

PERFORM2Scale in Ghana – our successes

Staff from the **School of Public Health at the University of Ghana**, supported by the Regional Directorate of Health Services, are working with DHMTs in three Ghana districts. They are supporting staff in identifying and tackling specific **workforce and health service performance problems** impacting on service delivery.

This management strengthening intervention – a process of planning, implementing, reflecting and refining – allows staff to take ownership of their problems and to address them using existing resources. Since inception there have been many successes including:

- Increases in Yaws and other NTD detection rates in Yilo Krobo (see case study).
- The Yilo Krobo team has also used the MSI and skills they've developed to identify cases of **COVID-19**.
- The Suhum DHMT targeted low antenatal care attendance (ANC). They engaged with community members on social cultural norms and beliefs, improved service delivery by increasing outreach services, and trained staff on customer care and the patient charter to increase ANC coverage.
- In Fanteakwa, the DHMT focused on high institutional mortality by increasing low outpatient attendance rates. Poor staff performance, as well as poor health seeking behaviour, were tackled using different measures such as training in customer care, governance and leadership, introducing a facility-level attendance register, and setting up a disciplinary committee.
- All districts have experienced improvements in their management skills, team confidence and independence, and teamwork.

DHMTs value the MSI as it gives them a way to address their own problems, resulting in improvements which can be used to boost their district league table rankings.

The School of Public Health team hopes that this evidence of effectiveness, and the enthusiasm and support of the DHMTs, will enable the intervention to be taken to other districts in Ghana and embedded in national and district-level health planning.

A Resource Team view of PERFORM2Scale



*Solomon Boamah Amponsah,
Regional Health Research
Coordinator, E/R. Ghana*

PERFORM2Scale is different from other projects I have encountered. What makes it stand out is that it freely guides districts to use local evidence to solve their own workforce challenges; to analyse problems, to get to the root causes and to come up with solutions. And by sharing the evidence gathered by districts, other DHMTs are able to see the benefits... what others have been able to do through simple means. It builds the capacity of the DHMTs, improving regional health management.

The case of Yilo Krobo is clear evidence that gathering people, helping them to realise their needs and finding solutions greatly helps in addressing problems. What I have seen in PERFORM2Scale is evidence that with simple analysis, people are able to find innovative ways of reaching their targets.

I would recommend the scale-up of the MSI to the Ministry of Health and Ghana Health Service. I think PERFORM2Scale is giving the system some ideas as to how we can approach challenges, especially around workforce and capacity strengthening.

Some of us who have been part of the project have also been enlightened. Coaching and taking others through root cause analysis has broadened my own scope of thinking, and through the application of the methods I have improved in my work.

The project is results-oriented, and without any serious financial commitment DHMTs are able to meet their targets and solve longstanding issues. PERFORM2Scale has come to change the mindset of always waiting for resources before changes are made. The programme is results directed: you implement it and you see the results.

Background to PERFORM2Scale

In 2011-15, the PERFORM project tested a Management Strengthening Intervention (MSI) with District Health Management Teams (DHMTs) in Ghana, Uganda and Tanzania. The MSI was designed to help DHMTs identify workforce-related problems and develop solution-based strategies to be integrated into their annual district plans. It used an **action research cycle approach** to enable the teams to analyse their workforce-related problems, develop and implement appropriate workplans to address these issues, and to reflect and learn about management processes through their experience. Evaluation of the MSI showed that by solving problems such as weak supervision, high absenteeism and ineffective staff appraisal systems, the health workforce performance improved, as did service delivery. Staff became better managers. The MSI fitted in with DHMTs' busy schedules and largely used existing resources.

To have a wider impact, and contribute to achieving UHC, the MSI is now being scaled-up as PERFORM2Scale in **Ghana, Malawi and Uganda**. This is supported by partners from universities in Ireland, Netherlands, Switzerland and the United Kingdom. The PERFORM2Scale MSI approach, i.e. selection of problems from DHMTs' own work plans, is potentially sustainable because it's cost neutral. Also, the formation of the NSSG and RT ensure continuity after the project has ended. It is intended that learning is embedded (management is strengthened), service delivery is improved and the infrastructure for scale-up secured. This, in turn, will support countries in achieving UHC.

