Management strengthening intervention in Ghana - a factsheet

What is the MSI?

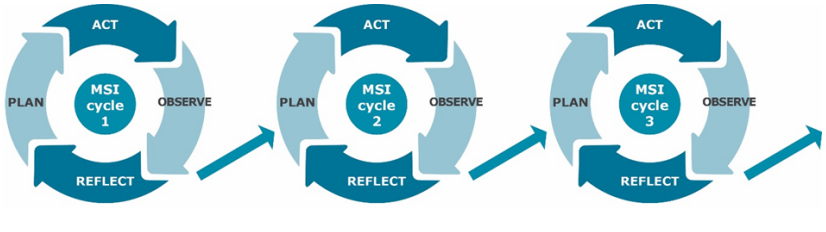
PERFORM2Scale is based on the success of the PERFORM initiative which in 2012-14 developed and tested a management strengthening intervention (MSI) with District Health Management Teams (DHMTs) in Ghana, Uganda and Tanzania. Since 2017, the PERFORM2Scale programme has sought to improve staff performance with a view to achieving universal health coverage in Ghana. The School of Public Health team worked in close collaboration with the Ministry of Health (MoH) and Ghana Health Service (GHS), ensuring the programme is relevant to health service needs and promoting ownership and sustainability.

The MSI used an action research approach to enable the teams to analyze their own workforce performance problems and develop appropriate workplans (**plan**); implement those workplans (**act**) and learn about management from the experience (**observe** and **reflect**). The MSI was facilitated by the national research team in Ghana through district visits, short workshops, joint meetings of DHMTs, and follow-up support. The DHMTs tackled problems such as poor supervision, high absenteeism and ineffective staff appraisal systems. They developed integrated human resource (HR) and health systems (HS) strategies, and incorporated them into the annual district plans, thereby implementing them using their own resources. The evaluation of the MSI showed that it helped to strengthen management for health workforce performance.

How does it work?

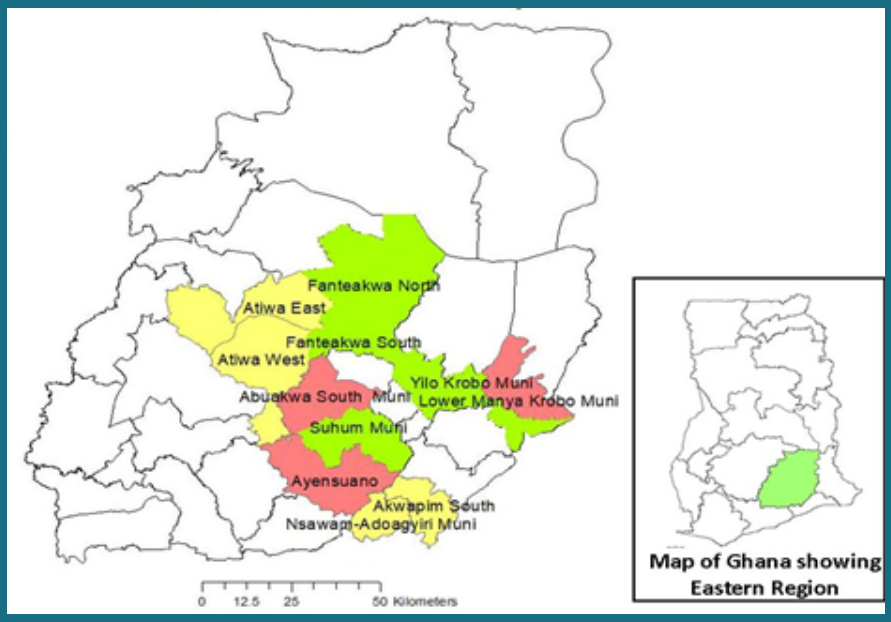
Supported by the MoH and GHS, the DHMTs go through the following process:

- Using district data, DHMTs **identify their most pressing human resource issues**.
- They subject the problems to a **problem prioritisation matrix**, assessing the issues on time, cost and HR impact. Once a problem is prioritised it is run through a rigorous **problem analysis process**, after which correction strategies are developed. These are both achievable and within existing resource constraints.
- The correction stratgey is executed. An action research cycle of **planning, acting, observing and reflecting** helps DHMTs to learn from their mistakes and successes and to refine their solutions.
- Repeated MSI cycles lead to refinement of and improvement in the DHMTs' problem identification and solving skills. This embeds learning, leads to **better staff performance and ultimately improves service delivery.**



Management strengthening intervention cycle

Where was the MSI delivered?



