# Ghana National Workshop 1 Report
# on
# Initial Situation analysis of the three study Districts

## 18th to 19th October 2012

**Venue: Peduase, Eastern Region, Ghana**

**October 2012**

# Contents

## List of acronyms

| | |
|---|---|
| AR | : Action Research |
| SPHG | : School of Public Health, Ghana |
| CRAG | : Country Research Advisory Group |
| DDHS | : District Directors of Health Services |
| HR | : Human Resource |
| HS | : Health Systems |
| DHMTs | : District Health Management Teams |
| CRT | : Country Research Team |
| Swiss TPH | : Swiss Tropical and Public Health institute |
| DHIMS | : District Health Information Management System |
| GHS | : Ghana Health Service |
| IHRIS | : Internet Human Resource Information System |
| MDG | : Millennium Development Goal |
| ANC | : Ante-natal Care |

This is summary report on key activities of SPH-UG National Workshop 1 on Initial Situation Analysis of the three study districts of PERFORM project in Ghana from 18th to 19th October, 2012.

## Introduction

The PERFORM research project seeks to enhance understanding of how, and under what conditions, a management strengthening intervention can improve workforce performance. The project uses an Action Research (AR) approach as its strategy which commenced with the initial Situation Analyses. As part of the strategy, the Ghana Research Team (SPHG) in collaboration with the Swiss Tropical and Public Health Institute (Swiss TPH, paired partner) organised a two day workshop which brought together key stakeholders like: some members of the Country Research Advisory Group (CRAG); Eastern Regional Director of Health Service; and District Directors of Health Services (DDHS).

## Objectives

The objectives of the workshop included:

i. Review findings of the situation analysis including problem analysis and problem statements in all three districts.
ii. Initiate the comparison of findings across the districts. Identify further data requirements for the situation analysis.
iii. Identify potential HR / HS strategies ('bundles') to address problems identified in the situation analysis.
iv. Stimulate sharing of experiences, information and lessons learned across the three DHMTs

## Workshop output

The outputs of the workshop included:

1. Refined Initial Situation Analysis report of each study district
2. Refined problem statements of each study district
3. List of possible HR/HS strategies linked to problem statement for each district
4. Plans for further data collection for each study district
5. Brief report of workshop

## Participation and facilitation

The workshop was attended by five core members from each of the three study DHMTs, two CRAG members and three key members of the Eastern Regional Health Administration.

These included key personalities like the Eastern Regional Director of Health Services who is also a CRAG member (see Appendix 1). The workshop was facilitated by the CRT in collaboration with the Swiss TPH (paired EP).

The workshop began with a presentation on the purpose, objectives and expected outputs of workshop by Dr Moses Aikins. This was followed by presentation on the districts' Initial Situation Analysis by the three study DHMTs. This provided an opportunity to build consensus on the content of the Initial Situation Analysis report and rectify anomalies detected.

Dr. Moses Aikins giving the welcome address

Participants were then taken through problem prioritisation, development of problem tree and statement, and worked through some practical examples. This section was facilitated by Dr Patricia Akweongo.

The second day was dedicated to HS/HR bundles. Dr Xavier Bosch-Capblanch gave a presentation on some possible HS/HR strategies involving illustrations and examples. There was also a brief presentation on the way forward by Mr Samuel Amon which outlined upcoming events and timelines.

Dr. Xavier Bosch-Capblanch making his presentation

## Group work and Discussions

Generally, participants keenly engaged themselves in all activities and interactive discussions ensued during sessions. On day one, each DHMT ranked and prioritized key workforce problems identified during the Initial Situation Analysis using the priority matrix (see appendix 3). The problem which obtained highest scores for Kwahu West Municipality, Akwapim North and Upper Manya Krobo district were respectively Poor Implementation of New Vaccine Vaccination Schedule, Poor staff performance in Expanded Programme on Immunization and Low availability and utilization of antenatal care services. as shown in table 1.

Table 1: Key problem and intervention identified by each district

| **District** | **Key Problem** | **Key Strategy** |
|---|---|---|
| Kwahu West Municipal | Poor implementation of new vaccine schedule (PCV) | -Strengthen and intensified supportive supervision<br>-Proper logistics planning for outreach services |
| Akwapim North | Poor staff performance in EPI | -Refresher training on monitoring and supervision |
| Upper Manya Krobo | Low availability and utilization of antenatal care services | -Strengthen supportive supervision<br>-Build capacity |

Each district proceeded with a construction and presentation of the problem tree and statement on the top problem identified.

On day two, each DHMT member guided by facilitators worked in groups to develop a combination of HR and HS strategies aimed at addressing the top workforce problem identified.

