Management strengthening intervention in Uganda - a factsheet

What is the MSI?

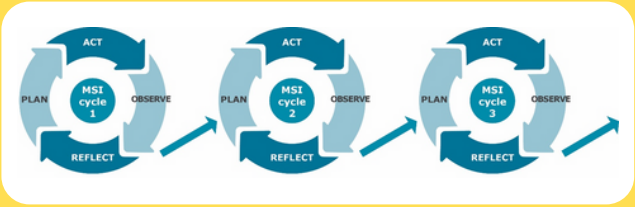
PERFORM2Scale was based on the success of the PERFORM initiative which in 2012-14 developed and tested a management strengthening intervention (MSI) with District Health Management Teams (DHMTs) in Ghana, Uganda and Tanzania. Between 2017 and 2022, the PERFORM2Scale programme sought to improve staff performance with a view to achieving universal health coverage in Uganda. The team from Makerere University School of Public Health worked in close collaboration with the Ministry of Health (MoH), ensuring the programme was relevant to health service needs and promoting ownership and sustainability.

The MSI used an action research approach to enable the teams to analyze their own workforce performance problems and develop appropriate workplans (**plan**); implement those workplans (**act**) and learn about management from the experience (**observe** and **reflect**). The MSI was facilitated by the national research team in Uganda through district visits, short workshops, joint meetings of DHMTs, and follow-up support. The DHMTs tackled problems such as low ANC attendance, high absenteeism and ineffective staff appraisal systems. They developed integrated human resource (HR) and health systems (HS) strategies, and incorporated them into the annual district plans, thereby implementing them using their own resources. The evaluation of the MSI showed that it helped to strengthen management for health workforce performance.

How does it work?

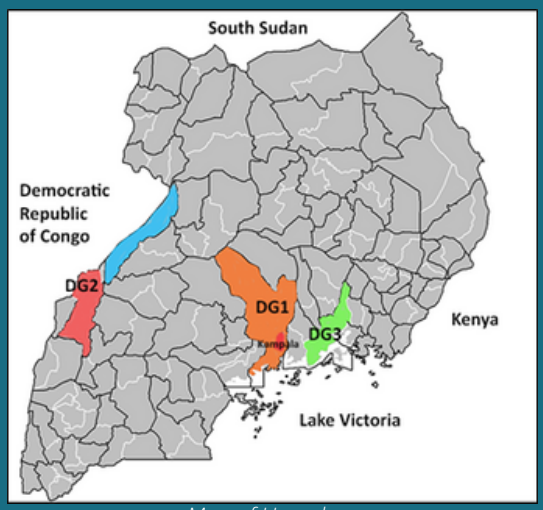
Supported by the MoH, the DHMTs go through the following process:

- Using district data, DHMTs **identify their most pressing human resource issues**.
- They subject the problems to a **problem prioritisation matrix**, assessing the issues on time, cost and HR impact. Once a problem is prioritised it is run through a rigorous **problem analysis process**, after which correction strategies are developed. These are both achievable and within existing resource constraints.
- The correction strategy is executed. An action research cycle of **planning, acting, observing and reflecting** helps DHMTs to learn from their mistakes and successes and to refine their solutions.
- Repeated MSI cycles lead to refinement of and improvement in the DHMTs' problem identification and solving skills. This embeds learning, leads to **better staff performance and ultimately improves service delivery.**



Management strengthening intervention cycle

Where was the MSI delivered?



Map of Uganda

The MSI was implemented in three regions of Uganda. Nine (9) study districts have been involved in the project. Each district was engaged in a group referred to as a District Group (DG), made up of three districts. Each district group was engaged collectively and selected by the MoH in collaboration with the Country Research Team. The district groups were:

- Luwero, Nakaseke and Wakiso (DG1)
- Kabarole, Ntoroko and Bunyangabu (DG2)
- Jinja, Luuka and Buikwe (DG3)

Management strengthening intervention goals

To **support health managers** in the study districts to carry out a situation analysis on the health workforce, with a particular focus on performance.

