiation and Networking Skills (KIT) • Resources for Engaging (Uganda) • Negotiation and Networking, Budget Management and Support for PMs (Malawi) • Stakeholder Engagement (Ghana) • Communication to non-consortium partners. Unless participants in the project - such as the DMHT - have a clear understanding of how they fit in, then they are unlikely to be
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	<p>fully engaged, or to remain engaged, when they encounter barriers.</p> <ul style="list-style-type: none"> ○ Tools are currently available for the initial engagement process from Perform1
11. Scale-Up	<ul style="list-style-type: none"> ● Proficiency in understanding and application of Expandnet ● How to best identify these problems? Root causes, prioritization of problems, designing the intervention, resourcing, implementation, decision space? ● How do we get P2S to fit into existing workflows, rather than asking the DHMT to adopt/adapt to our work plans and workflows? ● For contexts where there are similar initiatives taking place, there is a need to demonstrate how P2S is different. Why P2S over other similar programmes?
12. Paired-Partners	<ul style="list-style-type: none"> ● Specifically, how to handle unpaired partner functions - communication and shared roles and responsibilities (KIT) ● Task-sharing, active involvement, local ownership (LSTM) ● Managing Emails - Response from Partners; Conferences Meeting over Skype (Uganda) ● Regular and Open Communication between Paired Partners (Ireland) ● Strengthening Shared Knowledge Portal for Local Partners (i.e. NSSGs and DHMTs) (Malawi)
13. Political Economy Analysis	<ul style="list-style-type: none"> ● What does PEA mean and how does one conduct it (General)
14. Research Uptake, Publication, and Public Engagement	<ul style="list-style-type: none"> ● How to best communicate the TOC – which is quite complex (General) ● Scientific Writing and Public Engagement (KIT) ● Writing Skills (Swiss TPH and Malawi) ● Policy Briefs (Public Engagement) (Uganda) ● Policy Briefs and Social Media (Ghana) ● Communication and Presentation Skills (General)
15. Research, Process and Evaluation Methods	<ul style="list-style-type: none"> ● Qualitative Data Analysis using Nvivo (KIT) ● Mixed Methods (Swiss) ● Quantitative Data Analysis, Costing (LSTM) <ul style="list-style-type: none"> ● Are there costing experts in each CRT? Do they need to be hired? ● Rigorous documentation of Action Research (Ireland) ● Mixed Methods, Data presentation, Evaluation (Uganda) ● Evaluation Processes and Quantitative Analysis (Malawi)
16. Administration and Grant Management	<ul style="list-style-type: none"> ● EC-specific requirements (KIT) ● EC-specific requirements (Uganda) ● Budget Management and Support for PMs (Malawi) ● EC-specific requirements (Ghana)
17. Infrastructure/IT	<ul style="list-style-type: none"> ● Access to Electronic Journals (Uganda) ● Internet Connection, Access to electronic journals (Malawi) ● Access to Data Analysis Software, Electronic Journals (Ghana)
18. Supervision and Mentorship Support	<ul style="list-style-type: none"> ● Coaching skills towards partners, as related to WP7 (KIT) ● Mentoring in a Different Organization (LSTM) ● Mentoring in a Different Organization (Uganda)

	• Networking and Coaching Skills (Malawi)
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A prioritization exercise subsequently took place, where the country teams prioritised each of these areas as **high priority (red)**, **medium priority (yellow)**, or **low priority (green)**. The resulting heatmap illustrates the consortium’s perception of capacity strengthening priorities as indicated by *Figure 2.1* :

Figure 2.1: Consortium’s perception of capacity strengthening priorities

Capacity Need	KIT	Swiss	LSTM	Uganda	Malawi	Ghana
1. Scaling-Up	Yellow	Red	Red	Red	Red	Green
2. Partner Function	Yellow	Green	Yellow	Yellow	Red	Green
3. Research Skills	Red	Red	Red	Yellow	Red	Green
4. Research Uptake	Yellow	Yellow	Green	Yellow	Yellow	Red
5. Political Economy Analysis	Yellow	Yellow	Yellow	Red	Red	Red
6. Stakeholder Analysis	Yellow	Green	Green	Yellow	Red	Red
7. Administration & Grant Support	Yellow	Green	Green	Yellow	Red	Red
8. IT/Infrastructure	Green	Green	Green	Red	Red	Red
9. Supervision/Mentorship	Yellow	Green	Yellow	Yellow	Yellow	Yellow

Step 4: Devise and implement an action plan to fill capacity gaps

The fourth step in Bates *et al’s* approach to capacity strengthening transforms the data acquired in steps 1 to 3 (1. Define the goal of the capacity strengthening project; 2. Describe the required capacity needed to achieve the goal; 3. Determine the existing capacity and identify any gaps compared to the required capacity) into an action and implementation plan as required by Milestone 29 (DoA). This implementation framework articulates capacity strengthening needs and interventions for PYS 1 and 2 only, i.e. 2017 and 2018, following which capacity requirements will once again be assessed within the parameters of the same strategic objectives.

Perform 2Scale’s capacity strengthening strategy is articulated by the capacity strengthening conceptual framework as indicated by **Figure 3.1 in Section 3**. An implementation framework operationalising each of the capacity strengthening needs as they relate to the capacity strengthening objectives are outlined in **Section 4**. Each competency requirement is accompanied by a suggested implementing institution, individual and/or modality with output and outcome indicators linked to Perform2Scale’s Theory of Change.

Section 4: PERFORM2Scale Capacity Strengthening Implementation Framework (PY 1-2, 2017-2018)

The capacity strengthening implementation framework for PERFORM2Scale is structured to reflect capacity strengthening needs, the interventions that will address those needs and the indicators and tools that will assess the effectiveness of the capacity strengthening components at individual, institutional and national levels. The implementation cycle for this framework covers years one and two of PERFORM2Scale only following which another needs assessment will be conducted and a new framework developed. This will be particularly important for establishing the capacity strengthening needs of the RTs and the NSSGs who were not established when the first assessment was undertaken. In the following four capacity strengthening tables, goals correspond with the capacity strengthening needs identified by the three layers of assessment outlined in Section 2. While the output level points to specific results the capacity strengthening efforts will generate throughout PERFORM2Scale's project timeline, the 'activities' column identifies what needs to be done in order for the output to be achieved and by whom. The outcome level articulates the purpose of the capacity strengthening intervention including what will be achieved and the indicators in this column link capacity strengthening goals with the Theory of Change.

Measurement of capacity strengthening dimensions are not universally agreed and as such are context specific. PERFORM2Scale's approach to capacity strengthening measurement is embedded in both process and outcome evaluations. Capacity strengthening needs will be monitored annually and the effectiveness of capacity strengthening interventions among primary (CRTs) and secondary (RTs and NSSG) stakeholders will be continuously assessed. These will measure the capacity of CRTs and DHMTs to implement the MSI (organisational level), and the capacity of regional and national systems and structures to sustain scale up of the intervention (national level) once the project has concluded. Capacity strengthening at the individual level will be captured by post-intervention capacity strengthening assessments with qualitative follow-up including semi-structured interviews rooted in a symbolic interactionist framework with a range of stakeholders in specific and key competency areas. As the project evolves, capacity strengthening needs will also evolve promoting the need for review and revision on an annual basis.

