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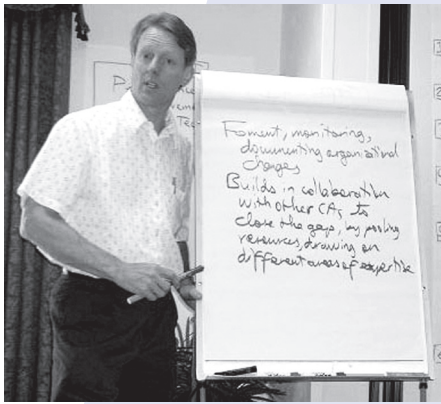## PI Global Team Builds on Storehouse of Experience

Organizations working globally sometimes find it challenging to keep everyone up-to-date on all that's been accomplished. PRIME II's Performance Improvement (PI) Global Team found this out at its 2002 meeting, where it was discovered that PRIME has almost twice as much experience in field applications of PI than previously thought. While meeting facilitators had planned to gather information about 16 PI Performance Needs Assessments (PNAs), a series of group exercises revealed that PRIME has actually conducted at least 28 PNAs.

Held July 29-August 2 in Virginia, the meeting brought together staff from PRIME's regional and country offices, Chapel Hill headquarters, and Project partners EngenderHealth and Training Resources Group, Inc. (TRG). The venue allowed participants to focus without distraction on the task at hand: documenting PRIME's PI experience and planning for future applications of non-training interventions. Evening activities helped reconnect far-flung Global Team members who may meet face-to-face only once per year.

Using the stages of the PI process as a framework for discussion, the group shared observations and lessons learned from PRIME projects. Stories from Benin to Zambia illustrated the flexibility of PRIME's PI approach, as well as the ingenuity of PI practitioners in eliciting strong results while dealing with real-world circumstances. For each question about how to handle a problem situation, team members shared experiences that others could draw from. Perle Combary, regional evaluation manager for West, Central and North Africa, conveyed her method of ranking missing performance factors by their frequency of absence as a way to tackle the highest priority interventions first. Wanda Jaskiewicz, program officer for Latin America and Caribbean, related her technique for monitoring interventions: "I make weekly phone calls to the implementers, and when I'm in that country I stop in personally and check progress." Field office representatives spoke positively about

PI Global Team members Maj-Britt Dohlie (top), Fatu Yumkella (above) and Graeme Frelick (back) were among those who convened for the annual meeting.

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the timeframe required for PI projects. As Aftab Uddin, national consultant for program management in Bangladesh, remarked, "Our interventions fit into the government workplans, and they have their annual cycles."

PNA Quick Facts

Looking back on the 28 PNAs that PRIME has conducted, Global Team members discovered much useful information:

- "Performers" are mostly primary-level health care providers, but occasionally include supervisors, trainers, district health managers and family planning clients themselves
- Most PNAs take two to three months to implement but completion times have ranged from less than a month to more than a year
- Key clients and stakeholders most often consist of providers, Ministry of Health (MOH) staff, USAID staff, clients and community members, but have also encompassed collaborating agencies (CAs) and non-MOH government officials
- In most cases, the majority of the five PI performance factors are missing from providers' work lives. Consequently, lists of initial interventions are often long.

Plans for Sharing Our Expertise

As part of its charge to document and disseminate PRIME's rich expertise in PI applications, the Global Team made plans to produce several publications including a handbook of available tools (as an adjunct to the new interactive website and CD-ROM, PI *Stages, Steps and Tools*), a technical report about PRIME's experience in PI, and a shorter general-interest piece. PI presentations, tools and reports will also be available at www.prime2.org.

Developing Non-Training Interventions

At the direction of USAID, the PRIME PI Global Team is also gaining knowledge and experience in non-training interventions. Combining research and field applications, the team will demonstrate what works in such non-training intervention areas as:

- Translating policies and standards into performance expectations that providers know and understand
- Performance feedback systems
- Supportive supervision and peer support
- Provider motivation and incentives.

The results of these demonstration projects will be published internally, within the USAID and CA community, and in peer review journals.

2002 PI Global Team Participants

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