To **develop and test context-specific management strengthening processes**, focused on improving workforce performance, which will:

- identify areas of health workforce performance to be improved,
- implement integrated HR and HS strategies feasible within the existing context, to improve health workforce performance, and
- monitor the implementation of the strategies and evaluate the intermediate processes and impact on health workforce performance, and the wider health system.

To **conduct comparative analyses** across districts looking at:

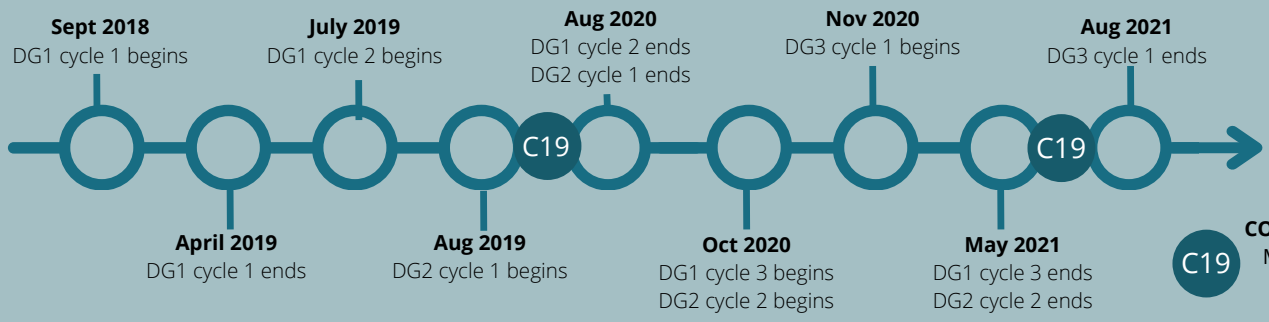
- the management strengthening intervention to support improved workforce performance, and
- processes of implementing the integrated HR and health systems strategies and intended and unintended effects on health workforce performance and the wider health system.

To **raise awareness and change attitudes** of sub-national and national stakeholders.

To **consolidate research capacity** of partners on integrated approaches to workforce performance improvement and contribute to strengthening the capacities of decentralized management in district health systems.

To **establish and maintain effective partnerships** amongst academia, civil society, policymakers, and health managers in Uganda and amongst partners.

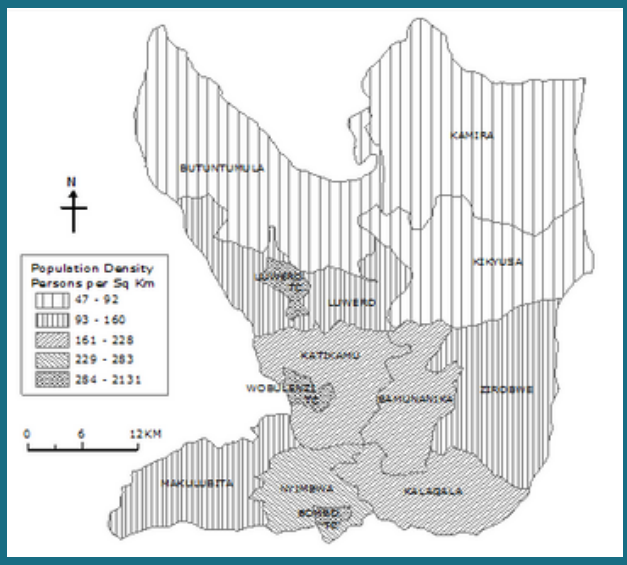
Timeline for District Groups' MSI cycles (2018-21)



Our districts

District Group 1 (DG1) - Luwero District

Luwero District is bordered by Nakaseke District in the west, Mityana District in the southwest, Wakiso in the south, Nakasongola district in the north and Kayunga in the east. The district has 5 administrative units including 2 counties, 10 sub-counties, 3 autonomous town councils and 600 villages. Luwero district has 2 hospitals, 4 HC-IVs, 23 HC-IIIs and 52 HC-IIs.



