

PERFORM

IMPROVING HEALTH WORKFORCE PERFORMANCE

The PERFORM approach:

How did action research strengthen district health management and improve health workforce performance in Ghana, Uganda and Tanzania?



Introduction

Many countries in Sub-Saharan Africa have undergone a process of decentralising health system planning and management, shifting authority to varying degrees from central government to local districts. There are gaps in research on health worker performance at the district level. To strengthen the evidence base, PERFORM - a research consortium of three European and three African universities - has applied action research using a holistic "systems approach" to explore how improving management skills can enhance workforce performance at district level. The project aimed to boost the capacity of health managers in three districts in Ghana, Tanzania and Uganda to identify health workforce related problems themselves, understand the systemic factors affecting performance (including uneven distribution of health workers, inappropriate allocation of tasks and lack of training, management and support) and apply and monitor strategies.

Snapshot of key health indicators in each country and overview of human resource management

In practice, local government has limited authority, with technical guidance issued from the Ministry of Health, and a second decision-making tier at the regional level in Ghana and Tanzania. Each country has too few health workers, and those who are deployed are unevenly distributed. None meet the recommended WHO minimum ratio of 2.3 key health workers (doctors, nurses and midwives) per 1,000 population, and there is a notable lack of midwives.

Ghana: Compared to the other two countries, the total fertility rate of 3.9 is lower, the proportion of births attended by a skilled health provider is higher, however, the under-five mortality rate at 78 per 1,000 live births is the highest. Decision-making powers at district level are limited. District managers have less autonomy in human resource management than other areas such as buying medicine, supplies and equipment. The district health management teams (DHMTs) are not authorised to pay salaries.

Tanzania: Half of all births are attended by a skilled health provider - ranking the lowest of the three PERFORM countries - and the maternal mortality ratio is very high. At district level, local government exercises less autonomy in human resource management than other areas; DHMTs felt they had little influence over training. Tanzania is the only country to have a performance-based incentives system.

Uganda: The total fertility rate of 5.9 is the highest of the three PERFORM countries. In the three districts, the density of health workers was the lowest of all three countries. Interestingly, there is no regional level for health management. The DHMT is responsible for developing and managing human resources and can recruit staff through the local council for health facilities but not for the district hospital. The DHMTs do not pay staff salaries and exercise no control over the purchasing of medicines. No staff training plan exists.

Methodology

PERFORM employed an action research (AR) approach to understand and address the systemic factors affecting the performance of the health workforce at district level. The AR cycle entails four phases: plan; act; observe and reflect. The project stages included an initial situation analysis which considered human resource and health system factors, such as gender, resources and leadership in health. The DHMTs in Ghana, Tanzania and Uganda were then encouraged to identify not only the problems their workforce face but also, crucially, the underlying root causes. With support from a country research team (CRT), they devised their own strategies. The focus was on boosting local ownership and participation: the DHMTs were deemed partners and co-researchers.

The research explored how management strengthening interventions can be used, and under what conditions, to enhance workforce performance. A comparative analysis of the findings from three study districts in each country will add new knowledge as to the effect of different country contexts on these interventions. This will lead to insights into the application of the new approaches in different Sub-Saharan African countries.

Outputs of first national workshop

After the situation analysis identified human resource/health system problems (such as absenteeism, limited availability of antenatal care, poor vaccination coverage, high prevalence of HIV), the first national workshops were held in 2012 during which DHMTs assessed and ranked the root causes of each problem. Ghana and Tanzania considered broader health system factors, while Uganda focused solely on problems relating to the performance of the health workforce. The three countries found several shared underlying causes - these all included health workforce challenges. As root causes:

Ghana identified inadequate supervision, "poor staff attitude" and inadequate training.

Tanzania pinpointed the shortage of skilled and motivated staff, shortages of medicine, supplies and equipment, and lack of community awareness.

Uganda identified poorly motivated staff, low salaries, lack of allowances, lack of equipment and poor staff accommodation.

Outputs of second national workshop

A second workshop took place in each country in early 2013 to further refine the problem analysis and devise human resource/health system strategies to address the problems identified above. It is worth pointing out that PERFORM did not provide a budget to the districts so this influenced the final choice of strategies. There were differences between the strategies in each country: in Ghana and Tanzania the goal was to engender improvements in health service delivery whereas in Uganda the focus was on enhancing health workers' performance. Nevertheless, the three countries unanimously singled out the value of supportive supervision. Ghana and Tanzania also agreed on a strategy of strengthening collaboration with communities. Common strategies identified by the DHMTs across all three districts in each country were:

Ghana: Intensify supportive supervision; increase community awareness and engagement in health; and provide incentives to reward workers' performance. No mention was made of supplies or equipment.

Tanzania: Improve supportive supervision; provide incentives to reward health workers; engage with communities; and procure and distribute medicine, equipment and supplies. In two districts, DHMTs planned to use a community health fund to build a new clinic or renovate facilities.

Uganda: Enhance supportive supervision; improve the appraisal system and reward or sanction health workers for their performance. Uganda is the only country that considered sanctions for health workers. The lack of implementation funds appeared to spur on the DHMTs to make better use of available resources rather than discourage them.

Implementation of strategies

The DHMTs integrated their strategies into district plans and allocated funds from the regular budget. The research teams supported the DHMTs to monitor the impact of their strategies on workforce performance and make necessary modifications over a period of 18 months in 2013 and 2014. Ghana brought other stakeholders on board to leverage their contribution, however, some activities could not be implemented due to lack of funds, and the absence of a senior decision-maker caused delays. In Tanzania, changes in leadership, poor infrastructure and transport problems hampered implementation. All three districts also experienced delays in

disbursing funds. In Uganda, the highly centralised supply system undermined some strategies, and late payment of health workers' salaries was demotivating. In spite of these challenges, none of the nine districts faced major problems in integrating the strategies into their district health plans.

