

Key messages

Our study confirmed that the PERFORM2Scale management strengthening intervention (MSI) is effective for developing management competencies and can lead to improvements in health workforce performance and service delivery.

To have a bigger impact, the MSI needs to be implemented much more widely within the health system – scaled-up.

The journey to achieving longer-term sustainability is unpredictable and may result in substantially modified, but nonetheless contextually appropriate interventions.

Critical to successful scale-up is having a clear, shared vision among the different stakeholders.

Convincing evidence must be generated and disseminated to persuade stakeholders about scale-up and its impact.

The study underlined the importance of securing funding sources for whatever form the intervention takes, to ensure longer-term sustainability.

Alignment of the intervention to existing policies and interests must be considered at the outset, requiring knowledge of the policy environment, relationships with key decision-makers and continuous horizon scanning.

Background to PERFORM2Scale

Better health workforce performance is critical to achieving Universal Health Coverage (UHC). The district is a key level for making performance improvements, particularly in decentralised contexts where managers have greater opportunities for decision making.

In 2011-15, the **PERFORM** project tested a **management strengthening intervention** (MSI) for district health managers in Ghana, Uganda and Tanzania. The MSI was facilitated by national research teams who supported **District Health Management Teams** (DHMTs) in identifying workforce-related problems and developing integrated strategies to be included in the annual district plans, largely using available resources.

Evaluation of the MSI showed: improved health workforce performance by solving problems such as poor supervision, high absenteeism and ineffective staff appraisal systems; improved service delivery; and those involved became better managers. The MSI was convenient for the DHMTs, fitting in with their busy schedules, and promoted exchange and mutual learning both within and across district teams. DHMTs wanted to continue using the MSI and suggested that other districts adopt it as well.

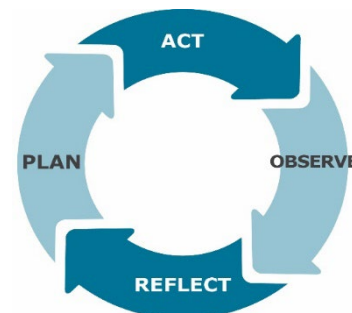
To have a wider impact, and so contribute to achieving UHC, the MSI was scaled-up in the **PERFORM2Scale** project in **Ghana, Malawi and Uganda**. The overall aim of PERFORM2Scale was to develop and evaluate a sustainable approach to scaling-up a successful district-level management strengthening intervention (MSI) in different and changing contexts.

Scale-up of the MSI began in early 2018. Over the subsequent years of the study, Country Research Teams (CRTs) in each country worked with 27 district groups (nine per country). By repeating the MSI cycle it was intended that learning is embedded (management is strengthened), service delivery is improved and the infrastructure for scale-up is secured, which in turn would support countries in achieving UHC.

Project principles and processes

This MSI used an action research approach to enable the DHMTs to:

- analyse their own workforce performance and service delivery problems and develop appropriate workplans (**plan**),
- implement the workplans (**act**) and
- learn about management from the experience (**observe** and **reflect**).



The Action Research Cycle

The MSI was facilitated by national research teams through DHMT workshops, joint meetings and follow-up support. The interventions main principles to ensure management strengthening were:

- DHMTs chose problems to address as this increased their ownership of the process
- No extra resources were provided for the work plans
- Not being too ambitious with plans ensured that strategies were feasible
- Carried out the MSI as a team
- Shared experiences and learning across districts

To guide the process of scale-up, we adapted a systematic approach, developed by [ExpandNet](#) and WHO, and tested it in different contexts. This used both a ‘vertical’ scale-up approach (“institutionalization through policy, political, legal, budgetary or other health systems changes in particular to support the horizontal scale-up”) and a horizontal scale-up approach (“expansion and/or replication of the intervention across the country”) to support overall sustainability.

The scale-up of the MSI started in the study countries in early 2018, following a one-year inception phase, and continued until mid-March 2022. Alongside the implementation of the scale-up, the project conducted both process and outcome evaluation activities to identify lessons about implementing and scaling-up the MSI in line with the project’s Theory of Change and its underlying assumptions. We used a range of quantitative and qualitative methods to answer the research questions and developed country reports.



PERFORM2Scale team at the Consortium Workshop in Accra, Ghana in 2019

Key lessons of the Management Strengthening Intervention

The MSI is an effective intervention for management strengthening and can contribute to **improved service delivery**. Deepening of DHMT learning occurs through multiple cycles.

“We at the district level have been able to solve some of our issues locally, by not having to wait for the region or national level. Also, we do a lot of things with less money involved. So I think I have learned a lot about doing things with limited finances available.”

DHMT member, Uganda

It was confirmed that the intervention works despite – or even can benefit from – the absence of extra implementation funds, with DHMTs strengthening their management competencies to become **more resourceful and responsive** to local needs.

“...we ride on the back of other programs to do what we are supposed to do. For instance, when we go to the sub-district to do something on malaria, we chip in aspects of all the things that we do. So, we don't just go out to the facilities and sub-districts for just one activity, we try to do a bit of everything.”