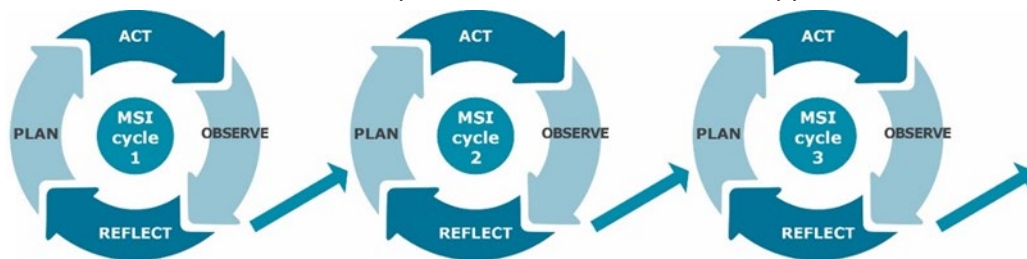


Fig 2.
Action research cycle

How PERFORM2Scale MSI in Ghana differs from other initiatives

- The DHMTs understand their own contexts and the human resource and service delivery problems they face. With the support of the MSI framework, they choose the problems to address, develop the best strategies to tackle them and implement the changes. This increases their **ownership of the process**.
- It is **action research-based** – DHMTs learn by doing.
“...the project allows the district team themselves to analyse, to get to the root causes of problems, and then by their own discussions, to come up with their suggestions that would eventually solve their challenges...” Solomon Amponsah, Eastern Regional Research Officer
- The Yilo Krobo case demonstrates **clear evidence** of the positive effects of the MSI – in this instance, increased case detection rates for Yaws and other neglected tropical diseases.
- The **MSI is flexible**. It easily aligns with **government policies**, e.g. Ghana Health Service's human resources for health capacity building focus. Furthermore, the Yilo Krobo team has successfully used the MSI to help address the **COVID-19** outbreak, using the case identification skills developed during the intervention.
- The MSI helps to develop strong relationships and communication between **stakeholders at all levels**, e.g. District, Regional and National
- The MSI process encourages DHMTs to reflect on their responses to workforce-related problems and learn from the outcomes. This has a knock-on effect on other districts and helps **adapt the MSI to different contexts**, promoting its sustainability and potential for scale-up across Ghana.

Yaws Detection Strategy

AIM

Increase yaws detection rates in Yilo Krobo from

- 2015 - 0 cases
- 2016 - 0 cases
- 2017 - 3 cases

2018 - Intervention began

RAISE AWARENESS

The community needed to become more aware of Yaws



MORE TRAINING

In-service training for health staff was expected to build their competencies in neglected tropical disease identification

WHATSAPP

Create a sense of 'team' and a platform for sharing data and personal support among staff



Disseminate images and information. Make case searching more effective and consolidate staff training.

INCREASE CASE SEARCHING



Use health staff for active and passive case search to improve case detection

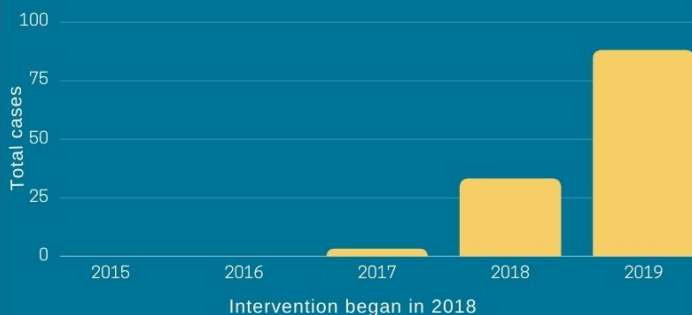
Use volunteers and non-formal health workers for active case searching

INCREASE SUPERVISION

Quarterly monitoring/supportive supervision to ensure the case searching actually took place



Increased Yaws cases detection



...treatment of all identified cases, and increased detection rates of other NTDs

Case study - Yaws detection in Yilo Krobo

The Yilo Krobo District Health Management Team (DHMT) began work on PERFORM2Scale in 2017. At the time there was no workforce-related project or programme in the district. The DHMT, in its situational analysis of the district through PERFORM2scale, identified five main human resource and service delivery problems in their district. The service delivery problem selected was a low rate of identification of cases of Yaws. The disease was known to exist in Yilo Krobo, but the municipality had recorded very low numbers of cases of Yaws for three years.



