The PERFORM project was conducted in three African Countries: Ghana, Tanzania and Uganda. All are facing major health workforce performance problems and have decentralised management structures that permit management teams greater decision-making opportunities to improve workforce performance. The project was undertaken by a consortium of six partner institutions including: Liverpool School of Tropical Medicine (United Kingdom); School of Public Health, University of Ghana; Institute of Development Studies, University of Dar Es Salaam (Tanzania); School of Public Health, Makerere University (Uganda); Swiss Centre for International Health, Swiss Tropical and Public Health Institute; and Nuffield Centre for International Health and Development, University of Leeds (United Kingdom).

In Tanzania, the project was implemented in three districts in Iringa, namely: Iringa Municipal Council, Mufindi District Council and Kilolo District Council. Action research was mainly used to strengthen the management of CHMTs. Action research is characterised by producing knowledge as well as developing processes of collaboration and dialogue whilst finding solutions to a jointly identified practical problem. CHMTs identify management strengthening needs and asked for support to improve management knowledge and skills.

This policy brief synthesizes and presents the key findings on management strengthening practices from the project.
Methods

PERFORM adopted an Action Research approach. Action Research is an enquiry conducted by a group on a problem which is of importance to them. It aims at improving practice and generating knowledge about the processes and strategies that work best to create that improvement. The CHMTs worked through systematic cycles of planning, acting, observing and reflecting to:

- Describe and analyze the problem they face
- Identify and plan strategies to improve situation or solve problem
- Implement the changes needed
- Observe, explain and reflect on the process and the effects of changes made.

The country research team supported the CHMT on the following areas

- Identification and prioritization of key problems
- Identification and development of human resources and health systems strategies to improve health workforce performance
- Linking problems identified in their districts with suitable strategies and activities
- Use of diaries to record the implementation of the strategies.
- During the implementation of the strategies, supportive visits to the district took place every two months in the first year and every one month in subsequent years
- Review meetings were scheduled for every four months during year one and every six months in year two.
- Review meetings provided opportunities for the CHMT members to share their experiences in the implementation of the strategies and learn from other districts.
- The CHMT members also shared their experiences and gained support in relation to the design of strategies from the Regional Health Management Team (RHMT).
- Additional support was provided by the country research team to the CHMT via phone and email
Effects of management strengthening

- The process of identifying and designing the strategies enabled CHMTs to understand that in order to address health workforce problems, they need to address the root causes of the problem (all districts).

  "PERFORM has built our capacity so much in identifying the problems that face staff, and how to look for ways of solving them. Currently if we have any problem we start by finding the root cause of the problem and how to address the issue" (IDI with CHMT member)

- Improved teamwork among CHMT members (all districts).

  "It has united us so much. PERFORM has made us do so many activities as a team. You may find that a pharmacist works together with a laboratory technician, and you do the same with a doctor. It has helped to bring people together and foster a common understanding of many things" (IDI with CHMT member).

Key challenges facing the districts

The evaluation study conducted at the end of the project found the following key challenges in implementing PERFORM:

- Late disbursement of funds from the central government affected implementation of the strategies.

  "Besides implementing the bundles we have so many other duties, so you may find that sometimes what was to be implemented in a certain month is postponed to the following month because of emergent issues" (FGD with CHMT).

- CHMT members faced ad hoc and competing tasks (all).

  "Leadership problems at district level constraining implementation of strategies (Kilolo & Mufindi)."

- Leadership problems at district level constraining implementation of strategies (Kilolo & Mufindi).

  "Frequent changes of DMOs, prevented smooth running of the project activities. Whenever a new leader came into the system, a new leadership style was started which the rest of the team were compelled to follow” (IDI CHMT member)
Recommendations

- The Prime Minister’s Office Regional Administration and Local Government (PMO-RALG), the Ministry of Health (MoH) and the District Council authorities in the districts should support the CHMTs to use the problem analysis skills and knowledge gained in management and planning of district health services.

- CHMTs have made positive changes to their working practice. The District Council authorities should learn lessons from the PERFORM experience and support the CHMTs to continue improving workforce performance in their districts.

- The CHMTs should continue involving relevant stakeholders to improve the district health systems and health workforce performance in general.

- Given the value of inter-district exchange, regular inter-district meetings should continue to enable staff members to network and learn from each other.

Additional information

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