Dr Patricia Akweongo interacting with some DHMT members

Each DHMT's presentation engendered interactive discussions on a wide range of HR and HS issues. HR issues, particularly staff turnover, distribution, transfer and retention dominated the discussions.

**Upper Manya Krobo**: Lack of motivation and chieftaincy issues are major contributory factors for HR turnover and poor service delivery in Upper Manya Krobo district. Upper Manya District (UMK) appears to be the most deprived study district with only one medical doctor who is also the medical superintendent of the hospital, where he spends a lot of his working time. However, the hospital is assisted also by a Cuban medical doctor, who is sent by the Government of Cuba, and a lot of volunteering international medical students to cope with the work load. UMK also lack certain essential equipment and logistics with a x-ray department currently under construction. The South Korean Government has sponsored x-ray machine, and already sponsored a lot of essential equipment, among it an ambulance. Some staff posted from RHA to the district refuses to report at post.
There is the need for intense supervision and monitoring despite in-service training and refresher courses organised for staff. Upper Manya Kroko's choice of supervision as intervention was advised for reconsideration because studies which have used such strategies did not show marked improvements and so the team should consider other interventions aside supervision. It was accentuated that it is important for districts to look at problems from within and not from national or global perspective e.g. maternal mortality, MDG 5 etc. At the stage of selection of strategies, districts must consider key things which will impact the most on the district

**Kwahu West:** It was apparent that most health workers are taking undue advantage of the current policy framework on staff transfer and thus marital reasons are usually cited for transfers.

**Akwapim North:** The conflicting nature of policies on retaining 50% of trained staff and releasing staff to join their spouses is creating problems for managers. Policies should be precise and vary from place to place (i.e. urban/rural/deprived). There is also the need to identify alternative mechanisms to effectively utilize remaining staff in the absence of staff who may have gone on study leave.

HR data in all districts is incomplete and the quality cannot be ascertained. However, detailed information on the health workforce is now being collected. Furthermore, the introduction of the IHRIS, which will be linked with the DHIMS has the propensity to improve on the data quality.

It was also revealed that in all the study districts, some midwives on the nominal roll are actually in administrative positions and therefore not functioning as midwives. Some are also incapacitated hence inefficient. This is contributing to the shortage of midwives. Traditional healers and prayer camps are also competing in the health service delivery, and thus providing a wide range of services including ANC. There is therefore a need to capture only practising midwives who effectively work in this position.

Since there is no staffing norm currently available, workload analysis can be employed to estimate staff vacancies.

A DHMT member making a presentation

Transfer of staff from one facility to the other across districts and regions as a form of punishment under GHS regulations is not effective enough. CHAG institutions have the authority to sanction staff by dismissal whereas under GHS, only verbal warnings and written queries are used. Incentives provided by CHAG institutions include monthly allowance, free accommodation and utilities for senior staff, gifts at the end of the year and long service awards is the greatest source of staff motivation. On the other hand, at the public level, there is no functional incentive system in place for rewarding exceptional performance, therefore the source of motivation for hardworking staff is basically intrinsic.

All problems identified are health service related which needed to thoroughly understood by way of what the causes and effects are in order to clearly identify strategies to tackle these problems. It was realised that the UMK team needed more time to get the problem tree operational enough since the problem they had chosen was very complex.

## Methodological Issues

A few methodological issues arose within the workshop sessions:

1) A distinction was made between problems and solutions. Problems refer to the objectives of the services (e.g. delivery of care). Therefore, lack of supervision is not necessarily a problem because (a) it could be that lack of supervision has no real impact in the delivery of services and (b) supervision would be a 'solution' (a 'bundle') of a service delivery problem.

2) Caution has to be exerted not to 'solve' everything with training and supervision. First because these interventions are not necessarily effective always; second, because

they may have already been implemented in the past and may be not so successfully; and third, because it hinders a search for alternative innovative local solutions.

3) One district worked on a 'table' to articulate problems, effects and causes. In that case it showed to be an extremely useful table, very well constructed and thoroughly thought. It was emphasised that alternatives to the problem tree are acceptable and that the key issue is to structure ideas properly.

## Evaluation

The evaluation of the workshop was carried out administering a questionnaire to the participants. This questionnaire was common with the ones used in the other two countries, Uganda and Tanzania. Seventeen responses were collected and analysed.

It is evident from the analysis of the responses that participants deemed the workshop relevant and all indicators scored above the mid-level. It also shows that a lot of experience was shared. The evaluation further revealed that workshop objectives were largely achieved and the Initial situation Analysis reports of various districts were broadly refined. Participants deeply involved themselves in all activities and were satisfied with content of the workshop (see figures 1, 2 and 3).

