



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



Funded by the Horizon 2020
Framework Programme of the
European Union

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

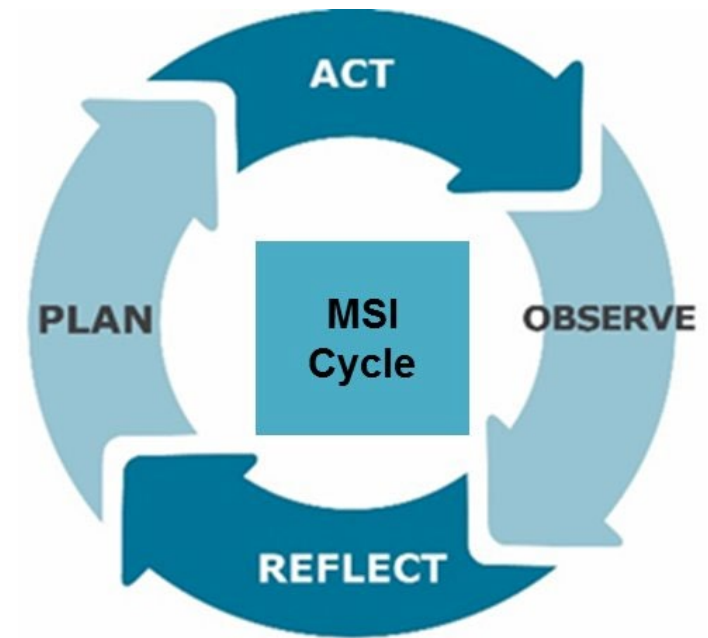
Dr. Joanna Raven

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



The PERFORM action research cycle

PERFORM2Scale project 2017-22
Funded under the EC's Horizon 2020
programme

Trinity College Dublin
& Maynooth
University, Ireland

Liverpool School of
Tropical Medicine,
UK

Royal Tropical
Institute,
Netherlands

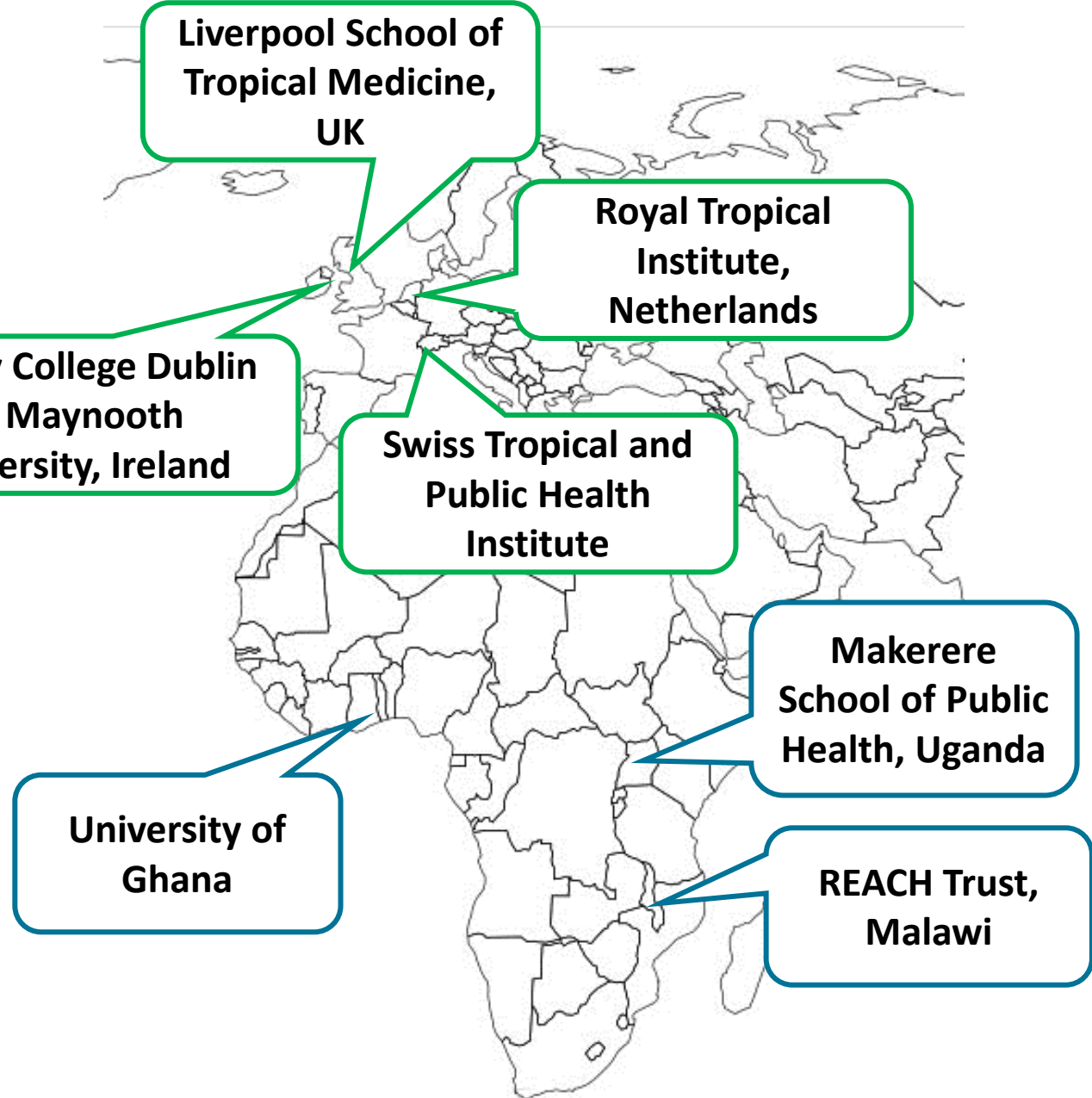
Swiss Tropical and
Public Health
Institute