Objective 1: Develop the capacity of researchers to support and facilitate the implementation of the intervention, the MSI (PY1-2)

Capacity Strengthening Goal	Activity (by whom)	Output	Outcome	
CRTs and Consortium members are capacitated to implement the MSI & train/support the RTs & DHMTs to implement the MSI	<p>MSI content:</p> <ul style="list-style-type: none"> Operationalisation of the PERFORM2Scale action research toolkit; Develop a shared understanding of the methodological approach including action research cycles, Plan, Act, Observe, Reflect; Develop an understanding of s of observation and reflection necessary for effective action research; Develop an understanding of HR/HS bundles; Develop understanding of problem identification, options analysis and selection of bundles; Adopt a train-the-trainers approach to developing the capacity of researchers to implement the intervention. <p>Facilitation skills:</p> <ul style="list-style-type: none"> Group facilitation skills training 	<p>LSTM & TCD/Maynooth Toolkit development</p> <p>Consortium Workshop III, Uganda – LSTM/TCD/Maynooth</p> <p>Consortium Workshop III, Uganda – LSTM/TCD adopting a train-the-trainers approach to MSI capacity strengthening throughout the consortium (e.g. enabling different learning styles; reading the room – respecting attention span; identifying MSI champions/’policy entrepreneurs’ & harnessing their motivation & drive etc)</p> <p>LSTM/ TCD/Maynooth</p>	<p>CRTs are capacitated to implement the intervention</p> <p>CRTs are capacitated to train RTs & DHMTs to implement the intervention</p>	<p>Management skills, team confidence & independence increased, & team work strengthened</p> <p>Selected workforce performance & service delivery issues addressed</p> <p>Champions emerge for scale-up</p> <p>Wider group of stakeholders convinced of value of MSI</p> <p>New management cycles conducted</p>

Means of Verification

Institutional and National Levels: Process & Outcome Evaluations

Tool 3: What is your personal experience with MSIs? What are potential successes & challenges? Which other management strengthening interventions do you know in your country? What are the barriers to policy implementation? Is there an existing policy on management strengthening ?

Tool 5: Key stakeholders are convinced of the value of the MSI; the DHMT's are well capacitated on the MSI approach; internal resources used for implementation of the MSI are justified in relation to the results of the MSI; There are champions advocating for the scale-up of the MSI.

Tool 6: (MSI interview guide) will capture data on DHMTs experience of MSI implementation

Tool 7: (Reflection tool) will capture CRTs perception of MSI implementation

Tool 8: Which successes are described in the workshop 1/2/DHMTs/NSSGs report regarding the implementation of MSI?; Which challenges are described in the Workshop 1/2/DHMTs/NSSGs reports?

Tool 9: (external stakeholders) Based on your experiences, what is going well during the implementation of the MSI?; Based on your experiences what is not going well during implementation of the MSI?

Tools 12 & 13: (Management competency measurement & DHMT Decision Space for HR) *Management competencies* for situation analysis; problem analysis; priority setting and planning; implementation and monitoring; reporting; *General Management and People Leadership Skills* for stakeholder engagement; time planning/self management; crisis/conflict management; people leadership ; *Human Resource Leadership*

Individual Level: Post-intervention self-assessment tool with potential for qualitative follow-up by TCD/MU

Objective 2: Develop the capacity of researchers to support and facilitate the scale-up of the intervention, the MSI (PY 1-2)

Capacity Strengthening Goal	Activity (by whom)	Output	Outcome	
<p>Researchers are capacitated to scale-up the intervention</p>	<ul style="list-style-type: none"> Develop Toolkit to support the operationalisation of the scale-up approach. <p>EXPANDNet approach to scale-up training which will be underpinned by systems thinking, a focus on sustainability, and strategic planning for scalability, while mainstreaming gender, equity & human rights into all layers of the MSI implementation & scale up process:</p> <ul style="list-style-type: none"> Planning actions to increase the scalability of the MSI – including how to identify & leverage the power & influence of key stakeholders; Assessing the environment (context analysis) and planning actions to increase the potential for scaling-up success; Increasing the capacity of the CRT to support scaling up; How to make strategic choices that will support vertical scaling up 	<p>LSTM & TCD/Maynooth</p> <p>Consortium Workshop III, Uganda – LSTM/TCD/Maynooth - trial the Toolkit</p>	<p>CRTs are capacitated to scale-up the intervention</p> <p>CRTs are capacitated to advocate for & support scale-up of the MSI</p>	<p>Confident & skilled CRTs develop scale-up infrastructure (NSSG & RT)</p> <p>Champions emerge for scale-up</p> <p>Wider group of stakeholders convinced of value of MSI</p> <p>New management cycles conducted</p> <p>National/regional resource allocation and scale-up infrastructure support existing</p>

	<p>(institutionalization) of the MSI at national/MoH &/or MoE levels;</p> <ul style="list-style-type: none"> • How to make strategic choices that will support horizontal scaling up (expansion/replication) of the MSI at district level; • How can the process evaluation support diversification? • Planning for unintended consequences including districts self-adopting the MSI approach without guidance; • Generating a country strategy for scale-up. <ul style="list-style-type: none"> • Networking, negotiation & advocacy skills to enhance stakeholder engagement 	<p>Webinar & 121 support provided by the paired partnership relationship with supplementary e-learning platform led by LSTM, TCD & Maynooth</p>	<p>Consortium members are capacitated to engage the support of key stakeholders & advocate for inclusion of the MSI in policy & planning</p>	<p>MSI cycles & ongoing evaluation</p> <p>MSI embedded in policy & national plans</p> <p>Improved workforce performance</p> <p>New knowledge & expertise for scaling up is applied to other health systems areas.</p>
<p>Means of Verification</p>		<p>Institutional and National Level: Process & Outcome Evaluation</p> <p>Tool 1: What government actions could facilitate or hinder scale up? What are the current health system arrangements which will influence scale-up of the MSI? What are the currently political arrangements which will influence how decisions are made? What enthusiasm is there for scale-up of MSI? Etc</p> <p>Tool 2: Would decision makers want scale-up of the MSI – why? Why not? What power does the MoH have over the DHMTs?; Who should be engaged in scaling up the MSI?; Who has time/resources/skills to make scale-up happen? What might propel or hinder scale-up?</p> <p>Tool 3: What is your personal experience in scaling up programmes? Can you give an example of scaling up? We would like to get your ideas about scale up of the MSI? Who has the decision making power to scale up? Who could be a champion for scale up?</p>		