Luwero DHMT at work

Indicates reflection, learning and adaptation

The Implementation "Dance" for Luwero District

MSI Cycle-1: 2018/2019
Problem: Low TB cure rate - 20.2% vs 60% national target
Strategies:
(i) Increase awareness in the community and amongst health workers
(ii) Improve documentation of laboratory results at the health facility
(iii) Strengthen support supervision activities to ensure quality delivery of TB services
Achievements:
TB cure rate improved to 46%

MSI Cycle-2: 2019/2020
Problem: TB cure rate 46% vs 60% national target
Strategies:
(i) Improve tracking of lost-to-follow-up TB patients
(ii) Build capacity of health workers in TB care
(iii) Improve performance management at facility level along the TB cascade
Achievements:
(i) Recognition of health workers
(ii) Termination of 10 lab personnel
(iii) Enhanced collaboration between DHO and administrative office

MSI Cycle 3: 2020/2021
Problem: Poor quality of performance appraisals in HC-IVs & Hospital
Strategies:
(i) Capacity building of in-charges in performance management process
(ii) Strengthened support supervision and monitoring at hospital and at HSD level
Achievements:
(i) Performance management training was conducted
(ii) Job schedules were developed
(ii) Development of support supervision tool capturing key HR issues
(iv) Active rewards and sanctions committee
(v) Recruitment of critical staff

District Group 1 (DG1) - Nakaseke District

Nakaseke District is approximately 66 kilometres north of Kampala. The district has 8 administrative units including 4 sub-counties, 4 town councils and 22 health centres: 12 HC-II, 8 HC-III and 2-HC IV.

Nakaseke DHMT with the Uganda Country Research Team

The Implementation "Dance" for Nakaseke District

MSI Cycle-1: 2018/2019
Problem: High levels of authorized and unauthorized absenteeism of health workers at work stations

Strategies:
(i) Ensure awareness about standing orders on working hours and absenteeism of health workers
(ii) Revitalize the use of iHRIS for monitoring attendance on duty
(iii) Improve performance management
(iv) Ensure regular support supervision

Achievements:
(i) Disciplinary committee sanctioned health workers committing absenteeism offences.
(ii) Facility in-charge absenteeism reduced from 57.1% to 28.6%.

MSI Cycle-2: 2019/2020
Problem: High levels of authorized and unauthorized absenteeism of health workers at work stations

Strategies:
(i) On board all health workers in 7 health facilities into Nakaseke health service in one year
(ii) Ensure effective quarterly support supervision
(iii) Improve performance management

Achievements:
(i) On boarded 40 health workers and oriented health facility in-charges.
(ii) DHT supported health workers to develop schedules of duty (58%) and performance plans (40%)
(iii) 87% of staff appraised at the end of year

MSI Cycle 3: 2020/2021
Problem: In FY 2019/2020, 80% of health workers at HC-IVs in Nakaseke District had incomplete performance management processes

Strategies:
(i) Build capacity of health managers and staff
(ii) Strengthen monitoring of performance management indicators
(iii) Strengthen fair rewards and sanctions

Achievements:
(i) Orientation of 20/25 health facility in-charges and 8/11 DHT members on Performance Management Process.
(ii) Developed performance plans for 80/100 health workers at the health facilities
(iii) Functionalized 10/10 disciplinary and performance evaluation committees at health facility. This is also a requirement for RBF.
(iv) Revised the support supervision tool to include performance management indicators. Integrated with RBF verification.

District Group 1 (DG1) - Wakiso District

Wakiso District is an immediate neighbour of Kampala in the north, east, west, and south. The district has 31 lower local governments that include: 4 municipal councils, 12 divisions, 10 town councils and 5 sub-counties, with a total of 148 parishes, 720 villages and 504,620 households. The district has 233 health facilities including 11 hospitals, 15 HC-IVs, 66 HC-IIIs and 141 HC-Iis.