Links three **African partners**
with four **European partners**

University of
Ghana

Makerere
School of Public
Health, Uganda

REACH Trust,
Malawi

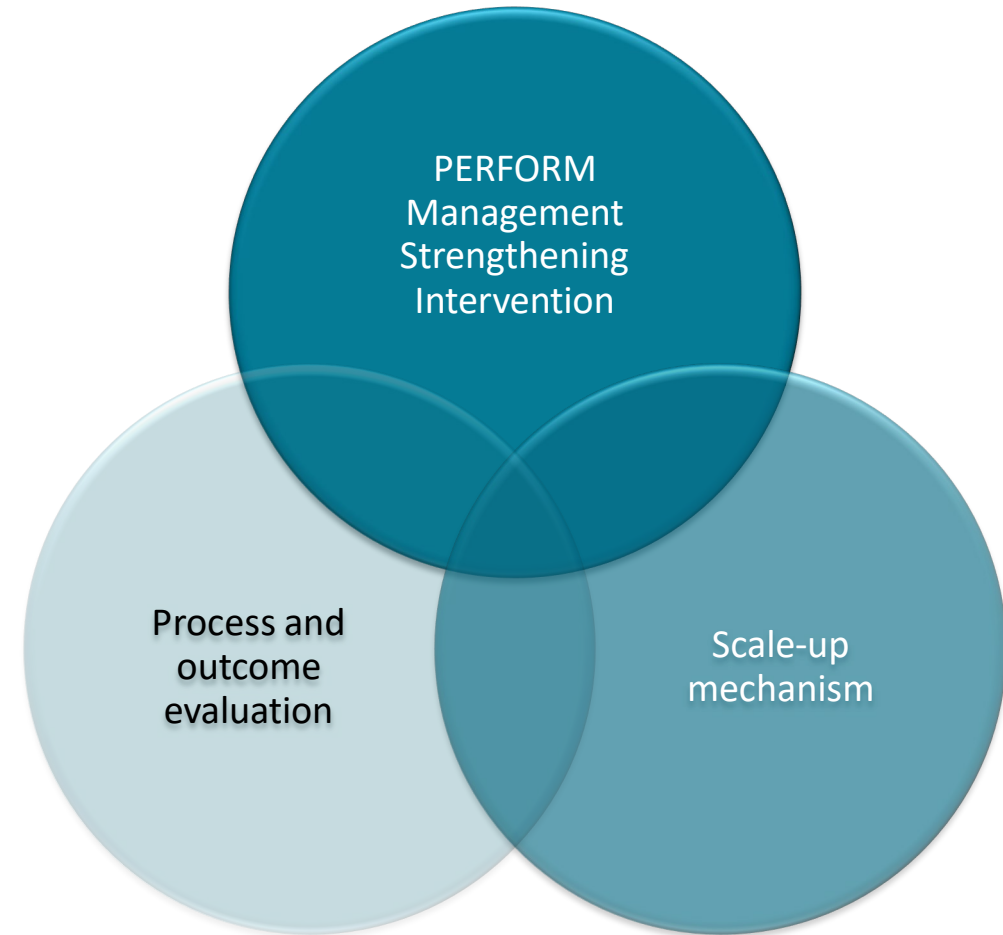




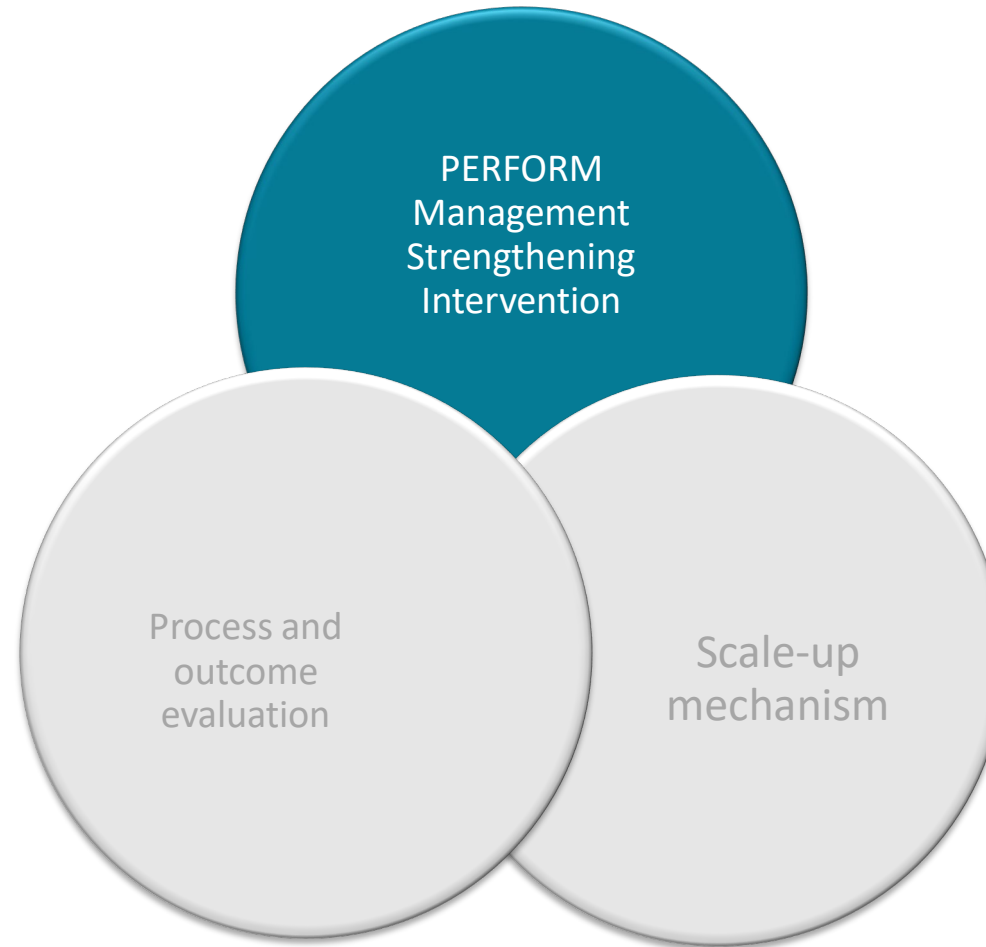
PERFORM2Scale consortium workshop, Ghana, March 2019

