

## The need for strengthening management/workforce performance at district level

In Ghana, we need health workers with the relevant skill mix to improve health workforce performance in order to achieve Universal Health Coverage. Managers at district level are being supported to improve annual planning and implementation in the devolved structure of service delivery. However, they also need a simple and sustainable way of improving workforce performance management and the relevant management competencies such as leadership, planning and performance appraisal. PERFORM2Scale is working towards this.

## The PERFORM management strengthening intervention

PERFORM2Scale's precursor was the PERFORM initiative which developed a management strengthening intervention (MSI) and tested it with District Health Management Teams (DHMT) in Ghana, Uganda and Tanzania from 2012-14. The MSI used an *action research* approach (see Figure 1) to enable the teams to analyse their own workforce performance problems and develop appropriate workplans (**plan**); implement the workplans (**act**) and learn about management from the experience (**observe** and **reflect**). The MSI was facilitated by national research teams in each country through meetings, short workshops (Figure 2) and joint meetings of DHMTs, and follow-up support. The teams tackled problems such as poor supervision, absenteeism and ineffective staff appraisal systems. They developed integrated strategies to be included in the annual district plans, *largely using available resources*.

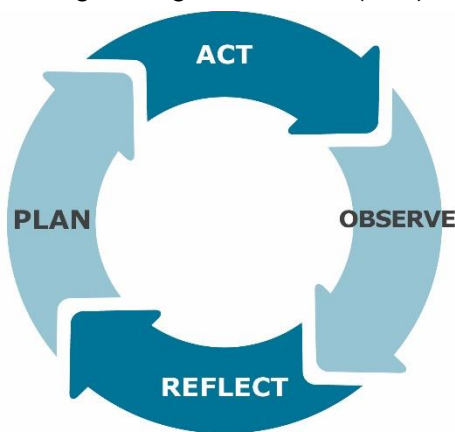


Figure 1: the action research cycle

## PERFORM's success

The evaluation of the management strengthening intervention showed that it helped to strengthen management for health workforce performance. Some strategies were even contributed to improving service delivery. For example, here in Ghana, improved supervision of Community Health Officers led to better record-keeping and immunization defaulter tracing, and ultimately reduced drop-out rates and higher vaccination coverage.

The MSI was also convenient for the DHMTs – fitting in with their busy schedules – and promoted collaboration both within the district team and between district teams. DHMTs wanted the use of the MSI to continue and suggested that the approach should be expanded to more districts.

## What are the benefits of the MSI to the DHMTs?

**Deliver results** (fig 2): PERFORM2Scale is an action research project - this means that once staff determine the best ways to improve performance they can implement these changes and monitor their effects in their districts.

**Enhance capacity:** The action research approach will contribute to improved staff skills and abilities as a DHMT to resolve problems and maximise the use of their resources.

**Offer flexibility:** Staff will have the autonomy to design their own strategies for improving the performance of their workforce, with the support of PERFORM2Scale researchers. We will work with staff to implement these strategies and observe their effects.

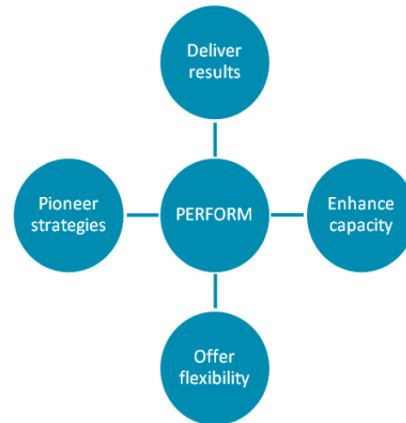


Figure 2: Benefits of the MSI to the DHMT

**Pioneer improvements:** Ghana's DHMT staff are the first districts to be involved in PERFORM2Scale and are therefore pioneers for our project. We hope to utilise learning from PERFORM2scale to support improved health workforce performance in other districts and potentially other countries.

## Expanding/scaling-up the PERFORM MSI

The aim of the five-year PERFORM2Scale initiative is to develop and validate a costed national scale-up process for the MSI which was developed under PERFORM. The expansion/scale-up strategy includes working with government, other employers and relevant stakeholders to integrate the initiative into existing national level management structures to sustain the implementation of the MSI at district level in Ghana.