Figure 1: Workshop relevance

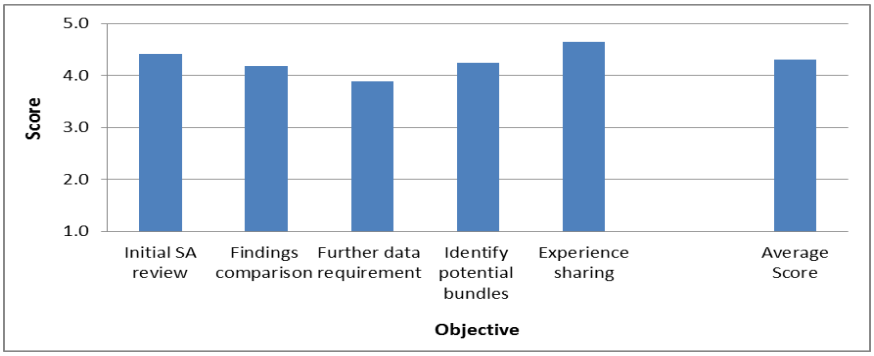



Figure 2: Workshop Objectives

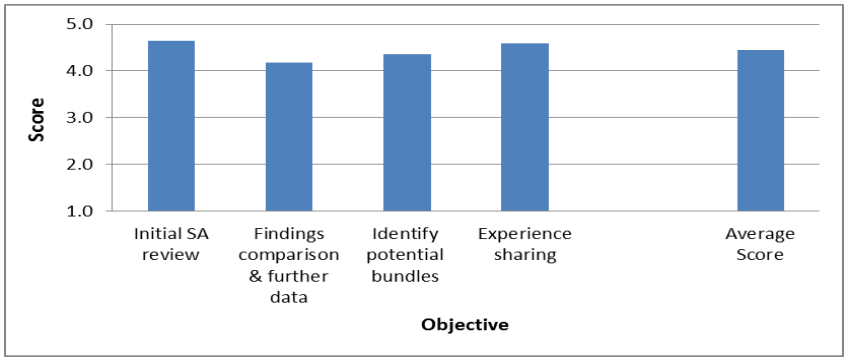
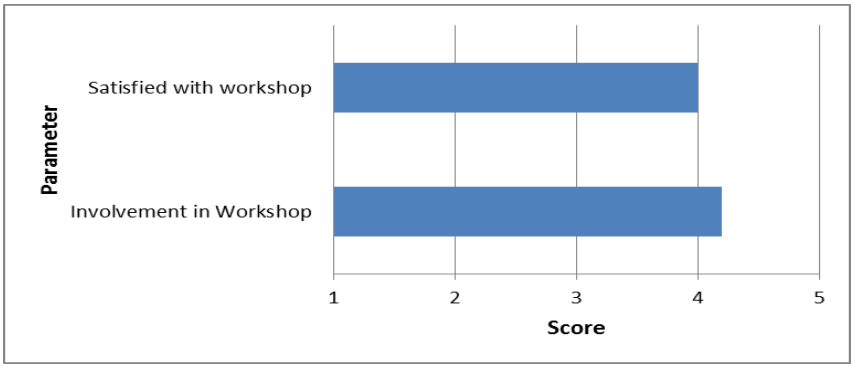


Figure 3: Satisfaction and involvement in workshop



# Appendixes

**Appendix 1: List of Facilitators participants from Eastern Regional Health Administration and Study DHMTs**

| Category | Name | Designation/status |
|---|---|---|
| **CRT** | Dr. Moses Aikins | Coordinator/ Co-investigator |
| | Dr. Patricia Akweongo | Coordinator/ Co-investigator |
| | Samuel Amon | Admin/Research Officer |
| | Phillipina Schandorf | Research Assistant |
| **Paired partner (STPH)** | Dr. Xavier Bosch-Capblanch | SPHG paired partner/STPH |
| | Marc Bonenberger | STPH PhD student |
| **CRAG** | Dr. Mcdamien Dedzo | Regional Health Directorate (Eastern Region) Regional Director of Health Services |
| | Dr. Abraham Hodgson | Health Research and Development Division (HRD), Ghana Health Service |
| **Regional Health Administration** | Mr. Asamany Delali Komla | Reg. Health Information Officer |
| | Mr. Solomon Domoyire | Principal Technical Officer (Biostatistics) |
| | Mr. Abdulai Alidu | Human Resource Officer |
| **Kwahu West Municipal** | Ms. Juliana Jocelyn Ama Nimo | Municipal Director of Health Services (Ph) |
| | Ms. Theresa Dakurah | DDNS (Public Health Nurse) |
| | Mr. Clement Kwabena Apaw | Technical Officer (Health Information) |
| | Ms. Gladys Adusei | Snr. Staff Midwife |
| | Ms. Comfort Horlu | Senior Executive Officer (HR) |
| **Upper Manya Krobo** | Mr Adjei-Boateng Yaw | District Director of Health Services |
| | Ms. Donkor Sarah Sylvia | Public Health Nurse |
| | Mr. Agbeshie Kwame | Health Information Officer |
| | Mr. William Afari | HR Officer |
| | Ms Annette Asraku | District Disease Control Officer |
| **Akwapim North** | Dr Opare Joseph Larbi | District Director of Health Services |
| | Mrs. Praise Boamah | District Public Health Nurse |
| | Mr. Tornyeli Kofi Aziedzo | Health Information Officer |
| | Ms. Addo Rachel | District Disease Control Officer |
| | Miss Dorcas Asante | Health Services Administrator/HR Officer |