Aim

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



The intervention



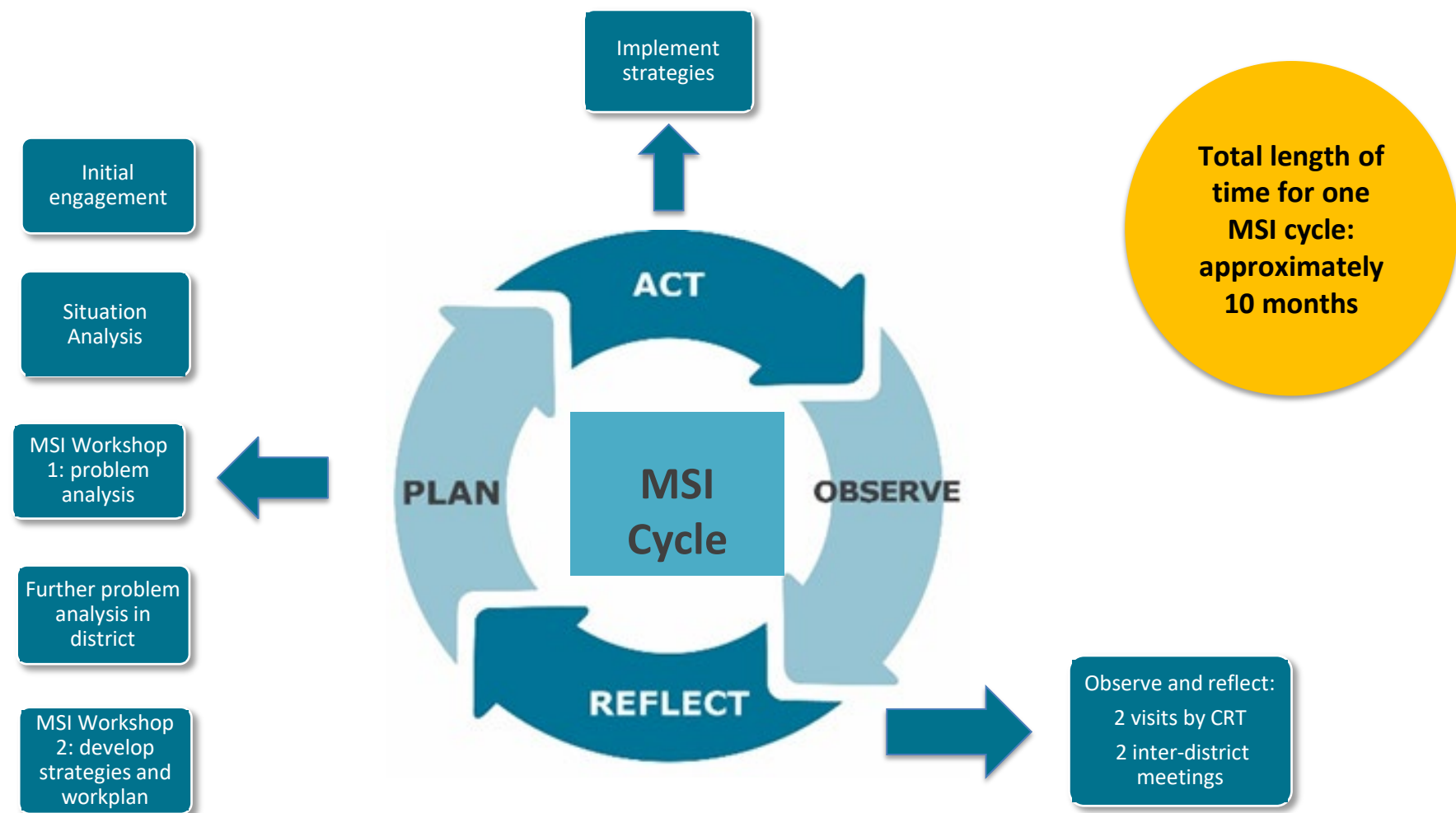
Main principles of the Management Strengthening Intervention (MSI)

