

PERFORM2Scale

Data Collection   
Fieldwork Manual

Updated version January 2023

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# A. Foreword

## 1.What is the PERFORM2Scale fieldwork manual?

This fieldwork manual is a guide to conduct health systems research on scaling-up a Management Strengthening Intervention (MSI). This manual is based on the work of the [PERFORM2Scale](https://www.perform2scale.org/) research programme that developed and evaluated a sustainable approach to scaling-up a successful district-level MSI in Ghana, Malawi and Uganda.

In each country setting the work was led by a Country Research Team (CRT) from the African partner. Nine districts in each country took part in the study (each group of three adjacent districts is referred to as a DG). The CRTs were supported in the delivery of the project by a paired partner (PP) from a European institution. There is more on these roles and how the programme was run on the [PERFORM2Scale website](https://www.perform2scale.org/).

PERFORM2Scale was a complex study with multiple partners, settings, research methods and tools. We recognised the need to develop approaches to ensure that the research teams had shared understandings of the research and tools, and followed a similar approach to data collection, management and analysis across the three country settings. One of these approaches was the development of a fieldwork manual and data collection tools.

## 2.How was the manual developed and adapted?

In the early stage of PERFORM2Scale, all researchers from the seven international partners, located across Europe and Africa, worked together to develop the manual and a set of generic research tools. The tools were then adapted to the specific contexts and were subjected to multiple rounds of stakeholder consultation. We also adapted the tools to include questions on COVID-19.

Based on experience of using the manual, the manual was adapted, e.g. more explicit inclusion of gender in sampling, data collection and analysis; more inclusion of political economy analysis throughout the research process; and quality assurance tips were developed.

## 3.Who is the manual for?

It is for those who are conducting health systems research and implementation research across different countries and settings. It’s also for people who are interested in researching scale-up approaches and management strengthening interventions - the tools are particularly interesting.

## 4.How can the manual be used?

The purpose of the PERFORM2Scale fieldwork manual is to guide research teams across countries, as well as anybody else they involve, in conducting fieldwork, e.g. data collectors. Its aim then and now is to support good quality data collection and ensure that similar steps and processes are followed during data collection in all settings. This will aid analysis, comparability and synthesis of findings.

Throughout this manual we refer to districts, country research teams (CRTs) and other PERFORM2Scale-specific bodies and individuals. If you are using the manual to run your own study you will, of course, replace these with your own equivalents.

The manual is not meant to be prescriptive but rather a living document, that can be adapted to the context and to changes in the study, research team and the wider environment.

## 5.What has PERFORM2scale learned from using the manual?

1. We worked together to develop this manual and the tools, which took time. But this was time well spent, as this developed a shared understanding amongst research teams about data collection, management and analysis. It also generated a sense of ownership of the manual which supported context-specific adaptations.
2. We used the manual to guide discussion about fieldwork, highlighting any challenges, and finding solutions.
3. By using this manual, we were able to reflect on how the tools complemented each other, how they contributed to answering our overall research questions, and supported analysis of country data, and synthesis of findings across the different settings.
4. The manual allowed for some commonalities across the countries but also some flexibility for the different contexts; we used it as a living document so that research teams could adapt as situations changed but at the same time keeping in mind the overall research questions and approach.
5. The timeline of the programme helped us to monitor progress and take action when needed.
6. We recognised that the manual and tools needed to be simple to use, concise, and with a focus on practical application.

We hope that you find this manual and the research tools interesting and useful and adapt it to your study and context. Please let us know how you get on, and if you have any questions, please contact: [Joanna.Raven@lstmed.ac.uk](mailto:Joanna.Raven@lstmed.ac.uk)

For further information about PERFORM2Scale including publications, reports, briefing documents, blog posts and the [Management Strengthening Toolkit](https://www.perform2scale.org/management-strengthening-intervention-toolkit), please see:

[www.perform2scale.org](http://www.perform2scale.org) [@PERFORM2scale](https://twitter.com/PERFORM2scale)

**Acronyms / abbreviations**

|  |  |
| --- | --- |
| **AR** | Action research |
| **CRT** | Country Research Team |
| **CSO** | Civil society organisation |
| **DG** | District Group |
| **DHMT** | District Health Management Team |
| **DHO** | District Health Officer |
| **FGD** | Focus group discussion |
| **HMIS** | Health Management Information System |
| **HR** | Human resources |
| **HRM** | Human resource management |
| **KIT** | Royal Tropical Institute, Netherlands |
| **LSTM** | Liverpool School of Tropical Medicine, UK |
| **MSI** | Management strengthening intervention |
| **NSSG** | National Scale-up Steering Group |
| **PY** | Project year |
| **PP** | Paired partner |
| **RT** | Resource Team |
| **SSI** | Semi-structured interview |
| **SWISS TPH** | Swiss Tropical and Public Health Institute |
| **TCD** | Trinity College Dublin, Ireland |

# B. Introduction

## Aim of the PERFORM2Scale project

The overall aim of the PERFORM2Scale project was to develop and evaluate a sustainable approach to scaling-up a district-level management strengthening intervention (MSI) in different and changing contexts.

## Research questions that PERFORM2Scale aimed to answer

The research/evaluation project addressed ten research questions with 14 tools, which are divided into context, process and outcome tools (see Table 1 and Figure 1). The tool # indicates the number under which the tool is available on the PERFORM2Scale website.

* Initial Context Analysis: explored decision making around scaling-up interventions within the health system, and used a desk review and qualitative interviews with national and district-level managers and stakeholders.
* Process evaluation: to assess whether the intervention and scale-up had been implemented as intended and how and why outputs and outcomes had been achieved (or not), tracking of the intervention and scale-up, document review, and qualitative interviews and discussions with district managers and other stakeholders.
* Outcome evaluation: to evaluate outcomes of the scale-up of the intervention. This included district situation analysis using existing health service data, a management competency survey with district level managers, qualitative discussions on decision space with district-level managers, human resource strategies survey with health workers, and collection of cost data.

Table 1: Research questions and related tools

|  |  |  |
| --- | --- | --- |
| **Research question** | **Tool to answer the question** | **Tool #** |
| **Initial context analysis** | |  |
| 1. How could the political and economic structures influence scale-up of the MSI? | Desk review tool | 1 |
| CRT reflection tool | 2 |
| Semi-structured interview guide (SSI) | 3 |
| 1. How could stakeholders and relations between these stakeholders influence scale-up of the MSI? | Desk review tool | 1 |
| CRT reflection tool | 2 |
| Semi-structured interview guide (SSI) | 3 |
| **Process evaluation** | | |
| 1. How is the MSI implemented? | MSI interview guide | 6 |
| 1. How is the MSI scale-up strategy implemented? | Scale-up assessment tool | 5 |
| Document review tool | 8 |
| SSI guide with additional stakeholder | 9 |
| 1. How do various factors, processes and initiatives facilitate or hinder implementation of the MSI? | MSI interview guide | 6 |
| CRT refection tool | 7 |
| Document review tool | 8 |
| 1. How do various factors, processes and initiatives facilitate or hinder implementation of the scale-up of the MSI? | SSI guide with additional stakeholder | 9 |
| CRT refection tool | 7 |
| Scale-up assessment tool | 5 |
| 1. What are the costs of the MSI? | Integrated tracking-costing tool | 4 |
| 1. What are the costs of scaling-up the MSI? | Integrated tracking-costing tool | 4 |
| **Outcome evaluation** | | |
| 1. What are the effects of the MSI on management strengthening, workforce performance and service delivery? | Management competencies measurement for DHMT self-assessment tool | 12 |
| DHMT decision space tool | 13 |
| HR strategies tool for health worker | 14 |
| HMIS synthesis tool | 11 |
| 1. What are the outcomes/ effects of scaling-up the MSI? | District situation analysis tool | 10 |
| HR strategies tool for health worker | 14 |

## The study design

The study design was a case study approach, focusing on understanding implementation of the MSI in districts in three countries (Ghana, Malawi, and Uganda). A combination of quantitative and qualitative data collection methods were used. The specific data collection methods are individually introduced in section B.

## Purpose of fieldwork manual

The purpose of this fieldwork manual was to guide the Country Research Teams (CRTs) in the three partner countries, as well as anybody else they involved in conducting fieldwork, e.g. data collectors, –and DHTM members themselves for some tools.

The objectives of the fieldwork manual were:

1. To guide good quality data collection performed by anybody involved in the activity.
2. To align data collection across the three countries and districts by ensuring that similar steps and processes were followed during data collection.

## How to use this fieldwork manual

The manual provides an overview of the PERFORM2Scale work plan to provide a basic orientation for those who are less familiar with the project. It also provides a summary table of the data collection and reporting tools that were developed for use across the entire duration of the PERFORM2Scale project. These overviews were useful for the CRTs, extended CRTs (e.g. data collectors hired to support a CRT), and partners, e.g. DHMT members themselves, when preparing and planning for the fieldwork. The manual further supported the paired partner in their role in supporting the CRTs.

All 14 tools are explained in detail in section B of this manual. Tools 1-3 are part of the context analysis, Tools 4-9 are part of the process evaluation and Tools 10-14 are part of the outcome evaluation. For each tool, short general information is provided - including a table that outlines the roles and responsibilities of CRTs, extended CRTs and partners. Also, a more in-depth description of the data collection process is provided – detailing each of the steps to be taken (including a detailed description of the sampling, data management, data analysis, quality assurance and reporting). Attention is paid to gender-sensitivity across all stages of the project, from the study design, tool development, data collection, analysis, interpretation, reporting and feedback/dissemination.

For an overview of the sequencing of the data collection check the workplan in Figure 1. The overall reporting responsibilities are also summarised.

Each section is designed for convenient use, such that data collection teams can print the information needed to collect data for the particular tool of interest at a given time.

Figure 1: PERFORM2Scale processes and data collection (see over)

## Work plan used for PERFORM2Scale

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Phases of data collection /monitoring** | **Tools** | **2017** | | | | **2018** | | | | **2019** | | | | **2020** | | | | **2021** | | | |
| Context Analysis | DG1 |  | | | | MSI 1 | | | | MSI 2 | | | | MSI 3 | | | |  | | | |
| DG2 |  | | | |  | | | | MSI1 | | | | MSI2 | | | |  | | | |
| DG3 |  | | | |  | | | |  | | | | MSI1 | | | |  | | | |
|  | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q  2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 |
| [1 Desk review tool](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.perform2scale.org%2Fsites%2Fperform%2Ffiles%2Fcontent%2Fattachments%2F2023-02-16%2FTool%25201-%2520desk%2520review%2520tool%2520%2528ICA%2529.docx&wdOrigin=BROWSELINK) |  |  | X | X | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DG |  |  | n/a |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 [CRT reflection tool](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.perform2scale.org%2Fsites%2Fperform%2Ffiles%2Fcontent%2Fattachments%2F2023-02-16%2FTool%25202-%2520CRT%2520reflection%2520%2528ICA%2529.docx&wdOrigin=BROWSELINK) |  |  | X | X | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DG |  |  | n/a |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 [Semi-structured interview guide](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.perform2scale.org%2Fsites%2Fperform%2Ffiles%2Fcontent%2Fattachments%2F2023-02-16%2FTool%25203%2520-%2520Semi-Structured%2520Interview%2520Guide%2520%2528ICA%2529.docx&wdOrigin=BROWSELINK) |  |  |  |  | X |  |  |  | X |  |  |  | X |  |  |  |  |  |  |  |
| DG |  |  |  |  | 1 |  |  |  | 2 |  |  |  | 3 |  |  |  |  |  |  |  |
| Process Evaluation | 4 [Integrated tracking – costing tool](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.perform2scale.org%2Fsites%2Fperform%2Ffiles%2Fcontent%2Fattachments%2F2023-02-16%2FTool%25204-%2520Integrated%2520tracking%2520costing%2520tool.xlsx&wdOrigin=BROWSELINK) |  |  |  |  | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| DG |  |  |  |  | 1 | 1 | 1 | 1 | 12 | 1  2 | 12 | 12 | 123 | 123 | 123 | 123 | 123 | 123 | 123 | 123 |
| [5 Scale-up assessment tool (phase 1 & 2))](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.perform2scale.org%2Fsites%2Fperform%2Ffiles%2Fcontent%2Fattachments%2F2023-02-16%2FTool%25205-%2520Scale%2520up%2520assessment%2520%2528Process%2529.docx&wdOrigin=BROWSELINK) |  |  |  |  |  |  |  | X |  |  |  | X |  |  |  | X |  |  |  |  |
| DG |  |  |  |  |  |  |  | 1 |  |  |  | 1  2 |  |  |  | 1  2  3 |  |  |  |  |
| [6 MSI interview guide](https://www.perform2scale.org/sites/perform/files/content/attachments/2023-02-16/Tool%206%20-%20MSI%20interview%20guide%20.docx) |  |  |  |  |  |  |  | X |  |  |  | X |  |  |  | X |  |  |  |  |
| DG |  |  |  |  |  |  |  | 1 |  |  |  | 1  2 |  |  |  | 1  2  3 |  |  |  |  |
| [7 CRT reflection tool](https://www.perform2scale.org/sites/perform/files/content/attachments/2023-02-16/Tool%207-%20CRT%20reflection%20%28Process%20evaluation%29%20.docx) |  |  |  |  |  |  |  |  | X |  |  |  | X |  |  |  | X |  |  |  |
| DG |  |  |  |  |  |  |  |  | n/a |  |  |  | n/a |  |  |  | n/a |  |  |  |
| [8 Document review tool](https://www.perform2scale.org/sites/perform/files/content/attachments/2023-02-16/Tool%208-%20Document%20review%20%28Process%20evaluation%29.docx) |  |  |  |  |  |  |  | X |  |  |  | X |  |  |  | X |  |  |  |  |
| DG |  |  |  |  |  |  |  | n/a |  |  |  | n/a |  |  |  | n/a |  |  |  |  |
| [9 Semi-structured guide with add. stakeholder](https://www.perform2scale.org/sites/perform/files/content/attachments/2023-02-16/Tool%209-%20Interview%20guide%20with%20additional%20stakeholders%20%28Process%20evaluation%29.docx) |  |  |  |  |  |  |  | X |  |  |  | X |  |  |  |  |  |  |  |  |
| DG |  |  |  |  |  |  |  | 1 |  |  |  | 1  2 |  |  |  |  |  |  |  |  |
| Outcome Evaluation | [10 District situation analysis tool](https://www.perform2scale.org/sites/perform/files/content/attachments/2023-02-16/Tool%2010-%20District%20situation%20analysis%20tool.docx) |  |  |  |  | X |  |  |  | X |  |  |  | X |  |  |  |  |  |  |  |
| DG |  |  |  |  | 1 |  |  |  | 2 |  |  |  | 3 |  |  |  |  |  |  |  |
| [11 HMIS synthesis tool](https://www.perform2scale.org/sites/perform/files/content/attachments/2023-02-16/Tool%2011-%20HMIS%20synthesis%20tool.xlsx) |  |  |  |  | X | X | X | X | X | X | X | X | X | X | X | X |  |  |  |  |
| DG |  |  |  |  | 1 | 1 | 1 | 1 | 1  2 | 1  2 | 1  2 | 1  2 | 1  2  3 | 1  2  3 | 1  2  3 | 1  2  3 |  |  |  |  |
| [12 Management competency measurement for DHMT](https://www.perform2scale.org/sites/perform/files/content/attachments/2023-02-16/Tool%2012%20-%20DHMT%20management%20cap.docx) |  |  |  |  | X |  |  |  |  |  |  |  | X |  |  |  |  |  |  |  |
| DG |  |  |  |  | 1 |  |  |  |  |  |  |  | 1 |  |  |  |  |  |  |  |
| [13 DHMT decision space for human resource management tool](https://www.perform2scale.org/sites/perform/files/content/attachments/2023-02-16/Tool%2013-%20DHMT%20decision%20space.docx) |  |  |  |  | X |  |  |  |  |  |  |  | X |  |  |  |  |  |  |  |
|  | DG |  |  |  |  | 1 |  |  |  |  |  |  |  | 1 |  |  |  |  |  |  |  |
|  | [14 HR strategies self-assessment tool for health workers](https://www.perform2scale.org/sites/perform/files/content/attachments/2023-02-16/Tool%2014-%20Health%20Worker%20Survey.docx) |  |  |  |  | X |  |  |  |  |  |  |  | X |  |  |  |  |  |  |  |
|  | DG |  |  |  |  | 1 |  |  |  |  |  |  |  | 1 |  |  |  |  |  |  |  |

## Reports and responsibilities (showing how PERFORM2Scale was run)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Project Year (PY)** |  | **Reports and project year** | **Responsibility** | **Quality assurance by:** | **Data** |
| PY1/PY2 | 2017/2018 | Initial context analysis report | CRT Ghana  CRT Malawi  CRT Uganda | Swiss TPH/ KIT  TCD/ KIT  LSTM/ KIT | Desk review |
| CRT reflection |
| Semi-structured interviews |
| PY2  PY3  PY4 | 2018  2019  2020 | Annual scale-up report | CRT Ghana  CRT Malawi  CRT Uganda | Swiss TPH/ KIT  TCD/ KIT  LSTM/ KIT | Integrated  tracking-costing |
| Scale-up assessment |
| MSI interviews |
| CRT reflection |
| Document review |
| Semi-structured interviews with additional stakeholders |
| District situation analysis |
| HMIS synthesis |
| Management competency measurement for DHMT |
| DHMT decision space for HRM |
| HR strategies self-assessment for health workers |
| PY5 | 2021 | Country case study report | CRT Ghana  CRT Malawi  CRT Uganda | Swiss TPH/ KIT  TCD/ KIT  LSTM/ KIT | Integrated tracking-costing |
| PY5 | 2021 | Synthesis report & validation framework for intervention | LSTM  KIT  Swiss TPH  Dublin team |  | Integrated tracking-costing |

# C. Data collection and reporting

## Tool 1 - Desk review tool (initial context analysis)

[Download tool 1 here](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.perform2scale.org%2Fsites%2Fperform%2Ffiles%2Fcontent%2Fattachments%2F2023-02-16%2FTool%25201-%2520desk%2520review%2520tool%2520%2528ICA%2529.docx&wdOrigin=BROWSELINK)

**GENERAL**

**Aim:**

* The desk review should be performed to capture existing information about the factors that could influence the scale-up of the MSI, experiences from any previous project, other management strengthening interventions and the scale-up of other health interventions.

