

# 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

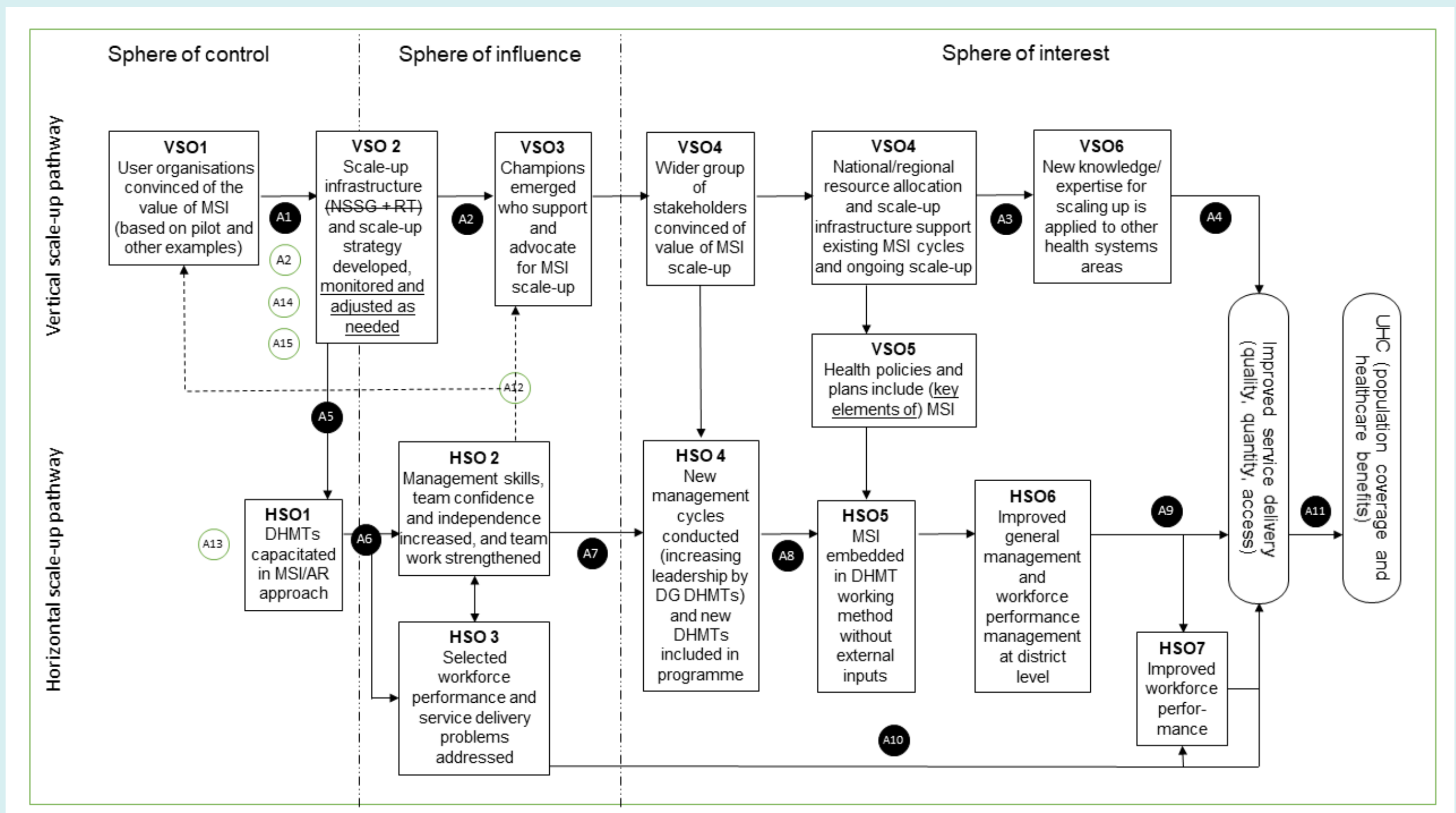


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**Background.** Since 2017, PERFORM2Scale, a research consortium with partners from seven countries in Africa and Europe, has steered the implementation and scale-up of a district-level health management strengthening intervention in Ghana, Malawi and Uganda. This poster presents PERFORM2Scale’s theory of change (ToC) and reflections upon and adaptations of the ToC over time. It aims to contribute to understanding the benefits and challenges of using a ToC-based approach for monitoring and evaluating the scale-up of health system strengthening interventions.

**Methods.** The consortium held annual ToC reflections that entailed multiple participatory methods, including individual scoring exercises, country and consortium-wide group discussions and visualizations. The reflections were captured in detailed annual reports.

**Results.** The PERFORM2Scale ToC describes how the management strengthening intervention, which targets district health management teams, was expected to improve health workforce performance and service delivery at scale, and which assumptions were instrumental to track over time.



AR: action research; DG: district group; DHMT: district health management team; HSO: horizontal scale-up outcome; MSI: management strengthening intervention; NSSG: national scale-up steering group; RT: resource team; UHC: universal health coverage; VSO: vertical scale-up outcome. The assumptions are indicated in small circles. ToC adaptations are indicated in dotted lines for arrows, in underlined text and in (new) assumptions having a white instead of a black background.

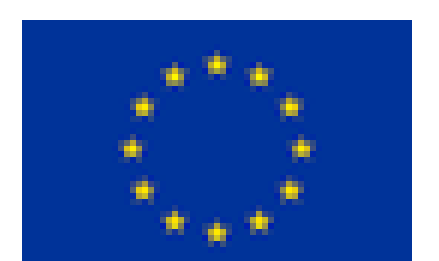
The annual ToC reflections proved valuable in gaining a nuanced understanding of how change did (and did not) happen. This helped in strategizing on actions to further steer the scale-up the intervention. It also led to adaptations of the ToC over time. Based on the annual reflections, these actions and adaptations related to:

- Assessing the scalability of the intervention
- Documentation and dissemination of evidence about the effects of the intervention
- Understanding power relationships between key stakeholders
- The importance of developing and monitoring a scale-up strategy
- Identification of opportunities to integrate (parts of) the intervention into existing structures and strategies

**Lessons learned.** Rather than seeing the ToC as a product, it has been a process, a way of working, in the consortium’s aim to study and steer the scale-up of the intervention. PERFORM2Scale’s experience provides lessons for using ToCs to monitor and evaluate the scale-up of health system strengthening interventions:

- ToCs can help in establishing a common vision on intervention scale-up
- Through ToC reflections over time, monitoring & evaluation could become a purposeful part of the scale-up process
- ToC reflections were enriched by using multiple participatory methods, guided by a ‘reflection facilitator’ who was part of PERFORM2Scale, but not directly involved in steering the scale-up of the intervention in one of the countries
- ToC-based approaches should include a variety of stakeholders and require their continued commitment to reflection and learning on intervention implementation and scale-up

**Conclusion.** ToC-based approaches can help in adapting interventions as well as scale-up processes to be in tune with contextual changes and stakeholders involved, to potentially increase chances for successful scale-up.



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