- 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

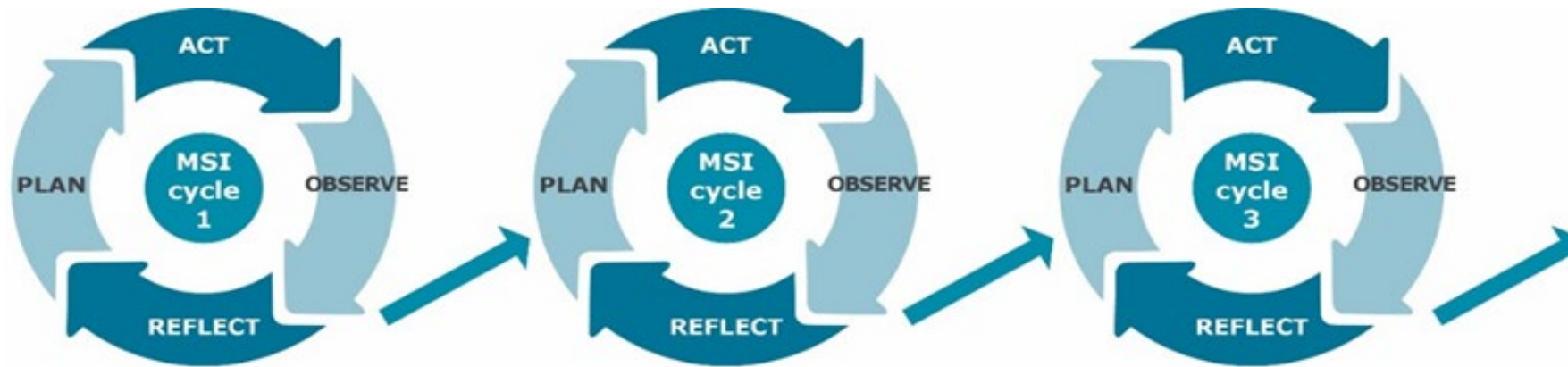


Inter-district meeting, Uganda, December 2019

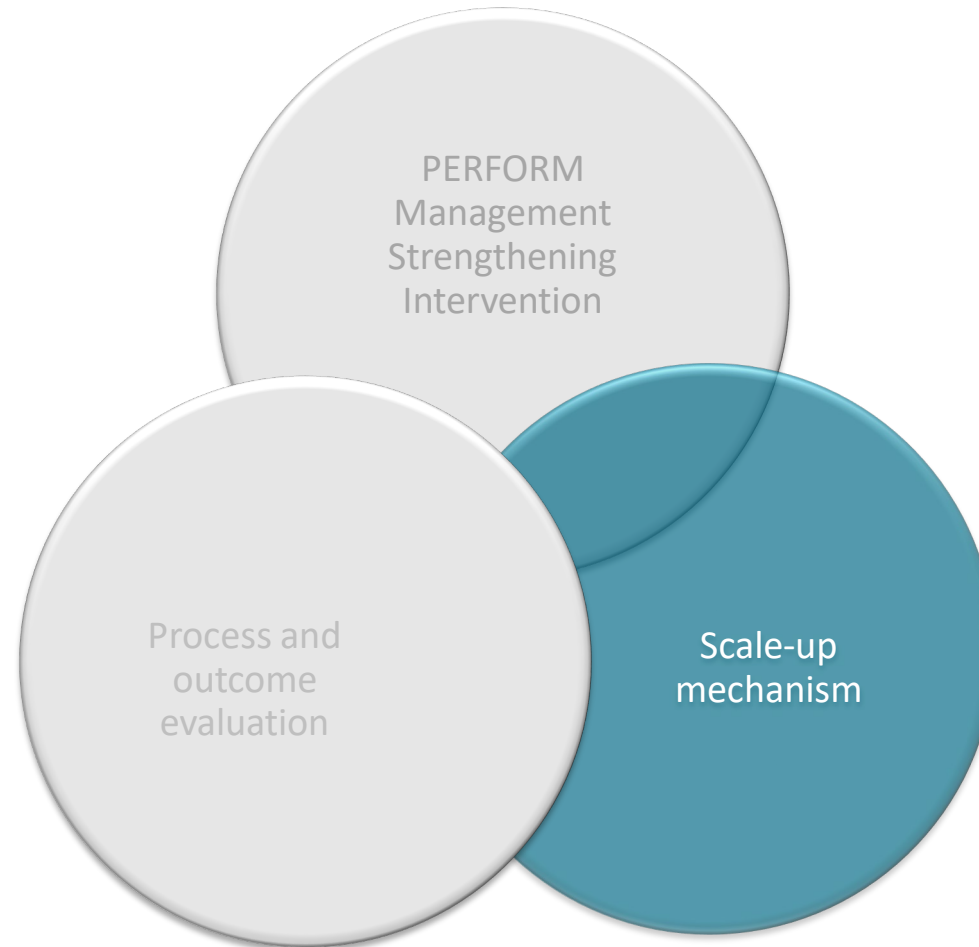
Management Strengthening Intervention (MSI)