	<p>Tool 5: The scale-up strategy for the MSI is appropriate to our context; The relevant stakeholders involved in scaling up the MSI are working in partnership and this contributes to political and financial support; There are champions advocating for scale-up; The NSSG and the RT include the right people for scale up; The decision makers at national level show political will to scaling up the MSI; The monitoring of the scale-up of the MSI is used to adjust the scaling up process.</p> <p>Tool 7: will capture CRT reflection on scale-up Tool 8: Which successes are described in the workshop 1/2/DHMTs/NSSGs report regarding scale-up of MSI? Which challenges are described in the Workshop 1/2/DHMTs/NSSGs reports? Tool 9: Based on your personal experiences, what is going well during the scale-up of the MSI? Based on your personal experiences, what is not going well during the scale-up of the MSI? How could the scale-up of the MSI be improved?</p>
	<p>Individual Level: Post-intervention self-assessment with potential for qualitative follow-up by TCD/MU</p>

Objective 3: Develop the capacity of district level facilitators, Resource Teams (RTs) and the National Scale-up Steering Groups (NSSGs) to implement and sustain the scale up of the intervention (PY 1-2)				
Capacity Strengthening Goal	Activity (by whom)		Output	Outcome
District level facilitators & RTs are capacitated to implement and sustain scale up of the MSI	Learning-by-doing/shadowing approach to MSI implementation and scale up	<p>MSI Toolkit</p> <p>This will be a country-specific approach. CRTs will need to work with the RT before DG1 MSI cycle 1 : for example, DG1: CRTs and PPs implement the MSI in PERFORM countries - Ghana & Uganda - 1 DHMT member may work with the team with one or two other RT members 'shadowing' the process; for DG2 – RT and facilitators take more of a lead with support from CRTs; for DG3 – it is envisaged that there will be minimal facilitation from RT/district facilitators with most of the MSI being run jointly by the 3 districts in the District Group; for DG 4 and beyond, district groups self – organise. It is envisaged that as the scale-up process continues, the RT and facilitators from the districts will take on more responsibility for the implementation of the intervention.⁴</p>	RTs & facilitators are capacitated to implement and scale up the MSI cycle	<p>Management skills, team confidence & independence increased, & team work strengthened</p> <p>Selected workforce performance & service delivery issues addressed</p> <p>Champions emerge to support and advocate for scale-up</p>
Means of Verification		Institutional and National Level: Process & Outcome Evaluation		
		Tool 1: What government actions could facilitate or hinder scale up? What are the current health system arrangements which will influence scale-up of the MSI? What are the currently political		

⁴ DoA page 20

arrangements which will influence how decisions are made? What enthusiasm is there for scale-up of MSI? Etc

Tool 2: Would decision makers want scale-up of the MSI – why? Why not? What power does the MoH have over the DHMTs? Who should be engaged in scaling up the MSI? Who has time/resources/skills to make scale-up happen? What might propel or hinder scale-up?

Tool 3: What is your personal experience with MSIs? What are potential successes & challenges? Which other management strengthening interventions do you know in your country? What are the barriers to policy implementation? Is there an existing policy on management strengthening? What is your personal experience in scaling up programmes? Can you give an example of scaling up? We would like to get your ideas about scale up of the MSI? Who has the decision making power to scale up? Who could be a champion for scale up?

Tool 5: Key stakeholders are convinced of the value of the MSI; the DHMT's are well capacitated on the MSI approach; internal resources used for implementation of the MSI are justified in relation to the results of the MSI; There are champions advocating for the scale-up of the MSI; The scale-up strategy for the MSI is appropriate to our context; The relevant stakeholders involved in scaling up the MSI are working in partnership and this contributes to political and financial support; There are champions advocating for scale-up; The NSSG and the RT include the right people for scale up; The decision makers at national level show political will to scaling up the MSI; The monitoring of the scale-up of the MSI is used to adjust the scaling up process.

Tool 7: will capture CRT reflection on MSI implementation & scale-up **Tool 8:** Which successes are described in the workshop 1/2/DHMTs/NSSGs report regarding implementation of the MSI/scale-up of MSI? Which challenges are described in the Workshop 1/2/DHMTs/NSSGs reports?

Tool 9: (external stakeholders) Based on your experiences, what is going well during the implementation of the MSI? Based on your experiences what is not going well during implementation of the MSI? Based on your personal experiences, what is going well during the scale-up of the MSI? Based on your personal experiences, what is not going well during the scale-up of the MSI? How could the scale-up of the MSI be improved?

Tools 12 & 13: (Management competency measurement & DHMT Decision Space for HR) *Management competencies* for situation analysis; problem analysis; priority setting and planning; implementation and monitoring; reporting; *General Management and People Leadership Skills* for stakeholder engagement; time planning/self management; crisis/conflict management; people leadership ; *Human Resource Leadership*

		Individual Level: Potential for qualitative follow-up by TCD/Maynooth - <i>tbc</i>		
Capacity Strengthening Goal	Activity (by whom)	Output	Outcome	
NSSG are capacitated to scale-up the intervention	EXPANDNet approach to scale-up	CRTs with support from PPs will help to steer and provide guidance and materials to the NSSG on scale up	NSSG are champions for effective MSI scale-up	National/regional resource allocation & scale-up infrastructure support existing MSI cycles & ongoing scale-up
Means of Verification		Institutional and National Level: Process and Outcome Evaluation		
		<p>Tool 8: Which successes are described in the workshop 1/2/DHMTs/NSSGs report regarding the implementation of MSI? Which challenges are described in the Workshop 1/2/DHMTs/NSSGs reports? Which successes are described in the workshop 1/2/DHMTs/NSSGs report regarding scale-up of MSI?; Which challenges are described in the Workshop 1/2/DHMTs/NSSGs reports?</p> <p>Tool 9: (external stakeholders) Based on your experiences, what is going well during the implementation of the MSI? Based on your experiences what is not going well during implementation of the MSI? Based on your personal experiences, what is going well during the scale-up of the MSI? Based on your personal experiences, what is not going well during the scale-up of the MSI? How could the scale-up of the MSI be improved?</p>		
		Individual Level: Potential for qualitative follow-up by TCD/Maynooth – <i>tbc</i>		
Capacity Strengthening Goal	Activity (by whom)	Output	Outcome	

DHMTs are capacitated to support outcome evaluation	<p>Outcome Evaluation tools:</p> <ul style="list-style-type: none"> Operationalise the district situation analysis – tool 10; Operationalise the HMIS synthesis tool – tool 11. 	121 support to CRTs provided by SWISS TPH/ KIT & field manual & supplementary e-learning platform to support sustainability so that CRTs can support the DHMT	<p>DHMTs are capacitated to undertake a situation analysis with support from CRT</p> <p>DHMTs are capacitated to operate the HMIS synthesis tool with support from CRTs</p>	
Means of Verification		Institutional and National Level: n/a		
		Individual Level: Post-intervention self-assessment with potential for qualitative follow-up by TCD/Maynooth - <i>tbc</i>		

Objective 4: Develop the capacity of the research teams where needed in the areas of process and outcome evaluation, research uptake, communications and project management (PY 1-2)

