

**S T R A T E G Y P A P E R**

**Performance  
Improvement: Developing  
A Strategy For  
Reproductive Health  
Services**

**P A P E R # 9 • M A Y 2 0 0 0**

# Performance Improvement: Developing A Strategy For Reproductive Health Services

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JHPIEGO Strategy Papers are designed to summarize JHPIEGO's experience in reproductive health, with a focus on education and training. The papers are intended for use by program staff of JHPIEGO, USAID and its cooperating agencies and other organizations providing or receiving technical assistance in the area of reproductive health training.

JHPIEGO, an affiliate of Johns Hopkins University, is a nonprofit corporation dedicated to improving the health of women and families throughout the world. JHPIEGO works to increase the number of qualified health professionals trained in modern reproductive healthcare, especially family planning.

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## Introduction

The primary goal of JHPIEGO and similar organizations working in low-resource settings is to improve the performance of reproductive healthcare providers and other healthcare professionals in order to improve the quality of services they provide. One of JHPIEGO's contributions to this effort has been the strategic development of training systems capable of producing qualified preservice education faculty and inservice trainers. Using well-designed learning packages consistent with national policies and service delivery guidelines, these faculty and trainers have, in turn, prepared qualified healthcare providers. JHPIEGO's mastery learning approach, based on the premise that all participants can learn the required knowledge, attitudes and skills if sufficient time is allowed and appropriate training methods are used, has proven to be highly effective. This approach has resulted in a global network of proficient clinical, advanced and master trainers.

Although training may be highly effective, there are many other factors that affect the transfer of training and the subsequent performance of the healthcare provider. Galagan (1994) asks trainers to shift from a focus on "training and development activities (input) to the performance of individuals and organizations (output)." Callahan (1997) suggests that the following four questions be asked about every training intervention:

- Is training the solution?

A healthcare provider attends a course to learn clinical skills (e.g., IUD insertion and removal, manual vacuum aspiration for the treatment of incomplete abortion) in order to provide a reproductive healthcare service. During the course the provider learns the essential need-to-know information, demonstrates mastery of course content by achieving a specific score on a knowledge assessment and demonstrates mastery of the clinical skills with anatomic models and clients. During a followup visit 3 months after the course, it is discovered that the provider is not using the newly acquired skills. Why not? It could be that the training itself was of poor quality. But there are many other questions about the transfer of learning from the classroom to the work setting to be considered, including the following:

- Does the clinic have the capability to provide the healthcare service?
- Is there a demand for this service?
- Are the commodities, supplies and equipment available?
- Is the clinic administrator and/or provider's supervisor supportive?
- Are other human resources needed?
- Was this the appropriate person to attend the course?
- Is the provider motivated to provide the service?

- Will training in this particular area provide the biggest return on investment?
- Is the focus performance improvement?
- Can training solve the problem on its own, or are other types of actions needed?

Training courses may be well designed and conducted, but may not always produce the expected results. Baldrige (1999) describes five reasons why this occurs:

- Lack of management or executive commitment to training
- Ineffective training that results from not allowing sufficient time for the design and delivery of quality training courses
- Training unrelated to organizational objectives
- Lack of tools to measure the effect of training on job performance after a worker has completed training and returned to work
- Lack of time and support to implement newly acquired knowledge and skills on the job following training

During the past several years there has been a global trend in business and industry to move from training to performance improvement. This paper presents a review of selected performance improvement and training literature that has been helpful to JHPIEGO in identifying issues related to this trend and in shaping our performance improvement strategy.

## What is Performance Improvement?

As one reads the literature, it becomes immediately apparent that there are a number of similar terms related to performance. In addition, different authors characterize performance improvement as a goal, a process and a system, and describe frameworks, models and paradigms. What they all have in common, however, is a focus on performance.

Rosenberg (1998) presents definitions of the three most common performance expressions:

- **Performance improvement** is the goal or benefit of focusing on individual and organizational change and business results.
- **Performance consulting** is the service or practice of providing advice, leadership, support and direction to the performance improvement process.
- **Performance technology** is the process and tools used to solve human performance problems or to realize performance improvement opportunities.