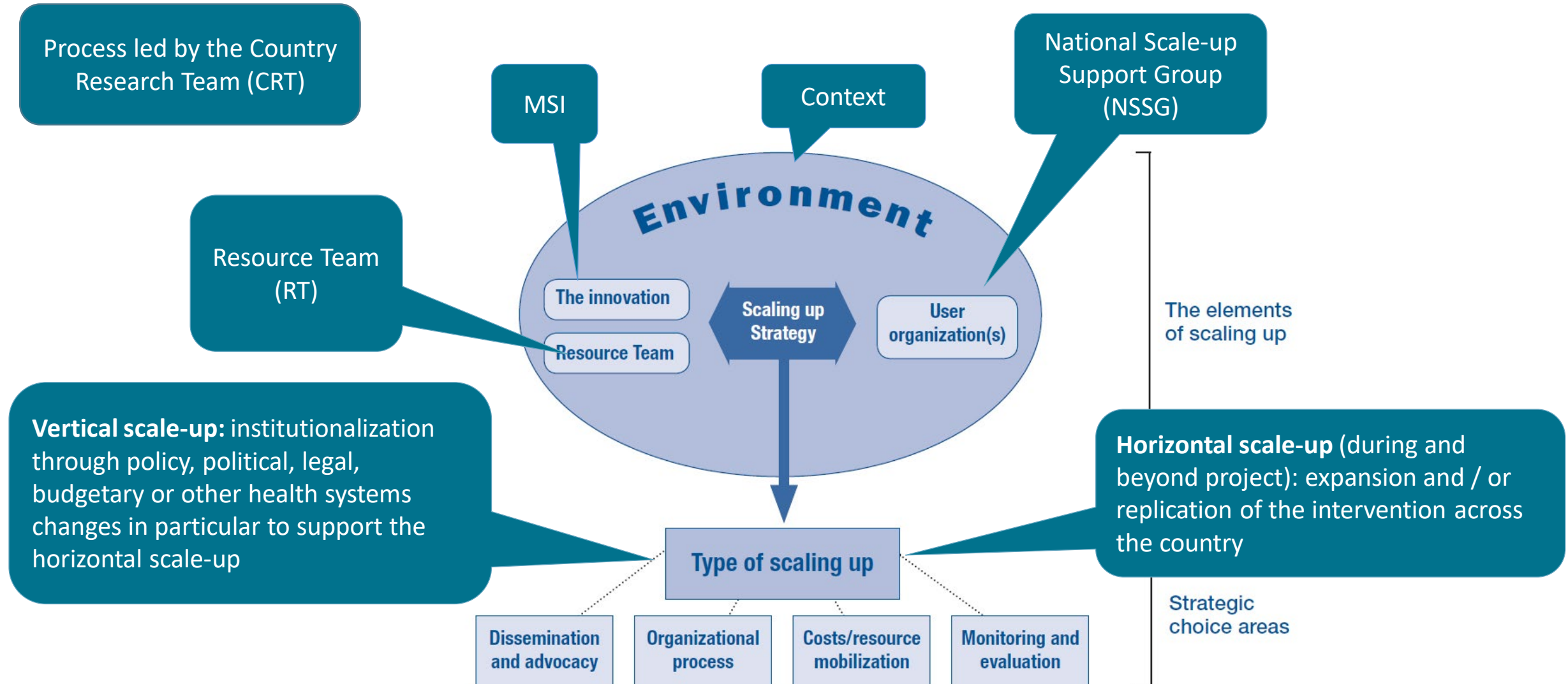
Increasing depth of learning



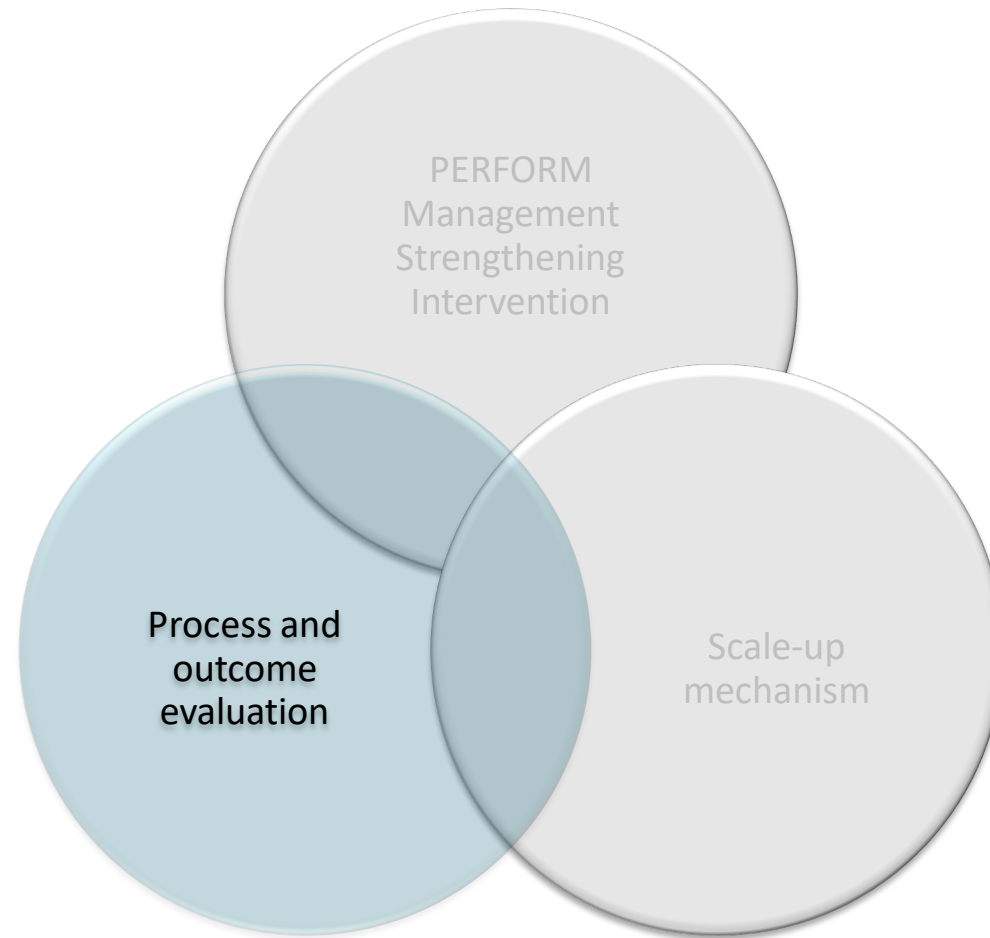
The scale-up



Adaptation of ExpandNet/WHO framework for scaling-up



Research



Research questions

Initial context analysis
<ol style="list-style-type: none"> 1. How could political and economic structures influence scale-up of the MSI? 2. How could stakeholders and relations between these stakeholders influence scale-up of the MSI?
Process evaluation
<ol style="list-style-type: none"> 3. How is the MSI implemented? 4. How is the MSI scale-up strategy implemented? 5. How do factors, processes and initiatives facilitate or hinder implementation of the MSI? 6. How do factors, processes and initiatives facilitate or hinder implementation of the scale-up of the MSI?
Outcome evaluation
<ol style="list-style-type: none"> 7. What are the effects of MSI on management strengthening, workforce performance & service delivery? 8. What are the outcomes/effects of scaling-up the MSI? 9. What are the costs of the MSI? 10. What are the costs of scaling-up the MSI?

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



DHMT staff from Bunyangabu address key problems with Country Research Team support. Uganda, July 2019

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!!*)