Waksio DHMT during a workshop

The Implementation "Dance" for Wakiso District

MSI Cycle-1: 2018/2019
Problem: 35.5% of health workers are absent from their duty stations, affecting health service delivery in the district
Strategies:
(i) Activate iHRIS to monitor staff attendance
(ii) Functionalize Health Unit Management Committees (HUMC)
(iii) Reward and recognise good attendance at all levels
(iv) Strengthen evidence-based planning for support supervision, i.e. use of data
(v) Improve documentation and reporting of support supervision activities at all levels
(vi) Improve management and leadership capacity of managers at all levels
Achievements:
(i) Absenteeism reduced to 23.3%
(ii) Implemented sanction measures with health workers that were absconding from duty

MSI Cycle-2: 2019/2020
Problem: High levels of unauthorized absenteeism (23.3%) of health workers at work stations
Strategies:
(i) Train in-charges in performance management (with a focus on appraisals, performance plans and rewards and sanctions)
(ii) Monitor staff attendance to duty at all levels
(iii) Strengthen internal support supervision at facility level and external support supervision by the extended DHMT
(iv) Activate iHRIS to provide HRH data
Achievements:
(i) Schedules of duty and performance plans developed for the DHT
(ii) 40 health facility in-charges trained in performance management processes by the SHRO
(iii) Performance appraisals conducted and individual staff performance plans developed for 60 health workers
(iv) Support supervision plan developed by the DHMT and 68/70 facilities supported

MSI Cycle-3: 2020/2021
Problem: During the FY 2019/2020 performance appraisal assessments 32.5% of health workers at HC-IV level had poor quality plans
Strategies:
(i) Build capacity on performance management process
(ii) Strengthen human resources performance monitoring
(iii) Strengthen supportive supervision for performance management
Achievements:
(i) Orientation of 20/25 health facility in-charges. Mentored all HC-IV in-charges and their department heads on PM processes
(ii) Trained HC-III and HC-II health workers to develop schedules of duties
(iii) Reviewed support supervision checklist to include PM indicators

District Group 2 (DG2) - Kabarole District

Kabarole District is in Western Uganda. It borders Bunyangabu, Kasese, Kamwenge, Kyenjojo, Bundibugyo, Ntoroko and Kibaale. The district's administrative structure comprises 2 counties, 4 town councils, 3 divisions, 11 sub-counties, 59 parishes and 523 villages. The district has 51 health facilities: 4 hospitals, 2 HC-IVs, 21 HC-IIIs and 24 HC-Iis.

Kabarole DHMT

The Implementation "Dance" for Kabarole District

MSI Cycle-1: 2019/2020

Problem: Fresh still birth rate in Kabarole District was high for the last three quarters (FY 2018/2019) averaging 17.7 stillbirths per 1,000 births compared to the WHO standard of 5 per 1000 births

Strategies:

(i) Increase ANC attendance for timely identification of at-risk mothers
(ii) Reduce labour complications by providing EmOC based on early detection of complications
(iii) Build capacity on effective use of partograph
(iv) Improve male involvement
(v) Improve customer care and community relations
(vi) Community sensitization on ANC

Achievements:

Reduced fresh still birth rate to 12.6 per 1000 births

MSI Cycle-2: 2020/2021

Problem: In FY 2019/2020, 70% of health workers in Kabarole District did not have performance plans

Strategies:

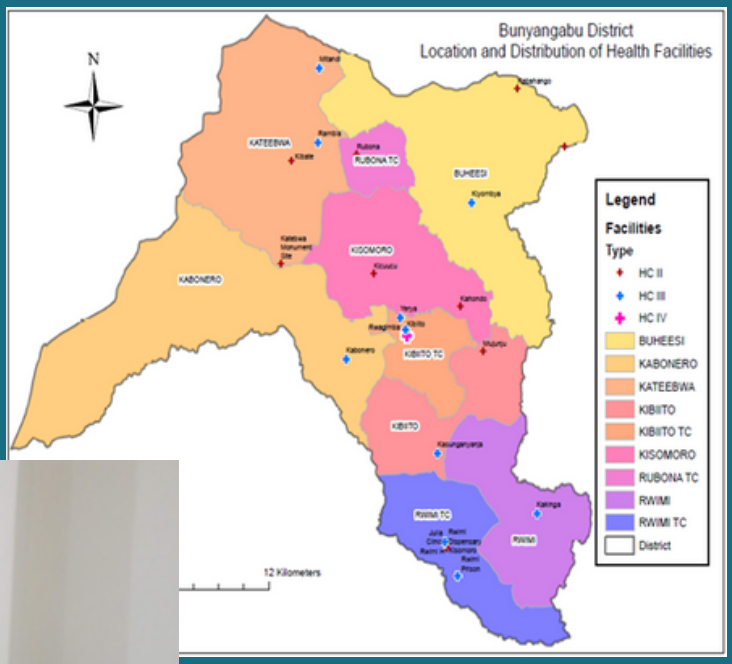
(i) Capacity building in performance planning of DHT and health workers at the facility level
(ii) Strengthen monitoring of human resources indicators at all levels