Figure 3: The MSI cycle will help DHMTs to solve problems and gradually improve their management competencies

## What has been achieved so far?

### MSI Workshops

**MSI Workshop 1:** This workshop on problem analysis was held in Koforidua from the 16th–18th May 2018. There was a total of 23 participants comprising DHMT members, Ghana Health Service (GHS), Regional Health Administration (RHA), Christian Health Association of Ghana (CHAG) and DHMT members from previous PERFORM districts. The main objectives were:

- (1) to build the capacities of the study's DHMTs in the principles of action research,
- (2) to train DHMTs on how to prioritise and analyse the human resource (HR) and/or service delivery problems of their district/municipality, and
- (3) to stimulate sharing of experiences, information and lessons learned across the three DHMTs.

The workshop further reviewed the findings of their situation analyses. The key problems selected by the districts were:

- (1) low out-patient department attendance (Fanteakwa),
- (2) low ante-natal care coverage (Suhum), and
- (3) low case detection of yaws (a neglected tropical disease) (Yilo Krobo).

All identified causes that were related to workforce performance.

**MSI Workshop 2:** This was held in Koforidua from 4th–6th July 2018. There was a total of 28 participants, again comprising DHMT members, GHS, RHA, CHAG and previous PERFORM DHMT members. The purpose of the workshop was to:

- (1) further refine the problem analyses,
- (2) evaluate possible HR/HS strategies to address problems identified in the situation analysis,
- (3) develop a plan for HR/HS strategies,
- (4) agree on support processes for DHMTs during the implementation of strategies, and
- (5) discuss the use of reflective diaries to record the action research process and learning.

Some selected strategies to address the identified problems included:

- Fanteakwa - additional recruitment of various categories of health workers, retention incentives, use of temporary staff, engagement of services of health volunteers and non-formal health workers, monitoring staff attendance etc.
- Suhum – regular orientation of new and old staff on community belief system, engagement of community members on their belief system, improvement of service delivery by increasing outreach services, lobbying for more midwives, training and development on patient charter and customer care, application of rewards system etc.
- Yilo Krobo - in-service training of health workers on detection of yaws cases, use of community durbars and community information centres to disseminate key messages on Yaws, use of volunteers/non-formal health workers to conduct active case search.



## Where are we now and what happens next?

### Commencement of selected HR/HS strategy implementation

All District Group 1 (DG1) DHMTs started to implement the strategies they adopted to address their identified problems. All districts groups began to implement their strategies in July/August 2018.

### Inter-district meeting

This meeting was held at the Summit Lodge Hotel in Koforidua from 13th–15th February 2019. The meeting afforded DG1 districts the opportunity to share progress on the implementation of their respective HR/HS strategies. Each district made insightful presentations with examples of reflection and learning, key successes and the challenges faced. The meeting ended with DHMTs expected to develop a set of action plans to continue with the implementation of their HR/HS strategies.

### Monitoring visits and communication

As part of activities leading to the roll-out of the intervention, the Country Research Team (CRT)/Resource Team (RT) undertake regular support visits to guide study districts through the use of the reflective diaries and to discuss the progress of the MSI implementation. The CRT is also regularly in contact with the DHMTs via e-mail, phone and field visits.

**In Year 3** (2019), the MSI cycles are continuing in DG1 and a new cycle has started in DG2. The districts selected for DG2 are Abuakwa South, Ayensuano and Lower Manya Krobo.

## PERFORM2Scale's successes

Implementation of the MSI in DG1 resulted in some key findings. For instance, in Yilo Krobo active case searches led to 33 yaws cases being detected in 2018, up from just two cases in 2017. Furthermore, the active search also resulted in the detection of 171 cases of all ulcers. Generally, data collection and documentation of disease control activities were improved due to prompt feedback to the sub district.

Other strategies also contributed to improved service delivery. Attendance books to monitor staff punctuality and use of phone calls to confirm staff presence at work improved staff attendance records. DHMT members increased periodic monitoring and supervision, with PERFORM2Scale activities integrated into existing projects and programmes with funding.

DHMTs' management skills were enhanced by the determination of the team members to tackle identified problems, the support of DDHS from each district, the hands-on problem-solving approach of PERFORM2Scale and constant communication with the CRT. The MSI workshops 1 and 2 were very participatory and interactive and set the stage for DHMTs to acquire the requisite skills for the action research approach. For instance, Yilo Krobo's DHMTs and health workers improved their knowledge and skills in non-communicable disease case detection, especially yaws, as well as in the use of ICT in service delivery reporting and feedback.

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