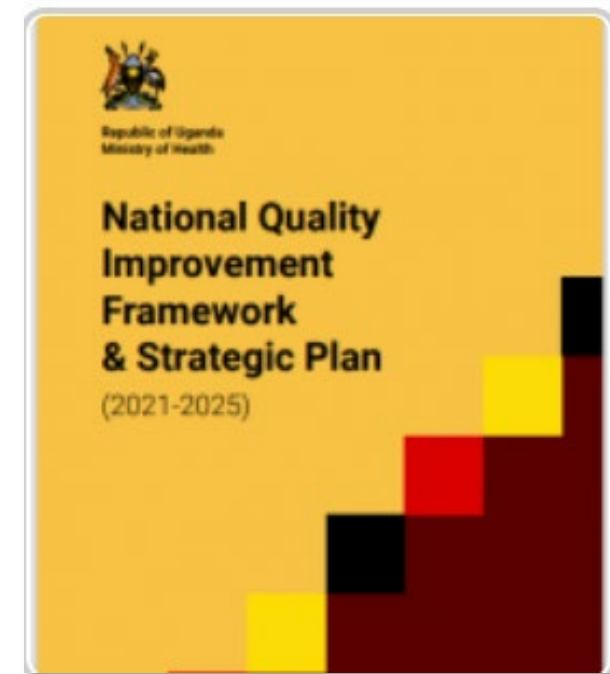
Challenges to scale-up

	Challenges	Adaptations
1.	NSSG did not function as initially envisaged	<ul style="list-style-type: none"> • NSSG focal person • Focused on using existing Technical Working Groups
2.	RT changes in composition and busy schedule	<ul style="list-style-type: none"> • Paired RT members for activities related to district engagements • Maintained RT members who transferred • Continuous engagement of RT members and NSSG focal person – flexibility and perseverance
3.	Technical Working Groups queried introduction of QI approach similar to approved countrywide PDSA	<ul style="list-style-type: none"> • Identified niche for MSI – focus on human resource management and reflection • Changed language • Focused on Quality Improvement structures and regional level as scale-up strategy



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

District group	Implementation stage				#Districts	#MSI cycles
	Project Year	PY2 - 2018	PY3 - 2019	PY4 -2020		
DG1		MSI1	MSI2	MSI2 cont'd	3	2
DG2			MSI1	MSI 1 cont'd	3	1
DG3				MSI1	3	1

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



Map: ©d-maps.com

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



Salima DHMT and PERFORM2Scale consortium members during a workshop in Malawi, August 2019

