Designing appropriate strategies to improve workforce performance at district level in three African countries: what works?

Introduction

- With a shortage of 18 million health workers by 2030, improving the performance of current staff is essential.

- District health management teams (DHMT) have the most impact on frontline worker performance, yet they require support with designing appropriate strategies.

- In PERFORM2Scale (2017-21) we are scaling up a problem-based management strengthening intervention (MSI) supporting managers to develop feasible, acceptable, and affordable workplans in the decentralised health systems in Ghana, Malawi and Uganda

- Here we examine the effectiveness of our process of analysing the selected problems and designing appropriate strategies to improve workforce performance within districts

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Methods

- Working in groups of three neighbouring districts through two short workshops DHMTs. Teams select priority problems related to staff performance management (PM) or service delivery (SD). Workplans should be developed that can be implemented within about 8 months and with available resources

- Guidance is provided to help develop a set of performance management (strategic human resource management) and health systems (HS) strategies as a coherent workplan, with a selection of ideas under these headings:
  - **A**vailability - Staffing posts filled and staff present
  - **D**irection - information and guidance on what work staff should do (including appraisal and supervision)
  - **C**ompetencies - to carry out the tasks assigned
  - **I**ncentives - rewards/sanctions
  - Other **h**ealth **s**ystems – information systems, service delivery etc

- Data on initial problem prioritisation, root cause analysis and designing and refining the workplan was collected from reports of meetings and workshops with DHMTs in 18 districts across three countries (2 groups of 3 per country).

- Analysis was by: type of main problem (PM/SD); type of strategies used (A/D/C/I/HS) and consideration of indicators and gender
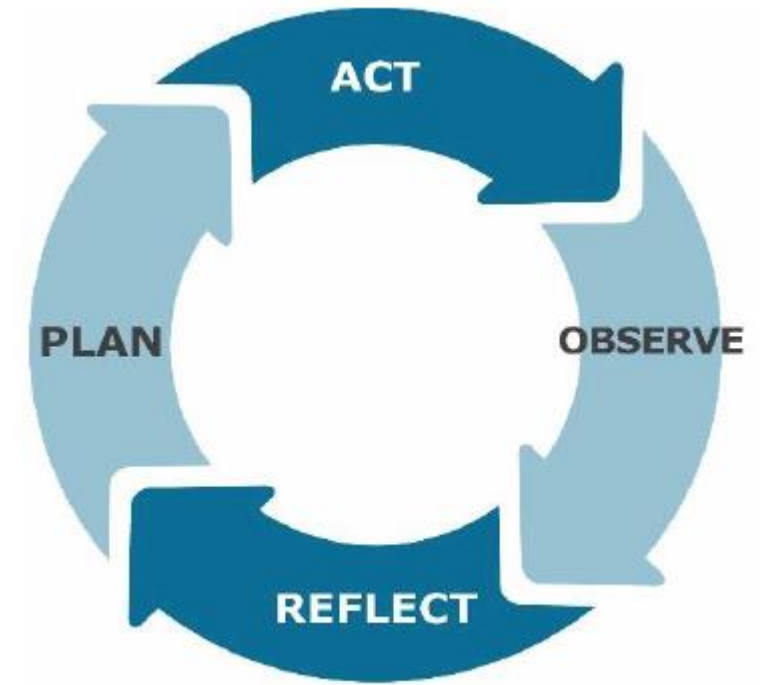
Figure 1: the action research cycle

The MSI uses an action research approach to enable the teams to:
- **analyse** their own workforce performance problems
- develop appropriate workplans (**plan**);
- implement the workplans (**act**) and
- learn about management from the experience (**observe and reflect**).