**General information:**

* The desk review will be performed by the CRTs.
* The documents to be reviewed include the national constitution and development plans, national health and gender policies and strategies, academic political economy literature, national studies or documents on similar management strengthening initiatives and scaling-up.
* A desk review tool has been developed for this component. This tool is in the form of a data extraction sheet (Excel) and includes questions and explanations on how to address these questions. Documents that might be useful to answer these questions are suggested.
* The specific topic areas that are covered in the desk review include: historical factors, government actions, current health system arrangements, political arrangements, socio-cultural-ethnic and gender constellations and economic arrangements of the country (these concepts are further operationalised in the tool). The focus is on how these factors and arrangements could influence the scale-up of the MSI. Additional topics regarding the enthusiasm for scale-up of the MSI and experiences from other similar interventions are also included in the desk review tool.

**When and where:**

* The desk review should take place at the very beginning of project year 1 across all implementing sites.

**Roles and responsibility**

1. Planning

|  |  |
| --- | --- |
| **Who is mainly responsible for the development of the planning** (CRTs, additional researchers, etc.) | **The planning needs to be shared with:** (all CRT members, additional researchers, paired partners etc.) |
|  |  |
|  |  |
|  |  |
|  |  |

1. Data collection

|  |  |  |  |
| --- | --- | --- | --- |
| **Who is mainly responsible for the data collection** (CRTs, additional researchers, etc.) | **If necessary, specify activity/responsibility** (e.g. data collection in DG1 or DG2, transcription of interviews etc.) | **Who is mainly responsible for the supervision of the data collection** (CRT member, etc.) | **Who is mainly responsible for the quality assurance of the data collection** (CRT, paired partners) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Data storage

|  |  |
| --- | --- |
| **Who is mainly responsible for the data storage** (CRTs, additional researchers, etc.) | **Who is mainly responsible for the supervision of the data storage** (CRT member, etc.) |
|  |  |
|  |  |
|  |  |

1. Data analysis and interpretation

|  |  |  |
| --- | --- | --- |
| **Who is mainly responsible for the data analysis** (CRTs, additional researchers, etc.) | **Who is mainly responsible for the supervision of the data analysis** (CRT member, etc.) | **Who is mainly responsible for the quality assurance of the data analysis** (CRT, paired partners) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. Report writing

|  |  |  |
| --- | --- | --- |
| **Who is mainly responsible for the report writing** (CRTs, additional researchers, etc.) | **Who is mainly responsible for the supervision of the reporting** (CRT member, etc.) | **Who is mainly responsible for the quality assurance of the reporting** (paired partners) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Data collection**

**Step 1: Make a plan**

* Fill Table 1

Table 1: Planning of desk review

|  |  |  |
| --- | --- | --- |
| **Activity** | **When** | **By whom** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Step 2: Before data collection**

* Collect / (internet) search for the various documents that you will need for the desk review. Examples of relevant documents are:
  + The national constitution and development plans
  + National health policies and strategies
  + Academic political economy literature
  + Gender policies and strategies
  + National studies or documents on similar management strengthening initiatives and scaling-up

**Step 3: During data collection**

* Read the relevant documents and use the desk review tool to extract the relevant information.
* When reading, scan the documents for relevant information about the successes or challenges during the MSI or the scale-up of MSI, including gender-related aspects. Extract the data/copy the **raw data** into the desk review tool (Excel tool).
* Use references in desk review tool (examples provided in the text).
* When you have finished the data extraction, try to align and restructure the information extracted. Check for duplication of data and check whether there is still information missing – paying particular attention to the political economy and gender aspects as these can be challenging to compile.

**Step 4: After data collection**

* Summarising the data in your own words from the desk review tool (data extraction sheet) per question might be useful before starting the data analysis/report writing.

**Step 5: Data storage and management**

* Collation and storage in country:
  + Collate this data using the research tools.
  + Store the data on password protected computers.
* Data transfer to a secure server
  + Input data from anonymized questionnaires into a database such as Excel or SPSS, ensuring these tools are only accessed via secure, password-protected computers.
  + Store Excel or SPSS database in your secure site. Do not keep versions of data sheets or tools on individual computers: there should be a shared Master version maintained at all times as the ‘one source of truth’.

**Step 6: Data analysis** **and interpretation**

* The data analysis should be performed by at least two researchers by using NVivo or other software.
* See the data extracted in the desk review tool as a transcript for analysis (qualitative research)
* Familiarise yourself with the data: read and re-read the transcripts, being mindful of the discussions of the importance of wearing “a PEA hat” and “gender-sensitive lens” across the spectrum of the study.
* Code the transcripts according to the common coding framework in NVivo.
* Check whether new codes need to be added to the coding framework.
* Search for and identify patterns or themes in the data: the codes will be combined in overarching themes.
* Review the identified patterns/themes and assign codes.
* Extract examples/direct quotations for the report.

**Step 7: Reporting**

* During PERFORM2Scalehe the data collected was written up in the annual scale-up report (including case-studies). You may want to do the same. In this report the data collected from the desk-review tool was combined with the CRT reflection tool and the interviews. A report outline was developed before the report was written and included references to all critical aspects of interest.

## Tool 2 - CRT reflection tool (initial context analysis)

[Download Tool 2 here.](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.perform2scale.org%2Fsites%2Fperform%2Ffiles%2Fcontent%2Fattachments%2F2023-02-16%2FTool%25202-%2520CRT%2520reflection%2520%2528ICA%2529.docx&wdOrigin=BROWSELINK)

**GENERAL**

**Aim:**

* The CRT reflection tool captures the views and experiences of the CRTs regarding factors and actors influencing the MSI and the scale-up of the MSI.

**General info:**

* The CRT reflection tool includes questions that the CRT will jointly discuss in a group discussion.
* The group discussion should be facilitated by a CRT member or a colleague (paired partner)
* The topics covered in the CRT reflection tool are related to decision makers and their perceptions of the MSI, stakeholders that might hinder or facilitate scale-up of the MSI, and reflections on the implementation of the MSI.
* **The group discussion should be audio recorded and transcribed verbatim.**

**Participants:**

* CRT members

**When and where:**

* The CRT reflection tool should be introduced from PY1.

**Roles and responsibility**

1. Planning

|  |  |
| --- | --- |
| **Who is mainly responsible for the development of the planning** (CRTs, additional researchers, etc.) | **The planning needs to be shared with:** (all CRT members, additional researchers, paired partners) |
|  |  |
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|  |  |

1. Data collection

|  |  |  |  |
| --- | --- | --- | --- |
| **Who is mainly responsible for the data collection** (CRTs, additional researchers, etc.) | **If necessary, specify activity/responsibility** (e.g. data collection in DG1 or DG2, transcription of interviews etc.). | **Who is mainly responsible for the supervision of the data collection** (CRT member, etc.) | **Who is mainly responsible for the quality assurance of the data collection** (CRT, paired partners) |
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1. Data storage

|  |  |
| --- | --- |
| **Who is mainly responsible for the data storage** (CRTs, additional researchers, etc.) | **Who is mainly responsible for the supervision of the data storage** (CRT member, etc.) |
|  |  |
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1. Data analysis and interpretation

|  |  |  |
| --- | --- | --- |
| **Who is mainly responsible for the data analysis** (CRTs, additional researchers, etc.) | **Who is mainly responsible for the supervision of the data analysis** (CRT member, etc.) | **Who is mainly responsible for the quality assurance of the data analysis** (CRT, paired partners) |
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1. Report writing

|  |  |  |
| --- | --- | --- |
| **Who is mainly responsible for the report writing** (CRTs, additional researchers, etc.) | **Who is mainly responsible for the supervision of the reporting** (CRT member, etc.) | **Who is mainly responsible for the quality assurance of the reporting** (CRT, paired partners) |
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**Data collection**

**Step 1: Make a plan**

* Plan a day when several CRT members can come together to perform the CRT reflection. They should be informed in advance and guided to plan sufficient time, e.g. 2 hours, so the exercise does not happen in a rush.

**Step 2: Before data collection**

* Print the CRT reflection tool and bring it with you when meeting with the other CRT member(s).

**Step 3: During data collection**

* It is very important that exchange/discussion takes place between the CRT members as part of a group discussion. One of the CRT members should be the facilitator of the group discussion or another colleague (paired partner) could facilitate the session. Be mindful of any gender and power influences that may subtly play a role. The facilitator will pose the questions that are mentioned in the CRT reflection tool and discussion can take place. The facilitator should do her/his best to make all at ease and ensure that all contributions are welcome. They might probe answers to acquire a better/more profound understanding. No preparation is necessary as the answers are based on personal experiences/views. However, it is important that the meeting takes place in a quiet place where there are no disturbances and where some basic refreshments are available for the CRT members.
* Record the interview using an audio recorder.
* The facilitator might take notes on the /o discussions.
* The answers provided by the CRTs capture their own experiences and views on factors and actors influencing the scale-up of the MSI. This means that the CRT reflection tries not to capture how it should be or how it is supposed to be (as described in certain policy documents). The CRT reflection tries to capture how it ‘actually’ is (e.g. derived from opinion stories in newspapers or their own experience). This may include the latest trends or changes that are not yet documented or the ‘juicy’ information that is not captured in official documents or scientific papers, but is very relevant for the context of a certain country, and as well to ‘dig deeper’ to try and unearth fresh reflections about how gender and other factors may be influencing the MSI and scale-up processes.

**Step 4: After the data collection**

* Expand your notes as soon as possible after the CRT reflection discussions (preferably within 24 hours).
* Start the transcription of the interviews as soon as possible. The transcription has to be verbatim.
  + You can use Table 6 to make a plan of the transcriptions including quality assurance.
  + Use the guidance note and template for the transcription to ensure uniformity [(see Annex 2).](#_Annex_2:_Template)

**Step 5: Data storage and management**

* **Participant Identification Number**

Allocate a Participant Identification Number (PIN) to each participant. Add participant names to a list with their respective Participant Identification Numbers (PINs) then store this document securely and separately from the transcripts and recordings.

* **Recordings and notes**Take recordings and/or notes during interviews/discussions/field visits. Store recordings on password-protected computers. Label with the appropriate PIN. Delete the recordings from the recorder within 12 hours. Store notes in a locked cupboard or drawer.
* **Transcription**Transcribe the recordings and notes into Word documents and store on password-protected computers. Label with the appropriate PIN.
* **Anonymisation of data** [**(see Annex 4)**](#_Annex_5:_Guidelines)Anonymize the transcripts and notes: go through each transcript / notes and ensure all names are removed or changed to pseudonyms throughout. Ensure as much identifying data is removed or changed, e.g. job titles can be changed to something generic such as ‘health worker’.
* **Upload data to secure location**Upload anonymized transcripts from password0protected computers and store on a secure, password-protected server in clearly marked folders.
* **Download data** Download transcripts onto secure, password-protected computers for analysis in NVivo or any other analysis management tool.

**Step 6: Data analysis** **and interpretation**

* The data analysis should be performed by at least two researchers using NVivo.
* Become familiar with the data: read and re-read the transcript of the CRT reflection session and be mindful of gender and other underlaying influences that can easily be lost.
* Code the transcripts according to the common coding framework.
* Check whether new codes need to be added to the coding framework.
* Search for and identify patterns or themes in the data: the codes will be combined in overarching themes.
* Review the identified patterns/themes. Always reflect on gender aspects during analysis and disaggregate the data. Extract examples and quotations for the report.

**Step 7: Reporting**

* The data collected should be written up in the initial context analysis report.
* In this report, the data collected from the CRT reflection tool will be combined with the interviews and the desk-review tool. The data of the CRT reflection tool (initial context analysis) will mainly be used in the discussion of the intimal context analysis report. Use the information to provide clarification and explanations of certain findings of the desk-review and interviews.

## Tool 3 - Semi-structured interview (SSI) guide (initial context analysis)

[Download Tool 3 here.](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.perform2scale.org%2Fsites%2Fperform%2Ffiles%2Fcontent%2Fattachments%2F2023-02-16%2FTool%25203%2520-%2520Semi-Structured%2520Interview%2520Guide%2520%2528ICA%2529.docx&wdOrigin=BROWSELINK)

**GENERAL**

**Aim:**

* The CRTs will interview stakeholders at national and local levels to acquire insights about the political economy.

**General info:**

* The interviews will take 60 - 90 minutes.
* The CRTs will perform the interviews while using an interview guide.
* Attention will be paid to gender, positions and the interplay between the two when considering who will conduct the interviews and with whom.

Preferably, two CRT members will perform the interviews (one interviewer, one note-taker). If not feasible, the interview could be performed by one interviewer. The interview guide can be used flexibly (not all sub-questions will be used with each participant).

* The topic areas to cover are the policy framework, experiences with similar interventions and scaling-up of health programs, views on scaling-up the MSI, impressions on decision makers and power dynamics/politics, and how gender may be an influencing factor. When missing information is identified during the desk review additional topics could be included.
* **The SSIs will be audio recorded and transcribed verbatim. The assigned number will be the only identifier saved on the transcripts.**

**Participants:**

* At national level, seven to eight SSIs will be performed.
* At local level, seven to eight SSIs will be performed per district.

**When and where:**

* The interviews will take place in all study contexts over the duration of the project.
* The later interviews should aim to identify whether there are changes in the context since starting the MSI implementations.
* Fill the name of the districts in the table below:

|  |  |  |
| --- | --- | --- |
| **The interviews will take place in the following districts:** | | |
| District Group 1 (PY2) | District Group 2 (PY3) | District Group 3 (PY4) |
|  |  |  |
|  |  | |
|  |

**Roles and responsibility**

1. Planning

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| --- | --- |
| **Who is mainly responsible for the development of the planning** (CRTs, additional researchers, etc.) | **The planning needs to be shared with:** (all CRT members, additional researchers, paired partners) |
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1. Data collection

|  |  |  |  |
| --- | --- | --- | --- |
| **Who is mainly responsible for the data collection** (CRTs, additional researchers, etc.) | **If necessary, specify activity/responsibility** (e.g. data collection in DG1 or DG2, transcription of interviews etc.). | **Who is mainly responsible for the supervision of the data collection** (CRT member, etc.) | **Who is mainly responsible for the quality assurance of the data collection** (CRT, paired partners) |
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1. Data storage

|  |  |
| --- | --- |
| **Who is mainly responsible for the data storage** (CRTs, additional researchers, etc.) | **Who is mainly responsible for the supervision of the data storage** (CRT member, etc.) |
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1. Data analysis and interpretation

|  |  |  |
| --- | --- | --- |
| **Who is mainly responsible for the data analysis** (CRTs, additional researchers, etc.) | **Who is mainly responsible for the supervision of the data analysis** (CRT member, etc.) | **Who is mainly responsible for the quality assurance of the data analysis** (CRT, paired partners) |
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1. Report writing

|  |  |  |
| --- | --- | --- |
| **Who is mainly responsible for the report writing** (CRTs, additional researchers, etc.) | **Who is mainly responsible for the supervision of the reporting** (CRT member, etc.) | **Who is mainly responsible for the quality assurance of the reporting** (CRT, paired partners) |
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**Data collection**

**Step 1: Make a plan**

* Fill Table 2

Table 2: Planning of interviews

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Activity** | **Label of interview** | **When** | **Location** | **Interviewer** | **Note taker** | **Comments** |
| e.g. Interview 1 with actor X | e.g. SSI-1 |  |  |  |  |  |
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**Step 2: Sampling (purposive)**

* Identify the specific participants for the interviews at national and local levels.
* Consider the gender of respondents during sampling.
* Fill Table 3.

Table 3: Sampling (PERFORM2Scale examples are shown)

|  |  |  |  |
| --- | --- | --- | --- |
| **Number of participants** | **National level** | **Name of specific participant** | **Justification for the choice of this participant** |
| 2  2 | Ministry of Health / Ministry of Local Government   * From the planning / human resources (HR) department * From other departments (depending upon country priorities) |  |  |
| 2 | From departments funding/supporting district-level implementation |  |  |
| 2 | From implementing partners (incl. non- governmental organizations (NGOs)) |  |  |
| **Number of participants (per DG)** | **Local level (per DG)** |  |  |
| 2-3 | DHMT members   * Variation of little or much experience as DHMT member * Variation of female and male |  |  |
| 2 | Other local government department members   * Planning director * HR director |  |  |
| 2 | Participants working for NGOs/ FBOs (if relevant) |  |  |

**Step 3: Recruitment of participants**

* Recruit participants.
* Recruitment methods will depend on relations/status and access.
* Discuss with the participant a suitable location for the interview where privacy and confidentiality can be ensured.

**Step 4: Before data collection**

* Test voice recorders to ensure voices are captured loud enough. Ensure you have a charger or spare batteries for your recording device.
* Prepare the materials you need to bring with you in the field using the checklist below. Check on the availability of the participants before the meeting.