Partners

- European Union
- Royal Tropical Institute, Netherlands
- Liverpool School of Tropical Medicine, UK
- Reach Trust, Malawi
- Makarere University School of Public Health, Uganda
- Trinity College Dublin, Ireland
- Maynooth University, Ireland
- Swiss Tropical and Public Health Institute, Switzerland
- School of Public Health, University of Ghana, Ghana

Management strengthening intervention goals

To **support health managers** in the study districts to carry out a situation analysis on the health workforce, with a particular focus on performance.

To **develop and test context-specific management strengthening processes**, focused on improving workforce performance, which will:

- identify areas of health workforce performance to be improved,
- implement integrated HR and HS strategies feasible within the existing context, to improve health workforce performance, and
- monitor the implementation of the strategies and evaluate the intermediate processes and impact on health workforce performance, and the wider health system.

To **conduct comparative analyses** across districts looking at:

- the management strengthening intervention to support improved workforce performance, and
- processes of implementing the integrated HR and health systems strategies and intended and unintended effects on health workforce performance and the wider health system.

To **raise awareness and change attitudes** of sub-national and national stakeholders.

To **consolidate research capacity** of partners on integrated approaches to workforce performance improvement and contribute to strengthening the capacities of decentralized management in district health systems.

To **establish and maintain effective partnerships** amongst academia, civil society, policymakers, and health managers in Ghana and amongst partners.

MSI implementation at a glance

The MSI was implemented in the Eastern Region of Ghana. Ten (10) study districts have been involved in the project. Each district was engaged in a group referred to as a District Group (DG), made up of three or four districts. Each district group was engaged collectively and selected by the Eastern Regional Health Directorate in collaboration with the Country Research Team. The district groups were:

- Fanteakwa North, Suhum and Yilo Krobo (DG1)
- Abuakwa South, Ayensuano and Lower Manya Krobo (DG2)
- Atiwa East, Atiwa West, Akuapem South and Nsawam Adoagyiri (DG3)

District Group 1 (DG1)

DHMT	MSI problem	Key activities	Outcome
Fanteakwa North	Low OPD attendance	• Lobbied for more health staff to improve numbers in district (24 health staff received) • Increased monitoring frequency to health facilities and monitored staff attendance to work • Enforced disciplinary actions • Trained staff on customer relations and patient charter	OPD attendance improved from 0.72 per capita (2017) to 0.78 per capita (2018) and 0.88 per capita (2019).
Suhum	Low ANC coverage	• Community engagement on negative socio-cultural beliefs and ANC services • Engagement of traditional birth attendants on collaboration with health workers • Regular spot checks and supportive supervision visits • Increased ANC outreach services to communities • Attached CHOs to district hospital, ANC clinic and maternity wards	ANC coverage increased from 73.9% (2017) to 76.1% (2018).
Yilo Krobo	Low NTDs detection (yaws)	• Developed yaws monitoring tool for health workers and volunteers • Developed key messages with pictures on yaws for health workers • Provided feedback to all sub-municipals on yaws (written, verbal, via WhatsApp) • Health workers conducted passive case searches at OPD, consulting rooms, ANC, PNC and CWCs • CHOs conducted active case search activities through home visits and school health activities	33 yaws cases were detected (i.e. 12 through passive case search and 21 through active case search in 2018) compared to 3 cases detected (2017), 88 yaws cases (2019), and 50 cases (2020).