Findings 1: problem analysis

Figure 2: Selection of high-level problems by service delivery (SD) or performance management (PM) in 18 districts

Country	SD problem	PM problem
Ghana	6	0
Malawi	2	4
Uganda	4	2

Examples of problems:
- Low case detection of neglected tropical disease (Yaws)
- Low ANC coverage
- High level of absenteeism
- Lack of regular staff appraisals

- Each problem statement was broken down to identify the root causes (related to performance management or broader health systems)
- Strategies (feasible & affordable) were developed to address causes and incorporated into a workplan

Problem analysis, Ghana, June 2019

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Findings 2: Strategy development

Figure 3: Analysis of content of 18 workplans

Country	Availability	Direction	Competence	Incentives	HS strategies	Gender	Indicators
Ghana	6	6	6	5	6	6	6
Malawi	1	5	5	3	5	6	6
Uganda	6	6	5	4	6	6	6
Totals	13	17	16	12	17	18	18

Peer review of strategy development, Uganda, 2019

- Wide range of strategies used (PM and HS)
- Examples of coherent workplans eg improved skills, supervision, use of TBAs, increased outreach to increase coverage of ANC
- All had considered gender (related to staffing or service users)
- Most had developed possible indicators

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Summary of findings and conclusion

- All service delivery problems needed to be addressed by some performance management strategies

- 'Direction' and 'Competence' most common strategies

- 'Availability' and 'Reward and sanction' least popular (?perhaps beyond authority or resources of DHMT)

- Most PM strategies were complemented by HS strategies; all workplans included multiple strategies

- All strategies considered gender and included indicators

DHMT members, Malawi, 2018

This simple, scalable, structured approach can help district managers design relevant and coherent workplans to address workforce-related problems to support more effective service delivery

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More details in handout below

Hand out for Abstract # 2774:
Designing appropriate strategies to improve workforce performance at district level in three African countries: what works?

Introduction (slide 1)

The PERFORM consortium piloted a management strengthening intervention (MSI) for district level managers in Ghana, Tanzania and Uganda (2011-15). The aim was to focus on the improvement of managing staff performance in order to partially address the health worker deficit in Africa. The MSI was based on an action research approach to ensure with most of the activity based in the districts apart from two short workshops and several meetings where managers from three districts worked together. Guidelines were developed to help managers carry out a route-cause analysis of their selected problems, based on a situation analysis, and for the development of appropriate workplans to address the main causes.

As the pilot was successful[1], scale-up was needed to increase the impact. The PERFORM2Scale consortium is taking this process forward in Ghana, Uganda and Malawi. In each country we have scaled the MSI up into 9 districts (three groups of three) and the first groups have already completed two cycles of the MSI interventions – some of them identifying new problems to address while others have continued with the same problems. Evaluation of the effects of the MSI is ongoing, but here we present an analysis of the DESIGN of the workplans based on the problem analysis.

Methods (slide 2)

An important part of the approach to the MSI is that DHMTs have ownership of the problems they select. Some start from problems with service delivery (eg low case detection of neglected tropical disease (Yaws)) or problems in other health systems areas (eg Late data entry to health information system), while others have chosen to start with performance management problems (eg absenteeism or staff appraisals).

One of the concepts prompted for design of the workplans is the importance of selecting complementary strategies (referred to as 'integration' or 'bundles' in the strategic human resource management literature[2]). We have extended this concept to include integration between human resource management strategies and strategies related to other health systems. Guidelines are provided to help the managers select appropriate strategies to address shortages or absence of staff ('availability'), guidance to staff on what to do through supervision, meetings, guidelines etc ('direction'), competencies and incentives[3]. A planning template is provided to encourage the consideration of gender in the strategies and the inclusion of indicators for monitoring progress with the implementation of the strategies.

By the end of the second workshop DHMTs have drafted a workplan based on their selected problem and root cause analysis. These plans are what we have analysed for this paper, though during the implementation period some of the plans are adapted as more information becomes

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[1] Martineau, T., J. Raven, M. Aikins, A. Alonso-Garbayo, S. Baine, R. Huss, S. Maluka and K. Wyss (2018). "Strengthening health district management competencies in Ghana, Tanzania and Uganda: lessons from using action research to improve health workforce performance." Bmj Global Health **3**(2): e000619.

[2] For example, Buchan, J. (2004). "What difference does ("good") HRM make?" Hum Resour Health **2**(1): 6.

[3] PERFORM2Scale (2018) 'Choosing HR/HS strategies to improve workforce performance' in Toolkit for scaling-up management strengthening intervention Version 2 (unpublished document) – available on request

available. Each plan was examined to identify one or more examples of strategies relating to availability, direction, competencies, incentives and other health systems (including service delivery). Evidence of consideration of gender and indicators was also checked.