Achievements:

(i) The MSI process enabled the DHMT to better focus on the actual problem of performance planning rather than the broad problem of performance management
(ii) Due to COVID-19 disruptions, no effects on health workforce performance were documented

District Group 2 (DG2) - Bunyangabu District

Bunyangabu District is one of the eight districts in Rwenzori region. Until July 2017, Bunyangabu was part of Kabarole District which it borders in the north and east. It also borders Kasese District in the south and Bundibugyo District in the west.
It has a total land area of 1,814s km2 of which 1,569 km2 is covered by arable land and 198 km2 covered by open water/wetlands.
The district has 30 health facilities: 1 HC-IV, 12 HC-IIIs, 14 HC-Iis.



Bunyangabu DHMT during a workshop

Indicates reflection, learning and adaptation

The Implementation "Dance" for Bunyangabu District

MSI Cycle-1: 2019/2020
Problem: Low fourth ANC coverage of 43% in the last three quarters (FY 2018/2019) against the national target of 65%, contributing to the poor ranking (78/112) in the national district league table

Strategies:
(i) Increase community support services by strengthening VHT involvement
(ii) Improve monitoring and support supervision by strengthening functionality of HUMCs and QI committees
(iii) Improve health facility functions by strengthening staff performance management
(iv) Improve DHT coordination and support

Achievements:
(i) Community dialogue plans developed and conducted meetings in 4 communities with health workers and pregnant women/mothers
(ii) HUMC training plan developed and conducted
(iii) 10/12 government facilities developed ANC4 QI projects
(iv) Schedules of duties developed for 100% of health facility in-charges

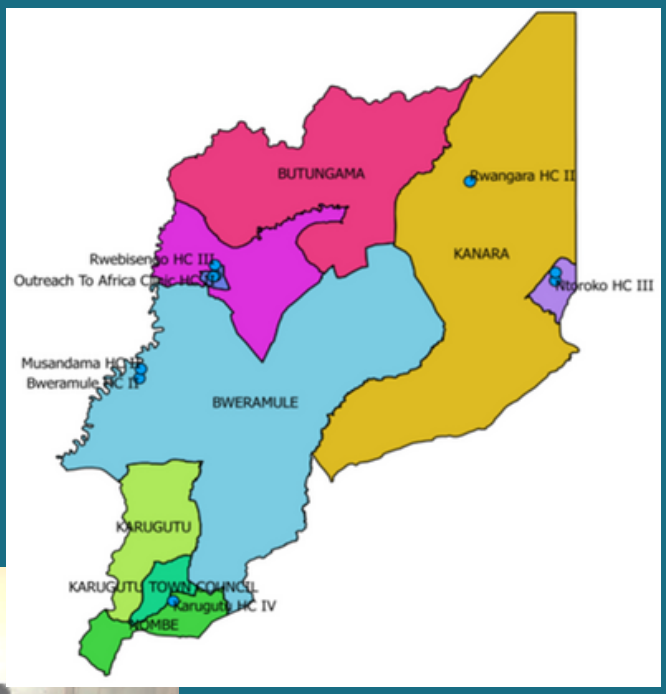
MSI Cycle-2: 2020/2021
Problem: Increased malaria positivity rate from 11% to 50% (FY 2019/2020)

Strategies:
(i) Improve community support services
(ii) Improve health facility functions in relation to malaria management
(iii) Improve DHT coordination and support to health facilities

Achievements:
(i) Reduced malaria positivity rate to 34%
(ii) Integrated malaria prevention into routine support supervision
(iii) Strengthened VHT and community stakeholders' involvement in malaria prevention through sensitization meetings
(iv) Conducted 7 radio talk shows
(v) Distributed IEC materials to 7 health facilities that reported the most malaria cases

