

*Applying and Scaling-Up
Performance Improvement*

**Lessons Learned in Improving
Provider Performance**



Reviewing Results in PRIME II

Oct. 2002–Sept. 2003

Policy, Advocacy and Services

- National RH Policy
- Partnership

Knowledge Advancing Best Practices

- PMTCT
- **Scaling-Up PI**
- Costing
- Supportive Supervision

Support to the Field

- Nicaragua: EONC
- Philippines: HIV/AIDS
- Paraguay: FP/RH Quality
- Mali: FGC
- Senegal: PAC
- Dominican Republic: RTL
- Mali, Benin, Ethiopia: PPPH
- Bangladesh: RTL

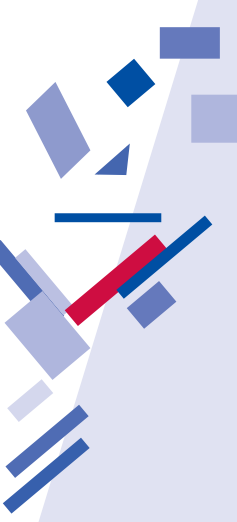
PRIME II

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To ensure intervention packages address provider needs holistically, PRIME II has conducted 28 performance needs assessments (PNAs) in 18 countries. The findings have demonstrated that some form of PNA is an essential step that should be taken even when the initial client request is for training only. When presented with PNA results, clients quickly appreciate the value gained from the exercise. PNAs need not take a long time, nor cost much money. Based on the scope of the situation to be assessed, PRIME's PNAs have been completed in as little as two or three days, with costs as low as less than 1% of a total project budget. Based on these experiences, PRIME II is able to make recommendations to other organizations on using and scaling-up the Performance Improvement (PI) approach.

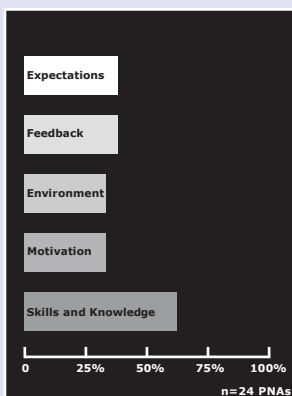
**Recommendations for
Implementing Successful PI Projects**

It is possible and necessary to convince even those clients with a one-intervention mindset to use PI. Prior to the widespread use of PI, project designers often attempted to solve provider performance issues with a single favorite intervention, usually training. Because USAID missions and ministries of health are used to training-only solutions, requests for assistance typically still arrive as a request for training. At times, it is appropriate to explain the benefits of PI as a way to address problems affecting performance that are unlikely to be solved through training. In other instances, clients may be resistant and insist on training only. In such cases, PRIME has found it useful to agree to the request but gain permission to ask additional questions to “make sure the training



sticks.” In this way, other performance factors may be addressed and providers can get the additional support they need. Once this tactic has been used to show the non-training-related needs of providers, such as motivation or policy changes that set clear performance expectations, clients usually see the value of the assessment and often ask for PNAs in future collaborations.

The approach must be tailored for each situation: PI has been applied in numerous ways and in many content areas, including family planning, maternal health, postabortion care and preventing postpartum hemorrhage. While the approach consists of a clear, step-by-step methodology, PRIME has found that the process needs to be tailored for each unique situation. In most cases it makes sense to set desired performance before examining actual performance. In other cases the reverse order is used (e.g., India ISMP project). Depending on the rigor needed for the expected results, one may gather data from an exhaustive sample (800+ providers in the performance factors special study) or from only a few knowledgeable stakeholders (the 2001 Armenia PNA). Where target audiences are very large and the scope of performance is wide, more effort and money will be required. Still, even when time is short and budgets constrained, completing a PNA before selecting interventions is a critical investment that cannot be omitted. Moving in quickly with a misguided intervention that fails to improve performance only wastes much more time and money.



Performance Factors Found to be Missing

Multiple interventions are necessary: Over the 28 PNAs, seldom has one intervention been sufficient to meet the needs of providers. The graph on the left summarizes the percentage of needs assessments that found each performance factor missing. Performance results take time to emerge: Training-only projects have typically presented “results” that consist of the number of people trained along with pre- and post-training knowledge test scores. Measuring workplace performance demands more evaluation rigor (and budget). In addition, workplace performance changes take longer to emerge. For example, performance improvements brought on by holistic changes in the supervision system in northern Ghana have taken two years to become fully evident. Where results have been gathered quickly, because of programmatic time constraints, they have been far less compelling (e.g., Honduras PI project). Along with careful interim monitoring, programs should allow the time and space for interventions to be effective.

To build capacity in PI, train and then partner: As a method of scaling-up PI, PRIME has built capacity in using the approach. In internal and external capacity building efforts, the greatest success has come from initial skill-building and then partnering during a PI project. Skill-building has taken many forms, including one-on-one introductions,

public instructor-led courses and self-paced learning using PRIME's online materials. Partnering during an initial project has taken the form of side-by-side work in the field as well as assistance from afar. PRIME's work with MOH staff in Tanzania offers a successful example of PRIME's PI capacity building. After attending a PI short course sponsored by PRIME and the Regional Centre for Quality of Health Care in Uganda, staff members redesigned several RH programs to use the PI approach. PRIME now works with MOH staff to support implementation of these programs.



Future Directions

While significant progress has been made in determining better practices in applying PI, much remains to be learned and tried:

- Broadening the application of PI to offer critical support to the human capacity development challenges posed by the HIV pandemic.
- Taking the PI approach to the next level, which includes developing and documenting additional experience in non-training interventions such as motivation, supportive supervision, human resource allocation, job satisfaction and employee retention.
- Scaling-up the use of approaches that make training more effective and cost-efficient, beginning with performance needs assessments (PNAs) and including approaches such as implementing complementary training and non-training interventions as indicated by PNAs, applying the performance learning methodology, use of innovative and blended learning, and improved use of information technology.



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