Implementing a district management strengthening intervention in Ghana, Uganda and Tanzania: Reflections from an Action Research project

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Background
In the push towards universal health coverage it is important to realize that most countries in Sub-Saharan Africa (SSA) lack a well-performing health workforce. Implementing innovative strategies aimed at improving management approaches and processes to improve health workforce performance may be an important step towards ensuring high-quality healthcare and saving people’s lives. Our research explored key factors affecting health management strengthening, including the role of researchers, through action research (AR) in East and West African contexts.

Methods
The project took place in three districts in each country between 2011 and 2015. In the management strengthening intervention (MSI), the District Health Management Teams (DHMTs) first identified and prioritised problems they were able to address (see Figure 1). They then developed work plans with ‘bundles’ of human resource (HR) and health systems (HS) strategies, which they implemented over a period of about 18 months in order to strengthen health workforce performance in their districts. The DHMTs as co-researchers applied the AR cycles of planning, implementing, observing and reflecting on the strategies. Activities were funded through available district budgets. The MSI was evaluated using document review, in-depth interviews, focus group discussions, service users’ surveys and analysis of secondary data from health management information systems (HMISs).

Discussion
Managers were able to develop appropriate integrated HR/HS strategies based on root-cause analysis of problems they had identified. This created a strong sense of ownership which motivated them to be entrepreneurial and creative despite the lack of funding from the project. Delayed disbursement of funds from the central government did, in some cases, make it difficult for DHMTs to implement their work plans. The AR approach was an effective and appropriate way of promoting structured problem analysis, planning and entrepreneurship among district managers in the contexts where PERFORM worked. The ‘reflection’ stage of the AR cycle and lack of HMIS data to support this could be strengthened in future cycles of the MSI.

Results
Going through a process of structured problem analysis and planning helped strengthen DHMTs’ skills and attitudes leading to entrepreneurism across all countries. DHMTs learnt to lobby and build partnerships in order to meet their objectives. However all DHMTs found it challenging to arrange and record structured and collective reflection and learning on strategy implementation and accommodate additional workload. Implementation monitoring worked best in Ghana because the HMIS functioned better. Delays in the disbursement of funds from central government affected the implementation of work plans in some instances.

Conclusion
• Strengthening district-level management using action research is appropriate in the PERFORM project contexts.
• To have greater impact, support for additional MSI cycles and scale up to other districts is needed.
• Future researchers planning AR studies in SSA need to better manage contextual factors such as facilitation of collective reflection, expectations of co-researchers and limitations of HMIS.

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