District Group 2 (DG2) - Ntoroko District

Ntorko District was granted district status in July 2010. It was carved out of Bundibugyo District as a result of enhanced decentralization in Uganda. It is in the south-west region of Uganda and lies approximately 333km from Kampala. It is bordered by Lake Albert in the north, Kibaale District in the north-east, Bundibugyo in the south, Democratic Republic of Congo in the west, and Kabarole District in the east.
Ntoroko District has 12 health facilities: 2 HC-IVs, 5 HC-IIIs and 5 HC-IIs.



Ntoroko DHMT during a workshop

The Implementation "Dance" for Ntoroko District

MSI Cycle-1: 2019/2020
Problem: An average of 17% of pregnant mothers attended ANC-1during the past three years (2015/16 to 2017/18) in Ntoroko District, compared to a target of 90%

Strategies:
(i) Community mobilization and sensitization through radio talk shows, meetings with community leaders and reaching out to the male partners of the pregnant women
(ii) Strengthen the capacity of health facilities to conduct community outreach work by supporting the development of outreach action plans and reporting their implementation at district meetings, and conducting support supervision visits and data review meetings
(iii) Improve staff daily attendance to duty through monitoring and supervision, and improve their attitudes through training, mentoring and coaching, and rewards for good performance

Achievements:
(i) DHE developed ANC messages and disseminated to all 9 health facilities during the DHMT meeting and disseminated and VHT coordinators
(ii) The DHT supported health facilities to integrate ANC into outreach plans

MSI Cycle-2: 2020/2021
Problem: In FY 2018/2019, 61% of health workers were not appraised in Ntoroko District

Strategies:
(i) Strengthen support supervision at the health facility level
(ii) Capacity building in performance management
(iii) Strengthen planning and coordination between HR and DHO office

Achievements:
(i) Trained health facility managers and DHT members on performance management
(ii) Scaled down performance management training to health workers
(iii) Inducted some newly recruited staff on performance management
(iv) Conducted quarterly support supervision visits in health facilities focusing on HR issues

District Group 3 (DG3) - Jinja District

Jinja's district administrative structure is composed of 3 sub-counties and 4 town councils. The district has 84 health facilities - 29 private and 55 public.

Jinja DHMT during a workshop

Jinja problem tree analysis

The Implementation "Dance" for Jinja District

MSI Cycle-1: 2020/2021
Problem: In 2019/2020, 67% of Jinja's children were fully immunized against a national target of 85%

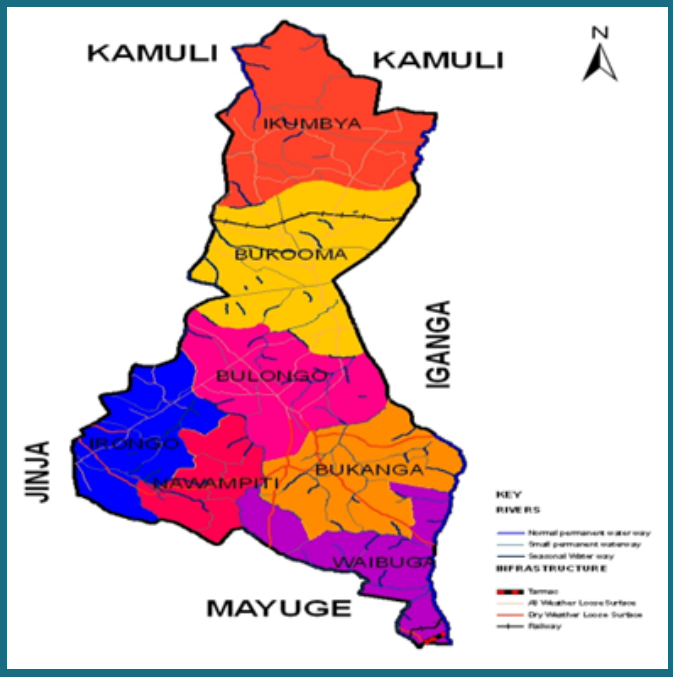
Objective: To increase the percentage of fully immunized children to 82% by June 2021