Capacity Strengthening Goal	Activity (by whom)		Output	Outcome
<p>Strengthened research capacity to deliver PERFORM2Scale</p>	<p>Initial Context Analysis:</p> <ul style="list-style-type: none"> • Support data collection for desk review; • Webinar exploring approaches to research reflection; • Facilitating the CRT initial context analysis reflection – tool2; • Operationalising the SSI guide supported by the context analysis chapter in the field manual. <p>Process Evaluation:</p> <ul style="list-style-type: none"> • Operationalising the integrated tracking costing tool supported by tracking tool chapter in the field manual; • Operationalising the scale-up assessment tool, 5; • Operationalising tool 6, MSI interview guide; • Facilitating the CRT process evaluation reflection – tool 7; • Support the document review for process evaluation – tool 8; • Support SSIs with additional stakeholders – tool 9. 	<p>PP mechanism</p> <p>TCD/Maynooth</p> <p>TCD/Maynooth</p> <p>PP mechanism/field manual & supplementary e-learning platform</p> <p>121 support provided by KIT/SWISS TPH/ field manual & supplementary e-learning platform & CWIII</p>	<p>CRTs capacitated to conduct the initial context analysis</p> <p>CRTs capacitated to operationalise the tools supporting process evaluation</p>	<p>Highly capacitated health systems research teams in Uganda, Malawi and Ghana/change in institutional performance</p> <p>New knowledge & expertise for scaling up is applied to other health systems areas</p>

	<p>Outcome Evaluation:</p> <ul style="list-style-type: none"> Operationalise the management competency survey using management competency tool 12; Operationalise decision space assessment for HRM, tool 13; Operationalise the human resource strategies self-assessment tool for health workers, tool 14. <p>Costing:</p> <ul style="list-style-type: none"> Operationalise the integrated tracking costing tool, tool 4; An introduction to health economics webinar. <p>Software/data analysis: NVIVO 11⁵ for centralised data storage collaborative analysis ⁶</p>	<p>121 support provided by KIT/SWISS TPH/ field manual & supplementary e-learning platform & CWIII</p> <p>Filippo Lechthaler (Swiss TPH)</p> <p>Consortium Workshop III/Uganda</p> <p>Self-directed learning for Nvivo: http://www.qsrinternational.com/nvivo/free-nvivo-resources/tutorials Basic Nvivo 11 Training: https://www.youtube.com/watch?v=kUiPVX9G_EI Introduction to Text Analysis in Nvivo 11: https://www.youtube.com/watch?v=SgYOMNd</p>	<p>CRTs capacitated to operationalise the tools supporting outcome evaluation</p> <p>CRTs capacitated to undertake costing of health interventions</p> <p>CRTs capacitated to use Nvivo 11 for data storage & collaborative analysis</p>	
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⁵ Partner institutions must assess their own capacity to operate Nvivo and provide QSR training as required in advance of the Consortium III workshop.

⁶ Noting some contexts may develop training in differing ways

Means of Verification		Institutional and National Level: Potential for qualitative research led by TCD/MU - tbc		
		Individual Level: Post-intervention self-assessment with potential for qualitative follow-up by TCD/Maynooth		
Capacity Strengthening Goal	Activity (by whom)	Output	Outcome	
Strengthened project management skills required to deliver PERFORM2Scale	<p>Planning:</p> <ul style="list-style-type: none"> • Communication/dissemination of results to key stakeholders plan; • Work plan for the process evaluation; • Work plan for the outcome evaluation; • Planning the production of the country case study report. <p>Administration & Grant Management:</p> <ul style="list-style-type: none"> • Webinar outlining EU-specific budget management & reporting requirements. <p>Managing the Paired-Partner Relationship:</p> <ul style="list-style-type: none"> • Guidelines for managing the PP relationship <p>Shared-learning space:</p> <ul style="list-style-type: none"> • Facilitate a space in which partners share successes, challenges & experiences of rolling out P2S 	<p>Communications strategy (LSTM)</p> <p>KIT/TCD/LSTM</p> <p>Swiss TPH/TCD/Maynooth & LSTM</p> <p>PP mechanism</p> <p>LSTM/TCD/Maynooth</p> <p>LSTM lead with collective dialogue & engagement</p> <p>TCD/Maynooth & LSTM Sharepoint</p>	<p>Consortium members are capacitated to plan effectively for the delivery of key P2S products</p> <p>EU administrative & grant management requirements are met by consortium partners</p> <p>Consortium partners collectively agree the parameters of the PP working relationship</p> <p>An environment in which mutual learning is fostered.</p>	Effectiveness and efficiency embedded in partner institutions delivering P2S

Means of Verification		Institutional and National Level: Potential for qualitative research led by TCD/MU - <i>tbc</i> Individual Level: Post-intervention self-assessment with potential for qualitative follow-up by TCD/Maynooth		
Capacity Strengthening Goal	Activity (by whom)	Output	Outcome	
Capacity to communicate PERFORM2Scale effectively	<ul style="list-style-type: none"> Communicating P2S 'story' to key stakeholders; Support consortium partners to tailor P2S products to key audiences including academics, politicians, the general public: - 	LSTM/Communications strategy PP mechanism for research publication Consortium Workshops/TCD facilitate webinar/guidance on the strengthening of policy	NSSG/MoH/RT/DHMT & all key stakeholders are clear about the aims of the MSI A culture of publication & dissemination of findings is fostered in the consortium	Key stakeholders are convinced of value of MSI A wider group of stakeholders are convinced of the value of MSI

	<ul style="list-style-type: none"> - Open Access Academic Journals - Policy briefs/evidence-to-practice advocacy & policy dialogue - Presentation skills 	briefs & presentations with supplementary e-learning platform		Health policies & plans include MSI cycles
Means of Verification		Institutional and National Level: Potential for qualitative research led by TCD/MU - tbc		
		Individual Level: Post-intervention self-assessment with potential for qualitative follow-up by TCD/MU		
Capacity Strengthening Goal	Activity (by whom)	Output	Outcome	
Consortium members have capacity to mainstreaming political economy analysis (PEA), gender, equity & human rights into P2S	<p>Consortium training:</p> <ul style="list-style-type: none"> • Adopting a mainstreaming approach or strategy for incorporating PEA, gender, equity & human rights into all aspects of P2S; • Mainstreaming PEA or a PEA-conscious approach to all aspects of MSI implementation & scale-up. This will include a focus on a PEA approach to stakeholder analysis; • Mainstreaming gender or a gender-conscious approach to all aspects of MSI implementation & scale-up; • Mainstreaming equity or an equity-conscious approach to all aspects of MSI implementation & scale-up; • Mainstreaming human rights or a rights-conscious approach to all aspects of MSI implementation & scale-up. 	<p>Webinar/self-directed e-learning & guidance notes with supplementary e-learning platform – TCD/LSTM</p> <p>Webinars/self-directed learning 1 & 2 & guidance notes with supplementary e-learning platform – TCD/LSTM</p> <p>Webinar & guidance notes with supplementary e-learning platform – TCD/LSTM</p> <p>Webinar & guidance notes with supplementary e-learning platform – TCD/LSTM</p> <p>Webinar & guidance notes with supplementary e-learning platform – TCD/LSTM</p>	<p>Consortium members are capacitated to operate PEA analysis throughout the research & stakeholder engagement process</p> <p>Consortium members are capacitated to ensure that principles of the WHO ExpandNet Framework are integrated &</p>	<p>DHMT work plans specifically address issues of gender, equity & human rights</p> <p>Evidence that research has integrated & applied a gender, equity & human rights lens & conducted PEA analysis effectively</p>

			operationalised at every level in P2S ⁷	
Means of Verification		Institutional and National Level: Potential for qualitative research led by TCD/MU - <i>tbc</i>		
		Individual Level: Post-intervention self-assessment with potential for qualitative follow-up by TCD/MU		