District Group 2 (DG2)

DHMT	MSI problem	Key activities	Outcome
Abuakwa South	Low ANC coverage	• Orientated midwives/CHOs on customer care • CHNs updated their community register and knew the number of pregnant women • Community engagement on ANC and approved charges • Assigned 4 midwives to support CHPS without midwives • Organized outreach ANC services • Conducted regular spot checks at ANC service delivery points • Abolishing unapproved charges for ANC and sanctioning non-compliant health workers engaging in practice	ANC coverage improved from 37.4% (2018) to 44.7% (2019) and 53.3% (2020). The DHMT also built capacities of health staff on ANC and delivery skills.
Ayensuano	Low ANC coverage	• Staff in-service trained on ANC and maternal and child health care • Regular supportive supervision • Lobbied for procurement of basic laboratory equipment • Community engagement and creation of ANC sites • Formation of CHMC	ANC coverage went from 51.5% (2019) to 56.8% (2020). The DHMT was able to improve their lobbying skills by successfully lobbying stakeholders for 30 HB meters, 40 glucometers and 1 ultrasound scanner.
Lower Manya Krobo	Low Td2+ coverage	• Ensured availability of Td vaccines at three hospitals' ANC sites • Organized refresher training for 50 midwives on immunization services • Included Td vaccination in performance appraisal for CHNs and midwives • Provided Td vaccination during home visits to pregnant women who are due for vaccination • Engaged the community on the importance of ANC and Td vaccination	Td2+ coverage improved from 64.2% (2018) to 70% (2019) and 71% (2020).

District Group 3 (DG3)

DHMT	MSI problem	Key activities	Outcome
Atiwa East	Improve disease surveillance and notification at the periphery level	• Capacity building on disease surveillance and case definition for staff • Incorporated surveillance activities into Staff Performance Appraisals • Monitoring and supportive supervision • Provision of resources for surveillance activities • Stakeholders lobbied for resource support	Since the inception of the district, this was the first report of AFP, Yellow Fever and Measles by the periphery facilities. Fifteen cases were reported and 10 came from the periphery facilities (2021). The health staff build confident in the surveillance skills after having their capacities built.
Atiwa West	Improve the prevalence of moderate anaemia in pregnancy at 36 weeks	• Organised refresher training for midwives, PAs and nurses on quality data capture • Organised refresher training for midwives and nurses on diagnosis of anaemia • Creation of more ANC outreach sites from 4 to 10 • Incorporated ANC defaulter tracing into home visits • Organised community Durbar on the benefits of ANC	ANC coverage went from 51.5% (2019) to 56.8% (2020). The DHMT members were able to improve their lobbying skills by successfully lobbying stakeholders for 30 HB meters, 40 glucometers and 1 ultrasound scanner.
Nsawam Adoagyiri	Low TB case detection	• Capacity building on TB screening • Integration of activities • Re-activation of TB teams • Performance monitoring • Supportive supervision • Building the capacity of staff on contact tracing	During the implementation period, 13,799 people were screened at the OPD (2021) compared to 7,768 (2020), i.e. 77% increase. TB screening at ANC increased by 6.8% during this period - from 4,211 (2020) to 4,496 (2021). TB screening during home visits significantly increased during this period by 3.5 times from 81 (2020) to 364 (2021). Suspected TB cases rose by 21%, i.e. 2,150 (2020) to 2,595 (2021).

District Group 3 (DG3) continued

DHMT	MSI problem	Key activities	Outcome
Akuapem South	Low TB case detection	• Monitoring and supervision of TB activities • Capacity building on TB activities • Mapping of facilities for sample courier services • Expansion of TB screening services to all units and community outreach • Improved contact tracing • Staff motivation	TB case detection improved from 28.2% (2019) to 35.9% (2020) and 65.8% (2021). All health facilities in the district are now mapped and able to transport TB samples via courier services for testing at Mampong Hospital laboratory.

PERFORM2Scale is delivered in collaboration with African and European partners. It has received funding from the European Union's Horizon 2020 research and innovation programme, under grant agreement no. 733360

Learn more

www.perform2scale.org

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