“Although training and education are critical to increasing competitiveness, meeting the educational challenge is just part of the answer. An effective human resource system needs an outstanding learning system, but it requires more; it requires a focus on performance.”

Source: International Society for Performance Improvement (1999).

Examples of performance technology tools include performance analysis instruments, cause analysis processes, traditional and technology-assisted learning interventions, change management techniques, followup protocols and evaluation instruments. Performance technology is often referred to as human performance technology (HPT).

Clark (2000) defines performance improvement as:

A systematic process of discovering and analyzing human performance improvement gaps, planning for future improvements in human performance, designing and developing cost-effective and ethically justifiable interventions to close performance gaps, implementing the interventions, and evaluating the financial and nonfinancial results.

Stolovitch and Keeps (1999) define HPT as "a field of endeavor that seeks to bring about changes to a system, and in such a way that the system is improved in terms of the achievements it values." Improving the quality of a country's reproductive health services must focus not only on healthcare providers, but also on the systems within which they work (e.g., policy, management, community, logistics, communication, supervision).

To develop a performance improvement strategy, it is essential to identify the components of the performance improvement process. Callahan (1997) writes that the performance improvement process involves applying HPT. She reports that there are a number of models, but that all share the following six key steps:

- Identify needs linked to performance gaps, which are based on a formal assessment.
- Establish desired performance goals that can be measured and that link directly to organizational goals.
- Decide on the type and level of performance needed to accomplish those goals.

- Determine potential obstacles to attaining desired performance.
- Identify the best solutions and performance interventions that can be used to remove or overcome those obstacles and to close the gap between real and ideal performance.
- Conduct an evaluation to make sure those goals have been reached and the performance gaps have been closed.

As Callahan (1997) points out, the first step in most performance improvement processes is an assessment of needs, with these needs being linked to performance gaps. Kirrane (1997), in describing the role of the performance needs analyst, points out that analyzing problems and opportunities to discover their cause or causes often indicates how to preserve and enhance what works—and to correct, replace or eliminate what does not.

Hutchinson and Stein (1998) write that although performance technologists use a variety of models, most contain some version of a five-phase process. These five phases, similar to the six steps outlined by Callahan, are:

- analysis and definition of needs or gaps,
- overall selection and micro-design of the intervention set,
- micro-analysis and design of the component interventions,
- integrated application of the set of interventions (implementation), and
- evaluation and feedback.

Finnegan (2000) describes the six parts of a performance system, which are summarized as follows:

- **Feedback**—Feedback needs to be frequent, balanced between the positive and the negative, easy to understand and directional, in that it specifies what to do.
- **Procedures**—Procedures, or entire processes necessary to an organization, must work by themselves, work at various times (time of day/night, week, month or year), work in the context of other things getting done and work while other situations change daily.
- **Consequences**—Consequences need to be in balance to help achieve the desired performance.
- **Cues**—Cues identify critical parameters of performance, such as when desired performance must be done, what exactly is required and how to do it.
- **Skill**—People at work need to demonstrate that they have the skill to do what is required and perform at the desired rate.
- **Knowledge**—People need to know what to do. If lack of knowledge is the main problem, training can be successful, though sometimes costly in time and money.

According to Chase (1998), "You send your employees to training to teach them new behaviors. But if you don't make the effort to encourage the transfer of those behaviors back to the workplace, you may as well be throwing

your training dollars out the window." Brethower (1998) also believes that instruction must be connected to the workplace in specific ways if transfer is to occur. Garavaglia (1998) agrees, and reports that the results of his research show that the greatest barriers to the transfer of learning are:

- a non-supportive organizational climate,
- lack of reinforcement on the job, and
- interference from the immediate work environment.

Garavaglia's assessments have identified the following factors as being the most critical to overcoming these barriers and establishing an effective climate for transfer:

- trainees need to discuss anticipated objectives with their manager before training,
- trainees need to discuss progress toward achieving objectives with their manager after training,
- managers need to identify and remove obstacles to transfer,
- trainees should meet with trainers to discuss post-training performance, and
- trainees should be paired together to reinforce post-training performance.