**Appendix 2: Workshop programme with brief commentary on the sessions**

| Day 1 | Programme of activities | Comments |
|---|---|---|
| | **Arrival/ Check in/ Snack** (8:30 – 9:30am)<br><br>**Welcome / Ice breaker (10min) -MA**<br><br>**Introduction to workshop (15min) -MA**<br>Purpose of workshop, Objectives, Programme Expected outputs (30min) | CRT welcomed participants. This was followed by introduction. MA presented purpose of the workshop, objectives, expected outputs and progress of work. |
| | **Validating district reports -MA**<br>• Refines the situation analysis district report (30 min)<br>• Feedback and agreement on changes to situation analysis district reports - Discuss in plenary (30 min)<br>• Plan for collecting any missing data (15 min) | Facilitators and DHMTs work together to make changes to Initial SA reports and missing data readily available were collected. Plans were made for any further data collection. |
| | **Presentations of situation analyses including problem trees and statements - PA**<br>• KW DHMT presentation (45 min)<br>  ○ UMK DHMT leads feedback<br>  ○ AkN DHMT and facilitators give feedback<br>• UMK DHMT presentation (45 min)<br>  ○ AkN DHMT leads feedback<br>  ○ KW DHMT and facilitators give feedback<br>• AkN DHMT presentation (45 min)<br>  ○ KW DHMT leads feedback<br>  ○ UMK DHMT and facilitators give feedback<br><br>**Group photo** | Each DHMT presented the findings from the situation analysis and the feedback section was then open up to the plenary led by facilitators. |
| | **Energiser (KW)**<br><br>**Problem prioritisation and statement - PA**<br>- Problem prioritisation (30 min)<br>- Development of problem tree and statement (90 min)<br><br>Presentation of problem trees and statements | Each DHMT prioritized key problems identified during the Initial SA by using the priority matrix (appendix 3). Problem tree and statement was then developed for top priority problem.<br>There was a brief plenary session and feedback session was led by facilitators. |

| | | |
|---|---|---|
| **Day two** | | |
| | **Energiser (UMK)** 9:00am<br><br>**Possible HR / HS strategies - XB**<br>Brief presentation on HR / HS strategies (30 min)<br><br>**Development of preliminary list of strategies for one problem** (45 min)<br>One example worked through in plenary<br><br>**Snack break** | Presentation on bundles was made by XB. He then worked through the process of developing a preliminary list of strategies using these selection criteria:<br>• Focused on improving health workforce performance in the district<br>• Measurable and observable effect on workforce performance within 12 – 18 months<br>• Implementable within available resources in the district<br>• Linked to district plan<br>• Linked to existing policies / strategies<br>• Based on the evidence accumulated in the situation analysis |
| | **Development of preliminary list of strategies** (90 min)<br>Group work – each district:<br>• Review problem trees and areas covered by problem statements<br>• List possible HR and complementary HS strategies<br>• List and analyse enablers and constraints of proposed strategies<br>• Review possible strategies against selection criteria and data in district report<br>• Finalise a preliminary list of strategies<br><br>Presentation & Feedback from each district<br><br>Identify further data collection needs<br>**Energiser (AkN)** | Each DHMT (with a facilitator) brainstormed to develop a list of possible HR and HS strategies to address the problem (statement) identified. The list was reviewed against above selection criteria.<br><br>There was a brief plenary session and facilitators led feedback session. |
| | - **Wrap up and next steps (SA)**<br><br>- **Workshop evaluation**<br><br>- **Closing** | |

**Appendix 3: Problem Priority Matrix**

| **Criteria**<br>**Rank from 1 to 3** | **Priority problem** | | |
|---|---|---|---|
| | | | |
| Time to solve the problem<br>1=the most time<br>3=the least time | | | |
| Cost to solve the problem<br>1=the highest cost<br>3=the lowest cost | | | |
| Impact of the problem on workforce performance<br>1=the least impact<br>3=the most impact | | | |
| Availability of resources to solve the problem<br>1=the least available<br>3= the most available | | | |
| **Total** | | | |