The power and politics of scaling-up a health systems intervention: lessons from Uganda, Ghana and Malawi
Today’s panel

• Introduction – overview of the management strengthening intervention and our scale-up approach
• Lightning talks: the policy maker and the implementer
• Human spectrogram
• Lightning talks: the researchers
• Panel discussion including Q&A
Introduction to PERFORM2Scale

Dr. Joanna Raven
Liverpool School of Tropical Medicine, UK
Rationale for PERFORM initiative (2011-15)

- Need to improve workforce performance to support universal health coverage

- District level managers in decentralised contexts in better position to organise integrated workforce performance and health systems strengthening approach and have sufficient “decision space”

- District Health Management Teams (DHMT) management strengthening not new, but little research done
PERFORM2Scale project 2017-22
Funded under the EC’s Horizon 2020 programme

Links three African partners with four European partners
PERFORM2Scale consortium workshop, Ghana, March 2019
Aim

To develop and evaluate a sustainable approach to scaling up a district level management strengthening intervention in different and changing contexts
The intervention

PERFORM Management Strengthening Intervention

Process and outcome evaluation

Scale-up mechanism
Main principles of the Management Strengthening Intervention (MSI)

- DHMTs choose problems to address, as this increases ownership of the process
- Not providing extra resources for the work plans
- Not being too ambitious with plans so that strategies are feasible
- Carrying out the intervention as a team
- Sharing experiences and learning across districts
- Strong facilitation skills of the Resource Team and Country Research Team to guide and support DHMTs
- Sustaining leadership role throughout the process of the implementation phase

Inter-district meeting, Uganda, December 2019
Management Strengthening Intervention (MSI)

**MSI Workshop 1:** problem analysis

**MSI Workshop 2:** develop strategies and workplan

**Initial engagement**

**Situation Analysis**

**Further problem analysis in district**

**Total length of time for one MSI cycle: approximately 10 months**

- Observe and reflect: 2 visits by CRT
- 2 inter-district meetings
Increasing depth of learning
The scale-up

- PERFORM Management Strengthening Intervention
- Process and outcome evaluation
- Scale-up mechanism
Adaptation of ExpandNet/WHO framework for scaling-up

**Vertical scale-up**: institutionalization through policy, political, legal, budgetary or other health systems changes in particular to support the horizontal scale-up

**Horizontal scale-up** (during and beyond project): expansion and/or replication of the intervention across the country
Research

PERFORM Management Strengthening Intervention

Process and outcome evaluation

Scale-up mechanism
## Research questions

<table>
<thead>
<tr>
<th>Initial context analysis</th>
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<tbody>
<tr>
<td>1. How could political and economic structures influence scale-up of the MSI?</td>
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<td>2. How could stakeholders and relations between these stakeholders influence scale-up of the MSI?</td>
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<tr>
<th>Process evaluation</th>
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<tr>
<td>3. How is the MSI implemented?</td>
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<td>4. How is the MSI scale-up strategy implemented?</td>
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<td>5. How do factors, processes and initiatives facilitate or hinder implementation of the MSI?</td>
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<td>6. How do factors, processes and initiatives facilitate or hinder implementation of the scale-up of the MSI?</td>
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<tr>
<td>7. What are the effects of MSI on management strengthening, workforce performance &amp; service delivery?</td>
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<td>8. What are the outcomes/effects of scaling-up the MSI?</td>
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<td>9. What are the costs of the MSI?</td>
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<td>10. What are the costs of scaling-up the MSI?</td>
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Scaling-up the MSI: lessons from Uganda

Dr Joseph Okware
Director Health Services, Governance and Regulation
Ministry Of Health, Uganda, East Africa
Process of scale-up

1. Identification of relevant structures to facilitate scale-up
   • Formation of National Scale-up Steering Group (NSSG) - guided by Director General
     • Held a meeting with Makerere University team
     • Drafted an MOU between Makerere University and MOH
     • Identification of NSSG members - very high-level policy makers
   • Formation of Resource Team (RT) - technical officers reporting to NSSG