Table 4: Checklist of materials

|  |  |
| --- | --- |
| **I have the following materials with me:** | **Yes/No** |
| Interview guide |  |
| Information sheet |  |
| Informed consent forms |  |
| Recorder |  |
| Charger/extra batteries for recorder/battery fully charged |  |
| Block note/notebook/note-taking sheets or laptop |  |
| Pen |  |
| Drinks for participants |  |

**Step 5: During data collection**

* Be reliable. To get participants to take the interview seriously, you need to demonstrate your own commitment. Arrive on time, equipped with the recording equipment, interview guide, and notebooks/note-taking sheets. Be mentally prepared to conduct the interview.
* Obtain (written) informed consent from each participant before the interview.
* Record the interview if consent to record the interview is given.
* Take backup notes, using the note-taking template ([see Annex 1](#_Annex_2:_Note)). If consent to record the interview is not given, take more detailed notes.
* Observe and document participants’ behaviours during the interview and the contextual aspects of the interview as part of your field notes. Note if the participant seems distracted, becomes emotional over a particular question or topic, or seems reluctant to discuss a subject area. Also make a note if you suspect the participant is not being consistent in responding to the questions and why you think this is, and if gender or power relations may play a role.
* Follow the interview guide during the interviews. Make sure you cover all questions included in the interview guide.
* Ask follow-up questions or probes (some of which may not be scripted in the interview guide) in order to elicit participants’ complete knowledge and experience related to the research topic.
* Probe participants for elaboration of their responses, with the aim of learning all they can share about the research topic. Give careful consideration to gender and reflect if any assumptions are being made.

**Step 6: After the fieldwork**

* Expand your notes as soon as possible after each interview, preferably within 24 hours, while your memory is still fresh.
* Reflect on the interviews and write these reflections down – especially as they relate to subtle or underlying factors/ possible influences that may only indirectly be articulated.
* Highlight the emerging issues that might require follow up in the subsequent interviews.
* Identify any gaps in the data so far collected.
* Prepare a summary of the discussion which includes a combination of the expanded notes and reflections.
* Start the transcription of the interviews as soon as possible after the interview. The transcription has to be verbatim.
  + You can use Table 5 to make a plan of the transcriptions including quality assurance.
  + Use the guidance note and template for the transcription to ensure uniformity [(see Annex 2).](#_Annex_2:_Template)

Table 5: Transcription process overview

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Label of interview (according to Table 3)** | **Transcription done by:** | **Target date of transcription:** | **Quality assurance of transcription by:** | **Target date of quality assurance:** |
|  |  |  |  |  |
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**Step 7: Data storage and management**

* **Participant Identification Number**

Allocate a Participant Identification Number (PIN) to each participant. Add participant names to a list with their respective Participant Identification Numbers (PINs) then store this document securely and separately from the transcripts and recordings.

* **Consent forms**

Distribute information sheets and get consent forms signed prior to interviews and discussions. Label consent forms with their PINs and then store the hard copies in a locked cupboard or drawer. Scan/photograph the consent forms and save on a password-protected computer in a separate folder from the transcripts and recordings, with access only by the research team. These consent forms need to be kept for five years from the end of the project. Scans should be deleted from email accounts or mobile devices once they have been transferred to a computer.

* **Recordings and notes**

Take recordings and/or notes during interviews/discussions/field visits. Store recordings on password-protected computers. Label with the appropriate PIN. Delete the recordings from the recorder within 12 hours. Store notes in a locked cupboard or drawer.

* **Transcription**

Transcribe the recordings and notes into Word documents and store on password-protected computers. Label with the appropriate PIN.

* **Anonymisation of data** [**(see Annex 4)**](#_Annex_5:_Guidelines)

Anonymise the transcripts and notes: go through each transcript / notes and ensure all names are removed or changed to pseudonyms throughout. Ensure as much identifying data is removed or changed, e.g. job titles can be changed to something generic such as ‘health worker’.

* **Analysis**

Analyse transcripts in NVivo or any other analysis management tool.

**Step 8: Data analysis and interpretation**

* The data analysis should be performed by at least two researchers by using NVivo.
* Get familiar with the data: read and re-read the transcripts and be attentive to PEA and gender aspects.
* Code the transcripts according to the common coding framework in NVivo.
* Check whether new codes need to be added to the coding framework.
* Search for and identify patterns or themes in the data: the codes will be combined in overarching themes.
* Review the identified patterns/themes and prepare a list of proposition statements for discussion and validation.
* Always reflect on gender aspects during analysis and disaggregate the data.
* Extract examples and quotations to illustrate the agreed proposition statements and for use in subsequent reports.

**Step 9: Reporting**

* The data collected might be written up in an initial context analysis report.
* In this report the data collected from the interviews may be combined with the CRT reflection tool and the desk-review tool. Compare the different contexts and examine any underlying influences.

## Tool 4 - Integrated tracking and costing tool (process evaluation & outcome evaluation)

[Download Tool 4 here.](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.perform2scale.org%2Fsites%2Fperform%2Ffiles%2Fcontent%2Fattachments%2F2023-02-16%2FTool%25204-%2520Integrated%2520tracking%2520costing%2520tool.xlsx&wdOrigin=BROWSELINK)

**GENERAL**

**Aim:**

* The CRTs will collect data to continuously monitor activities, outputs and costs.

**General info:**

* The tool is an Excel sheet and should be completed by the CRTs.
* The tool covers activities, outputs and the costs (based on the scale-up strategy).
* To fully exploit gains from specialisation and ensure continuity, it is recommended to assign the coordination and handling of the integrated tracking and costing tool to a single expert from the CRT who will be responsible for this activity throughout the project life cycle. For the costing data, finance and account personnel may assist the CRT expert.
* Early in each year the tool should be adapted to the specific activities of that year.

**Participants:**

There are no participants involved as the CRTs will collect the data. Part of the data collection will be assisted by finance and account personnel at district level.

**When and where:**

* The data collection will take place each month.
* Data collection will start in PY1 and will continue until the end of the project.

**Roles and responsibility**

1. Planning

|  |  |
| --- | --- |
| **Who is mainly responsible for the development of the planning**  (CRTs, additional researchers, etc.) | **The planning needs to be shared with:**  (all CRT members, additional researchers, paired partners) |
|  |  |
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|  |  |

1. Data collection

|  |  |  |  |
| --- | --- | --- | --- |
| **Who is mainly responsible for the data collection**  (CRTs, additional researchers, etc.) | **If necessary, specify activity/responsibility** (e.g. data collection, quality checks etc.). | **Who is mainly responsible for the supervision of the data collection**  (CRT member, etc.) | **Who is mainly responsible for the quality assurance of the data collection** (CRT, paired partners) |
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1. Data storage

|  |  |
| --- | --- |
| **Who is mainly responsible for the data storage** (CRTs, additional researchers, etc.) | **Who is mainly responsible for the supervision of the data storage** (CRT member, etc.) |
|  |  |
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|  |  |

1. Data analysis and interpretation

|  |  |  |
| --- | --- | --- |
| **Who is mainly responsible for the data analysis**  (CRTs, additional researchers, etc.) | **Who is mainly responsible for the supervision of the data analysis**  (CRT member, etc.) | **Who is mainly responsible for the quality assurance of the data analysis**  (CRT, paired partners) |
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1. Report writing

|  |  |  |
| --- | --- | --- |
| **Who is mainly responsible for the report writing**  (CRTs, additional researchers, etc.) | **Who is mainly responsible for the supervision of the reporting**  (CRT member, etc.) | **Who is mainly responsible for the quality assurance of the reporting**  (CRT, paired partners) |
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**Data collection**

**Step 1: Make a plan**

* Identify a time period (at least 3 days) each month during which you will collect the data (fill the Excel sheet).
* Consider that the first month’s data collection will take more time than later collections – you will become quicker as the study progresses and you become more experienced.
* Block these days in your schedule.
* Share these days with your paired partner.

**Step 2: Before data collection**

* Identify and collect the various documents/sources (expenditure reports, district budgets etc.) that you might need in order to collect the data. For the costing data collection, the tracking of personnels’ activity may be required which is likely to require consultations of key informants at the level of the NSSG, RT and DHMT. All activities must be strictly MSI and/or scale-up related.

**Step 3: During data collection**

* The Excel document consists of multiple Excel sheets. The first sheet named ‘Overview and Navigation’ gives an overview of the data collection tool.
* In order to keep the data comparable across the study contexts, all modifications of the tracking tool must be performed through a centralised process. We suggest that you do not modify the set-up and parameters of the data-collection tool individually.
* Each month you need to fill the following Excel sheets:
* Excel sheet 5 (scale-up tracking)
* Two costing Excel sheets that are specific to that month
* When working with the integrated tracking and costing tool for the first time, start with *Excel sheet 4 (team composition).*
  + Fill in the name, gender, function and salary of each specific actor of the CRT, NSSG, RT and the DHMTs.
  + Salaries do not need to reflect the actual salary of the different actors. If available, and given the sensitivity, it is suggested to apply reference salaries derived from national salary policies.
  + If you do not have this information, try to call the specific people that might have access to this information.
  + Automatically, completed information relevant for other sheets will be transferred from Excel sheet 4.
* Fill Excel sheet 5 - scale-up tracking
  + This Excel sheet concentrates on the outputs and activities that take place during MSI and the scale-up of MSI.
  + Outputs and activities related to scale-up (Rows 3 - 20) do not need to be filled each month, only once.
  + The rest (Meetings RT, Meetings NSSG, and district information) need to be filled each month (see specific month column).
  + The names of the RT and DHMTs will be automatically derived from Excel sheet 4
  + For most of the cells, you can use the dropdown boxes.
  + If one of the activities or outputs is not applicable, please select the N/A option in dropdown list.
  + If only eight numbers are given but you need more numbers, please feel free to add numbers.
* Fill Excel sheet *(month)* scale-up (Sheet 6)
  + This Excel sheet concentrates on the costs of the scale-up and includes time spent on different activities, per diems, transport costs, costs of materials and supplies, and other expenses.
  + The identification of some data elements is likely to require consultation with key informants in the relevant teams (e.g. CRT, NSSG, RT and DHMT). This specifically concerns the following items:
    - * Time spent on activities per expert
      * Durations of vehicle use
      * Material used per activity
  + For each month, there is a different Excel sheet that needs to be filled.
  + The names of the CRTs, NSSG and RT will be automatically derived from Excel sheet 4.
  + In each green cell you need to provide an answer which could be a number (of days), an amount or a short description of a certain activity. In some of the cells you need to use the dropdown boxes.
* Fill Excel sheet *(month)* MSI (sheet 7)
  + This Excel sheet concentrates on the costs of the MSI and includes time spent on different activities, per diems, transport costs, costs of materials and supplies, and other expenses.
  + The identification of some data elements is likely to require consultation with key informants in the relevant teams (e.g. CRT, NSSG, RT and DHMT). This specifically concerns the following items:
    - Time spent on activities per expert
    - Durations of vehicle use
    - Material used per activity
  + For each month, there is a different Excel sheet that needs to be filled.
  + The names of the DHMT members will be automatically derived from Excel sheet 4.
  + In each green cell you need to provide an answer which could be a number (of days), an amount or a short description of a certain activity. In some of the cells you need to use the dropdown boxes.

Checklist

* Fill Table 1 to check whether you have filled all the Excel sheets for the specific month.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Jan** | **Feb** | **Mar** | **Apr** | **May** | **June** | **July** | **Aug** | **Sept** | **Oct** | **Nov** | **Dec** |
| **Scale-up tracking (5)** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Scale-up** |  |  |  |  |  |  |  |  |  |  |  |  |
| **MSI** |  |  |  |  |  |  |  |  |  |  |  |  |

**Step 4: After data collection**

* Send the data extraction sheet to your paired partners (PP) for quality assurance.
  + During the first three months: send it monthly to PP
  + Rest of the year (9 months): send it quarterly to PP
  + Rest of project: send it each half year to PP

**Step 5 Data storage and management**

* **Collation and storage**

Collate this data using the research tools. Store the data on password-protected computers.

**Step 6: Data analysis and interpretation**

Process evaluation

* For the data analysis of the process evaluation component of the integrated tracking and costing tool, only Excel sheet 5 will be used.
* Data analysis will take place at the end of the year (when the data is collected for one year).
* Working with at least two CRT members make a comparison of what has actually happened (Excel sheet 5) and what should have happened (scale-up strategy/MSI planning). Based on this comparison note what went well and what did not go well.

Costing

* For the data analysis of the process evaluation component of the integrated tracking and costing tool, the Excel sheet scale-up and MSI of the different months will be used.
* The information will be automatically aggregated at line item and national level which is presented in Excel sheet 4 (‘Summary’).
* Apart from pure cost descriptions, the collected information will also be used for modelling estimated costs of alternative scale-up scenarios in the different study contexts. More specifically, costs will be estimated for an expansion of the horizontal scale-up to additional districts in order to assess financial consequences of a national roll-out. Probabilistic sensitivity analysis will be applied to test for uncertainty around the estimated unit costs and quantities.

**Step 7: Reporting**

* The data collected will be written up in the annual scale-up report (includes case studies).
* The information that will be collected for the process evaluation and costing might be written up separately.
* The information collected for the process evaluation will be combined with information from other tools (scale-up assessment, MSI interviews, document review etc.). These other tools might provide explanations as to why certain things did or did not take place.
* The information collected for the costing should be contextualised within other information. Variations in resource use for the scale-up process will provide complementary insights to the process analysis as it highlights the financial feasibility of the processes and it is here that other contextual factors are likely to be reflected. Furthermore, building on the results from the outcome evaluation, cost-effectiveness indicators can be derived by comparing costs with improvements in selected health systems outcomes.

## Tool 5 - Scale-up assessment tool (process evaluation)

[Download Tool 5 here.](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.perform2scale.org%2Fsites%2Fperform%2Ffiles%2Fcontent%2Fattachments%2F2023-02-16%2FTool%25205-%2520Scale%2520up%2520assessment%2520%2528Process%2529.docx&wdOrigin=BROWSELINK)

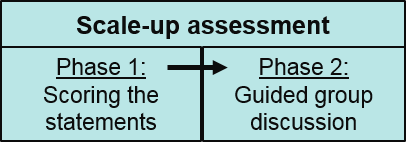
**GENERAL**

**Aim:**

* The scale-up assessment will be performed to acquire insights from national stakeholders involved in the scale-up of the MSI, on how the scale-up operates and by what and how it is influenced.

**General info:**

* The scale-up assessment spans two phases:
  + **Phase 1:** Participants individually score whether they agree or disagree with statements about factors relevant (or not) for ‘their scale-up situation’.
  + **Phase 2:** A guided group discussion where the outcomes of these individually-scored statements will be discussed.



* Once per year (PY2, PY3 and PY4) both phases of the scale-up assessment will take place.
* The topics addressed in the statements (phase 1) are related to the value of the MSI, the MSI capacity of the DHMTs, the scale-up strategy, the resources, partnerships, champions, the NSSG and RT, leadership and political will, and the monitoring of the scale-up process.
* During the guided group discussion (phase 2), the moderator will use a guide of questions/prompts to discuss the individual answers to the statements, and here attention will be paid to underlying influences like power relations, political economy and gender.
* **The guided group discussion will be recorded and transcribed verbatim.**

**Participants:**

* 4 -5 NSSG members
* 4 - 5 RT members

**When and where:**

* The scale-up assessment will be performed three times: PY2, PY3 and PY4.

**Roles and responsibility**

1. Planning

|  |  |
| --- | --- |
| **Who is mainly responsible for the development of the planning**  (CRTs, additional researchers, etc.) | **The planning needs to be shared with:**  (all CRT members, additional researchers, paired partners) |
|  |  |
|  |  |
|  |  |

1. Data collection

|  |  |  |  |
| --- | --- | --- | --- |
| **Who is mainly responsible for the data collection**  (CRTs, additional researchers, etc.) | **If necessary, specify activity/responsibility** (e.g. data collection in DG1 or DG2, transcription of interviews etc.). | **Who is mainly responsible for the supervision of the data collection**  (CRT member, etc.) | **Who is mainly responsible for the quality assurance of the data collection** (CRT, paired partners) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Data storage

|  |  |
| --- | --- |
| **Who is mainly responsible for the data storage** (CRTs, additional researchers, etc.) | **Who is mainly responsible for the supervision of the data storage** (CRT member, etc.) |
|  |  |
|  |  |
|  |  |

1. Data analysis and interpretation

|  |  |  |
| --- | --- | --- |
| **Who is mainly responsible for the data analysis**  (CRTs, additional researchers, etc.) | **Who is mainly responsible for the supervision of the data analysis**  (CRT member, etc.) | **Who is mainly responsible for the quality assurance of the data analysis**  (CRT, paired partners) |
|  |  |  |
|  |  |  |
|  |  |  |

1. Report writing

|  |  |  |
| --- | --- | --- |
| **Who is mainly responsible for the report writing**  (CRTs, additional researchers, etc.) | **Who is mainly responsible for the supervision of the reporting**  (CRT member, etc.) | **Who is mainly responsible for the quality assurance of the reporting**  (CRT, paired partners) |
|  |  |  |
|  |  |  |
|  |  |  |

**Data collection**

**Step 1: Make a plan**

* Fill Table 1 (for specific year you are working).

Table 1: Planning of scale-up assessment

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Activity** | **Label of scale-up assessment** | **When** | **Location** | **Facilitator** | **Note taker** | **Comments** |
| Scale-up assessment 1 | E.g. SA-1 |  |  |  |  |  |
| Scale-up assessment 2 |  |  |  |  |  |  |
| Scale-up assessment 3 |  |  |  |  |  |  |

**Step 2: Sampling (purposive)**

* Identify the specific participants at national level for the scale-up assessment (4 - 5 NSSG members and 4 - 5 RT members).
* Consider the gender of participants during sampling.
* Fill Table 2.

Table 2: Sampling

|  |  |  |  |
| --- | --- | --- | --- |
| **Year/phase** | **Number of participants** | **Name of specific participant at national level/gender** | **Justification for the choice of this participant** |
|  | 5-8 | 1.  2.  3.  4.  5.  6.  7.  8. |  |
|  | 5-8 | 1.  2.  3.  4.  5.  6.  7.  8. |  |
|  | 5-8 | 1.  2.  3.  4.  5.  6.  7.  8. |  |

**Step 3: Recruitment of participants**

* Recruit participants.
* Recruitment methods will depend on relations/status and access.
* Discuss with the participants a suitable location for scale-up assessment where privacy and confidentiality can be ensured.