Strategies:
(i) Strengthen accessibility and availability of immunization services at the health facility to at least 5 days a week and 4 outreaches per month
(ii) Use data-driven decision making
(iii) Strengthen leadership and management of immunization services at all levels
(iv) Strengthen vaccine supplies and management

Achievements:
(i) The percentage of fully immunized children increased by 20% (from 67% to 87%) despite challenges related to COVID-19
(ii) Strengthened accessibility and availability of immunization services at the health facility to at least 5 days a week and 4 outreaches a month

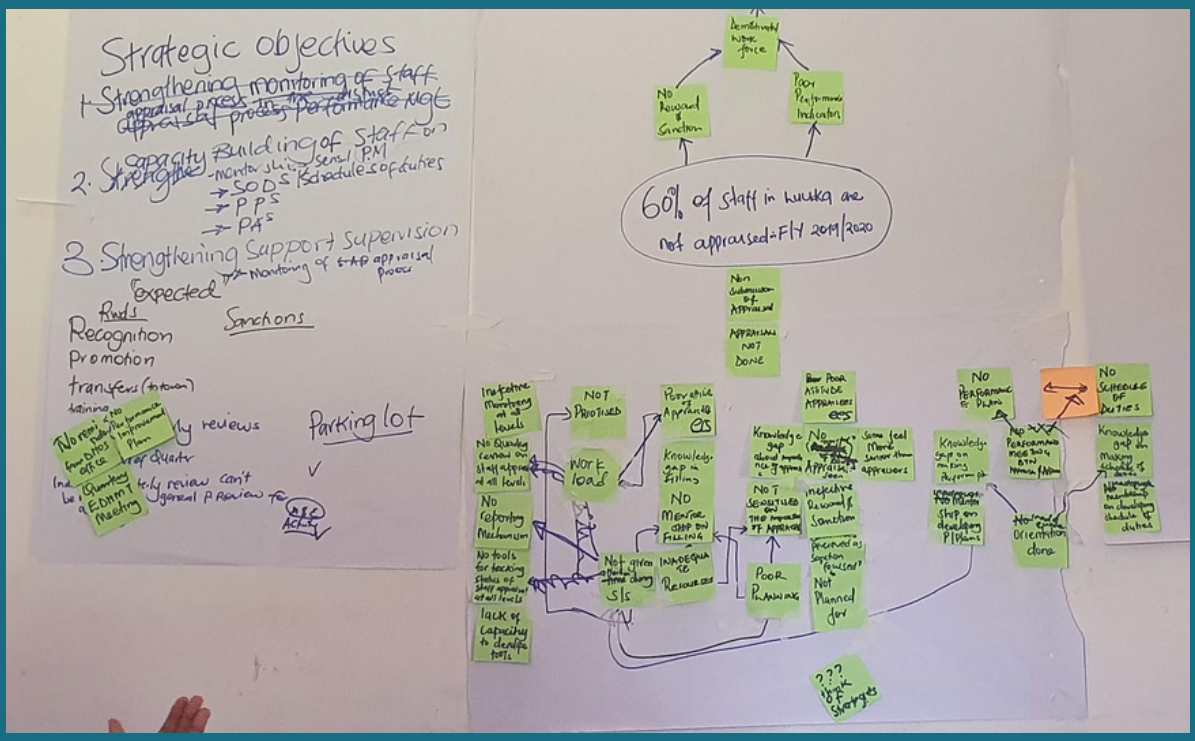
District Group 3 (DG3) - Luuka District

Luuka District was created in 2010. It's found in Eastern Uganda, in the Busoga sub-region. The district is sub-divided into two counties - Luuka North and South - with 8 sub-counties, 43 parishes and 279 villages. The district has 43 health facilities including 1 HC-IV, 9 HC-IIIs and 33 HC-IIs.