In addition to a component for transfer of training or learning, it is essential that the strategy also involve key individuals with interests in performance improvement. Brethower (1998)

writes that performance improvement initiatives work better if they are connected to the interests of, and championed by, key stakeholders.

Developing expertise in building stakeholder consensus must be reflected in a performance improvement strategy.

All performance improvement models contain an **intervention** step. An intervention is an activity, process, event or system that is designed to correct the problem or change the situation and improve performance. Hutchison and Stein (1998) present 20 classes of interventions.

Although not all of these would be appropriate for an organization's performance improvement strategy, these intervention classes are helpful in ensuring that those most relevant are included.

Their classes are:

- Career development systems
- Communications systems
- Documentation and standards
- Ergonomics and human factors
- Feedback systems
- Financial systems
- Human development systems
- Industrial engineering
- Information systems
- Instructional systems
- Job and workflow design and redesign
- Labor relations systems
- Management practices
- Measurement and evaluation systems
- Organizational anthropology
- Organizational design and development
- Quality improvement systems
- Resource systems

- Reward and recognition systems
- Selection systems

Stolovitch and Keeps (1999) group performance improvement interventions into two main categories: learning interventions and non-learning interventions.

- **Learning Interventions**—These interventions include a range of actions or events designed to help people acquire new skills and knowledge. Following are examples of learning interventions commonly used by JHPIEGO.
  - **Group-based learning.** A learning method in which a group of participants receives training from one or more trainers.
  - **On-the-job training (OJT).** A form of self-paced, structured learning that allows the individual requiring training to acquire the necessary knowledge and develop the required skills while on the job.
  - **Experiential learning.** An approach to learning that actively involves participants and applies the use of new skills through a variety of instructional methods (e.g., case studies and role plays).
  - **Self-paced learning.** A method in which learners progress through the instruction based on their individual learning capabilities. Self-paced learning occurs in structured OJT and computer-assisted learning.

– **Feedback systems.** Means of communication whereby individuals receive information about their progress in mastering a skill or activity or achieving their learning objectives.

• **Non-Learning Interventions**—These interventions encompass actions and items not related to learning but still geared toward performance improvement. They can enhance the effectiveness of learning interventions and include:

– **Environmental Interventions.** Adjustments can be made within the work environment, either by eliminating barriers that prevent performance or increasing support mechanisms for obtaining and enhancing desired accomplishments. Examples of environmental interventions are: providing tools and equipment to do a job, creating standards and policies to guide performance and strengthening a deployment system.

– **Incentives/Consequences/Motivation Interventions.** Rewards for performance, consequences for lack of performance and perceived value of the work being undertaken all have an impact on performance. Examples of interventions in this category are pay for performance, recognition for superior performance and establishment of supportive supervisory systems to build confidence.

– **Job Aids.** These “external memories” (charts, pocket guides), containing

information that the individual is not required to learn and remember, can help improve performance.

The focus on performance improvement has implications for **followup, measurement and evaluation.** Gill (1996) indicates that performance is measured in terms of progress toward specific goals. In order to claim that performance has improved, there must be some sort of measurable change according to the standards or indicators that have been established. In discussing performance deterioration, Rosenberg (1998) says that performance will never improve by itself, and that once deteriorated, performance becomes increasingly resistant to improvement. It will only stay improved if there is support from the performance improvement system (e.g., supervisor support). The implication for a performance improvement strategy is that there must be clearly established goals and an evaluation component to determine how successful specific interventions have been to attain those goals.

### Considerations for Developing a Performance Improvement Strategy

The concept of performance improvement is not a new one, and most organizations working internationally in reproductive health already apply some elements of performance improvement. Traditionally, USAID-supported cooperating agencies (CAs) have implemented interventions in areas such as service delivery; management; logistics; training; and infor-

mation, education and communication. The objective has been that, within a given country, a number of CAs simultaneously working with country partners would be implementing interventions at individual, organizational and community levels, eventually resulting in provision of quality services to clients. Success in achieving this objective clearly depends on the extent of collaboration and coordination among the CAs and country partners. A performance improvement approach can help to strengthen these partnerships.