**Step 4: Before data collection**

* Test voice recorders.
* Prepare the materials you need to bring using the checklist below.

Table 3: Checklists materials

|  |  |
| --- | --- |
| **I have the following materials with me:** | **Yes/No** |
| Printed papers with list of statements (#8) |  |
| Group discussion guide |  |
| Information sheet |  |
| Informed consent forms |  |
| Recorder |  |
| Charger/extra batteries for recorder/battery fully charged |  |
| Block note/notebook/note-taking sheets |  |
| Pen |  |
| Drinks for participants |  |

**Step 5: During data collection**

* Be reliable. To get participants to take the group discussion seriously, you need to demonstrate your own commitment. Arrive on time, equipped with the recording equipment, group discussion guide, and notebooks/note-taking sheets. Be mentally prepared to conduct the scale-up assessment.
* Obtain (written) informed consent from each participant before the scale-up assessment starts.
* The participants receive the list of statements about factors relevant (or not) for ‘their scale-up situation’ and score individually whether they agree or disagree with the statements (these lists of statements are already developed in the tool).
* Record the guided group discussion if consent is given by all participants.
* Take backup notes, using the note taking template ([see Annex 1](#_Annex_2:_Note)). If consent to record the discussion is not granted, take more detailed notes.
* Observe and document participants’ behaviours and contextual aspects of the discussion as part of your field notes. Note if the participant seems distracted, becomes emotional over a particular question or topic, or seems reluctant to discuss a subject area. Also, make a note if you suspect the participant is not being truthful and why you think this. Consider always how to make use of probes to sensitively revisit any aspects and to unpack answers, e.g. related to gender, to get to a deeper understanding.
* Follow the group discussion guide during the discussion about the individual answers to the statements with a special focus on the ‘why’.
* Ask follow-up questions (suggestions are provided in the group discussion guide) in order to elicit participants’ complete knowledge and experience related to the research topic.

**Step 6: After the guided group discussion**

* Expand your notes as soon as possible after the group discussion, preferably within 24 hours, while your memory is still fresh.
* Reflect on the group discussion and write down these reflections.
* Prepare a summary of the discussion, which includes a combination of the expanded notes and reflections.
* Start the transcription of the group discussion as soon as possible.
  + You can use Table 4 to make a plan of the transcriptions including quality assurance.
  + Use the guidance note and template for the transcription to ensure uniformity [(see Annex 2).](#_Annex_2:_Template)

Table 4: Transcription process overview

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Year/phase** | **Label of scale-up assessment (according to Table 1)** | **Transcription done by:** | **Target date of transcription:** | **Quality assurance of transcription by:** | **Target date of quality assurance:** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Step 7: Data storage and management**

* **Participant Identification Number**

Allocate a Participant Identification Number (PIN) to each participant. Add participant names to a list with their respective Participant Identification Numbers (PINs) then store this document securely and separately from the transcripts and recordings.

* **Consent forms**

Distribute information sheets and get consent forms signed prior to interviews and discussions. Label consent forms with their PINs and then store the hard copies in a locked cupboard or drawer. Scan/photograph the consent forms and save on a password-protected computer in a separate folder from the transcripts and recordings, with access only by the research team. These consent forms need to be kept for five years after the end of the project. Scans should be deleted from email accounts or mobile devices once they have been transferred to a computer.

* **Recordings and notes**

Take recordings and/or notes during interviews/discussions/field visits. Store recordings on password-protected computers. Label with the appropriate PIN. Delete the recordings from the recorder within 12 hours. Store notes in a locked cupboard or drawer.

* **Transcription**

Transcribe the recordings and notes into Word documents and store on password-protected computers. Label with the appropriate PIN.

* **Anonymisation of data** [**(see annex 4)**](#_Annex_5:_Guidelines)

Anonymise the transcripts and notes: go through each transcript / note and ensure all names are removed or changed to pseudonyms throughout. Ensure as much identifying data is removed or changed, e.g. job titles can be changed to something generic such as ‘health worker’.

* **Upload data**

Upload anonymised transcripts to a password-protected computer.

* **Analyze**

Analyse transcripts using in NVivo or any other data analysis management tool.

**Step 8: Data analysis and interpretation**

* The data analysis should be performed by at least two researchers using NVivo or another qualitative analysis software.
* They should familiarise themselves with the data: read or re-read the transcripts.
* Code the transcripts according to the common coding framework.
* Check whether new codes need to be added to the coding framework.
* Search for and identify patterns or themes in the data: the codes will be combined in overarching themes.
* Review the identified patterns/themes.
* Always reflect on gender aspects during analysis and disaggregate the data.
* Extract examples and quotations for the report.

**Step 9: Decide upon the participants for the additional interviews**

Looking at the analysis of the scale-up assessment, the two researchers involved in data analysis should discuss whether it is interesting/relevant to perform additional interviews with participants not involved in the scale-up assessment. It could be useful to interview these participants in order to acquire a deeper understanding about the context of the scale-up of MSI. If yes, who (could be stakeholders at national and local level)?

Fill Table 6.

Table 6: Participants for additional interviews.

|  |  |  |
| --- | --- | --- |
| **Interesting participants for the additional interviews:** | **Contact details:** | **Justification of choice of participant:** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Step 10: Reporting**

* The data that will be collected should be written up in the annual scale-up report (includes case studies).

## Tool 6 - MSI interview guide (process evaluation & outcome evaluation)

[Download Tool 6 here.](https://www.perform2scale.org/sites/perform/files/content/attachments/2023-02-16/Tool%206%20-%20MSI%20interview%20guide%20.docx)

**GENERAL**

**Aim:**

* The CRTs will interview DHMT members to acquire insights on their experiences of the implementation of the MSI in all districts.

**General info:**

* Interview will take between 1½ and 2 hours. As the interviews may be long, it may be necessary to perform the interview in two phases. The CRTs can discuss this with the participants.
* Preferably, two CRT members will perform the interviews (one interviewer, one note-taker). If not feasible, the interview could be performed by one interviewer.
* The CRTs will perform the interviews while using an interview guide.
* The interview guide can be used flexibly (with the selection of sub questions and order of questions), but all questions need to be asked.
* The interview consists of two sections:

1. The experiences regarding problem identification and analysis, strategy selection, plan development, implementation of the plan, reflection on the process and the reflection on the changes, with consideration of contextual factors
2. Effects of the MSI cycle.

* **The MSI interview will be recorded and transcribed verbatim. The assigned number will be the only identifier saved on the transcripts.**

**Participants:**

* DHMT members of the districts where the MSI is implemented. Aim for a good gender balance across the different position levels.

**When and where:**

* The interviews will take place in all study districts.
* I In PY2, interviews should be conducted with DG1 districts. In PY3, DGs1 and 2 should be interviewed, and so on until the end of the study
* Fill Table 1 below:

Table 1: Districts

|  |  |  |
| --- | --- | --- |
| **The interviews will take place in the following districts:** | | |
| District Group 1  (PY2) (PY3),  (PY4) | District Group 2  (PY3), (PY4) | District Group 3  (PY4) |
| 1. | 4. | 7. |
| 2. | 5. | 8. |
| 3. | 6. | 9. |

**Roles and responsibility**

1. Planning

|  |  |
| --- | --- |
| **Who is mainly responsible for the development of the planning**  (CRTs, additional researchers, etc.) | **The planning needs to be shared with:**  (all CRT members, additional researchers, paired partners) |
|  |  |
|  |  |
|  |  |
|  |  |

1. Data collection

|  |  |  |  |
| --- | --- | --- | --- |
| **Who is mainly responsible for the data collection**  (CRTs, additional researchers, etc.) | **If necessary, specify activity/responsibility** (e.g. data collection in DG1 or DG2, transcription of interviews etc.). | **Who is mainly responsible for the supervision of the data collection**  (CRT member, etc.) | **Who is mainly responsible for the quality assurance of the data collection** (CRT, paired partners ,) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Data storage

|  |  |
| --- | --- |
| **Who is mainly responsible for the data storage** (CRTs, additional researchers, etc.) | **Who is mainly responsible for the supervision of the data storage** (CRT member, etc.) |
|  |  |
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|  |  |
|  |  |

1. Data analysis and interpretation

|  |  |  |
| --- | --- | --- |
| **Who is mainly responsible for the data analysis**  (CRTs, additional researchers, etc.) | **Who is mainly responsible for the supervision of the data analysis**  (CRT member, etc.) | **Who is mainly responsible for the quality assurance of the data analysis** (CRT, paired partners) |
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|  |  |  |

1. Report writing

|  |  |  |
| --- | --- | --- |
| **Who is mainly responsible for the report writing**  (CRTs, additional researchers, etc.) | **Who is mainly responsible for the supervision of the reporting**  (CRT member, etc.) | **Who is mainly responsible for the quality assurance of the reporting**  (CRT, paired partners) |
|  |  |  |
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**Data collection**

**Step 1: Make a plan**

* Fill Tables 2 and 3.

Table 2: Calculation of number of days needed

|  |  |
| --- | --- |
|  | |
| Number of researchers/research assistants |  |
| Number of interviews that need to be done |  |
| Number of interviews per day per researcher/research assistant |  |
| Total number of days needed |  |

Table 3: Planning of interviews

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Activity** | **Label of interview** | **When** | **Location** | **Interviewer** | **Note taker** | **Comments** |
| e.g. Interview 1 with DHMT member X | e.g. MSII - 1 |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |

**Step 2: Sampling (purposive)**

* Identify the specific participants for the interviews.
* In each district, the interview will always take place with the District Health Officer (DHO) or District Director of Health Services (DDHS) and additionally two other participants will be selected.
* Consider the gender of respondents.
* Fill Table 4 (depending on which year you are working).

Table 4: Sampling

**PY2 = [year]**

|  |  |  |  |
| --- | --- | --- | --- |
| **Number of participants** | **District** | **Name of specific participant** | **Justification for the choice of this participant** |
|  | 1 | 1. … (DHO)  2.  3. |  |
|  | 2 | 1. … (DHO)  2.  3. |  |
|  | 3 | 1. … (DHO)  2.  3. |  |

**PY3= [year]**

|  |  |  |  |
| --- | --- | --- | --- |
| **Number of participants** | **District** | **Name of specific participant** | **Justification for the choice of this participant** |
|  | 1 | 1. … (DHO)  2.  3. |  |
|  | 2 | 1. … (DHO)  2.  3. |  |
|  | 3 | 1. … (DHO)  2.  3. |  |
|  | 4 | 1. … (DHO)  2.  3. |  |
|  | 5 | 1. … (DHO)  2.  3. |  |
|  | 6 | 1. … (DHO)  2.  3. |  |

**PY4= [year]**

|  |  |  |  |
| --- | --- | --- | --- |
| **Number of participants** | **District** | **Name of specific participant** | **Justification for the choice of this participant** |
|  | 1 | 1. … (DHO)  2.  3. |  |
|  | 2 | 1. … (DHO)  2.  3. |  |
|  | 3 | 1. … (DHO)  2.  3. |  |
|  | 4 | 1. … (DHO)  2.  3. |  |
|  | 5 | 1. … (DHO)  2.  3. |  |
|  | 6 | 1. … (DHO)  2.  3. |  |
|  | 7 | 1. … (DHO)  2.  3. |  |
|  | 8 | 1. … (DHO)  2.  3. |  |

**Step 3: Recruitment of participants**

* Recruit participants.
* Recruitment methods depend on relations/status and access.
* Discuss with the participant a suitable location for interview where privacy and confidentiality can be ensured. Agree on the time convenient for the respondent.

**Step 4: Before data collection**

* Test voice recorders.
* Prepare the materials you need to bring using the checklist below

(Table 5).

Table 5: Checklists materials

|  |  |
| --- | --- |
| **I have the following materials with me:** | **Yes/No** |
| Interview guide |  |
| Information sheet |  |
| Informed consent forms |  |
| Recorder |  |
| Charger/extra batteries for recorder/battery fully charged |  |
| Block note/notebook/note taking sheets |  |
| Pen |  |
| Drinks for participants |  |

**Step 5: During data collection**

* Be reliable. To get participants to take the interview seriously, you need to demonstrate your own commitment. Arrive on time, equipped with the recording equipment, interview guide, and notebooks/note-taking sheets. Be both mentally and psychologically prepared to conduct the interview.
* Obtain (written) informed consent from each participant before the interview.
* Record the interview if consent to record the interview is given.
* Take backup notes, using the note-taking template ([see Annex 1](#_Annex_2:_Note)). If consent to record the interview is not given, take more detailed notes.
* Observe and document participants’ behaviours and contextual aspects of the interview as part of your field notes. Note if the participant seems distracted, becomes emotional over a particular question or topic, or seems reluctant to discuss a subject area. Also, make a note if you suspect the participant is not being truthful and why you think this. Always give due consideration to underlying influences like power relations and gender imbalances and how they may be influencing the interview, or the processes discussed – consciously or otherwise.
* Follow the interview guide during the interviews.
* Ask follow-up questions (some of which may be scripted in the interview guide) in order to elicit participants’ complete knowledge and experience related to the research topic.
* Ask participants to elaborate on their responses, with the aim of learning all they can share about the research topic.

**Step 6: After the fieldwork**

* Expand your notes as soon as possible after each interview, preferably within 24 hours, while your memory is still fresh.
* Reflect on the interviews and write down these reflections.
* Prepare a summary of the discussion which includes a combination of the expanded notes and reflections.
* Start the transcription of the interviews as soon as possible. The transcription has to be verbatim.
  + You can use Table 6 to make a plan of the transcriptions including quality assurance.
  + Use the guidance note and template for the transcription to ensure uniformity [(see Annex 2).](#_Annex_2:_Template)

Table 6: Transcription process overview

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Label of interview (according to Table 3)** | **Transcription done by:** | **Target date of transcription:** | **Quality assurance of transcription by:** | **Target date of quality assurance:** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Step 7: Data storage and management**

* **Participant Identification Number**

Allocate a Participant Identification Number (PIN) to each participant. Add participant names to a list with their respective Participant Identification Numbers (PINs) then store this document securely and separately from the transcripts and recordings.

* **Consent forms**

Distribute information sheets and get consent forms signed prior to interviews and discussions. Label consent forms with their PINs and then store the hard copies in a locked cupboard or drawer. Scan/photograph the consent forms and save on a password-protected computer in a separate folder from the transcripts and recordings, with access only by the research team. These consent forms need to be kept for five years after the end of the project. Scans should be deleted from email accounts or mobile devices once they have been transferred to a computer.

* **Recordings and notes**

Take recordings and/or notes during interviews/discussions/field visits. Store recordings on password-protected computers. Label with the appropriate PIN. Delete the recordings from the recorder within 12 hours. Store notes in a locked cupboard or drawer.

* **Transcription**

Transcribe the recordings and notes into Word documents and store on password-protected computers. Label with the appropriate PIN.

* **Anonymisation of data** [**(see annex 4)**](#_Annex_5:_Guidelines)

Anonymise the transcripts and notes: go through each transcript / notes and ensure all names are removed or changed to pseudonyms throughout. Ensure as much identifying data is removed or changed, e.g. job titles can be changed to something generic such as ‘health worker’.

* **Upload data**

Upload anonymised transcripts to a password-protected computer.

* **Analyze data**Analyze transcripts using NVivo or any other data analysis management tool.

**Step 8: Data analysis** **and interpretation**

* The data analysis should be performed by at least two researchers by using NVivo or other qualitative analysis software.
* Make yourself familiar with the data: read and re-read the transcript of the CRT reflection.
* Code the transcript according to the common coding framework.
* Check whether new codes need to be added to the coding framework.
* Search for and identify patterns or themes in the data: the codes will be combined in overarching themes.
* Review the identified patterns/themes.
* Always reflect on gender aspects during analysis and disaggregate the data.
* Extract examples and quotations for the report.

**Step 9: Reporting**

* The data collected might be written up in the annual scale-up report (includes case studies). The report should pay attention to the main aspects of interest, including political economy and gender.

## Tool 7 - CRT reflection tool (process evaluation)

[Download Tool 7 here.](https://www.perform2scale.org/sites/perform/files/content/attachments/2023-02-16/Tool%207-%20CRT%20reflection%20%28Process%20evaluation%29%20.docx)

**GENERAL**

**Aim:**

* The CRT reflection tool will capture the views and experiences of the CRTs regarding factors and actors influencing the MSI and the scale-up of the MSI.

**General info:**

* The CRT reflection tool includes questions that the CRT will jointly discuss in a group discussion.
* The group discussion will be facilitated by a CRT member or a colleague (paired partner).
* The topics covered in the CRT reflection tool are related to decision makers and their perceptions of the MSI, stakeholders that might hinder or facilitate scale-up of the MSI, and reflections on the implementation of the MSI, giving due attention to underlying contextual aspects like political economy and gender.
* **The group discussion will be audio recorded and transcribed verbatim.**

**Participants:**

* CRT members

**When and where:**

* The CRT reflection tool should be performed once per project year from PY2.
* During the initial context analysis, the CRT reflection tool will be performed but this will be different to the one during the initial context analysis.