Human Spectrogram

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

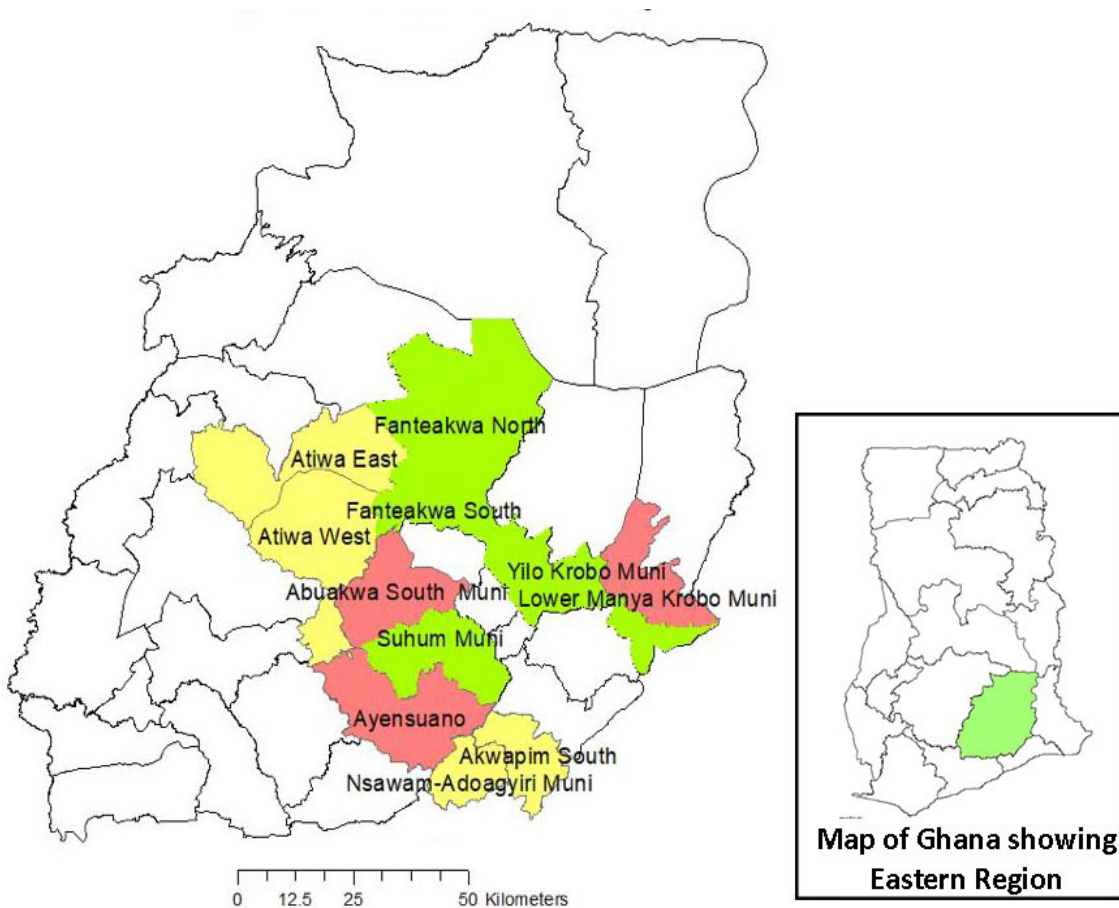
Implementation research and scale-up: the Ghana experience

Dr Patricia Akweongo

School of Public Health, University of Ghana



Horizontal scale-up: Ghana



District group	Implementation stage				#Districts	#MSI cycles
Project Year	PY2 - 2018	PY3 - 2019	PY4 -2020	PY5 - 2021		
DG1	MSI1	MSI2	MSI 2 cont'd	MSI 2 cont'd	3	2
DG2		MSI1	MIS1 cont'd	MSI2	3	2
DG3				MSI1	3	1

DG1 - Fanteakwa, Yilo Krobo and Suhum
DG2 - Ayensuano, Lower Manya Krobo and East Akim
DG3 – Nsawam-Adoagyiri, Akuapim South and Atiwa (East & West)

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



*DHMT discussing strategies at an
RT-led training session in Suhum district*

- 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

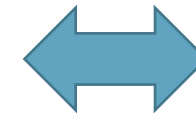
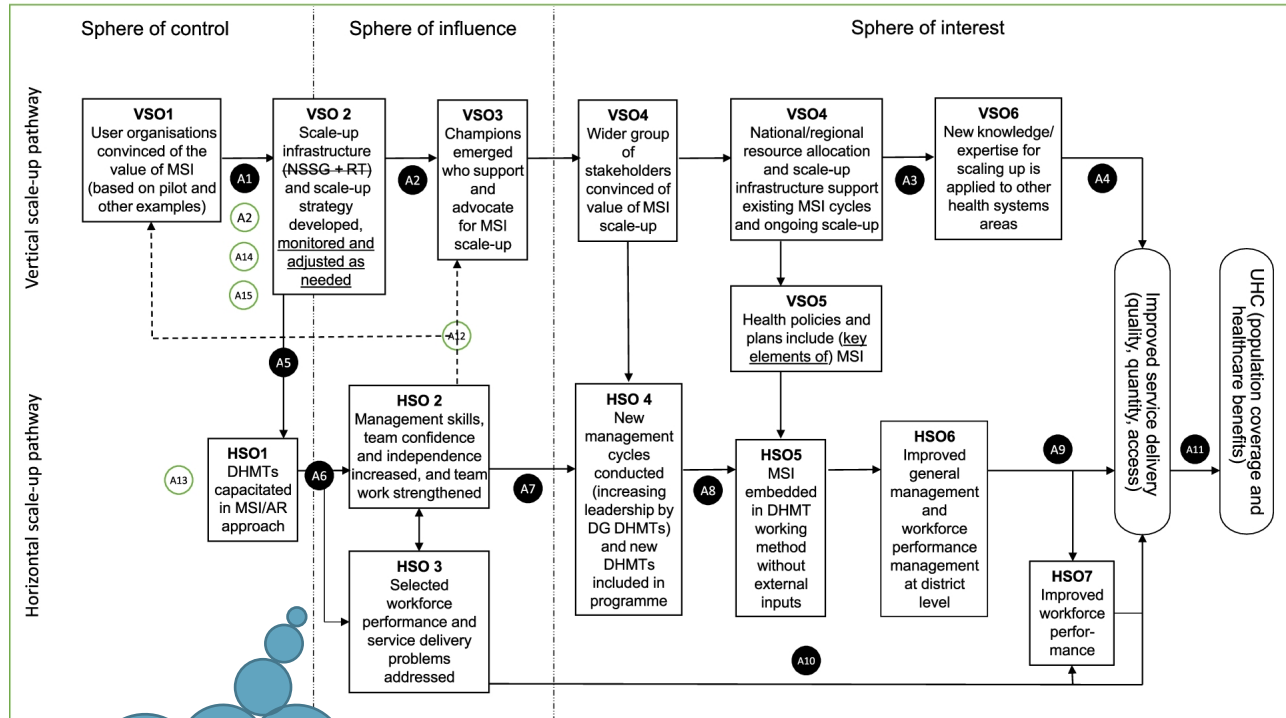
MSI adaptations made during scale-up