Luuka DHMT and the Uganda Country Research Team

Luuka DHMT's problem tree analysis



The Implementation "Dance" for Luuka District

MSI Cycle-1: 2020/2021
Problem: 60% of staff were not appraised in the financial year 2019/2020

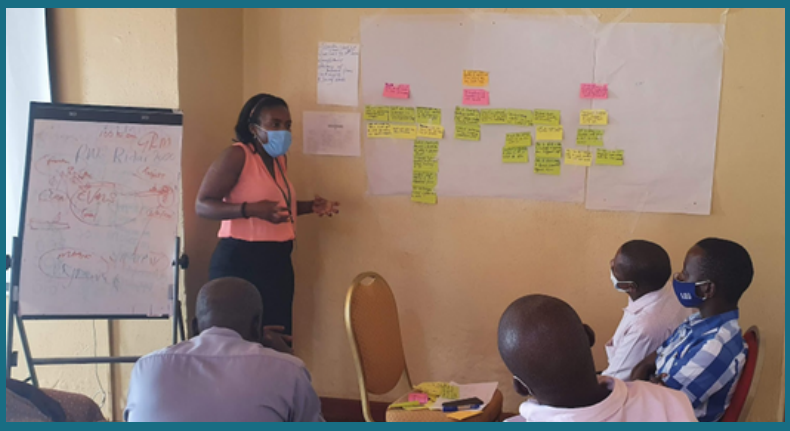
Objective: To increase the percentage of health workers appraised to 100% by June 2021

Strategies:
(i) Capacity building on performance management process
(ii) Strengthen monitoring of performance management process
(iii) Strengthen support supervision by both political and technical staff

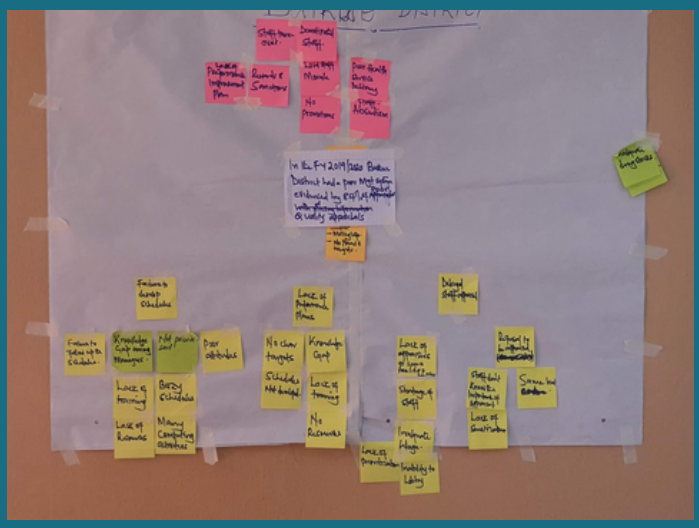
Achievements:
Improved timely submission of the appraisals. Perceived improvement in quality of appraisals.

District Group 3 (DG3) - Buikwe District

Buikwe District was created out of Mukono District in 2009/2010. The district has 6 administrative units, 3 counties, 4 sub-counties, 6 divisions, 3 town councils, 65 parishes and 477 villages. The district has 60 health facilities including 5 hospitals, 13 HC-IIIs and 42 HC-IIs.



Buikwe DHMT during a workshop and their problem tree analysis



The Implementation "Dance" for Buikwe District

MSI Cycle-1: 2020/2021

Problem: In financial year 2019/2020 Buikwe District had a poor management system, evidenced by 84% of appraisals rated of poor quality

Objective: To improve the percentage of high-quality appraisals from 16% to 70% by June 2021

Strategies:

(i) Build capacity of health workers at all levels in performance management process
(ii) Strengthen monitoring of human resource indicators at all levels
(iii) Strengthen support supervision and mentorships in performance management

Achievements:

(i) Timely appraisal (before 30th June) of the previous year. More health workers were appraised (during the management strengthening intervention 238/257)
(ii) More than 90% of appraisals bear individual performance plans
(iii) Health workers at the district and health facility levels were trained on how to conduct performance appraisals

PERFORM2Scale was delivered in collaboration with African and European partners.
It received funding from the European Union's Horizon 2020 research and innovation programme,
under grant agreement no. 733360

Learn more

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Here you'll find papers, reports, briefs and videos from all participating countries, including Uganda

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