**Roles and responsibility**

1. Planning

|  |  |
| --- | --- |
| **Who is mainly responsible for the development of the planning**  (CRTs, additional researchers, etc.) | **The planning needs to be shared with:**  (all CRT members, additional researchers, paired partner.) |
|  |  |
|  |  |
|  |  |
|  |  |

1. Data collection

|  |  |  |  |
| --- | --- | --- | --- |
| **Who is mainly responsible for the data collection**  (CRTs, additional researchers, etc.) | **If necessary, specify activity/responsibility** (e.g. data collection in DG1 or DG2, transcription of interviews etc.). | **Who is mainly responsible for the supervision of the data collection**  (CRT member, etc.) | **Who is mainly responsible for the quality assurance of the data collection** (CRT, paired partner,) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Data storage

|  |  |
| --- | --- |
| **Who is mainly responsible for the data storage** (CRTs, additional researchers, etc.) | **Who is mainly responsible for the supervision of the data storage** (CRT member, etc.) |
|  |  |
|  |  |
|  |  |
|  |  |

1. Data analysis and interpretation

|  |  |  |
| --- | --- | --- |
| **Who is mainly responsible for the data analysis**  (CRTs, additional researchers, etc.) | **Who is mainly responsible for the supervision of the data analysis**  (CRT member, etc.) | **Who is mainly responsible for the quality assurance of the data analysis**  (CRT, paired partner) |
|  |  |  |
|  |  |  |
|  |  |  |

1. Report writing

|  |  |  |
| --- | --- | --- |
| **Who is mainly responsible for the report writing** (CRTs, additional researchers, etc.) | **Who is mainly responsible for the supervision of the reporting** (CRT member, etc.) | **Who is mainly responsible for the quality assurance of the reporting** (paired partner) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Data collection**

**Step 1: Make a plan**

* Plan a day when at least two of the CRT members can come together to perform the CRT reflection.

**Step 2: Before data collection**

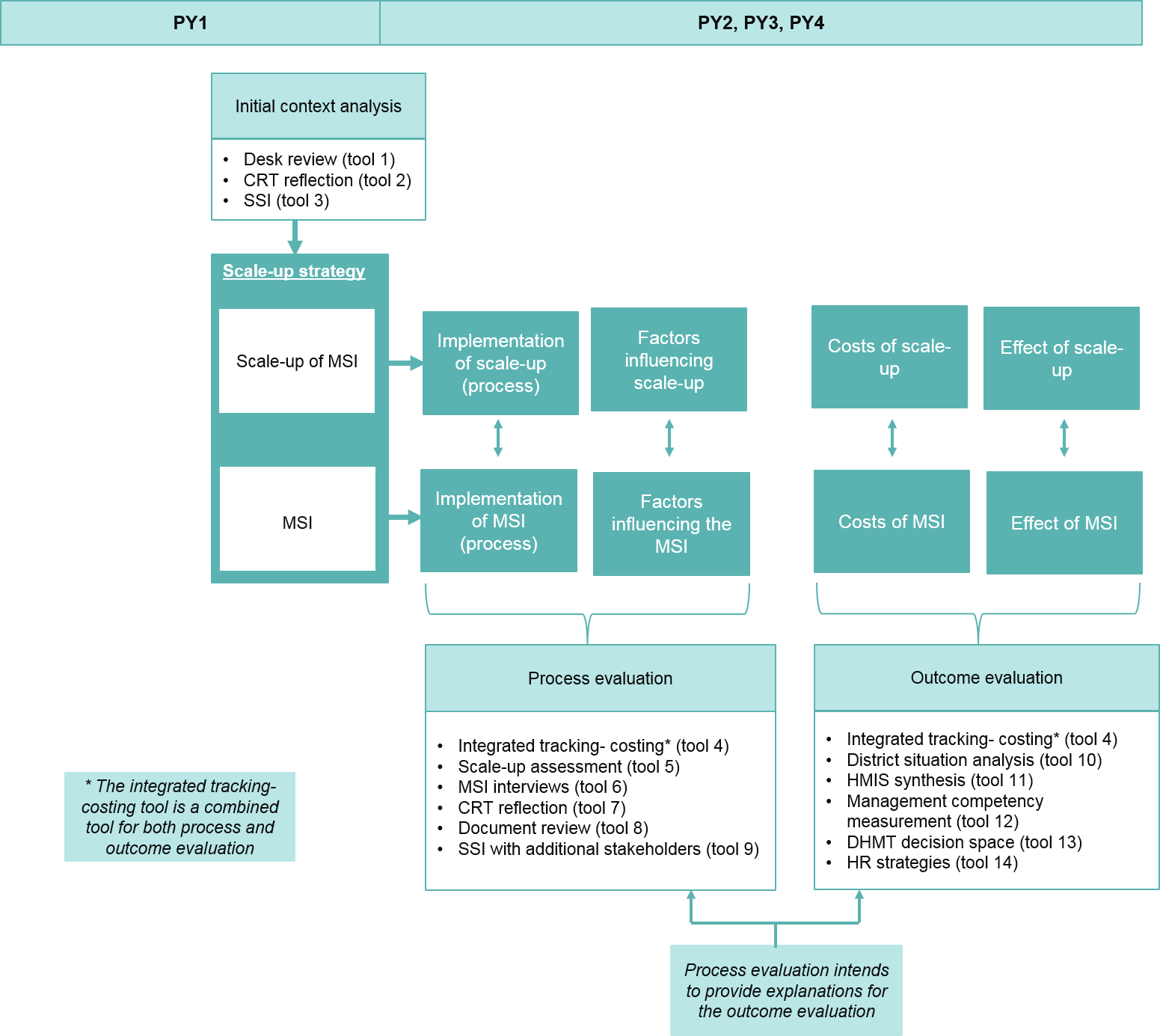
* Print the CRT reflection tool and bring with you when meeting with the other CRT member(s).

**Step 3: During data collection**

* It is very important that exchange/discussion takes place between the CRT members via a group discussion. One of the CRT members can be the facilitator of the group discussion or another colleague (paired partner) could facilitate the group discussion. The facilitator asks the questions listed in the CRT reflection tool to the CRT members and discussion can take place. The facilitator pays attention to give all participants the chance to respond and ensures that their contributions are equally valued. The facilitator can probe to acquire a better/more profound understanding. No preparation is necessary as the answers are just based on personal experiences/views. However, it is important that the meeting takes place in a quiet place where there are no disturbances.
* Record the interview
* The facilitator can take notes/write down the keywords of the answers and discussions.
* The answers provided by the CRTs capture your own experiences and views on factors and actors influencing the scale-up of the MSI. This means that the CRT reflection tries not to capture how it should be or how it is supposed to be (as described in certain policy documents). The CRT reflection tries to capture how it ‘actually’ is. This may include the latest trends or changes that are not yet documented or the ‘juicy’ information that is not captured in official documents or scientific papers but is very relevant for the context of a certain country.

**Step 4: After the data collection.**

* Expand upon your notes as soon as possible after the CRT reflection discussions (preferably within 24 hours).
* Start transcribing the interviews as soon as possible. The transcription has to be verbatim.
  + You can use Table 6 to make a plan of the transcriptions including quality assurance.
  + Use the guidance note and template for the transcription to ensure uniformity [(see Annex 2).](#_Annex_2:_Template)



**Step 5 Data storage and management**

* **Participant Identification Number**

Allocate a Participant Identification Number (PIN) to each participant. Add participant names to a list with their respective Participant Identification Numbers (PINs) then store this document securely and separately from the transcripts and recordings.

* **Recordings and notes**

Take recordings and/or notes during interviews/discussions/field visits. Store recordings on password protected computers. Label with the appropriate PIN. Delete the recordings from the recorder within 12 hours. Store notes in a locked cupboard or drawer.

* **Transcription**

Transcribe the recordings and notes into Word documents and store on password protected computers. Label with the appropriate PIN.

* **Anonymization of data** [**(see annex 4)**](#_Annex_5:_Guidelines)

Anonymise the transcripts and notes: go through each transcript / notes and ensure all names are removed or changed to pseudonyms throughout. Ensure as much identifying data is removed or changed, e.g. job titles can be changed to something generic such as ‘health worker’.

* **Upload data**

Upload anonymised transcripts to a password protected computer.

* **Upload consent forms** Upload scanned/photographed consent forms to the secure password protected computer.

**Step 6: Data analysis \interpretation**

* The data analysis should be performed by at least two researchers by using NVivo or other data analysis software.
* Familiarisation yourselves with the data: read or re-read the answer given in the CRT reflection tool (could be seen as transcripts).
* Code the transcripts according to the common coding framework.
* Check whether new codes need to be added to the coding framework.
* Search for and identify patterns or themes in the data: the codes will be combined in overarching themes.
* Review the identified patterns/themes.
* Always reflect on gender aspects during analysis and disaggregate the data.
* Extract examples and quotations for the report.

**Step 7: Reporting**

* The data collected might be written up in the annual scale-up report (includes case studies).

## Tool 8 - Document review (process evaluation)

[Download Tool 8 here.](https://www.perform2scale.org/sites/perform/files/content/attachments/2023-02-16/Tool%208-%20Document%20review%20%28Process%20evaluation%29.docx)

**GENERAL**

**Aim:**

* The document review will be performed to capture information on the processes related to the MSI and the scale-up of the MSI, including influencing factors, described in various relevant reports and notes.

**General info:**

* The document review will be performed by the CRTs.
* The documents to be reviewed include the documents produced by the study group (national workshop reports, MSI workshop reports, and international reports), notes of the NSSG and RT meetings and the reports of the DHMT visits and inter-district meetings.
* A document review tool is available for this component of the process evaluation. In this tool, the CRT can answer questions based on the specific documents reviewed. These questions focus on which successes and challenges regarding the MSI and scale-up of the MSI are described in these documents and give due attention to underlying influences including power relations, gender sensitivity and political economy.

**When and where:**

* The document review should take place each year, the first time after one year of MSI implementation.

**Roles and responsibility**

1. Planning

|  |  |
| --- | --- |
| **Who is mainly responsible for the development of the planning**  (CRTs, additional researchers, etc.) | **The planning needs to be shared with:**  (all CRT members, additional researchers, paired partner) |
|  |  |
|  |  |
|  |  |
|  |  |

1. Data collection

|  |  |  |  |
| --- | --- | --- | --- |
| **Who is mainly responsible for the data collection**  (CRTs, additional researchers, etc.) | **If necessary, specify activity/responsibility** (e.g. data collection in DG1 or DG2, transcription of interviews etc.). | **Who is mainly responsible for the supervision of the data collection**  (CRT member, etc.) | **Who is mainly responsible for the quality assurance of the data collection** (CRT, paired partner) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Data storage

|  |  |
| --- | --- |
| **Who is mainly responsible for the data storage** (CRTs, additional researchers, etc.) | **Who is mainly responsible for the supervision of the data storage** (CRT member, etc.) |
|  |  |
|  |  |
|  |  |
|  |  |

1. Data analysis and interpretation

|  |  |  |
| --- | --- | --- |
| **Who is mainly responsible for the data analysis**  (CRTs, additional researchers, etc.) | **Who is mainly responsible for the supervision of the data analysis**  (CRT member, etc.) | **Who is mainly responsible for the quality assurance of the data analysis**  (CRT, paired partner) |
|  |  |  |
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|  |  |  |
|  |  |  |

1. Report writing

|  |  |  |
| --- | --- | --- |
| **Who is mainly responsible for the report writing**  (CRTs, additional researchers, etc.) | **Who is mainly responsible for the supervision of the reporting**  (CRT member, etc.) | **Who is mainly responsible for the quality assurance of the reporting**  (CRT, paired partner) |
|  |  |  |
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|  |  |  |

**Data collection**

**Step 1: Make a plan**

* Fill Table 1

Table 1: Planning of document review

|  |  |  |
| --- | --- | --- |
| **Activity** | **When** | **By who** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Step 2: Before data collection**

* Collect the various documents that you will need for the document review. These might include:
  + National workshop report
  + MSI workshop reports
  + Report of visits to DHMTs
  + Inter-district meeting reports
  + International documents and reports
  + Notes of NSSG meetings
  + Notes of RT meetings

**Step 3: During data collection**

* Read the relevant documents and use the document review tool.
* When reading, scan the documents for relevant information about the successes or challenges during the MSI or the scale-up of MSI. Extract the data/copy the **raw data** into the document review tool.
* Use references in the document review tool.
* When you have finished the data extraction, try to align and restructure the information extracted. Check for duplication of data and check whether there is still information missing. Also, it might be good to check whether your sources are reliable or not.

**Step 4: After data collection**

* Summarising the data from the document review tool per question might be useful before starting the data analysis/report writing.

**Step 5: Data storage and management**

* Collation and storage in country:
  + Collate this data using the research tools.
  + Store the data on password protected computers.
* Data transfer
  + Input data from anonymized questionnaires into a database such as Excel or SPSS, ensuring these tools are accessed via secure, password-protected computers.
  + Do not keep versions of data sheets or tools on individual computers: there should be a master version maintained at all times as the ‘one source of truth’.

**Step 6: Data analysis and interpretation**

* The data analysis should be performed by at least two researchers using NVivo or other data analysis software.
* See the data extracted in the document review tool as a transcript for analysis (qualitative research)
* Familiarisation yourself with the data: read or re-read the transcripts.
* Code the transcripts according to the common coding framework.
* Check whether new codes need to be added to the coding framework.
* Search for and identify patterns or themes in the data: the codes will be combined in overarching themes.
* Review the identified patterns/themes.
* Always reflect on gender aspects during analysis and disaggregate the data.
* Extract examples for the report.

**Step 7: Reporting**

* The data collected can be written up in the annual scale-up report (includes case studies).

## Tool 9 - Semi-structured interviews with additional stakeholders (process evaluation)

[Download Tool 9 here.](https://www.perform2scale.org/sites/perform/files/content/attachments/2023-02-16/Tool%209-%20Interview%20guide%20with%20additional%20stakeholders%20%28Process%20evaluation%29.docx)

**GENERAL**

**Aim:**

* The CRTs will interview stakeholders if there is a need to obtain additional information from other stakeholders (based on the outcomes of the guided group discussion/scale-up assessment).

**General info:**

* The interview will take 60 - 90 minutes.
* The CRTs will perform the interviews while using an interview guide.
* Preferably, two CRT members will perform the interviews (one interviewer, one note-taker). If not feasible, the interview could be performed by one interviewer.

The interview guide can be used flexibly (not all sub-questions will be used with each participant).

* The topic areas are barriers and facilitators on both the implementation of the MSI as well as the scale-up of the MSI, and to how underlying influences like gender, PEA may be interacting with processes
* **The SSIs will be recorded and transcribed verbatim. The assigned number will be the only identifier saved on the transcripts.**

**Participants:**

* Based on the findings of the scale-up assessment, the participants will be decided upon [(see table 6, section 4.5)](#_Table_6:_Participants) . Possible stakeholders at district and national level include leaders or members of the district council, representatives of NGOs. Due consideration will be given to obtain a good gender-mix across the different levels of position.

**When and where:**

* Data collection will take place in PY2, PY3 and PY4.
* In PY2, the participants at local level are DG1.

In PY3, the participants are DGs 1 and 2, then in PY4 DGs 1, 2, and 3. For the participants at national level, these interviews will take place in PY2, PY3 and PY4.

* Fill Table 1

Table 1: districts semi-structured interviews with additional stakeholders

|  |  |  |  |
| --- | --- | --- | --- |
| **The interviews at national level will take place with:** | **The interviews with local level stakeholders will take place in the following districts:** | | |
| PY2, PY3 &PY4) | District Group 1  PY2), PY3 &PY4 | District Group 2  PY3 & PY4 | District Group 3  PY4 |
| 1. | 1. | 4. | 7. |
| 2. | 2, | 5. | 8. |
| 3. | 3. | 6. | 9. |

**Roles and responsibility**

1. Planning

|  |  |
| --- | --- |
| **Who is mainly responsible for the development of the planning**  (CRTs, additional researchers, etc.) | **The planning needs to be shared with:**  (all CRT members, additional researchers, paired partner) |
|  |  |
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|  |  |

1. Data collection

|  |  |  |  |
| --- | --- | --- | --- |
| **Who is mainly responsible for the data collection**  (CRTs, additional researchers, etc.) | **If necessary, specify activity/responsibility** (e.g. data collection in DG1 or DG2, transcription of interviews etc.). | **Who is mainly responsible for the supervision of the data collection**  (CRT member, etc.) | **Who is mainly responsible for the quality assurance of the data collection** (CRT, paired partner) |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |

1. Data storage

|  |  |
| --- | --- |
| **Who is mainly responsible for the data storage** (CRTs, additional researchers, etc.) | **Who is mainly responsible for the supervision of the data storage** (CRT member, etc.) |
|  |  |
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|  |  |

1. Data analysis

|  |  |  |
| --- | --- | --- |
| **Who is mainly responsible for the data analysis**  (CRTs, additional researchers, etc.) | **Who is mainly responsible for the supervision of the data analysis**  (CRT member, etc.) | **Who is mainly responsible for the quality assurance of the data analysis**  (CRT, paired partner) |
|  |  |  |
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|  |  |  |
|  |  |  |

1. Report writing

|  |  |  |
| --- | --- | --- |
| **Who is mainly responsible for the report writing**  (CRTs, additional researchers, etc.) | **Who is mainly responsible for the supervision of the reporting**  (CRT member, etc.) | **Who is mainly responsible for the quality assurance of the reporting**  (CRT, paired partner) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Data collection**

**Step 1: Make a plan**

* Fill Table 2

Table 2: Planning of interviews

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Activity** | **Label of interview** | **When** | **Location** | **Interviewer** | **Note taker** | **Comments** |
| e.g. Interview 1 with actor X | e.g. AI-1 |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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**Step 2: Sampling (purposive)**

* Identify the specific participants for the interviews based on [table 6, section 4.5](#_Table_6:_Participants).
* Based on the scale-up assessment, interviews can take place with local and national stakeholders. Possible stakeholders at district and national level include leader or members of the district council, representatives of NGOs.
* The participants may vary during the different years as it is not envisioned to capture the same participants during the various years.
* Consider gender of respondents during sampling.
* Fill Table 3 (depending on which year you are working).