Fig 3. A boy's neck before and after treatment for Yaws

Using a root cause analysis, the DHMT developed a multi-pronged human resource/ service delivery-focused strategy to increase case detection (outlined opposite). A workplan was developed, with appropriate indicators to implement over an 8-month cycle. Gender and vulnerability issues were considered throughout the cycle. The DHMT members spearheaded and led the initial analysis of identifying the root cause of the problem, developed the strategy and work plan and implemented the Yaws detection activities in the district.

They detected 50 cases of Yaws in 2018 and 80 cases in 2019 during the MSI intervention. This was due to the increased knowledge of managers, supervisors and health staff on Yaws. Greater health worker empathy and understanding of the associated stigmatization also occurred. The team also experienced improvements in their management skills, team confidence & independence, and teamwork, all used during the recent COVID-19 pandemic.

PERFORM2Scale elsewhere in Africa

The management strengthening intervention is also scaled-up in Uganda and Malawi. There we have also seen service delivery, workforce performance and management successes ([more details in this briefing paper](#)). Improvements include:

- Improved TB cure rates
- Reduced absenteeism and improved provision of service
- Effective lobbying for resources, resulting in a dormant health facility being reopened and additional staff recruited
- Increased confidence among staff and better teamwork and leadership performance
- Developing solutions as a group

PERFORM2Scale Partners

Liverpool School of Tropical Medicine, UK
(overall lead)

**School of Public Health,
College of Health Sciences,
Makerere, Uganda**

**School of Public Health,
University of Ghana**

**Swiss Tropical & Public Health
Institute**

**Research for Equity & Community Health
(REACH) Trust,
Malawi**

**Centre for Global Health, Trinity College
Dublin & University of
Maynooth, Ireland**

**Royal Tropical Institute (KIT),
Netherlands**

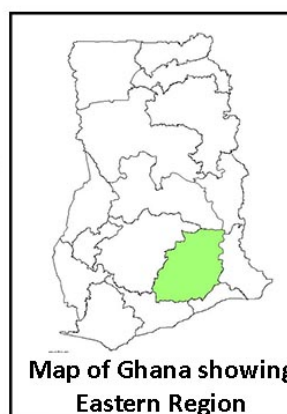
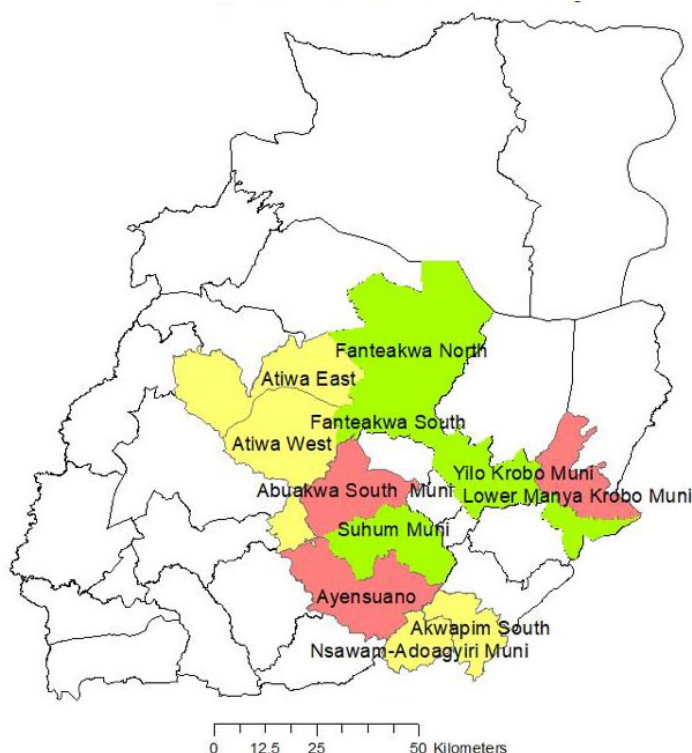


Fig 4. The area covered by PERFORM2Scale in Ghana's Eastern Region

DG1 - Fanteakwa, Yilo Krobo and Suhum

DG2 - Ayensuano, Lower Manya Krobo and East Akim

DG3 – Nsawam-Adoagyiri, Akuapim South and Atiwa

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