2. Engagement with senior management committee and relevant technical working groups

3. Facilitation of district teams in Eastern, Central and Rwenzori regions – to generate evidence and experiences
Scale-up structures

**National Steering Team**
- Permanent Secretary
- Director General
- Commissioner QA&I
- Commissioner HRM
- Commissioner Nursing and Midwifery

**National Resource Team**
- Asst. Commissioner Nursing and Midwifery
- Asst Commissioner HRM

**Country Research Team from Makerere University School of Public Health**

**Relevant technical working group : SMEAR, and later GOSPOR, HRH**

**DHMTs and District Stakeholders**

**Regional Quality Assurance and Improvement (QA&I) Committees and Community Health Departments (New!!)**
## Challenges to scale-up

<table>
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<th>Challenges</th>
<th>Adaptations</th>
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<tr>
<td>1. NSSG did not function as initially envisaged</td>
<td>• NSSG focal person&lt;br&gt;• Focused on using existing Technical Working Groups</td>
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<tr>
<td>2. RT changes in composition and busy schedule</td>
<td>• Paired RT members for activities related to district engagements&lt;br&gt;• Maintained RT members who transferred&lt;br&gt;• Continuous engagement of RT members and NSSG focal person – flexibility and perseverance</td>
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<td>3. Technical Working Groups queried introduction of QI approach similar to approved countrywide PDSA</td>
<td>• Identified niche for MSI – focus on human resource management and reflection&lt;br&gt;• Changed language&lt;br&gt;• Focused on Quality Improvement structures and regional level as scale-up strategy</td>
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Facilitating factors

- Constant engagement with technical working groups
- Reflection and adaptation based on feedback
- Good communication enabled identification and acting upon opportunities
- Timing was right
- Strong champions and commitment
- Flexibility
Vertical scale-up current status: Uganda

- Health workforce performance component of MSI included in newly approved nationwide QI strategic plan and framework
- Identified structures for scale-up e.g. Regional Quality Assurance and Improvement Committees and Community Health Departments
- Plans to strengthen capacity of regional teams to effectively implement Human Resources Management in Quality Improvement cycles
- Currently CDC and USAID funding regionalisation:
  - Lobby for more funding for human resources component
Lessons from Malawi scale-up

Dr Bongani Chikwapulo
Head of Norms & Standards
Quality of Management Directorate
PERFORM2Scale in Malawi

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<th>Implementation stage</th>
<th>#Districts</th>
<th>#MSI cycles</th>
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<tr>
<td>Project Year</td>
<td>PY2 - 2018, PY3 - 2019, PY4 - 2020, PY5 - 2021</td>
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<tr>
<td>DG1</td>
<td>MSI1, MSI2 cont’d, MSI2 cont’d</td>
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<td>DG2</td>
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<td>MSI1</td>
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Sub-national scale-up in Malawi - 9 districts

DG1 - Dowa, Ntchisi and Salima
DG2 - Machinga, Mangochi and Zomba
DG3 - Mzimba south, Nkhata Bay and Rumphi
Scale-up process

CRT/RT developed the concept of scale-up strategy

Presented to the NSSG and other stakeholders – UNICEF

Elements of scale-up developed

• MSI to be facilitated by Quality Management Department officers in each zone
• MSI Situation analysis tools merged with Integrated Supportive Supervision tool
• Adapted MSI workshops 1 & 2 and inter-district meetings to be included in Zone Quarterly Review meetings

Current status

• All districts using the revised Integrated Supportive Supervision tool (big win)
• MSI principles used during the zonal review meetings (irregular)
Successes in scaling-up the MSI

Timely intervention

▫ MSI in line with Health Sector Strategic Plan II, Quality Management Strategy and leadership agenda
▫ Working with the District Health Management Team is seen as strategic

Good engagement with political, administrative and technical stakeholders

▫ Strong linkages with local government
▫ Decentralisation policy guidance – theory versus reality

RT is generally well-functioning

▫ Expanded role over time
▫ Functioning differently now – speak some examples

Political will from decision-makers

▫ MSI being implemented in the broader leadership strengthening initiatives and Quality Agenda
Challenges in implementing scale-up