Table 3: Sampling

**PY2 = [Year]**

|  |  |  |  |
| --- | --- | --- | --- |
| **Number of participants** | **District** | **Name of specific participants** | **Justification for the choice of this participant** |
| **Participants at national level** | | | |
|  | N/A |  |  |
| **Participants at local level** | | | |
|  | 1 |  |  |
|  | 2 |  |  |
|  | 3 |  |  |

**PY3= [Year]**

|  |  |  |  |
| --- | --- | --- | --- |
| **Number of participants** | **District** | **Name of specific participant** | **Justification for the choice of this participant** |
| **Participants at national level** | | | |
|  | N/A |  |  |
| **Participants at local level** | | | |
|  | 1 |  |  |
|  | 2 |  |  |
|  | 3 |  |  |
|  | 4 |  |  |
|  | 5 |  |  |
|  | 6 |  |  |

**PY4 = [year]**

|  |  |  |  |
| --- | --- | --- | --- |
| **Number of participants** | **District** | **Name of specific participant** | **Justification for the choice of this participant** |
| **Participants at national level** | | | |
|  | N/A |  |  |
| **Participants at local level** | | | |
|  | 1 |  |  |
|  | 2 |  |  |
|  | 3 |  |  |
|  | 4 |  |  |
|  | 5 |  |  |
|  | 6 |  |  |
|  | 7 |  |  |
|  | 8 |  |  |
|  | 9 |  |  |

**Step 3: Recruitment of participants**

* Recruit participants.
* Recruitment methods will depend on relations/status.
* Discuss with the participant a suitable venue for the interview where privacy and confidentiality can be ensured. Carefully consider gender dynamics and who will be interviewing whom.

**Step 4: Before data collection**

* Test voice recorders.
* Prepare the materials you need to bring with you in the field while using the checklist below (Table 4).

***Table 4: Checklist of materials***

|  |  |
| --- | --- |
| **I have the following materials with me:** | **Yes/No** |
| Interview guide |  |
| Information sheet |  |
| Informed consent forms |  |
| Recorder |  |
| Charger/extra batteries for recorder/battery fully charged |  |
| Block note/notebook/note taking sheets |  |
| Pen |  |
| Drinks for participants |  |

**Step 5: During data collection**

* Be reliable. To get participants to take the interview seriously, you need to demonstrate your own commitment. Arrive on time, equipped with the recording equipment, interview guide, and notebooks/notetaking sheets. Be both mentally and psychologically prepared to conduct the interview.
* Obtain (written) informed consent from each participant before the interview.
* Record the interview if consent is given.
* Take backup notes, using the note taking template ([see Annex 1](#_Annex_2:_Note)). If no consent to record the interview is given, take more detailed notes.
* Observe and document participants’ behaviours and contextual aspects of the interview as part of your field notes. Note if the participant seems distracted, becomes emotional over a particular question or topic, or seems reluctant to discuss a subject area. Also make a note if you suspect the participant is not being truthful and why you think this.
* Follow the interview guide during the interviews.
* Ask follow-up questions (some of which may be scripted in the interview guide) in order to elicit participants’ complete knowledge and experience related to the research topic and to unpack complex and sometime invisible influences like political economy and gender.
* Probe participants for elaboration of their responses, with the aim of learning all they can share about the research topic.

**Step 6: After the fieldwork**

* Expand your notes as soon as possible after each interview, preferably within 24 hours, while your memory is still fresh.
* Reflect on the interviews and write these reflections down.
* Prepare a summary of the discussion which includes a combination of the expanded notes and reflections.
* Meet with your colleagues to share the emerging issues.
* Start the transcription of the interviews as soon as possible. The transcription has to be verbatim.
  + You can use Table 5 to make a plan of the transcriptions including quality assurance.
  + Use the guidance note and template for the transcription to ensure uniformity [(see Annex 2).](#_Annex_2:_Template)

Table 5: Transcription process overview

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Label of interview (according to Table 3)** | **Transcription done by:** | **Target date of transcription:** | **Quality assurance of transcription by:** | **Target date of quality assurance:** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Step 7: Data storage and management**

* **Participant Identification Number**

Allocate a Participant Identification Number (PIN) to each participant. Add participant names to a list with their respective Participant Identification Numbers (PINs) then store this document securely and separately from the transcripts and recordings.

* **Consent forms**

Distribute information sheets and get consent forms signed prior to interviews and discussions. Label consent forms with their PINs and then store the hard copies in a locked cupboard or drawer. Scan/photograph the consent forms and save on a password protected computer in a separate folder from the transcripts and recordings, with access only by the research team. These consent forms need to be kept for 5 years after the end of the project. Scans should be deleted from email accounts or mobile devices once they have been transferred to a computer.

* **Recordings and notes**

Take recordings and/or notes during interviews/discussions/field visits. Store recordings on password protected computers. Label with the appropriate PIN. Delete the recordings from the recorder within 12 hours. Store notes in a locked cupboard or drawer.

* **Transcription**

Transcribe the recordings and notes into word documents and store on password protected computers. Label with the appropriate PIN.

* **Anonymisation of data** [**(see annex 4)**](#_Annex_5:_Guidelines)

Anonymize the transcripts and notes: go through each transcript / notes and ensure all names are removed or changed to pseudonyms throughout. Ensure as much identifying data is removed or changed, e.g. job titles can be changed to something generic such as ‘health worker’

* **Upload data**Upload anonymised transcripts to a password protected computer.
* **Upload consent forms**

Upload scanned/photographed consent forms to a secure password protected server/computer.

* **Download data**Download transcripts for analysis in NVivo or any other analysis management tool.

**Step 8: Data analysis**

* The data analysis should be performed by at least two researchers by using NVivo.
* Familiarisation yourself with data: read or re-read the transcripts.
* Code the transcripts according to the common coding framework in NVivo.
* Check whether new codes need to be added to the coding framework.
* Search for and identify patterns or themes in the data: the codes will be combined in overarching themes.
* Review the identified patterns/themes.
* Always reflect on gender aspects during analysis and disaggregate the data.
* Extract examples and quotations for the report.

**Step 9: Reporting**

* The data collected should be written up in the annual scale-up report (includes case-studies).

## Tool 10 - District situation analysis (outcome evaluation)

[Download Tool 10 here.](https://www.perform2scale.org/sites/perform/files/content/attachments/2023-02-16/Tool%2010-%20District%20situation%20analysis%20tool.docx)

**GENERAL**

**Aim:**

* As preparation for the MSI cycles, routine data from the district records, plans and reports should be compiled for each district to support the identification of problems that the DHMTs may want to address in the MSI cycles

**General info:**

* The routine data questionnaire should be completed annually based on already existing information in the district
* The topic areas cover: epidemiological situation of the district, profile of DHMT members, data and reports which feed into information systems, HR situation at district level, status of supplies and technologies, operationalisation of district planning, financing mechanisms of district planning, and HR activities and policies

**Participants:**

* Each DHMT should fill in the questionnaire with the support of the CRT

**When and where:**

* The questionnaire is part of the planning phase of each MSI cycle
* The questionnaire should be filled in PY2 in DG1, in PY3 in DG1 and DG2 and in PY5 in DG1, DG2 and DG3.

Table 1: When and where

|  |  |  |
| --- | --- | --- |
| **The routine data will be collected in the following districts:** | | |
| **[Year] (PY2)** | **[Year] (PY3)** | **[Year] (PY4)** |
| DG1 | DG1 | DG1 |
|  | DG2 | DG2 |
|  |  | DG3 |

**Data collection**

**Step 1: Identify sources of information**

* Identify the specific reports, databases and sources, and if necessary, identify a contact person to access the source
* Fill Table 2.

Table 2: Sourcing

|  |  |  |  |
| --- | --- | --- | --- |
| **Questionnaire section** | **Theme** | **Source** | **Contact person** |
| 1. Background | Most reported diseases in the district |  |  |
| 1. DHMT | DHMT composition |  |  |
| 1. Information System | HMIS reporting |  |  |
| 1. HR at district | Number of staff by gender, different levels |  |  |
| 1. Supplies and technologies | Most frequently used medicine and protective equipment/ and stock-outs |  |  |
| 1. DHMT operations | Planning of the DHMT |  |  |
| 1. Financing | Finances of the DHMT |  |  |
| 1. HR activities/policies | National, regional projects, policies for the health workforce |  |  |

**Step 3: Data storage and management**

* **Collation and storage**

Collate this data using the research tools. Store the data on password protected computers.

**Step 4: Data analysis and interpretation**

* The data should be used and analysed by the DHMTs themselves, with support from the CRT/RT as part of the action research/MSI cycle
* Due attention should be given to gender aspects/disaggregation during analysis

**Step 5: Quality assurance**

* The CRT should do the first quality check to identify if the correct data has been filled. The DHMT will do the second verification by discussing the data as part of the planning..

**Step 6: Reporting** The reporting may be part of the annual scale-up report.

## Tool 11 - HMIS synthesis tool (outcome evaluation)

[Download Tool 11 here.](https://www.perform2scale.org/sites/perform/files/content/attachments/2023-02-16/Tool%2011-%20HMIS%20synthesis%20tool.xlsx)

**GENERAL**

**Aim:**

* The DHMTs, with support of the CRTs, should extract routine data from the Health Management Information System. These indicators can be used by the DHMTs to support the identification of problems and act as a baseline to track the effects of their planning and implementation at district level

**General info:**

* The routine data questionnaire should be completed quarterly (4 x per year), to monitor changes in the routine data
* The topic areas cover: general demography of the district, DTP vaccination coverage, ANC and delivery, outpatient curative consultations, hospitalisation, two district specific indicators

**Participants:**

* Each DHMT should fill in the questionnaire

**When and where:**

* The questionnaire is part of the planning phase of each MSI cycle
* The questionnaire should be filled in PY2 in DG1, in PY3 in DG1 and DG2 and in PY5 in DG1, DG2 and DG3.

Table 1: When and where

|  |  |  |
| --- | --- | --- |
| **The routine data will be collected in the following districts:** | | |
| **[Year] (PY2)** | **[Year] (PY3)** | **[Year] (PY4)** |
| DG1 | DG1 | DG1 |
|  | DG2 | DG2 |
|  |  | DG3 |

**Roles and responsibility**

1. Planning

|  |  |
| --- | --- |
| **Who is mainly responsible for the development of the planning**  (CRTs, additional researchers, etc.) | **The planning needs to be shared with:**  (all CRT members, additional researchers, paired partner.) |
|  |  |
|  |  |
|  |  |
|  |  |

1. Data collection

|  |  |  |  |
| --- | --- | --- | --- |
| **Who is mainly responsible for the data collection**  (CRTs, additional researchers, etc.) | **If necessary, specify activity/responsibility** (e.g. data collection in DG1 or DG2, transcription of interviews etc.). | **Who is mainly responsible for the supervision of the data collection**  (CRT member, etc.) | **Who is mainly responsible for the quality assurance of the data collection** (CRT, paired partner) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Data storage

|  |  |
| --- | --- |
| **Who is mainly responsible for the data storage** (CRTs, additional researchers, etc.) | **Who is mainly responsible for the supervision of the data storage** (CRT member, etc.) |
|  |  |
|  |  |
|  |  |
|  |  |

1. Data analysis

|  |  |  |
| --- | --- | --- |
| **Who is mainly responsible for the data analysis**  (CRTs, additional researchers, etc.) | **Who is mainly responsible for the supervision of the data analysis**  (CRT member, etc.) | **Who is mainly responsible for the quality assurance of the data analysis**  (CRT, paired partner) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. Report writing

|  |  |  |
| --- | --- | --- |
| **Who is mainly responsible for the report writing**  (CRTs, additional researchers, etc.) | **Who is mainly responsible for the supervision of the reporting**  (CRT member, etc.) | **Who is mainly responsible for the quality assurance of the reporting**  (paired partner) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Data collection**

**Step 1: Make a plan**

* Fill Table 2

Table 2: Calculation of number of days needed

|  |  |
| --- | --- |
|  | |
| Number of researchers/research assistants needed |  |
| Total number of days needed |  |

**Step 2: Identify sources of information**

* In addition to the HMIS, identify the databases and sources and, if necessary, identify a contact person to access the source
* Fill Table 3

Table 3: Sourcing

|  |  |
| --- | --- |
| **Questionnaire section** | **Source** |
| Generalities |  |
| Vaccination |  |
| ANC and delivery |  |
| Outpatient curative consultations |  |
| Hospitalisation |  |
| Country specific indicators |  |

**Step 3: Data storage and management**

* **Collation and storage**

Collate this data using the research tools. Store the data on password-protected computers.

**Step 4: Data analysis**

* The data should be used and analysed by the DHMTs themselves, with the support from the CRT/RT as part of the action research/MSI cycle
* The data analysis should be conducted quarterly and fed into the MSI
* Always reflect on gender aspects during analysis and disaggregate the data

**Step 5: Quality assurance**

* DHMTs will do the quality check themselves with the support of the CRTs, discussing the data as part of the planning process

**Step 6: Reporting**

This should be included in the annual scale-up report

## Tool 12 - Management competency measurement for DHMTs (outcome evaluation)

[Download Tool 12 here.](https://www.perform2scale.org/sites/perform/files/content/attachments/2023-02-16/Tool%2012%20-%20DHMT%20management%20cap.docx)

**GENERAL**

**Aim:**

* To assess the management competencies of the District Health Management Teams at baseline and end-line in order to measure the effects of the MSI on district health managers’ management competencies

**General info:**

* Self-administered questionnaire to be filled out by DHMTs with supervisory/managerial responsibilities.
* The questionnaire will take approximately 60 minutes to complete.
* The topic areas cover: Socio-demographic information, roles and responsibilities, being part of the DHMT, health systems management competencies, as well as general management and leadership skills.
* The part on management competencies builds on statements, which the DHMTs have to verify on a 5 point-Likert scale (1: strongly disagree, 2: disagree, 3: neutral, 4: agree, 5: strongly agree) and n/a.
* The tool builds on a repeated measure design, whereby the same respondents will have to answer the same questionnaire in PY4. Thereby, we assess change over time and account for the variance within individuals. The repeated measure design implies the commitment of the CRT to fill in section A of the self-administered questionnaire for each respondent and provide an ID number, of which the same IDs and the full names of respondents, including middle names, will be kept in a separate list [(see Annex 3)](#_Annex_4:_HR).
* The CRTs should explain to the respondents how to fill in the questionnaire and collect them once completed.

**Participants:**

* Each member of the DHMT with supervisory/managerial responsibilities should fill in the questionnaire (approx. 5 per DHMT). Attention should be given to ensuring female DHMT members are well represented

**When and where:**

* The questionnaire is to be completed at baseline (Project Year 2) and repeated at end line (Project Year 4).
* The questionnaire should be completed by District Group 1 only in each country
* Each CRT should complete Table 1 below:

Table 1: Selected district for data collection

|  |  |  |
| --- | --- | --- |
| **The questionnaires will be assessed in the following districts:** | | |
| **[Year] (PY2)** | **[Year] (PY3)** | **[Year] (PY4)** |
| DG1  District 1  District 2  District 3 | - | DG1  District 1  District 2  District 3 |

**Roles and responsibilities**

1. Planning

|  |  |
| --- | --- |
| **Who is mainly responsible for the development of the planning**  (CRTs, additional researchers, etc.?) | **The planning needs to be shared with:**  (all CRT members, additional researchers, paired partner.) |
|  |  |
|  |  |
|  |  |
|  |  |

1. Data collection

|  |  |  |  |
| --- | --- | --- | --- |
| **Who is mainly responsible for the data collection**  (CRTs, additional researchers, etc.) | **If necessary, specify activity/responsibility** (e.g. data collection in DG1 or DG2, transcription of interviews etc.). | **Who is mainly responsible for the supervision of the data collection**  (CRT member, etc.) | **Who is mainly responsible for the quality assurance of the data collection** (CRT, paired partner) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Data storage

|  |  |
| --- | --- |
| **Who is mainly responsible for the data storage** (CRTs, additional researchers, etc.) | **Who is mainly responsible for the supervision of the data storage** (CRT member, etc.) |
|  |  |
|  |  |
|  |  |
|  |  |

1. Data analysis

|  |  |  |
| --- | --- | --- |
| **Who is mainly responsible for the data analysis**  (CRTs, additional researchers, etc.) | **Who is mainly responsible for the supervision of the data analysis** (CRT member, etc.) | **Who is mainly responsible for the quality assurance of the data analysis** (CRT, paired partner) |
|  |  |  |
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|  |  |  |
|  |  |  |

1. Report writing

|  |  |  |
| --- | --- | --- |
| **Who is mainly responsible for the report writing** (CRTs, additional researchers, etc.) | **Who is mainly responsible for the supervision of the reporting** (CRT member, etc.) | **Who is mainly responsible for the quality assurance of the reporting** (CRT, paired partner) |
|  |  |  |
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|  |  |  |
|  |  |  |

**Data collection**

**Step 1: Make a plan**

* Please fill out tables 2 and 3.

Table 2: Planning of distribution and collection of questionnaires

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity** | **When** | **Location** | **Who (Name of responsible researcher)** | **Who (Respondent ID)** |
| E.g. “*Distribute questionnaires” AND/OR ”Collect completed questionnaires”* |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Table 3: Calculation of number of researchers and days needed for data collection

|  |  |
| --- | --- |
|  | |
| Number of researchers/research assistants |  |
| Total number of days needed to collect data |  |

**Step 2: Sampling**

* Identify the specific participants, e.g. all members of the District Health Management Team who have supervisory/management responsibilities (ideally 5 but if there are more with managerial/supervision role then all should be interviewed).
* Fill Tables 4 and 5.
* The same participants should be included in the baseline and follow up survey.