⁷ Article 33, of the EC Agreement

Appendix A: Findings from capacity strengthening literature review

A review of the literature on Capacity Development, and more specifically Health Research Capacity Strengthening (HRCD) was conducted by TCD to inform the capacity needs assessment process for the Perform2Scale consortium. The following provides a brief synopsis of the literature review, highlighting the background and key findings relevant to the Capacity Strengthening strategy for Perform2Scale.

1.1 Defining Capacity Strengthening

A review of the literature reveals that capacity strengthening is a nebulous term that is contested and difficult to define. This is attributed to the changing and evolving nature of the concept as well as to the diverse contexts in which it is applied (MacLennan et al., 2013). After reviewing numerous definitions of capacity strengthening contained in published peer-reviewed research and grey literature, the following definitions were adopted for Perform2Scale from the Organisation for Economic Co-Operation and Development's (OECD) where capacity is defined as “the ability of people, organisations and society as a whole to manage their affairs successfully” and capacity strengthening as “the process whereby people, organisations and society as a whole unleash, strengthen, create, adapt and maintain capacity over time” (Bester, 2016, p 2).

1.2 Concepts of Capacity Development

Concepts of capacity strengthening have in recent years expanded beyond the more traditional focus on the individual and a value-neutral transfer of skills (Bates, 2014; Nchinda, 2002;). Rather, it is now understood that capacity strengthening is a “multifaceted phenomenon” (Fowler & Ubels, 2010) that “encapsulates individuals, organisations and the wider society in which they function” (Bester, 2015, p3). Potter and Brough (2004) illustrate systemic capacity through a Capacity Pyramid, as illustrated in **Figure 2.1**. This reflects the networks between the different levels, and demonstrates that capacity strengthening is not confined to skills but also to the enabling environment and organisational procedures (WHO, 2007) as captured by Bates *et al's* definition.

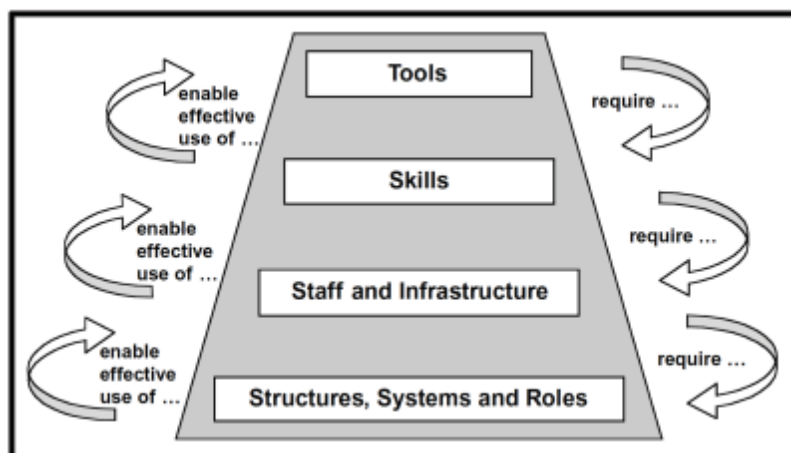


Figure 1.1 Capacity Pyramid, 2004 (Source: Potter and Brough, 2004, p.340)

Drawing on Potter & Brough’s Capacity Pyramid, the United Nations Strengthening Programme (UNDP,) introduced a capacity framework that is often referred to in more recent literature. The UNDP’s framework represents capacity at three broad levels: Individual, Organisational/Institutional and Environmental/Societal. This is highlighted in **Figure 1.2**. The systemic understanding of capacity strengthening is crucial and aptly represents the different interconnected layers and complexities.



Figure 1.2 United Nations Strengthening Programme Capacity Strengthening Systems Approach, 2015

1.3 Capacity Strengthening in Health Research

The WHO defines health research capacity as ‘strengthening the research workforce, tracking financial flows and developing institutions and networks’ (Hanney & Ginzalez- Block, 2013). The process of developing this includes any effort to increase the ability of individuals and institutions to undertake high quality research and to engage with the wider community of stakeholders (WHO, 2016). Although the increased interest in HRC has brought with it some improvements in health research capacities (Ijsselmuiden, Marais, Becerra-Posada & Ghannem, 2012), Africa remains to be the most fragile in comparison to other regions of the world (Dossou et al, 2016). Research is predominantly led by researchers from high income countries reflecting an imbalance that was described 17 years ago (Hasnida et al., 2017). This is not to say

that Africa has made no progress: scientific publications have grown from 3,623 in 2000 to 12,709 in 2014, and there has been a 10.3% increase in research productivity per year (Dossou et al, 2016). In a recent systematic review of health research capacity strengthening in LMICs, Franzen, Chandler and Lang (2017) identified three common narratives in the literature: “the effect of power relations on capacity development; demand for stronger links between research, policy and practice and the importance of a systems approach” (p 1). The authors found power relations to be the most prevalent narrative in the literature and relate it to the impact of international funders setting research agendas and researchers from HIC “parachuting” in to LMICs to collect data and leave again (Franzen, Chandler & Lang, 2017). Davies & Mullan (2016) argue that such factors prevent capacity strengthening and neglect the needs of the countries where the research is being carried out.

1.4 Approaches to developing health research capacity

Some of the key areas identified in the literature as lessons learnt and areas to incorporate for future capacity strengthening efforts include: Understanding of the local context; the need for participatory approaches; stakeholder engagement; setting common goals from the start; incorporating a Theory of Change to define the capacity strengthening pathway; developing research capacity through collaborations and partnerships. Many capacity strengthening initiatives have been known to fail as a result of not taking context into consideration (Ubels & Fowler, 2010). Understanding the local context, includes identifying and engaging all key stakeholders and extending understanding to the “political dimension – the power, incentives, tensions and sometimes conflicts, which provide the energy and bring the motion, direction and change to an organisation, good or bad” (Datta, Shaxson & Pellini, 2012, p 3). In addition to understanding the local context, the literature increasingly advocates for participatory approaches stating that they create “ownership” (Goldberg & Bryant, 2012), allow face-to-face dialogue (Bates, 2014) and engage stakeholders (Chanda-Kapata, Campbell & Zarowsky, 2012). Experience from the African Institution Initiative found that “mutual benefit, outweighing the costs of participation, is required to support long-term sustained engagement” (Marjanovic, 2013, p 940).