Based on the review of the literature presented in this paper, there are a number of ideas that organizations may wish to consider as they develop a performance improvement strategy:

- The strategy must be based on a proven framework which is recognized by other partners.
- There must be strong collaboration with partners and key stakeholders throughout the entire process. In order to maximize effectiveness, organizations can no longer work in isolation hoping that their interventions will have the desired effects.
- There must be a strong quality component to any performance improvement strategy.
- There must be common performance analysis and root cause analysis tools and instruments that all partners are able to use.
- The focus should be on the causes of poor performance at individual, organizational and community levels that will have the greatest impact on performance and the

provision of quality services. In many cases it will not be possible to address all of the causes of poor performance, and decisions regarding priorities will have to be made.

- Each organization must develop expertise in designing and implementing a specific set of interventions. An organization may need to develop expertise in new interventions.
- When training is an intervention, there must be a component for the transfer of training to ensure a link from training to the work site. The transfer of training should involve the worker's supervisor and manager whenever possible.

## **JHPIEGO's Performance Improvement Process**

The definition of performance improvement that JHPIEGO will use is based on one developed by representatives from several USAID CAs (Performance Improvement Consultative Group 2000):

Performance Improvement is a process for achieving desired institutional and individual results. The goal of Performance Improvement is the provision of high quality, sustainable health services. Results are achieved through a process that considers the institutional context, describes desired performance, identifies gaps between desired and actual performance, identifies root causes, selects interventions to close the gaps and measures changes in performance.

The Performance Improvement Process, based on the framework shown in **Figure 1**, helps to tell us what factors contribute to desired performance and what can be done to strengthen them. Using this process also helps ensure transfer of training to the workplace, where services are delivered to our ultimate customers: women and families. This process is consistent with the literature review in this paper and comprises the five steps described below.

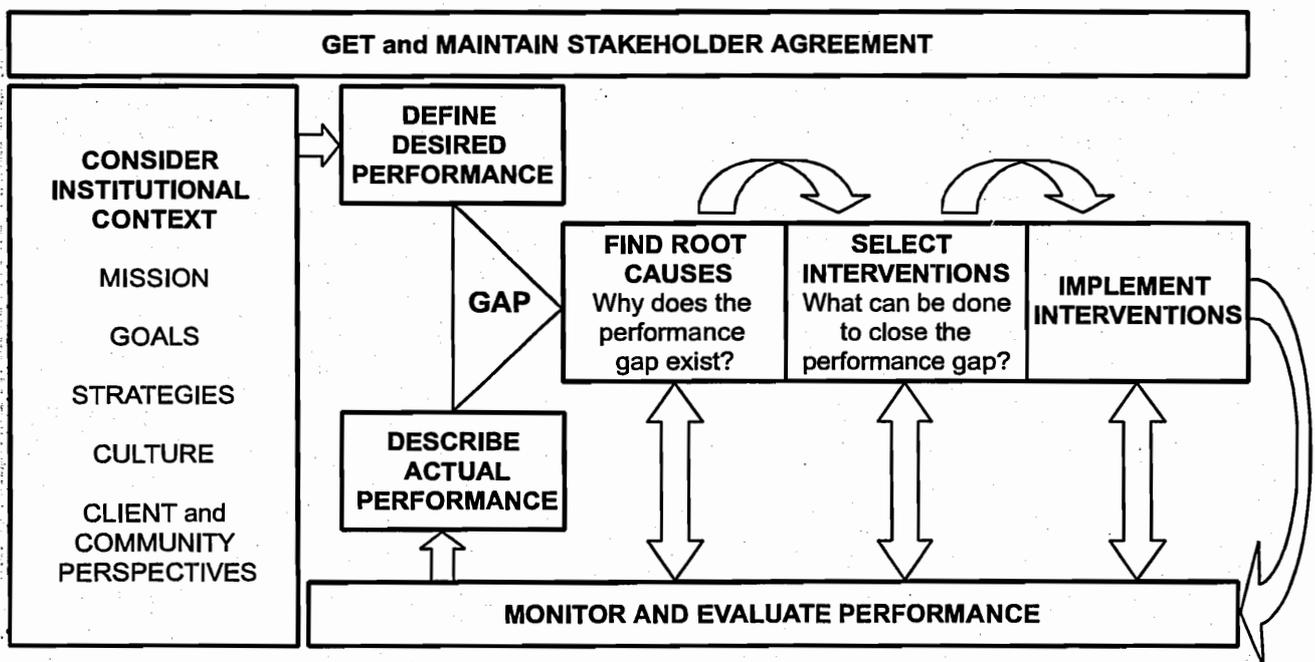
- **Analyze performance:** First, conduct a performance analysis to identify what gaps, if any, exist between actual and desired performance. Focus on the performance of an individual or a group.