Findings 1: problem analysis (slide 3)

All DHMTs in Ghana started with service delivery problems, where is Uganda and Malawi there was a mixture of service delivery problem statements and workforce performance management problems. These were then broken down into their causes using the 'but why' technique – usually using post-it notes. Using a 'gallery walk' process the first version of the problem analysis was critiqued by peers and subsequently revised.

Findings 2: Strategy development (slide 4)

The teams have mostly used a wide range of strategies – human resource (HR) strategies and wider health systems (HS) strategies (average 4) which would help to ensure the plan was not reliant on too few strategies, though this does add to the complication of the implementation of the plan (see Table 1 below).

All team considered gender when developing their work plans. This was mainly in relation to staff and was often just noted that equal opportunity policies would be followed. There were some more specific factors noted such as the challenges for women using motorcycles for field work in one district and the importance of disaggregating staff data by gender in another. Gender was also considered in service delivery elements of some plans such as differently tailored messages regarding ANC attendance for males and females.

All teams had also thought about indicators. Some were very specific (for example, percentage of staff appraised in past 12 months or number of referrals made by TBAs) ; others were less well developed but may have been refined at a later date.

Summary of findings and conclusion (slide 5)

Through the problem analysis DHMTs found that all their service delivery problems required some area of health workforce performance management to be addressed. Likewise, workforce performance management is reliant on wider health systems, such as transport for supervision and information systems for addressing staff shortages or monitoring staff absence.

The strategies related 'Direction' and 'Competence' were the most common in the workplans. Perhaps because of the limitations in authority and resources, the strategies related to 'Availability' and 'Reward and sanction' were less popular.

Often workforce performance problems are addressed with a single strategy, such as training or supervision. This analysis shows that at the design stage, with some guidance, district managers can develop quite sophisticated and coherent plans. In addition, both gender and the inclusion of indicators was considered at this planning stage.

Evaluation of the implementation and impact of these workplans is ongoing, but this simple, scalable, structured approach can help district managers DESIGN relevant and coherent workplans to address workforce-related problems to support more effective service delivery.

Contact details

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Table 1: Analysis of workplans by type of problem (service delivery vs performance management) and combination of strategies

Country	District Group	District	Type of problem	Detail	availability	direction	competencies	Reward/Sanction	Health systems	Gender	Indicators	# strategies
Ghana	1	A	SD	Low OPD attendance	1	1	1	1	1	1	1	5
Ghana	1	B	SD	low case detection of NTD (Yaws)	1	1	1	0	1	1	1	4
Ghana	1	C	SD	Low ANC coverage	1	1	1	1	1	1	1	5
Ghana	2	D	SD	low ANC coverage	1	1	1	1	1	1	1	5
Ghana	2	E	SD	low ANC coverage	1	1	1	1	1	1	1	5
Ghana	2	F	SD	low Td2+ coverage	1	1	1	1	1	1	1	5
Malawi	1	A	PM	90% of officers (grade K) did not develop workplans	0	1	1	1	1	1	1	4
Malawi	1	B	PM	100% of health facilities were not supervised	1	0	1	1	1	1	1	4
Malawi	1	C	PM	More than 50% of health facilities were not supervised in 2017/18	0	1	1	0	0	1	1	2
Malawi	2	D	SD	Late data entry to DHS2	0	1	1	0	1	1	1	3
Malawi	2	E	PM	Lack of regular staff appraisals	0	1	0	1	1	1	1	4
Malawi	2	F	SD	Poor leadership skills in health facilities	0	1	1	0	1	1	1	3
Uganda	1	A	PM	high level of absenteeism	1	1	1	1	1	1	1	5
Uganda	1	B	PM	high-level health worker absenteeism	1	1	1	1	1	1	1	5
Uganda	1	C	SD	low TB cure rate	1	1	1	0	1	1	1	4
Uganda	2	D	SD	high number of fresh still births	1	1	1	0	1	1	1	4
Uganda	2	E	SD	low level of ANC coverage	1	1	1	1	1	1	1	5
Uganda	2	F	SD	low attendance of ANC-1	1	1	0	1	1	1	1	4
		Totals			13	17	16	12	17	18	18	Av.4.2