Table 4: Inclusion of respondents

|  |  |  |  |
| --- | --- | --- | --- |
| **Number of respondents**  **(per district)** | **Name of district** | **Name of specific respondents** | **Justification for the choice of respondent (*e.g. their job function, incl. a description of supervisory role*)** |
|  | DG1  District 1 |  |  |
|  | DG1  District 2 |  |  |
|  | DG1  District 3 |  |  |

Table 5: Exclusion of respondents

|  |  |  |  |
| --- | --- | --- | --- |
| **Number of excluded subjects from participation in the study (per district)** | **Name of district** | **Name of excluded subjects** | **Justification for exclusion of members of the DHMT from participating in the survey (*e.g. their job function, incl. lack of supervisory role*)** |
|  | DG1  District 1 |  |  |
|  | DG1  District 2 |  |  |
|  | DG1  District 3 |  |  |

**Step 3: Recruitment of participants**

* Recruit participants.
* Recruitment method will depend on your relationship and their status.
* Agree with the District Director a suitable time and location where the study can be explained and staff then provided with private time to fill in the questionnaire and immediately return it to the researcher. If it is impossible to gather all respondents at once be prepared to set up a specific time and date for when the remaining questionnaires can be explained and collected by the researcher.

**Step 4: Before data collection**

* Prepare the materials you need to bring with you to collect data in the field using the checklist below (table 6).
* Create ID number codes on stickers, so that questionnaires will be anonymous but identified via the ID number. This is very important to be able to identify the same participants at both baseline and endline.

|  |  |
| --- | --- |
| **I have the following materials with me:** | **Yes/no** |
| Informed consent forms |  |
| Information sheet |  |
| Coversheet printed |  |
| Printed questionnaires |  |
| Tablet for Open Data Kit (depending on context)/paper copies |  |
| Printed Tables 4 and 5 to ensure that the information they contain fit with observations in the field. |  |
| Pens |  |

**Step 5: Instructions for data collection**

* Be reliable. To get the participants to take the questionnaire survey serious, you need to demonstrate your own commitment.
* Provide participants with a brief introduction to the structure of the questionnaire, including the point Likert-scales that are included in the survey.
* Obtain (written) informed consent from each participant before engaging in any data collection.
* Hand out the ID nr. coded questionnaires to participants individually and fill in the coded ID number list ([see Annex 3](file:///C:\Users\susanb\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\UQ9FS1GL\PERFORM2%20Field%20Work%20Manual%20vs11%2027.10.17.docx#_Annex_4:_HR)) and store them separately.
* Be present and prepared to answer any questions that the participants may have regarding the questionnaire and provide support while they fill out the questionnaire.

**Step 6: After the fieldwork**

* The questionnaire has been tested and there should be no confusion or misunderstanding for respondents. However, it is important to note if some items repeatedly cause problems for respondents filling out the questionnaire. Therefore, please note any questions or comments you receive from the participants.

**Step 7: Data storage and management**

* **Participation Identification Number**

Allocate a Participant Identification Number (PIN) to each participant. Add participant names to a list with their respective PINs and then store this document securely and separately from the questionnaires.

* **Consent forms**

Distribute information sheets and get consent forms signed. Label consent forms with respondents’ PINs and then store the hard copies somewhere secure. Scan/photograph the consent forms and save them on a password protected computer in a separate folder from the questionnaires, with access only by the research team. These consent forms need to be kept for five years after the end of the project. Scans should be deleted from email accounts or mobile devices once they have been transferred to storage.

* **Storage of questionnaires**

Scan/photograph completed and labeled hard copy surveys/questionnaires and upload to a secure computer/server. Scans should be deleted from email accounts or mobile devices once they have been transferred.

* **Database**Transfer the anonymized data from the questionnaires into a secure database. Maintain version control (i.e. maintain a ‘master’ version and ultimately delete any drafts or copies you have stored on any other device).

**Step 8: Data analysis and interpretation**

* Familiarise yourself with the data through descriptive analyses, including the calculation of means, medians, mode and standard deviations for all items responded to by a point Likert scale.
* Disaggregate the data by gender; pay particular attention to gender and other underlying influences when analysing and interpreting the data.

**Step 9: Reporting**

* It is critical to feed the findings back to the DHMTs concerned and to invite a discussion to support the interpretation.
* Consider publishing your findings in relevant scientific publications.
* Your annual scale-up report.

## Tool 13 - Decision space for human resource management tool (outcome evaluation)

[Download Tool 13 here.](https://www.perform2scale.org/sites/perform/files/content/attachments/2023-02-16/Tool%2013-%20DHMT%20decision%20space.docx)

**GENERAL**

**Aim:**

* To understand the DHMTs decision space for Human Resource Management (HRM) along two dimensions: 1) perceived authority and 2) reported actual practice and changes in these dimensions after implementation of the MSI.

**General info:**

* It is a self-assessment comprising a questionnaire and a facilitated focus group discussion.
* The assessment will be carried out in each district of the DG1 before starting implementation of the first cycle of MSI in Y2 and at the end of the last cycle of MSI in Y4.
* The objectives of using this method are:
  + To help us get a deeper understanding of the DHMT functions regarding human resource management;
  + To measure changes in DHMT’s perceived decision space and its actual use following the P2S intervention;
  + For the DHMT to identify areas of human resource management where they have the authority to act and to reflect on their actions in these areas.

**Participants:**

* DHMTs will be requested to select three or four members to participate (one should be the officer who is most involved in HRM). The same three or four members should participate in both elements of the assessment; This amounts to between 9 and 12 DHMT members per DG.
* Where possible, same members should participate in the assessments in Y2 and Y4. Attention will be given to ensuring gender balance across the different position levels in the DHMT.

**When and where:**

* The tool will be assessed in PY2 [year] and PY4 [year] in the same district group (DG1) with the same DHMT members. Please fill the specific districts in Table 1.

Table 1: District interviews

|  |  |
| --- | --- |
| **The interviews will take place in the following districts:** | |
| **District Group 1- [year] (PY2)** | **District Group 1 – [year] (PY4)** |
| DG1 District 1 | DG 1 District 1 |
| DG1 District 2 | DG 1 District 2 |
| DG1 District 3 | DG 1 District 3 |

**Roles and responsibility**

1. Planning

|  |  |
| --- | --- |
| **Who is mainly responsible for the development of the planning**  (CRTs, addition researchers, etc.) | **The planning needs to be shared with:**  (all CRT members, additional researchers, paired partners.) |
|  |  |
|  |  |
|  |  |

1. Data collection

|  |  |  |  |
| --- | --- | --- | --- |
| **Who is mainly responsible for the data collection**  (CRTs, addition researchers, etc.) | **If necessary, specify activity/responsibility** (e.g. data collection in DG1 or DG2, transcription of interviews etc.). | **Who is mainly responsible for the supervision of the data collection**  (CRT member, etc.) | **Who is mainly responsible for the quality assurance of the data collection** (CRT, paired partners.) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Data storage

|  |  |
| --- | --- |
| **Who is mainly responsible for the data storage** (CRTs, addition researchers, etc.) | **Who is mainly responsible for the supervision of the data storage** (CRT member, etc.) |
|  |  |
|  |  |
|  |  |
|  |  |

1. Data analysis and interpretation

|  |  |  |
| --- | --- | --- |
| **Who is mainly responsible for the data analysis** (CRTs, addition researchers, etc.) | **Who is mainly responsible for the supervision of the data analysis** (CRT member, etc.) | **Who is mainly responsible for the quality assurance of the data analysis** (CRT, paired partners.) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. Report writing

|  |  |  |
| --- | --- | --- |
| **Who is mainly responsible for the report writing** (CRTs, addition researchers, etc.) | **Who is mainly responsible for the supervision of the reporting** (CRT member, etc.) | **Who is mainly responsible for the quality assurance of the reporting** (CRT, paired partners) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Data collection**

**Step 1: Make a plan**

* Fill tables 2 and 3.

Table 2: Calculation of number of days needed

|  |  |
| --- | --- |
|  | |
| Number of researchers/research assistants | 2-3 |
| Number of interviews per day per researcher/research assistant | 1 (maybe 2 or 3 depending on logistics) |
| Total number of days needed | 3 (Y2) + 3 (Y4) |

Table 3: Planning of interviews

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Activity** | **Label of interview** | **When** | **Location** | **Interviewer** | **Note taker** | **Comments** |
| DG1  District 1 | DHMT D1 | Y 2 before MSI | DHMT office? | CRT | CRT |  |
| DG1  District 2 | DHMT D2 | Y 2 before MSI | DHMT office? | CRT | CRT |  |
| DG1  District 3 | DHMT D3 | Y 2 before MSI | DHMT office? | CRT | CRT |  |
| DG1  District 1 | DHMT D1 | Y 4 after MSI | DHMT office? | CRT | CRT |  |
| DG1  District 2 | DHMT D2 | Y 4 after MSI | DHMT office? | CRT | CRT |  |
| DG1  District 3 | DHMT D3 | Y 4 after MSI | DHMT office? | CRT | CRT |  |

**Step 2: Sampling**

* Three or four DHMT members (one should be the officer who is most involved in HRM); This amounts to between 9 and 12 DHMT members per DG
* The same four members should participate in both elements of the assessment;
* Where possible same members should participate in Y2 and Y4; if not possible the longest serving members should be given preference (if they agree);
* Where possible, participation of both men and women should be ensured

Table 4: Sampling

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Year** | **Name of district** | **Number of participants**  **(per DG)** | **Name of specific participant** | **Justification for the choice of this participant** |
|  | DG1  District 1 | 3-4 | 1.  2.  3.  4. |  |
|  | DG1  District 2 | 3-4 | 1.  2.  3.  4. |  |
|  | DG1  District 3 | 3-4 | 1.  2.  3.  4. |  |
|  | DG1  District 1 | 3-4 | 1.  2.  3.  4. |  |
|  | DG1  District 2 | 3-4 | 1.  2.  3.  4. |  |
|  | DG1  District 3 | 3-4 | 1.  2.  3.  4. |  |

**Step 3: Recruitment of participants**

* Recruit participants.
* Recruitment can be done via email, phone or face to face (depending on relations/status).
* Discuss with the participant a suitable location for FGD where privacy and confidentiality can be ensured.

**Step 4: Before data collection**

* Prepare the materials you need to bring with you in the field while using the checklist below (table 5). Test voice recorders before using them.

Table 5: Checklists materials

|  |  |
| --- | --- |
| **I have the following materials with me:** | **Yes/No** |
| Coversheet printed |  |
| Self-assessment tool (tables 1 and 2) printed |  |
| Information sheet |  |
| Informed consent forms |  |
| Recorder |  |
| Charger/extra batteries for recorder/battery fully charged |  |
| Block note/notebook/note taking sheets |  |
| Pen |  |
| Drinks for participants |  |

**Step 5: Instructions for data collection**

* Be reliable. To get participants to take the self-assessment seriously, you need to demonstrate your own commitment. Arrive on time, equipped with the recording equipment, interview guide, and notebooks/note- taking sheets. Be both mentally and psychologically prepared to conduct the interview.
* Obtain (written) informed consent from each participant before engaging in any data collection.
* Table 1: how to use the tool for Self-Assessment of perceived decision space of DHMT in human resource management
* Print Table 1 for the DHMT.
* Enter the name of the district, name and position within the DHMT of each participant, your name/s, date and the reference number on the first sheet (cover sheet) of the tool.
* Ask the DHMT to discuss and reach consensus about answers for the perceived authority table and put an “X” in the appropriate column (i.e. none, some or full); you may want to leave them alone to discuss and reach consensus (do not discuss or interact with them during this discussion).
* Once completed, ask the participants to provide an explanation of why they have chosen that option, writing it down in the ‘comments’ box. Make sure that they give an explanation for all functions.
* Table 2: how to use the tool for Assessment of DHMT actual practice in human resource management
* This element consists of a focus group discussion of around 60 minutes with the same participants who completed the previous one (Table 1).
* The discussion should be recorded after obtaining consent from each of the participants.
* The form (Table 2) will act as an interview guide and a note-taking tool for the interviewer.
* The interviewer should base the questions on the perceived level of authority for each function reported before: i.e. “based on the “some” or “full” level of authority you said you have to… (specific function)…” (NOTE: if their answer was “none” skip that function and move to the next one)
  + What is the DHMT’s role in conducting this function?
  + What is the result of performing this function?
  + What is your assessment/reflection on the DHMT’s role in performing this function?
  + Please use the ‘comment’ column to enter explanatory notes about their answers.
* Observe and document participants’ behaviours and contextual aspects of the interview as part of your field notes. Note if the participants seem distracted, become emotional over a particular question or topic, or seem reluctant to discuss a subject area. Also make a note if you suspect the participants are not being truthful and why you think this.
* Once completed thank all participants for their time.

**Step 6: After the fieldwork**

* Expand your notes as soon as possible after each interview, preferably within 24 hours, while your memory is still fresh.
* Reflect on the FGDs and write these reflections down.
* Prepare a summary of the discussion which includes a combination of the expanded notes and reflections.
* Start as soon as possible with the transcription of the FGDs’ audios. The transcription has to be verbatim.
  + You can use Table 6 to plan the transcriptions including quality assurance.
  + Use the guidance note and template for the transcription to ensure uniformity [(see Annex 2).](file:///C:\Users\susanb\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\UQ9FS1GL\PERFORM2%20Field%20Work%20Manual%20vs11%2027.10.17.docx#_Annex_2:_Template)

Table 6: Transcription process overview

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Label of interview (according to Table 3)** | **Transcription done by:** | **Target date of transcription:** | **Quality assurance of transcription by:** | **Target date of quality assurance:** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Step 7: Data storage and management**

* **Participant Identification Number**

Allocate a Participant Identification Number (PIN) to each participant. Add participant names to a list with their respective PINs then store this document securely and separately from the transcripts and recordings.

* **Consent forms**

Distribute information sheets and get consent forms signed prior to interviews and discussions. Label consent forms with their PINs and then store the hard copies in a locked cupboard or drawer. Scan/photograph the consent forms and save on a password-protected computer in a separate folder from the transcripts and recordings, with access only by the research team. These consent forms need to be kept for 5 years after the end of the project. Scans should be deleted from e-mail accounts or mobile devices once they have been transferred to a computer.

* **Recordings and notes**

Take recordings and/or notes during interviews/discussions/field visits. Store recordings on password-protected computers. Label with the appropriate PIN. Delete the recordings from the recorder within 12 hours. Store notes in a locked cupboard or drawer.

* **Transcription**

Transcribe the recordings and notes into Word documents and store on password-protected computers. Label with the appropriate PIN.

* **Anonymization of data** [**(see annex 4)**](#_Annex_5:_Guidelines)

Anonymise the transcripts and notes: go through each transcript / notes and ensure all names are removed or changed to pseudonyms. Ensure as much identifying data is removed or changed, e.g. job title can be changed to something generic such as ‘health worker’.

* **Download data**

Download transcripts onto secure, password protected computers for analysis in NVivo or any other data analysis management tool.

**Step 8: Data analysis for each FGD**

The data analysis should be performed by at least two researchers:

* Familiarization yourselves with the data: read or re-read the transcripts.
* Code the transcripts according to the common coding framework (e.g. Table 2).
* Synthesis of the material coded for each question about each function should be inserted in the corresponding box in Table 2.
* Always reflect on gender aspects during analysis and disaggregate the data.
* No need to include quotes in the table (quotes will be included as evidence in the comparative report - see below).

**Step 9: Comparative analysis and report**

After the second FGD (Y4) a comparative analysis should be undertaken looking for changes in patterns among both FGDs (Y2 and Y4):

* Insert the results of FGD in Y2 and Y4 in a table, adding a column to introduce the comparative analysis results for each function.
* Synthesis of findings should be included in the final report together with supporting quotes from the data analysis.

## Tool 14 - HR strategies self-assessment tool for health workers (outcome evaluation)

[Download Tool 14 here.](https://www.perform2scale.org/sites/perform/files/content/attachments/2023-02-16/Tool%2014-%20Health%20Worker%20Survey.docx)

**GENERAL**

**Aim:**

* The purpose of this self-assessment tool is to track how the Human Resource Management of the DHMT translates into the actual work environment of the management and clinical workforce in primary health care facilities.

**General info:**

* The questionnaire is designed to be self-administered by the workforce at facility level.
* The topic areas cover: socio-demographic information, organisational commitment, teamwork climate, supportive supervision within the facility, safety climate, management at facility level, management at district level (DHMTs), and job satisfaction.
* The questionnaire will take about 30-45 min to be completed.
* The questionnaire builds on statements, which the healthcare workforce has to verify on a 5 point-Likert scale (strongly disagree, disagree, neither/nor, agree, strongly agree) and n/a.
* The tool builds on a repeated measure design, whereby the same respondents will have to answer the same questionnaire 3 years later. Thereby, we assess change over time and account for the variance within individuals. The repeated measure design, however, implies the commitment of the CRT to fill in section I of the self-administered questionnaire for each respondent and provide an ID number, of which the same IDs and full name of respondent, including middle name, will be kept in a separate list [(see Annex 3)](#_Annex_4:_HR).
* The CRTs will have to explain to the respondents how to fill in the questionnaire and will have to collect them, once they are filled in.

**Participants:**

* The questionnaire should be filled in by all staff present at the day of data collection at the primary health care facility, including the facility management. Attention should be given to ensuring that both women and men take part.