1.5 Research partnerships in Health Research Capacity Strengthening initiatives

Research partnerships between HICs and LMICs have been heralded as a leading model in the implementation of health research capacity strengthening initiatives (Cole et al., 2014; Mayhew, Doherty & Pitayarangsanit, 2008). On the one hand, collaborations have proven to have higher research outputs (Varshney, Atkins, Das & Diwan, 2012), and increased resource flows and expertise (Franzen, Chandler & Lang, 2017) but on the other hand some authors believe such collaborations to be detrimental to Southern partners due to unfair collaboration and power imbalances weighing in favour and in the interest of Northern partners (Van der Veken, Belaid, Delvaux & Brouwere, 2017; Chu et al., 2014). In response to this, networks and consortia have emerged as they are thought to “encourage less-hierarchical leadership and competitive and individualistic attitudes” (Franzen, Chandler & Lang, 2017, p 8). The extant literature places emphasis on mutual capacity enhancement (Cash-Gibson, Guerra & Salgado-de-Snyder, 2015; Dean et al., 2015) and shared objective-setting and decision making (Varshney et al, 2016) as

key elements to a successful HRCO collaboration. Linked to the concept of setting goals in collaboration with research partners is establishing a theory of change which ensures any HRCO initiative is explicit about the pathway by which change is to be brought about (Cole et al., 2014).

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Annex 2: Capacity Strengthening Activity Chart

<i>Consortium - Consider content which speaks to the following prompts:</i>				
Capacity Activity (List chronologically)		Data Source	Gaps	Outcome
Date	List Activity			
Aug 2017	Webinar: PEA – Olivia Tulloch -Introduction to PEA -Using the PEA tools for P2S CA -Ongoing use of PEA	PEA 1 Webinar The recording of the webinar has been cut short	Need to document PEA better in terms of reflection	Consortium members conducted a desk review & initial context analysis.
2017	Video Toolkit: Series one MSI Implementation & Scale Up Overview - 7 videos	Videos on Share point in P2S Toolkit Videos folder	These need to be reviewed again and updated <i>if</i> we publish.	New management cycles conducted Selected workforce performance & service delivery issues addressed Champions emerge for scale-up
2018	Video Toolkit: Series Two Spotlight on scaling up the MSI -8 Videos	Videos on Share point in P2S Toolkit Videos folder		CRTs develop scale-up infrastructure (NSSG & RT) New management cycles conducted
Feb 2018	Webinar: Love your Data - Jo R (LSTM) & Ann Nolan (TCD) -Data Protection & anonymization guidelines Document: Data Management plan for P2S Document: Guidelines for Anonymisation of Data	Love Your Data Webinar Data Management plan Anonymisation of data	Gap on quantitative analysis (noting here but could go elsewhere)	Ongoing capacity strengthening in areas surrounding data protection and confidentiality.
March 2018	Workshop: Initial Context Data Analysis - Susan, Maryse, Marjolein (KIT) & Jo (LSTM) Uganda Workshop -Develop shared capacity on analysis, interpretation & reporting of qualitative data -Practical activities including analysis and interpretation of transcripts	Coding Framework for ICA Data Analysis Workshop 2018		ICA conducted as part of process evaluation Data analysis using Nvivo

May 2018	<p>*Webinar: Being Gender Sensitive in and through our research – Rosemary Morgan (Johns Hopkins) & Kate Hawkins (RinGs) -Use of gender analysis Drawing on RinGs network</p> <p>*Introductory readings were sent ahead of the webinar</p> <p>*Evaluation of webinar conducted by Morgane Clarke for MSc (TCD)</p>	Gender Sensitive Research Webinar	<p>Need to add MSc thesis to share point.</p> <p>Consortium members have expressed a continued gap in relation to gender sensitive analysis as of 2021. It was suggested after the webinar that a workshop on how to conduct a gender-based analysis through a P2S case study would have helped to strengthen capacity</p> <p>-Need to incorporate GA into MSI Evaluation of webinar – unsure of results</p>	<p>An evaluation of the intervention was conducted with results available here. Evidence to suggest capacity was strengthened at an individual level.</p> <p>Annual reports/case studies of MSI look into how far they were gender/equity-sensitive. (In the last ones we currently work on there is attention to gender – though not particularly to equity which remains a gap)</p>
June 2018	<p>Webinar: MSI – Tim (LSTM), CRTs -Countries sharing experiences from MSI workshops (in particular, this was Ghana leading to share their expertise with having a strong foothold in the implementation cycle)</p>	MSI Webinar		<p>Future workshops facilitated successfully Wider group of stakeholders convinced of value of MSI New MSIs conducted</p>
Oct 2018	<p>Webinar: Integrated Costing Tracking Tool (Tool 4)– Mairead (Facilitating -TCD), Susan (KIT), Xuân-Mai (TPH) -How to use the tool -How to overcome difficulties -How to cost activities -Learn how the data will be analysed</p>	Integrated Costing Tracking Tool Webinar	<p>Request for e-learning support tool Evaluation results missing however as with most webinars the evaluation focused more on the webinar set up itself</p>	<p>Costing tool successfully completed (follow up underway by Swiss) - CD above and beyond webinar (I.e. ongoing support between Swiss & CRTs; link to “invisible/soft” CD)</p>
Jan 2019	<p>Webinar: Sharing experiences on scale-up – CRTs, Jo (LSTM) Susan (KIT), Mairead (Facilitating - TCD) -Enhance and understanding of scale up processes of P2S</p>	Sharing Experiences for Scale-Up	<p>Webinar evaluation results missing</p>	<p>New management cycles conducted CRTs develop scale-up infrastructure (NSSG & RT)</p>

March 2019	Presentation: Capacity Strengthening & Complex Adaptive Systems -Mairead (TCD)	Capacity Strengthening Presentation		
March & April 2019	<p>*Presentation: Doing Reflection: Enhancing Understanding of the Theory and Practice of Reflection - Mairead (TCD) -Challenges for CRTs & DHMTs</p> <p>*Resources on reflection</p> <p>Presentation: What makes a good (or bad) photograph? - Karen (LSTM) Tips on taking photographs and a request to take some images during the workshop</p> <p>Presentation: Introduction to writing – Marjolein (KIT) How to structure your work and text</p> <p>Presentation: Developing key messages – Marjolein (KIT) How to devise and refine key messages</p> <p>Presentation: Introduction to writing products – Karen (LSTM) How to write blog posts, briefing papers and academic articles</p> <p>Presentation: Introduction for writing for different journals – Marjolein (KIT)</p> <p>Presentation: Blogging scientific papers – Karen (LSTM) How to write a blog post based on your research</p> <p>Presentation: How to use illustrations – Karen (LSTM)</p>	<p>Doing Reflection Presentation</p> <p>Reflection Resources</p> <p>Photography presentation</p> <p>Introduction to writing presentation with audio</p> <p>Key messages presentation with audio</p> <p>Writing products presentation with audio</p> <p>Journal presentation with audio</p> <p>Blogging presentation</p> <p>Illustrations presentation</p>	<p>Issues around documentation</p> <p>Evaluation results missing</p> <p>No evaluation – no photographs were taken on the day and very few since</p> <p>For all of the following presentations there was no formal evaluation. Instead, the team wrote and then engaged in peer review process.</p>	<p>Research uptake</p> <p>Publication</p> <p>production</p> <p>Social media</p> <p>Presentations</p> <p>Policy briefs</p>