- Power dynamics between directorates
- Transfer of staff who were champions of MSI
- Decentralisation evolving: lack of clarity around changing roles and overlapping mandates
- Historical unpopularity of and resistance to zonal offices
- Limited and earmarked funding
Scaling-up a public health intervention is more a technical process with less to do with politics
You shouldn’t start with a scale-up process without being absolutely sure about securing funding for scale-up
Communicating evidence about an intervention is more important than engaging key stakeholders
If you have funding, scale-up will be simple
Implementation research and scale-up: the Ghana experience

Dr Patricia Akweongo
School of Public Health, University of Ghana
## Horizontal scale-up: Ghana

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<td>MSI2</td>
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<td>MSI 2 cont’d</td>
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**Legend**
- **DG1**: Fanteakwa, Yilo Krobo and Suhum
- **DG2**: Ayensuano, Lower Manya Krobo and East Akim
- **DG3**: Nsawam-Adoagyiri, Akuapim South and Atiwa (East & West)

*Map of Ghana showing Eastern Region*
Working at the regional level

Working at regional level
- Draws on the strength of the DHMTs and the Regional Directors

RSSG composition and functioning and linking with NSSG
- Regional Director, Public Health Director, District Directors and Research Coordinator

The Ghana National Scale-up Steering Group and Country Research Team meeting in April 2019
Engaging actors beyond district management teams

• Multi sectoral collaboration: Network of actors supporting health in the district, eg Water Company, Banking sector, District Assemblies

• Support DHMTs with training, logistics and finances to implement strategies

District Group 3 workshop, Ghana
District-level champions

- Experienced the MSI – powerful voice to advocate for scale up
- Linked up with the region and national levels at Performance Review Meetings
- Part of Resource Team
- Critical role in networking, training districts for implementation and dissemination of success

DHMT discussing strategies at an RT-led training session in Suhum district
MSI adaptations made during scale-up

• MSI workshops adapted to accommodate DHMT schedules and alignment to district planning cycle

• Involvement of sub-district level in the MSI workshops - sustainability

• Developed tool to strengthen the quality of reflection

• Use of regional-level officers as Resource Team members for MSI implementation

• Retraining of DHMTs for MSI due to high staff turnover
Research methods: Evaluating scale-up

Olivier Onvlee
ToC as starting point – and iterative process

- Influenced by ExpandNet

- Research to better understand scale-up
- Research to inform implementation (of scale-up strategies)

Kok et al. (2022): Using a theory of change in monitoring, evaluating and steering scale-up of a district-level health management strengthening intervention in Ghana, Malawi, and Uganda – lessons from the PERFORM2Scale consortium
Spotlight: Process evaluation

- 2 rounds: 2019 (in person) & 2021 (online/in person)
- Focus on both horizontal and vertical scale-up
- In-depth interviews on MSI
  - DHMT staff engaged in MSI
  - Local political leaders
- Scale-up assessment:
  - NSSG members
  - RT Members
- Reflection sessions with the CRT
- Thematic analysis using NVIVO
Understanding political economy dynamics crucial for evaluating scale-up

- PEA helps to explain different scale-up outcomes across countries
- Places emphasis on
  - Knowledge, interest, power and positions of stakeholders vis-à-vis reforms
  - Understanding actor relations and the role of champions
  - Understanding current regime and policy reform cycles
  - Identification of windows of opportunity
- Within P2S:
  - Initial context analysis and Inclusion of PEA lens in process evaluation
  - Acting on insights to adapt scale-up strategies

➢ Need to build (research) capacity and invest in reflection within and between partners
Thinking and working politically

- Political economy analysis alone is not enough for implementation researchers
  - need to invest in capacity for thinking and working politically
- “Best of both worlds”
  - Research: (applied) political economy analysis
  - Practice: every day application
Iterative process of reflection and adaptation

- Consortium meetings
- Online workshops/webinars
  - PEA and TWP
  - Improving scale-up strategies
  - Theory of Change webinars
Panel question and answer session
Thanks for attending our panel

For more information on the project, resources and outputs visit our website

https://www.perform2scale.org

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