**When and where:**

* The interviews should take place in the same 3 districts at baseline and end
* Fill the specific districts in the following table:

Table 1: District questionnaire assessment

|  |  |  |
| --- | --- | --- |
| **The questionnaires will be assessed in the following districts:** | | |
| **[Year] (PY2)** | **[Year] (PY3)** | **[Year] (PY4)** |
| DG 1 | - | DG 1 |

**Roles and responsibility**

1. Planning

|  |  |
| --- | --- |
| **Who is mainly responsible for the development of the planning**  (CRTs, additional researchers, etc.) | **The planning needs to be shared with:**  (all CRT members, additional researchers, paired partners) |
|  |  |
|  |  |
|  |  |
|  |  |

1. Data collection

|  |  |  |  |
| --- | --- | --- | --- |
| **Who is mainly responsible for the data collection**  (CRTs, additional researchers, etc.) | **If necessary, specify activity/responsibility** (e.g. data collection in DG1 or DG2, transcription of interviews etc.). | **Who is mainly responsible for the supervision of the data collection**  (CRT member, etc.) | **Who is mainly responsible for the quality assurance of the data collection** (CRT, paired partners) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Data summary and storage

|  |  |
| --- | --- |
| **Who is mainly responsible for the data summary and storage**  (CRTs, additional researchers, etc.) | **Who is mainly responsible for the supervision of the data summary and storage**  (CRT member, etc.) |
|  |  |
|  |  |
|  |  |
|  |  |

1. Data analysis and interpretation

|  |  |  |
| --- | --- | --- |
| **Who is mainly responsible for the data analysis** (CRTs, additional researchers, etc.) | **Who is mainly responsible for the supervision of the data analysis** (CRT member, etc.) | **Who is mainly responsible for the quality assurance of the data analysis** (CRT, paired partners) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. Report writing

|  |  |  |
| --- | --- | --- |
| **Who is mainly responsible for the report writing** (CRTs, additional researchers, etc.) | **Who is mainly responsible for the supervision of the reporting** (CRT member, etc.) | **Who is mainly responsible for the quality assurance of the reporting** (CRT, paired partners) |
|  |  |  |
|  |  |  |
|  |  |  |

**Data collection**

**Step 1: Make a plan**

* Fill Tables 2 and 3.

Table 2: Calculation of number of days needed

|  |  |
| --- | --- |
|  | |
| Number of facilities that need to be visited |  |
| Number of researchers/research assistants |  |
| Number of interviews per day per researcher/research assistant |  |
| Total number of days needed |  |

Table 3: Planning of visiting facilities

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Facility name** | **District name** | **When** | **Researcher** | **Research assistant** | **Comments** |
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**Step 2: Sampling**

* The questionnaire should be filled in by all staff present at the day of data collection at the primary health care facility, including the facility management.
* The same participants will be included in the baseline and follow-up survey.
* Due to a potential loss of participants, an oversampling of 250 participants per district is suggested, to generate 200 complete data sets for each district at the follow-up survey.

**Step 3: Recruitment of participants**

* Recruit participants.
* Recruitment needs to be done via the leadership (medical director/administrative director/district medical officer) of the facility.
* Discuss with the facility leadership a suitable time and location where the study can be explained and staff then provided with time in a private environment to fill in the questionnaire and immediately return it to the researcher. Consider the gender balance.

**Step 4: Before data collection**

* Develop ID number codes on stickers, so that questionnaires will be anonymous but identified via the ID number. This is very important to be able to identify the same participants at baseline and end line.

**Step 5: During data collection**

* Be reliable. To get participants to take the research seriously, you need to demonstrate your own commitment.
* Obtain (written) informed consent from each participant before distributing the questionnaires.
* Hand out the ID number coded questionnaires to participants individually and fill in the coded ID number list ([see Annex 3](file:///C:\Users\susanb\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\UQ9FS1GL\PERFORM2%20Field%20Work%20Manual%20vs11%2027.10.17.docx#_Annex_4:_HR)) and store them separately.

**Step 6: After the fieldwork**

* Ensure the list with the names and number codes is stored securely and separately from the filled in questionnaires on a password-protected computer and/or password protected document.

**Step 7: Data storage and management**

* The data should be entered into a single template, possibly Excel, which can then be easily imported into Stata or SPSS or MPlus, or whatever software people use. The template will be annexed (Annex 6) once the questionnaire is finalised after piloting to avoid differences across the CRTs in variable names, order, etc.

**Step 8: Data analysis and interpretation**

* For all responses answered though a point-Likert scale, mean, median mode and standard deviations should be calculated.
* A comparative analysis of medians in the pre- and post-survey should be carried out for each district. Stata® 14.0 (StataCorp LP, College Station, TX, USA) or similar should be used for all performed analyses.
* Attention should be paid to gender when interpreting the findings; data should be disaggregated.
* Data analysis should be performed using a structural equation model and/or multiple regression model.

**Step 9: Reporting**

* The data collected (baseline and follow up) is part of the outcome evaluation reporting and should also be included in the annual scale-up report.

## Annex 1: Note taking template

**Instructions:** Please use this form to record the proceedings of the focus group or interview. Notes should be extensive and accurately reflect the content of the discussion, as well as any salient observations of non-verbal behaviour, such as facial expressions, hand movements, group dynamics, etc.

Please indicate which specific which focus group you are recording (please check one).

Please indicate which specific which focus group or interview you are transcribing.

Type of focus group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of interview \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Location: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name of moderator: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name of note taker: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Start time: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_**

End time: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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## Annex 2: Guidance note & template for transcription of FGD or interview

**Guidance Note Transcription**

* Use ‘M’ to refer to the moderator or ‘I’ for the interviewer and use assigned codes to refer to participants (where possible) or where this is not possible refer to participants as ‘P’ in the transcript.
* Indicate on the left side of the transcript who is speaking, i.e. the participant (P), interviewer (I) or moderator (M).
* Leave a wide right margin for coding the transcript and adding comments as you analyze the data.
* The PERFORM2Scale project used the standard English spellings as specified in Microsoft Word. Please ensure that you also choose a standard and that local words and vernacular are represented in quotation marks.
* The nominated font settings are: Calibri, 11pt, line spacing of 1.5.
* Place recorded activities such as laughs, clearing of throat, pauses in square brackets e.g. [laughs].
* If there are unintelligible parts of the recording, listen again carefully. Ask someone else within the research team to listen. If they also cannot make out what was said, type what you think it says and add ‘??’ or ‘Unclear’.
* Use dashes (-) for pauses, interruptions or incomplete sentences.
* Feedback words and sounds such as ‘uh huh’, ‘yes’ and ‘hmm’ are often used during conversations. However, they can be tedious to read. Use your discretion as to when to include these in the transcript.

## Annex 3: HR strategies self-assessment tool: ID number and participant list

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **ID number questionnaire** | **First name** | **Middle name** | **Family name** | **Facility** | **Province** | **District** | **Date of birth (DD/MM/YYYY)** |
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## Annex 4: Guidelines for the anonymization of data

#### Introduction

This guidance aims to illustrate the steps that must be taken to anonymize personal data. Anonymization is the removal of information from qualitative and quantitative research data that could identify an individual. Anonymization is not synonymous with *pseudonymization,* which refers to the process of distinguishing individuals in a dataset by using a unique identifier that does not reveal their real identity. Anonymizing and pseudonymizing data are not risk-neutral processes but researchers must aim to mitigate the risk of identification until it is considered remote.

#### Defining ‘personal data’

Effective anonymization is dependent on a clear appreciation of what constitutes personal data. The General Data Protection Regulation (GDPR) defines personal data as:

‘…any information relating to an identified or identifiable natural person (‘data subject’); an identifiable natural person is one who can be identified, directly or indirectly, in particular by reference to an identifier such as a name, an identification number, location data, an online identifier or to one or more factors specific to the physical, physiological, genetic, mental, economic, cultural or social identity of that natural person.’

To both ‘identify’ and ‘anonymize’ is not necessarily a straightforward process as individuals may be identified in a number of different ways. **Direct identification** refers to a data set in which a person is explicitly identifiable from a single data source. An example of direct identification may include a list of people in the Ministry of Health or at district level who have been interviewed over the course of the research project.

**Indirect identification** refers to two or more data sources, which combined may make identification possible. Examples of indirect identifiers include a combination of a research participants’ address, telephone number, email address, online identification (IP address), place of employment and/or position of employment, economic, cultural or social identifiers.

#### Anonymizing qualitative data

The anonymization of qualitative data does not lend itself to electronic processing and requires careful judgement. While it is possible to edit and anonymise textual data in NVivo and other data analysis software, it is preferable to carry out anonymization before entering data into software and before coding is commenced. The step-by-step process for the anonymization/pseudonymization of qualitative data used by PERFORM2Scale was as follows and you may wish to replicate or adapt the stages:

1. Remove direct and indirect identifiers that are not relevant to the focus of your study when first reading through the transcript – *example: “My Mother’s name is Grace Oduka”; “I grew up in Mzuzu.”; “I was the goalkeeper on the Mzuzu team”; “I was the only woman in my class who was interested in medicine in Mzuzu secondary school in 1990”.*
2. Pseudonymize direct and indirect identifiers – *example:*

|  |  |
| --- | --- |
| **Personal data** | **Pseudonymized direct and indirect identifiers** |
| Name: Azibo Murphy | Malawi#1 |
| Gender: Male | Male |
| Age: 56 years old | Age group 50-66 years |
| District: Karonga District Health Manager | D1 (D2; D3; D4 etc.) HM |
| Education: Master’s in Health Science from the University of Dublin | Master’s degree |

1. Remove all non-essential or harmful comments or identifiers about colleagues and/or other individuals – *example: “I found Hope Murphy a very difficult person to work with”.*
2. Remove all comments made ‘off the record’ – *example: “I have no autonomy in my role. I would prefer if you didn’t record that comment.”*
3. Re-read the transcript to ensure that no direct or indirect identifiers remain and that all disclosure risks pertaining to the interviewee and others have been removed, obscured or pseudonymized.
4. The key for all pseudonymized data should be held on a password-protected database that is securely backed-up.

#### Anonymizing quantitative data

1. Remove direct and indirect identifiers that are not relevant to the focus of your study.
2. Aggregate variables or reduce the precision of variables including age or place of residence.
3. Anonymize relational data where relations between variables in linked datasets or in combination with other publicly available outputs may disclose an identity.
4. Remove variables if aggregation or pseudonymization is not possible.
5. Revisit the data using a combination of variables – *for* *example: test age-related data with gender and role -* to identify any remaining disclosure risks.

#### Resources used in the development of this guidance

The Information Commissioners Office (UK) anonymization code of practice <https://ico.org.uk/media/1061/anonymisation-code.pdf>

Ruth Geraghty, Data Curator on the CRNINI-PEI Research Initiative, Children’s Research Network for Ireland and Northern Ireland, *Anonymization and Social Research, Anonymising Research Data workshop*, University College Dublin, 22nd June 2016 https://www.ucd.ie/t4cms/RGeraghty\_anonymisation.pptx

The General Data Protection Regulation <https://www.eugdpr.org/> The UK Data Service <https://www.ukdataservice.ac.uk/manage-data/legal-ethical/anonymisation>

## Annex 5: Glossary

**Action Research Cycle:** the process of problem identification and analysis, work plan

development, implementation; early participating districts may go through several cycles with diminishing support from the CRT.

**Categorisations of scale-up**: these four categories (vertical, horizontal, diversification, spontaneous) might be tracked throughout the project and provide a potential framework for analysing findings.

**CORRECT criteria:** criteria against which to evaluate an intervention, based on an assessment of the following characteristics: credible, observable, relevant, relative advantage, easy to install, compatible and testable.

**Consortium Workshop (CW):** regular workshops with all consortium partners (two in Year 1 and thereafter 1 per year).

**Country research team (CRT):** for PERFORM2Scale the project partners were in Malawi, Ghana and Uganda.

**Decentralisation:** the process of redistributing or dispersing functions, powers, people or things away from a central location or authority. There is no single definition of this process as it differs according to sector and context. (See also Devolution.)

**Decision space:** the range of choice that is available to local decision-makers along a series of key functional dimensions.

**Devolution:** the statutory delegation of powers from the central government of a sovereign state to govern at a subnational level, such as a regional or local level. It is a form of administrative decentralisation (see also Decentralisation).

**District group (DG):** a group of nearby districts (typically 3) working at the same time on

one MSI cycle that meets at workshops and review meetings.

**District Health Management Team (DHMT):** the generic term used in the project for the

management teams operating in the decentralised structures.

**District strengthening resource team (DSRT):** team to implement the scale-up of the

intervention consisting of national and regional management-level staff and district-level

facilitators. The team should be developed over the period of the project to continue scaling-up

the intervention after the end of the project (see also Resource Team).

**Diversification:** a category of scale-up which refers to inclusion of additional innovations within one that is already being scaled-up.

**Environment:** the environment, in the ExpandNet framework, refers to the conditions and institutions which are external to the user organization but fundamentally affect the prospects for scaling-up.

**Equity:** in the health sector, the concept of equity (as differs from equality) infers that everyone should have a fair opportunity to attain their full health potential. Researchers in health highlight that equitable approaches should avoid disadvantage to individuals in fulfilling their health potential, creating equal opportunities and minimising health differentials.

**Paired partner:** during PERFORM2Scale an EU partner paired with one African partner to collaborate on the implementation of Work Packages 2-4.

**ExpandNet:** a global network that seeks to promote equitable access to quality care by ensuring the benefits of successful health interventions are expanded to reach more people, more quickly and more sustainably. The network’s activities include the development of tools, advocacy, technical assistance, networking and research ([www.expandnet.net](http://www.expandnet.net)). In PERFORM2Scale we followed ExpandNet’s nine steps for developing a scaling-up strategy (WHO/ExpandNet 2010).

**ExpandNet’s four key principles:** the ExpandNet framework is guided by four key principles as follows:

* systems thinking – the interrelationships between the five elements of scaling-up and monitoring for unintended consequences;
* a focus on sustainability – achieved by ensuring vertical scale-up takes place to build the capacity and institutions to manage the horizontal scale-up;
  + enhancing the scalability – through the ongoing monitoring of the scale-up, which includes identifying opportunities and barriers, the user groups and resource teams learn and improve the scalability of the MSI;
* Respect for gender, equity and human rights principles – for the scale-up of the MSI, much of this relates to power relationships within management structures. The action research process employed in the MSI required that all team-members regardless of gender, profession or other differences are fully included in the process. Your scale-up process should mirror these principles to ensure appropriate values are disseminated along with the specific intervention.

**ExpandNet nine steps**: the ExpandNet framework proposes nine steps for developing a scaling-up strategy that involve the following:

* planning actions to increase the scalability of the innovation;
* increasing the capacity of the user organisation to implement scaling-up;
* assessing the environment and planning actions to increase the potential for scaling-up success;
* increasing the capacity of the resource team to support scaling-up;
* making strategic choices to support vertical scaling-up (policy, political, regulatory, resourcing or other health systems changes needed to institutionalise the innovation);
* making strategic choices to support horizontal scaling-up (replicating innovations in different geographic sites or extending them to serve larger or different population groups);
* determining the role of diversification;
* planning actions to address spontaneous scaling-up;
* finalising the scaling-up strategy and identifying next steps.

**Gender:** refers to those characteristics of women and men that are socially and culturally defined and which influence women’s and men’s, girls’ and boys’ different behaviours, roles, expectations and responsibilities in a given context. These may or may not have their roots in biological characteristics.

**Gender sensitivity:** aim of understanding and taking account of the societal and cultural factors involved in gender-based exclusion and discrimination across diverse domains.

**Gender Equity:** makes a distinction between the need for ‘sameness’ and ‘fairness’ in the distribution of those resources mentioned above. Women and men and girls and boys may require equal access to health, for example, but have different health issues that require different resources. For example, health policies and programmes must take into account men’s and women’s different realities in terms of women’s reproductive roles (for example, in legislating for maternity and paternity leave).

**Horizontal scaling-up:** expansion and/or replication of the intervention across the country.

**Management Strengthening Intervention (MSI):** the PERFORM2Scale management strengthening process used an action research cycle to strengthen workforce performance and service delivery.

**Management Strengthening Intervention (MSI) seven principles:**

* 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 MSI as a team;
* sharing experiences and learning across districts;
* strong facilitation skills of the DSRT and CRT to guide and support the DHMTs;
* sustaining leadership role throughout the process of the implementation phase.

**National scale-up steering group (NSSG):** a steering group operating on behalf of the organisations delivering services (e.g. Ministry of Health, faith-based organisations, etc.) to interface with the DSRT and the CRT. (See also ‘User organisation’.)

**National workshops:** organised and hosted by a country partner with the NSSG to bring together stakeholders of the scale-up process. Workshop 1 provides an initial briefing of the scale-up plans and subsequent annual workshops provides updates on the scale-up process.

**Political Economy Analysis (PEA):** this informs an understanding of the drivers of both support and opposition to specific reforms and interventions, and the rationale behind them, and helps with developing flexibility with applying an intervention in different contexts (see Flanary, Wood et al. 2011).

**Resource team (RT):** a team to implement the scale-up of the intervention which is initially

led by the CRTs in each country and shadowed by the DSRT. As project progresses the

CRT should diminish its support (see also DSRT).

**Scale-up:** deliberate efforts to increase the impact of successfully tested health innovations so

as to benefit more people and to foster policy and programme development on a lasting basis (see WHO/ExpandNet 2010, p. 2).

**Spontaneous scale-up:** a category of scale-up which refers to the innovation being expanded without specific guidance.

**Stakeholders:** the technical, political and academic actors that need to be considered during the planning and implementing of the scale-up programme.

**Sustainable Development Goals:** a set of global goals that build on the Millennium Development Goals and provide clear guidelines and targets for all countries to adopt in accordance with their own priorities and the environmental challenges of the world at large.

**Universal Health Coverage:** a policy promoted by the World Health Organization that seeks to promote the provision of access to quality essential health services; safe, effective, and affordable essential medicines and vaccines; and protection from financial risk.

**User organisation:** the organisation that will adopt and widen the scale-up process after the

end of the project. The main user organisations in the three study countries are the Ministries of

Health (see also **NSSG**).

**Vertical scale-up:** institutionalization through policy, political, legal, budgetary or other

health systems changes in particular to support the horizontal scale-up.

**Workforce performance:** the collective and individual performance of the workforce. For PERFORM2Scale this focused on 1) retention, 2) distribution and 3) effectiveness (including skills mix, levels of absence, and quality and quantity of work output) assessed by outputs and outcomes. This applies to technical (e.g. clinicians, vaccinators), managerial (e.g. DMO, head of HMIS) and support staff (e.g. cleaning and maintenance).