	Guidance on incorporating diagrams, graphs, photographs etc into your work			
Jun 2019	Webinar: Annual Scale-up Report 2 – Jo & Tim (LSTM) -Define content structure & process for developing the report	Scale-up Report 2 Webinar Webinar slides		Scale-up reports completed
Sep 2019	Webinar: Embedding reflection at consortium level - Mairead (TCD) -How to practice reflection at a deeper level as consortium members -Provide space for feedback and reflection on P2S activities	Doing Reflection at Consortium level webinar Proposed Plan for embedding reflection	There was an evaluation to accompany but more focused on the content of the webinar. Unsure of where results are.	Evidence of reflections in Consortium Reflections folder on share point
Nov 2019	Webinar: Working with the RT – Mairead (TCD) & Tim (LSTM) -Learn from others on how to work with the RT -How to prepare for RT taking over -Identify how to support the RT	Working with the RT webinar	Evaluation results missing	Champions emerge to support and advocate for scale-up (e.g. CRTs develop scale-up infrastructure, multi-layered train-the-trainer approach with CRTs supporting RTs and RTs supporting DHMTs); MSI embedded in policy & national plans
Jan 2020	Mainstreaming PEA – Mairead (TCD) & Olivia Tulloch -Following on from 2017 webinar -Linked to work on reflection -Strengthen approach to thinking and working politically	Mainstreaming PEA Webinar	Need to document PEA better in terms of reflection Evaluation data missing	
May 2020	Webinar: Case Study Tim (LSTM), CRTs -Lessons from each country -Lessons for developing the case studies	Strengthening the evidence from the results & effects of the MSIs webinar	How to incorporate GA into the case studies	Evaluation of webinar on share point Ongoing case studies developed

	*Case Study Guidelines	Report on the webinar Case Study Guidelines Lessons learnt and case studies on share point in case studies folder.		
Oct 2020	Webinar: Demonstrating Impact on health workforce – Kaspar (TPH) & Fred (TCD)		Not on share point	Case studies and other documents would seem to show that HRH issues have been a focus and DHMTs have grown in capacity here
Nov 2020	Webinar: MSI adaptation – Tim (LSTM) -Identify challenges and come up with solutions as a consortium related to adaptations -Consider how to document the adaptation process	MSI Adaptations webinar Group work on share point Adaptation of MSI presentation		Documented changes to MSI cycles
Dec 2020	Webinar: Theory of Change -Reflection on the outcomes of the annual assessment on the appropriateness of the ToC -Reflect on existing and new assumptions by discussing barriers and facilitators to scale-up strategies	TOC Webinar report		
Dec 2020	Communications Training Presentation: Introduction to Social Media - Karen (LSTM) -How to use social media for P2S Photography Webinar Communications Templates	Social Media Presentation Photography Webinar		Research dissemination Publications Use of social media Presentations Policy briefs
March 2021	Webinar: PEA for Scale-Up – KIT -Applying a PEA lens to stakeholder relationships	PEA Webinar Webinar Report		Demonstrated in the PP group work

March 2021	Webinar: Scale-up	Scale up Webinar		Responded to a concern about the scale up /challenge to complete and implement the scale up strategies/plans in the context of the pandemic
July 2021	Webinar: Country Report - Tim (LSTM) & KIT -Review outline of country report -Using a PEA lens for report writing *Guidance on developing the country report	Country Report Webinar		Validation and Synthesis Research Uptake and Research Outputs Capacity Development Research Outputs
Sept 2021	Virtual Webinar 2021	Workshop Report		

Annex 3: Consortium SSI Topic Guide

Evaluating the Capacity Development Strategy for P2S 2017 -2021

Reminder of the research objectives:

5. To develop the capacity of researchers to support and facilitate the implementation of the intervention;
6. To develop the capacity of researchers to support and facilitate the implementation of the scale-up of the intervention;
7. To develop the capacity of district level facilitators, Resource Teams (RTs) and the National Scale-up Steering Group (NSSG) to implement and sustain the scale-up of the intervention;
8. To develop the capacity of research teams where needed in the areas of process and outcome evaluation; research uptake; communications and project management.

Research questions:

- What capacity gaps were identified to support the implementation, facilitation and scale-up of the intervention?
- How did we develop capacity of P2S researchers to support the implementation, facilitation and scale up of the intervention and to what extent did we achieve this?
- What did we do to develop capacity of the DHMTs, RTs and NSSGs and to what extent was this achieved?
- What lessons did we learn as a consortium from P2S approach to capacity development?

Topic Guide

What is your role at your institution?

- What role do you have in P2S?
- In what ways have you been supported in this role? Who did you support?
- What motivates you in this role?
- What effect has P2S had on your work?
- What did you learn from the process?
- What do you think the purpose of the P2S consortium is?

Reflect on Capacity Development in P2S

- What training did you receive or what activities did you take part in related to P2S? Was it helpful/timely?
- What were the core capacities and issues that the project focused on?
- Which activities related to capacity development in P2S do you think were critical for success of the project? Why was this?
- Was there anything missing from the training/activities?
- How were the CD activities related to P2S organised by the project?
- Who were the main recipients of CD in P2S?
- How did P2S adapt to local capacity needs?

Probes on CD goals and priorities set at the beginning of P2S

MSI Probes

- What capacity was needed to support and facilitate implementation of the MSI?
- To what extent do you think capacity was strengthened across the consortium for facilitating and supporting implementation of the MSI?

Scaling-up Probes

- What capacity was needed to scale up the project?
- To what extent do you think capacity was strengthened across the consortium for facilitating and supporting the scale-up of the intervention?
- Where is there stability and what aspects are most likely to change?

Stakeholder Analysis and Engagement Probes

- How was capacity developed to map and engage stakeholders throughout the project?
- How did you communicate the research with stakeholders?
- What experience did you gain with developing and maintaining partnerships and networks with important stakeholders?

Paired Partner and Research Collaboration Probes

- To what extent was CD bi-directional? Mutually supportive?
- How has P2S demonstrated success of a multi-country partnership? How has it not demonstrated this?
- Were there any tensions between the consortium members and institutions? If so, can you say more on these?
- What mentoring activities are you aware of that took place during P2S?

Political Economy Analysis Probes

- What did you learn about conducting a PEA?
- Was the approach to building capacity in PEA effective?

