

# **PERFORM PROJECT**

**Ghana National Workshop 2 Report**

**On**

**Selection of Bundles of HR/HS Strategies to Improve Health Workforce Performance  
In Kwahu West, Upper Manya Krobo and Akwapim North Districts of Ghana**

**7<sup>th</sup> to 8<sup>th</sup> February, 2013**

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

## Executive Summery

The two day workshop (7<sup>th</sup> and 8<sup>th</sup> February, 2013) brought together key stakeholders in Ghana and European paired partners who deliberated on plausible HS/HR strategies to address those challenges identified. The meeting offered the opportunity for DHMTs' problem trees and statements to be refined and bundles of Health Systems and Human Resource strategies to address the key challenges identified to be selected. The workshop was facilitated by the Country Research Team (SPH-UG) and a paired partner from Swiss Tropical and Public Health Institute.

## List of acronyms

<b>SPH-UG</b>	School of Public Health, University of Ghana
<b>Swiss TPH</b>	Swiss Tropical and Public Health Institute
<b>HS</b>	Health Systems
<b>HR</b>	Human Resource
<b>CRAG</b>	Country Research Advisory Group
<b>DDHS</b>	District Director of Health Services
<b>DHMT</b>	District Health Management Team
<b>NW2</b>	National Workshop 2
<b>EP</b>	European Partner
<b>ANC</b>	Ante-natal Care
<b>RCH</b>	Reproductive and Child Health

## **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: some members of the Country Research Advisory Group (CRAG); staff of the Regional Health Administration; District Directors of Health Services (DDHSs); and core members of the study District Health Management Teams.

## **Objectives**

The objectives of the workshop included:

- i. Refine the problem analyses
- ii. Explore and evaluate possible bundles of HR/HS strategies
- iii. Develop a plan for HR / HS strategies to address problems identified in the situation analysis
- iv. Agree support processes for DHMTs during the implementation period
- v. Discuss the use of learning histories to record the action research process and learning
- vi. Stimulate sharing of experiences, information and lessons learned across the three DHMTs

## **Workshop output**

The outputs of the workshop included:

- i. Refined problem tree analyses
- ii. Completed table of bundles of strategies
- iii. Brief report of workshop

## **Participation and facilitation**

The workshop was attended by 12 core members from all the three study DHMTs, two CRAG members and four key members of the Eastern Regional Health Administration. All the three Directors of Health Services of the three study districts were also present (see Appendix 1). The DHMT were called on the last minute into a competing activity organised by the Regional Health Administration and given the difficulties in postponing NW2, DHMTs split themselves between the two events of the week. The meeting was also shortened to 2 days instead of the scheduled  $2\frac{1}{2}$  days to enable the DHMTs have the weekend to prepare their monthly reports

which were due for submission. The workshop was facilitated by the CRT in collaboration with the Swiss TPH (paired EP).



Figure 1: CRT member interacting with some DHMT members

## Presentations and Reflections on process

The agenda for the workshop was structured around five key themes i.e.: problem analysis; selection of HR/HS strategies and planning; learning histories; and DHMT-CRT communication.

### **Problem analysis:**

Refining of the problem tree and statements took a lot more time than anticipated; the whole morning and part of the afternoon. DHMTs gave brief presentations on their revised problem analysis, each of which was followed by a feedback session. The results of this exercise were much more refined problem trees and time spent on them was judged worthwhile.



Figure 2: A DHMT member making a presentation

### **HR/HS strategies selection and planning**

This took the last part of the afternoon and part of the morning of the following day. Presentation on the bundles was smooth, very informative and appreciated. Participants already had the DHMT manual and the concept of having a menu of bundles was appreciated. Guided by the menu, the DHMTs developed bundles of HR/HS strategies to address an array of problems identified. This was followed by a presentation of by DHMTs and a feedback session after each

presentation. The concept of bundle selection had been well understood by DHMTs such that they were able to come up with feasible strategies they using the menu of bundles as a guide.