- 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

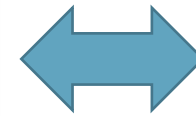
ToC as starting point – and iterative process



Initial context
analysis

Process
evaluation

Outcome
evaluation



Consortium
meetings
and
webinars

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

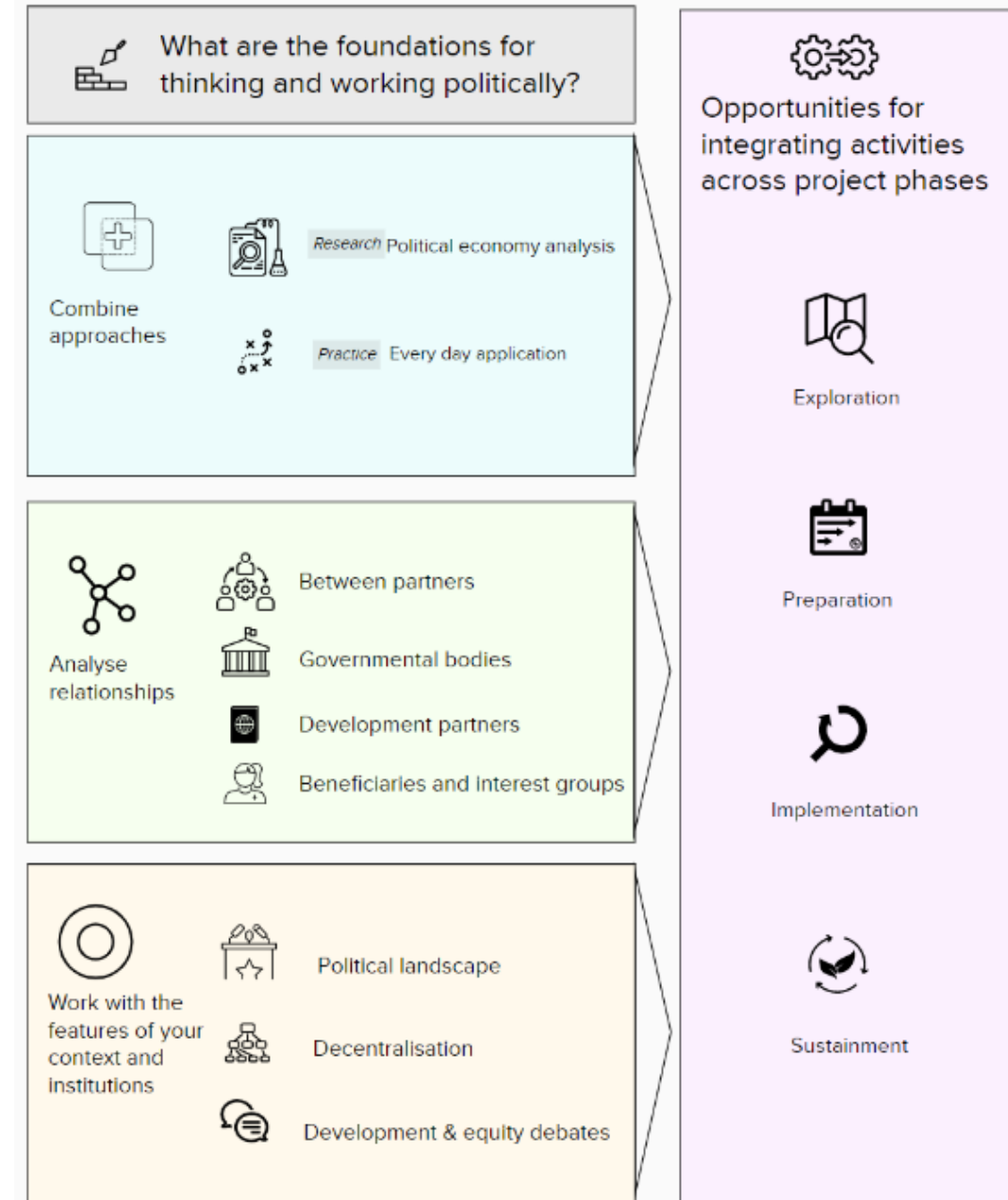


Understanding political economy dynamics crucial for evaluating scale-up

- 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





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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