Reflection Probes

- What did you learn about reflection in P2S?
- How useful were the reflection sessions?

Communication, Dissemination, research uptake and Publications Probes

- What skills did you or the team have/develop in publishing peer review journals?
- How was authorship decided?
- How was P2S communicated/transferred?
- What mechanisms did the project develop for gathering and recording research uptake?

Process and Outcome Evaluation Probes

- How were skills developed for conducting the process and outcome evaluations?
- What support was provided for developing qualitative and quantitative research skills?
- Did people have access to the resources that were required for conducting the evaluations?
- What other methodological support was available?

Project Management, Infrastructure and Leadership Probes

- What challenges did you face if any with infrastructure?
- How was capacity developed in research management skills (admin, ethics, grants and financial management etc)?
- Were there any gaps?

Cost Effectiveness Probes

- What were the key skills required for conducting cost effectiveness for the intervention?
- What capacity was developed in conducting cost-effectiveness?

Gender Analysis Probes

- How could we have incorporated GA more effectively?
- What have you learnt about GA in P2S?

NSSG, RTs Probes

- How could we have supported the NSSG and RT better as a consortium?
- To what extent did P2S contribute to national expertise development?

Theory of Change Probes

- What do you learn about using a ToC for P2S?
- Was the ToC adapted throughout the course of the project and in what ways?

How have you personally found the experience of working on P2S?

- What were the simplest things to conduct related to P2S?
- What were the most successful activities?
- What barriers were there and how were they overcome?
- What were the main cause of delay in any progress?
- What do you think others learnt from you and your organisation as part of CD efforts?
- Where there any barriers in the system at your institution? Did anything change?

If you were to undertake this project again what would you do differently?

- What were the most challenging aspects of P2?

- Were there any activities that were related to P2S that you felt were unnecessary? If so, why?
- What could the consortium have done differently?
- Was the team large enough given the amount of support, training, advocacy and networking that will be needed?
- What resources or support would have made P2S easier?
- In what ways was CD cost-neutral?
-

What key lessons have you learnt from the P2S project?

- To what extent did P2S contribute to and support your career development and personal growth?
- What advice would you give to other research consortia and institutions involved in similar projects?

Annex 4: CRT Focus Group Topic Guide

WP5 Objective 3:

To develop the capacity of Resource Teams (RTs) and the National Scale-up Steering Group (NSSG) to implement and sustain the scale-up of the intervention.

Objective 3 Research Questions:

1. What baseline capacity gaps were identified to support implementation & scale up?
2. What was done to develop identified capacity gaps of RTs and NSSGs?
3. To what extent was the capacity of RT & NSSG strengthened?
4. What lessons were learned from P2S's capacity strengthening approach for RTs & NSSGs?

Update as of Feb 2022

We are aware based on responses to the capacity strengthening activity charts that there were perceived tensions with WP5 objective 3 of the initial capacity strengthening strategy (which aimed to identify capacity gaps of RT and NSSG members who were already highly skilled, knowledgeable, and experienced to begin with).

This focus group discussion is a way to navigate how to respond to objective 3 & its research questions and bring in more nuance and context-rich perspectives from your experiences working with and supporting (and also being supported by) RT and NSSG stakeholders. Our aim with the FGD is to create space for us to unpack tensions & ask the ‘sticky questions’, as well as discuss broadly the learnings related to WP5 capacity development.

Topic Guide by Research Question (for RT and NSSG only)

1. What baseline capacity gaps were identified to support implementation & scale up?

- Recognizing the RT and NSSG members had a high level of capacity to begin with, from your perspectives, where there any capacity gaps initially identified?
- Since the CD strategy focused a lot on identifying capacity gaps, we thought it was important to also focus on the capacity strengths of RT and NSSG.
- While we do have the list of RT and NSSG key activities outlined in the Toolkit document (listed below), it doesn’t speak to the capacities required to enact those activities.
 - RT key activities (implement MSI in district groups, develop plan for implementation of scale up based on strategy developed by NSSG, identify barriers to scale up & solutions, review & revise implementation plan, develop plans for further scaling beyond end of project, participate in planning & capacity strengthening meetings)
 - NSSG key activities (develop initial strategy for scale up w/ CRT, regularly revise strategy & review scale up progress, identify RT members, review annual scale up reports & adapt process as necessary)
- *Are there any specific capacity strengths of RT and NSSG that you observed and would like to highlight?*

2. What was done to develop capacity of RTs and NSSGs?

What was done:

- The CD activities chart demonstrated RTs and NSSGs did not take part in as many *formal* capacity strengthening activities as the DHMTs (which reflects their existing level of capacity).
- Can you think of any *informal* activities that took place?
 - For example, shadowing, support phone calls, reflection sessions or networking before or after meetings or workshops.

Notions of Capacity & CD activities:

- We noticed some European partners perceived capacity strengthening activities differently than CRTs.

- If there are different understandings of capacity amongst the consortium, this leads us to wonder if the strategy and activities suggested were always relevant across varying contexts. So, this is a two-part question:
 - *How do you conceptualize capacity?*
 - *Is it in line with the way P2S integrated it into the project methodology?*

What was not done:

- Retrospectively, was there anything that you think is obvious that we did not do?
- What would have been helpful to support the RT and NSSG stakeholders related to scale up or sustainability?

3. To what extent was the capacity of RT & NSSG strengthened?

The question of whether capacity among RT and NSSG was strengthened is very difficult to respond to if there were limited capacity gaps identified. To look at the question from another perspective, we would like to frame capacity from the lens of collaboration and bidirectional learning.

Capacity Strengthening and Bidirectional Learning

- What does bidirectional learning mean to you?
- Is it a part of capacity strengthening, or something separate?
- Can you share any examples of bidirectional learning among RT, NSSG, and CRT?
 - *For example, where you may have learned from RT/NSSG members or through to process of working with them, or vice versa.*
- If bidirectional learning took place, can we claim the learners strengthened their capacities?

4. What lessons were learned from P2S's capacity strengthening approach for RTs &

CRT Perspective on CD Strategy

- To what extent was the P2S capacity strengthening approach appropriately designed for your country's context?
- If you were to design the CD strategy and objectives now, what would you change or how would you have done it differently?

CRT Role in CD Strategy

- We are very mindful that CRTs often took on work that far exceeded their job descriptions. For example, it was expected that you would facilitate capacity activities because of your direct contact with RT and NSSG, despite WP5 not being your direct responsibility.

- Can you speak to how this was perceived by yourselves?
 - i.e. additional workload, burden
- How could the consortium have better supported CRTs regarding the expectations to facilitate capacity strengthening of stakeholders?

PEA & Power Dynamics

- This is an opportunity to discuss power dynamics embedded within the project's capacity strengthening approach.
 - One example that comes to mind is the assumption that RT and NSSG would need capacity strengthening . This is one of those sticky questions, but is important to address if we truly want to have equality in partnerships - *would you like to share if you have any thoughts on the matter?*