The critical issue was to link the bundles with the problems, because an intervention can be seen as useful, positive, cost-effective and reasonable to implement but, actually, without an effect on the problems described.



Figure 3: A DHMT member giving a presentation on bundles



Figure 4: Some CRAG members at the workshop

The second half of the morning (day 2) was dedicated to planning and implementation issues of bundles. Districts are currently preparing their annual plans for 2013 and it was well perceived that the plans can well accommodate the bundles selected in the context of PERFORM. It was highlighted that the format proposed by PERFORM is slightly different from that used in the district plans and that the latter should prevail. Several planning and implementation issues emerged. These included:

- i. Some of the bundles may need to be re-packed in order to make them more relevant and fit to the district plans. For example, there was the idea of creating outreach ANC points; it was realised that this actually should involve also other services, and not only ANC.
- ii. Some activities were not seen as part of the bundles even though they actually determine the implementation capacity of the district. For example the raising of funds. It was suggested that “fund raising” could also be seen as a bundle or a part of a bundle.
- iii. It was stressed that strategies and activities may belong to different areas for the same problem (e.g. RCH, ANC, accounting, HR); in that case, DHMTs should (as they do) track back common areas across activities and re-pack them to make sense.

- iv. The issues of how to set up real objectives, which are attainable, and how to reinforce practices, were also raised.

### **Learning histories**

This was treated in the last afternoon. It was well received although it was felt that this would need some more reflection.

### **DHMT-CRT communication and Support**

Support mechanisms and communication conduits were outlined and briefly discussed. The critical DHMTs' role of documentation during the implementation stage was also discussed and each DHMT identified a liaison.

There was a brief discussion on experiences, information and lessons learned up to now. This discussion was very useful and covered positive things as well as challenges. Key issues which emerged include: root causes of problems must be backed with evidence; imperative to highlight non-monetary strategies; identify alternative strategies to resolving an issue; relevance of intra-inter district interactions; peer review of bundle selection mechanism and improving upon it. The main challenges identified are competing programmes and crash programmes. During the sharing of experiences, a DHMT member appreciated the opportunity this approach had given them to as a DHMT discuss problems pertaining to the work as a group, in detail and have everybody bring his/her thoughts on board. The member felt was strongly appreciated. A CRT member also commented that during the initial interaction between DHMTs and CRT, it was noticed that DHMT members other than the DDHS were sometimes not boldly expressing their views. This has however improved now and all members more easily express their views now.

The self-assessment of decision space tool was briefly presented and the Time assessment study was also briefly discussed. This was followed by a wrap up session and workshop evaluation.

As usual a very committed attitude to the workshop was shown by participants and objectives were largely achieved.

### **Evaluation**

The evaluation of the workshop was carried out administering a questionnaire to the participants. Fourteen responses were collected and analysed.

The analysis of the responses shows that participants reckoned the workshop relevant and all indicators scored above the mark 4. It was evident that the problem analyses of the three study districts were broadly refined. The evaluation further revealed that workshop objectives were largely achieved and the workshop stimulated knowledge sharing across DHMTs. Participants greatly involved themselves in all activities and were satisfied with content of the workshop (see figures 5, 6 and 7).