The flexibility given to districts leads to different solutions and approaches. This in turn results in diverse patterns and situations making outcome monitoring challenging (eg in terms of service or health systems improvement).

The MSI provides opportunities for district managers to come together to **share**

experiences, learn from each other and overcome challenges.

“At the end of every quarter, we have a meeting and review our reports and compare the results with the previous years. Previously it was not something that we were doing but the MSI has opened our eyes and minds with regards to problem identification and problem-solving.”

DHMT member, Ghana

It was possible to adapt the intervention to better fit with local needs and budget cycles and expand participation, such as the involvement of a wider group of district stakeholders in the MSI.

“I'm able to apply these principles in the day-to-day activities. [...] now we are [...] grappling with COVID-19, [...] we lacked resources to go to the communities and do case tracing and what have you, but we had to use the available resources to respond to the problem [...]. And that is basically the principle of MSI which we applied.”



Salima DHMT and consortium members during a workshop in Malawi, August 2019

Key lessons of scale-up

It is possible to effect considerable scale-up of a complex intervention if the intervention is valued and funds are available for scale-up.

“If we have, a district director or a regional program officer or director, who has implemented an MSI program that has yielded good results, promoted to national or another region, it becomes easier for this person to also set up a team and continue with implementing the MSI process in that region or position.”
CRT, Ghana

However, scale-up is not a linear process. It is a bumpy road with advances and set-backs along the way, with a range of factors interacting to influence scale-up.

“In terms of NSSG engagement of the individual directors, it has not been as routine or regular as expected. Also, even if the leaders are meeting, there are certain officers that are always there and there are other officers that will miss at those meetings.”
RT Member, Malawi

Without vertical scale-up, horizontal scale-up will stagnate and vice versa.

Critical to successful vertical scale-up is having a clear, shared vision among the different stakeholders involved about how to institutionalise (components of) the intervention into existing systems. It takes times to develop this shared vision. Then this vision needs to be translated into a strategic plan for scale-up.

“So, with the project plan, the first activity we do is disseminate that project plan and we call all the in-charges, the CAO, the politicians, and we inform them about the plan and what we intend to do. So, from the beginning, all the key district stakeholders are brought on board.”
DHMT member, Uganda

The ExpandNet approach, adapted for PERFORM2Scale, provides a good guide for scale-up, which needs to be flexible to the context and should be adapted as you go on the scale-up journey. Spending time to identify appropriate existing structures to carry out the role of adopting and implementing the intervention at a larger scale and avoid creating parallel structures is critical.



The Ghana Country Research team and National Scale-up Steering Group, Ghana 2020

Reappraisal of the need and demand for the intervention at an early stage, including a review of programmes with perceived similarities, should be included in the scale-up journey.

Alignment of the intervention to existing policies and interests needs to be considered at the outset. This requires not only in-depth knowledge of the policy environment and relationships with key decision-makers, but also continuous or

frequent observation and scanning of the horizon for windows of opportunity and new and important stakeholders.

“But what we have also found out is that some of the issues we are talking about, issues like teamwork, have also been present in the QI language and now they are also becoming more articulated in the current strategy. So, what we are building on is how to pick out some of those issues that are coming out from the MSI as a result, but presenting them as benefits that can actually now contribute to service delivery...”

Uganda NSSG



DHMT staff from Bunyangabu address key problems with CRT support. Uganda, July 2019

Evidence is needed to convince stakeholders about scale-up. Major efforts are needed to generate and disseminate convincing evidence. However, it is not only evidence that plays a role in convincing stakeholders of the value of the MSI scale-up. It also depends on the mandate and position of the stakeholders and how they are viewed by others.

“The other challenge [...] is that evidence would be appreciated more if it was quantitative [...] they wanted to see numbers. But the issue which we learnt over time is that management is a bit complex in a way that it does not necessarily always give you numbers [...] what matters in management is mainly the processes that happen around that actually contribute to the service delivery.”

CRT, Uganda

Critical to this is the identification of champions and supportive stakeholders to advocate for further funded scale-up to ensure maximum impact and sustainability of the intervention.

Thinking and working politically is essential to identify and anticipate changes in power relationships between key stakeholders and decision-makers that would support or hinder scale-up.

“The current (Human Resources) commissioner is a very senior person, has worked in the sector for very long and has worked in different ministries and they have tried so many approaches to improve on workforce performance, maybe sometimes without success. He came on board with that belief that it’s not possible, but we managed to sit him down and have one [meeting] with him, to give him the evidence available and in my view, his view is definitely changing.”

NSSG Uganda



Consortium Workshop (held virtually due to COVID-19), November 2021

PERFORM2Scale partners

Africa

- University of Ghana, School of Public Health
- Research for Equity & Community Health (REACH) Trust, Malawi
- Makerere University School of Public Health, Uganda

Europe

- Liverpool School of Tropical Medicine, UK (overall lead)
- Centre for Global Health, Trinity College Dublin & University of Maynooth, Ireland
- Royal Tropical Institute (KIT), Netherlands
- Swiss Tropical & Public Health Institute

This brief is a summary of our Synthesis Report which can be found on the study website, along with other papers, reports, briefs, videos and information associated with the programme

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