If desired performance is not already defined, define it by asking:

- What is the provider expected to do?
- How well (quality indicators)?
- Under what conditions?
- With what frequency?

Define desired performance—while considering the institutional context—with input from national policies and priorities, service delivery guidelines and as much stakeholder involvement as possible including, at a minimum, providers, supervisors and clients.

**Figure 1. Performance Improvement Framework**



Source: The Performance Improvement definition and framework are products of a collaborative effort among members of the Performance Improvement Consultative Group. This group consists of representatives of USAID-funded Cooperating Agencies.

- **Find root causes:** Conduct a root cause analysis that asks why the identified performance gaps exist. Gather information from as many stakeholders as possible and identify the causes of poor performance before selecting appropriate interventions. Common causes of poor performance include:

- Unclear job expectations
- Lack of performance feedback
- Poor motivation
- Weak management or leadership
- Deficient knowledge and skills
- Inadequate facilities, equipment or supplies
- Lack of client and community focus

- **Select interventions:** Next, select and design interventions to address the causes of performance gaps.

Not all interventions can be undertaken at once. Prioritize the selected interventions. Weigh costs and benefits carefully. In determining priority, consider the following criteria:

- *Appropriateness:* Will this intervention contribute to closing the performance gap? Will it be effective in improving the quality of reproductive health services?
- *Economics:* Is the intervention affordable and sustainable?

- *Feasibility:* Are systems in place to support this intervention? Can it be successful in a low-resource setting?
- *Cultural acceptability:* Will the community and clients respond favorably to this intervention and be willing to advocate for it?
- *Provider acceptability:* Will the healthcare provider or supervisors agree to support the intervention?

- **Implement interventions:** During this phase, set interventions in motion and establish monitoring systems. Integrate the concept of change into daily work and carefully manage the direct and indirect impact of that change to maintain organizational effectiveness and achieve performance improvement goals.

- **Monitor and evaluate performance:** This task is ongoing. Because certain interventions can have an immediate effect on organizational and individual performance, be certain to initiate sound monitoring systems that focus on measurable change in order to obtain early feedback on the results of the intervention. To evaluate the impact of interventions on closing the performance gap, continuously compare formal assessments of actual job performance to desired performance. Obtain information from evaluations and use it to guide further analysis of performance gaps and root causes. Follow leads from the information retrieved to modify the intervention design as needed.

## Conclusion

JHPIEGO views performance improvement as the cornerstone of our work in the coming years. In collaboration with partners, we will conduct performance analyses to identify problems and then conduct root cause analyses to determine why performance gaps exist. Working with our partners, we will select interventions appropriate for use in low-resource settings. These interventions will be implemented in a coordinated manner with the goal of improving the performance of individuals and the systems within which they work. Through monitoring and evaluation, we will ensure that the interventions are having the desired effect on performance. We believe that using a performance improvement process to guide our work will result in expanded and improved reproductive health services, allowing women and their families throughout the world to have access to high quality care.

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