Figure 5: Workshop relevance

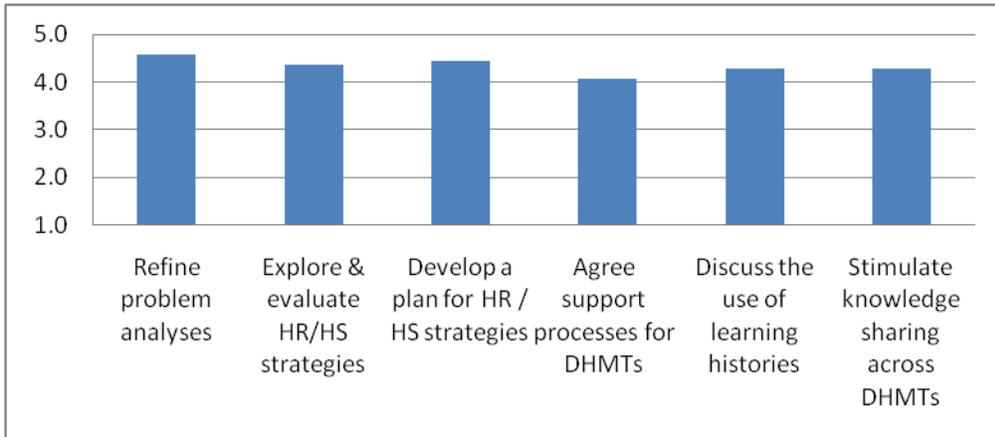


Figure 6: Achievement of workshop objectives

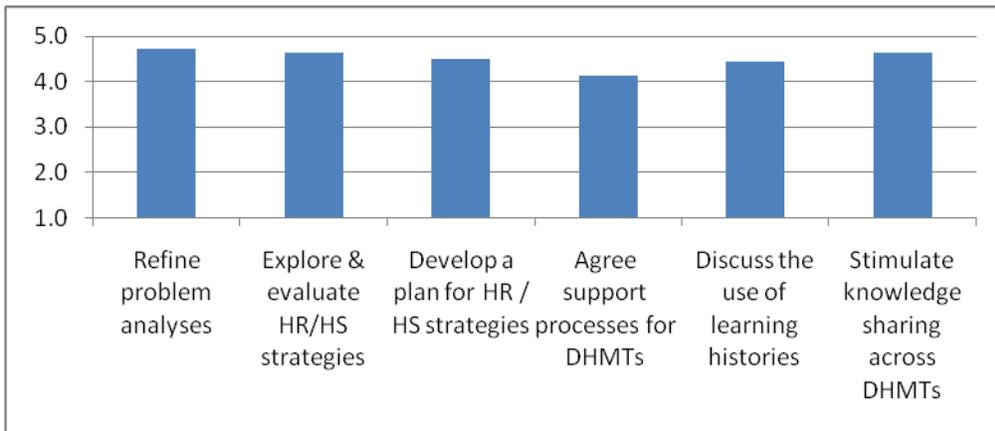
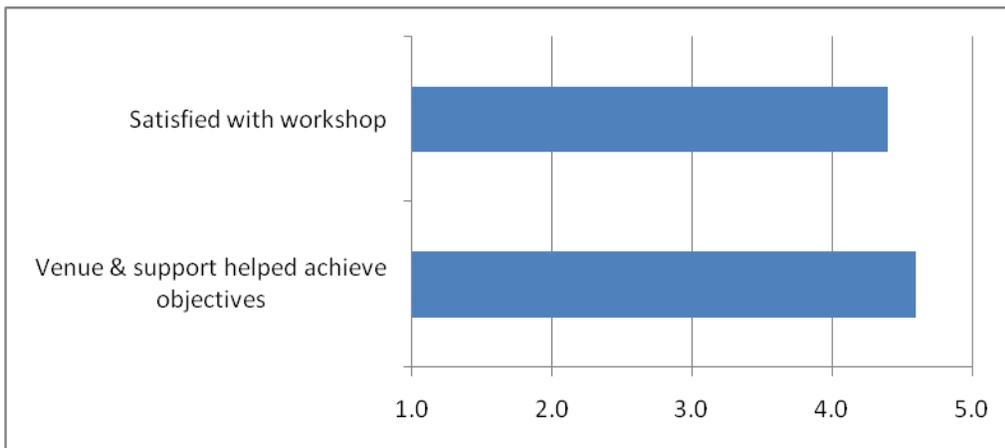


