

Accelerating Progress Towards Attainment of MDGs 4 and 5 in Ghana

District management and leadership in Ghana – how can we strengthen them?

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Summary

Strong district management and leadership are required to ensure district performance. These capacities emerge not just from managers, but from the organisational contexts in which managers find themselves. This brief describes the implementation of the Leadership Development Programme in one district in the Greater Accra Region, and suggests that an explicit focus on organisational contexts – and not just managerial skills and practice – may better support the sustainability of managerial outcomes.

Why is district-level management and leadership strengthening important?

In order to meet its mandate *“to provide and prudently manage comprehensive and accessible health service with special emphasis on primary health care at regional, district and sub-district levels in accordance with approved national policies”* [1], the Ghana Health Service (GHS) requires strong district managers.

District managers are the link between national and regional levels (where policy guidance is formulated), and service delivery at district and sub-district levels. District managers are responsible for coordinating programmes, balancing resources (both human and financial), supervising staff, and networking with local officials and community members. Because of this, they are essentially accountable for ensuring district performance.

The World Health Organisation has pointed out that weak management and leadership can block the attainment of health outcomes [2]. Studies have shown that strong management and leadership can lead to better implementation of MDG 4 and 5 interventions [3]. Strengthening management and leadership is challenging and complex, mainly because management and leadership mean different things to different people. Strengthening capacities for management and leadership require attention to both the manager and



the organisation. Most often however, management and leadership capacity strengthening initiatives focus on the manager, without sufficient attention to the organisational arrangements which enable or hinder management and leadership decisions.

This brief describes the findings and recommendations from research which **explores** the experience of implementing a management and leadership intervention, the Leadership Development Programme (LDP), in one district of the Greater Accra Region, and **explains** why, despite being of value to district managers, the LDP was not absorbed into routine practice over the medium-term.

What is the LDP?

The LDP is a management and leadership capacity strengthening programme developed by Management Sciences for Health [4]. It has been implemented in many other countries, including Mozambique, Kenya and Egypt. The LDP has been introduced in different districts and regions of Ghana in phases since 2008.

The LDP is based implicitly on continuous quality improvements philosophy, which:

- assumes that organisational problems are systemic;
- balances inherent tensions between organisational control (standardisation and uniformity) and organisational creativity (innovation and learning); and
- is driven by the organisational context (i.e., the norms and values) into which it is introduced.

While the LDP has its own programme theory of how it works, this theory does not explain the range of context-dependent outcomes possible.

Box 1. LDP at a glance

- Based on Management Sciences for Health handbook
- Programme theory: when deployed in tandem, 'leading and managing' practices improve work climate, management systems, and capacity to respond to change, ultimately resulting in better services and health outcomes
- 6-month cycle with bi-monthly face-face workshops and ongoing coaching
- Teamwork to identify a 'challenge', root cause analysis, action planning, monitoring and evaluating and repeating the cycle

Benefits and opportunities of this study

In order to investigate the causal links between the LDP, the context into which it was introduced, and the observed changes within district teams as a result of its introduction, the study undertook a *realist evaluation* [5], using an explanatory case study design. Such an analytical approach presents an opportunity to systematically enquire not whether the intervention has worked, but rather *how* it worked, for whom, and in which contexts. This is important for considering programme scale-up: knowing which conditions are required for success supports time- and resource-efficiency, as well as expectations of sustainability.

The LDP was introduced in Dangme West district from February to August 2012. The case study was constructed from November 2011 to August 2013 using data collected from participant observation of district management teams before, during, and after introduction of the LDP, document reviews of district plans and LDP materials, and interviews with district management teams and LDP facilitators. The study measured short-term outcomes to be the achievement of LDP-identified targets, and medium-term outcomes to be the degree to which LDP practices were absorbed into routine practice after the end of the LDP.

How did the LDP bring about its observed outcomes?

In the short-term the LDP yielded positive results: district teams achieved their targets, and perceived the LDP to be a valuable experience. This was propelled by several factors:

- managers had little prior formalised management training, thus they were receptive to a new programme which taught them skills;

- managers learned practices to support them to build initiative, better prioritise, and encourage teamwork; and
- the LDP imposed deadlines, which added urgency to achieving targets.

However, in the medium-term, the LDP was not absorbed into routine practice. This was because:

- it's 'top-down' introduction led managers to perceive the LDP to be a project of the region;
- managers perceived the LDP to be resource-intensive in a context of resource uncertainty; and
- broader contextual changes, including splitting of the district, changes in leadership at district and regional levels, and timing of the annual planning cycle all converged to compromise continuation of the LDP.

"You are supposed to make do with what you have. Because sometimes when we have challenges we think that "oh as for this one, we are waiting for region to come and do it, or we are waiting for national to come and do it". LDP says you shouldn't think so big, but something within... you should just try to think around yourself". (DHMT member)

"You can also see that at the regional level it has ended. So if the regional level it has ended can the district continue? Since then there has never been any coach from region to come and see what we have done, where we have reached and what are the challenges. So you can imagine, we at the sub-district can we also do it?" (DHMT member)

In this case, the organisational context of strong hierarchical authority and resource uncertainty* predisposed the LDP towards a focus on control. As such, creativity, learning and innovation were minimised, and limited district ownership inhibited absorption into routine practice.

The study concludes that the success of the LDP in the short-term does not translate into medium-term organisational change, or sustainable improvements in management and leadership. This is due in part to a context focused on organisational control. These findings underscore two principles of complex health system interventions:

1. organisational context can be a greater determinant of sustainability than the intervention itself [6]; and
2. organisational control can lead to a lack of responsiveness to organisational change [7].

***Contextual definitions: what do we mean?**

Hierarchical authority: an expression of power between higher-level policy actors and their influence over how much autonomy and discretion lower-level actors have available to them.

Resource uncertainty: the degree of uncertainty related to expected resources (financial, human and material), which compromises managerial capacity to plan.

Recommendations for Action

Sustainable district management and leadership capacity strengthening in Ghana must be highly customised to the organisational context of the GHS. This means paying keen attention to (and designing in where necessary) the elements which influence how district management and leadership function in reality. In order to support absorption into routine practice, future management and leadership strengthening approaches should:

- be driven and controlled in part from the bottom-up, with managers themselves directing the process;

- be based on longer time horizons and ongoing mentorship and coaching;
- focus on individual skills and practices *in tandem* with organisational-level actions, and
- pay explicit attention to the organisational arrangements which enable management and leadership decisions; and
- emphasise an explicit focus on creativity, innovation, and organisational learning.

In this way, district-level management and leadership may be strengthened to attain health outcomes.

Further readings

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Full reference:

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