Effects of the action research approach on district health management teams

The key factor which determined progress was strong district leadership. In some cases, this meant collaborating with other partners. Although the AR cycle increased managers' workload, all DHMTs valued the participatory approach which granted them freedom to choose the problems they wanted to focus on and increased team spirit. The root cause analysis enabled them to take a step back and see the problems with "fresh eyes", in part because the National Workshops created space for constructive and supportive peer review from the other districts and stakeholders. This boosted their confidence, encouraging them to become more proactive in finding solutions. It was a challenge to reflect on progress and use the PERFORM diaries to record activities, however, this step was still considered useful. In Ghana and Uganda, DHMTs said they felt empowered. The effect of the CRT's support was most pronounced in Uganda: this may have been because no regional health management level exists. Managers there found the AR approach so useful that they wanted to introduce it at sub-district level too. In Tanzania, managers felt motivated by the progress they could see.

DHMTs found that some of the problems could be addressed within existing resources which overall strengthened their capacity for planning within budget limitations which is an important asset for district managers working in resource constrained settings.

Effects of the strategies on workforce performance and health system strengthening

In all three countries, even without an additional budget, human resource/health system strategies bore fruit. In Uganda, the focus on workforce performance resulted in reduced absenteeism and increased recruitment of staff. In Ghana and Tanzania, strategies led to concrete improvements in service delivery and coverage. Research shows that these changes are likely to have boosted health workers' job satisfaction in these districts which in itself can be motivating. Efforts to build district health managers' capacity to provide supportive supervision - in terms of frequency and quality - succeeded. The AR approach triggered change in the health system beyond the direct influence of the project, and skills that were created or enriched will endure. In general, health workers reached out more to the community; research indicates that when health workers feel part of the community, staff retention is increased. Finally, pooling resources will have fostered efficiency in the health system. Specific outputs in each country include:

Ghana "But with the coming of PERFORM they made us aware that even when there are no funds something can be done and it is important to monitor and strategise on progress." (DHMT member)

- Supportive supervision enhanced the performance of community health officers. Their heightened effectiveness and motivation as well as stronger community engagement in health care contributed to expanded vaccination coverage and improved attendance at child welfare clinics.
- Given the shortage of midwives, managers proactively decided to build the capacity of community health officers to provide basic antenatal care in order to scale up coverage.
- Most clients felt that the quality of services in health facilities had improved.
- PERFORM helped catalyse a more participatory approach which may have enhanced transparency and accountability of the management of decentralised health services. In this way, the project may have contributed to health system strengthening in the three districts.

Tanzania "Before we used to wait a long time for change, but the AR cycle has shown us that we can push change." (Health Manager)

- The quality of supervision improved with a new focus on mentoring rather than inspection.
- Increased access to training motivated staff. High-performing workers and staff with low records of absenteeism were praised and given awards and incentives.
- The availability and quality of care and treatment centre (CTC) services improved; a health centre was renovated and new CTC buildings were constructed.
- More community involvement in health led to increased uptake of antenatal care. Antenatal care quality improved partly due to a better division of labour between skilled and unskilled staff.
- Steps were taken to integrate CTC and the prevention of mother-to-child transmission of HIV, leading to an increase in pregnant

women testing for HIV: a sign of reduced stigma. In turn, staff were motivated by witnessing better health outcomes such as the birth of HIV negative babies.

- Managers realised that they could have achieved more by collaborating with other partners.
- Staff were recruited although this cannot be attributed solely to PERFORM. New software streamlined the payment of salaries to new staff.

Uganda *"What I can say is that absenteeism rates have dropped, and these days people value their work."* (Health Manager)

- Simple interventions such as a logbook to register and track attendance has reduced absenteeism.
- Improved staff punctuality has reduced clinic waiting times and enhanced the quality of services, however, stock-outs of medicine and supplies remain a key challenge.
- The appraisal system was strengthened; competent staff were awarded with certificates and praised: this has motivated them to work harder.
- Supervision improved, not just the amount but also the quality: there was a new sense of both the manager and staff member working together to identify and resolve problems.
- Routine reporting by health facilities has improved, becoming more complete and timely.
- Managers' enhanced entrepreneurial skills led to innovative public-private partnerships to support the induction of new staff. These fundraising skills are transferable and will have a long-term effect.

Key messages

- Health workers are a central component of the health system. Applying a systems approach to improving health workforce performance is therefore key: this means not only considering human resource factors but other health system issues such as stock-outs of medicines, equipment and supplies and delays in disbursing funds. These are challenges that policy-makers need to address.
- Change in health workers' performance requires an in-depth analysis of the underlying causes of problems. Empowering managers and creating a sense of ownership is critical: action research builds their capacity to identify and resolve health workforce problems themselves.
- Lack of financial resources is not an impediment to progress: inexpensive changes can yield significant results. What's more, supported managers may proactively find ways to generate income by fundraising, lobbying and building partnerships with other stakeholders.
- By documenting results, modest progress becomes more visible which in turn can motivate staff.
- By leveraging partnerships and integrating activities, managers can enhance systems efficiency.
- Leadership is key in order to bring about change, introduce innovation and overcome challenges.
- In practice, many aspects of the health system remain centralised, for example the supply and distribution of medicine; recruitment and payment of salaries. For decentralisation to be effective, districts need resources and the authority to make decisions about expenditure.

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