Figure 7: Satisfaction



## Appendixes

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

Category	Name	Designation/status
CRT	Moses Aikins	Coordinator/ Co-investigator
	Patricia Akweongo	Coordinator/ Co-investigator
	Samuel Amon	Admin/Research Officer
	Phillipina Schandorf	Research Assistant
Paired partner (Swiss TPH)	Xavier Bosch-Capblanch	SPHG paired partner/Swiss TPH
CRAG	Erasmus E. A. Agongo	Ghana Health Services, Head of Policy Planning Monitoring and Evaluation
	Abraham Hodgson	Health Research and Development Division (HRDD), Ghana Health Service
Regional Health Administration	Selassie K. Kofitse	Statistician
	Alidu Abdulai	Human Resource Officer
	James Anku	Health Information Officer
	Bismarck Sarkodie	Reg. Nutrition Officer
Kwahu West Municipal	Ms. Juliana Jocelyn Ama Nimo	Municipal Director of Health Services (Ph)
	Ms. Theresa Dakurah	DDNS (Public Health Nurse)
	Ms. Gladys Adusei	Snr. Staff Midwife
	Kudjo Awuttey	Technical Officer (Community Health)
Upper Manya Krobo	Yaw Adjei-Boateng	Director Of Health Services
	Paul Twene	Disease Control Officer
	William Afari	Human Resource Officer
	Annette Akpene Asraku	Disease Control Officer
Akwapim North	Dr. Joseph Opare	Director Of Health Services
	Esther Oku-Afrari	Public Health Nurse
	Addo Rachel	Disease Control Officer
	Dorcas K. Asante	Health Service Administrator

## Appendix 2: Workshop programme

Day 1	Activity
	<b>Welcome / Ice breaker (15minutes)</b>
	<b>Introduction to workshop (15 minutes)</b> <ul style="list-style-type: none"> <li>- Purpose of workshop / objectives</li> <li>- Review of progress and timeline in PERFORM</li> <li>- Programme</li> <li>- Expected outputs</li> </ul>
	<b>Problem tree analyses (120 minutes)</b> <ul style="list-style-type: none"> <li>- Refining problem tree analyses</li> <li>- Presentation of revised problem analysis by DHMTs</li> </ul> <p>There will be a feedback session after each presentation</p>
	<b>Lunch</b>
	<b>Bundles of HR / HS strategies (60 minutes)</b> <ul style="list-style-type: none"> <li>- Presentation on HR / HS strategies</li> </ul>
	<ul style="list-style-type: none"> <li>- Developing bundles of HR / HS strategies by DHMTs <b>(90 minutes)</b></li> </ul>
Day 2	<b>Energiser</b>
	<b>Bundles</b> <ul style="list-style-type: none"> <li>- Developing bundles of HR / HS strategies by DHMTs <b>(60 minutes)</b></li> <li>- Presentation of bundles of strategies by DHMTs <b>(15 minutes each)</b></li> </ul> <p>There will be a feedback session after each presentation <b>(30 minutes)</b></p>
	<b>Refining bundles of strategies (45 minutes)</b> <ul style="list-style-type: none"> <li>- Each DHMT will refine the bundles of strategies based on the comments from the workshop participants.</li> </ul>
	<b>Incorporating bundles of strategies into existing plans (1 hour)</b> <ul style="list-style-type: none"> <li>- Each DHMT will develop a detailed implementation plan for the bundles of strategies, including when to implement, who will implement, methods and sources to monitor effects.</li> </ul>
	<b>Using learning histories (15 minutes)</b>
	<b>Lunch</b>
	<b>Ongoing support and communication with CRT (20 minutes)</b>
	<b>Experiences, information and lessons learned (30 minutes)</b>
	<b>DHMT time assessment study (30 minutes)</b>
	<b>Wrap up and next steps (10 minutes)</b>
	<b>Workshop evaluation (10 minutes)</b>
	<b>Closing remarks</b>