

Realist approaches to district manager decision-making for maternal and newborn health in the Greater Accra Region, Ghana

Policy brief

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INTRODUCTION

Health system governance has to do with decision-making – who makes decisions, when, where, how and why. At the district level – the level of care which operationalises health policies – governance is critical, yet remains little understood. District management is particularly important in supporting effective maternal and newborn health policy implementation. District managers are the link in the middle of the health system, connecting the top to bottom. Their abilities to interpret, translate, support and challenge policy will have an effect on what gets operationalised. However, capacity weaknesses in district management and leadership are often cited as a factor in poor health system performance.



METHODS

This study used a *realist approach* to investigate the context-based factors which influence district manager decision-making in the course of implementing maternal and newborn health policies and programmes; and to evaluate whether or not the Leadership Development Programme improves managerial decision-making in such contexts. The research was conducted as an embedded case study in three phases:

Phase 1: initial exploration in one district to develop theories about the observed district manager decision-making;

Phase 2: 'theory-testing' of the Leadership Development Programme; and

Phase 3: validation through a questionnaire administered across all districts of the Greater Accra Region.

KEY FINDINGS

The study yielded the following:

1. District manager decision-space is narrower than prescribed: managerial decision-space is limited for resource allocation decisions, which in turn affects local planning, programming and management.
2. Broader decentralisation patterns, combined with reduced Government of Ghana funds and increased donor verticalisation over time, have contributed to narrowed managerial decision-space.

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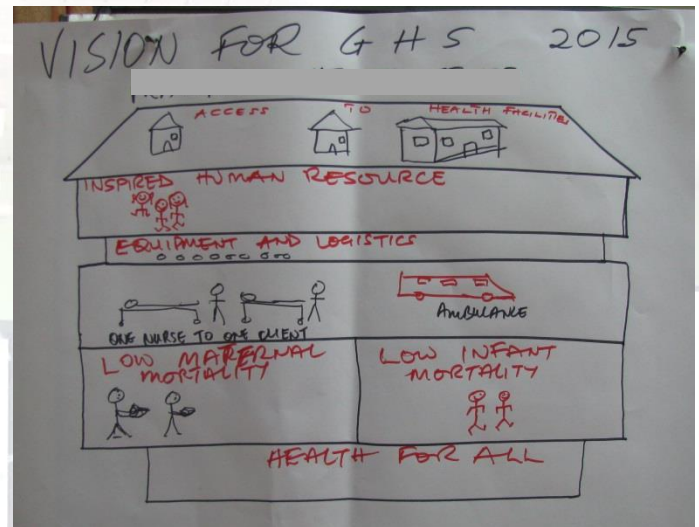
- Contexts of strong hierarchical authority and resource uncertainty – in particular, lacking financial transparency – promote a typology of management and leadership at district-level geared towards serving health system bureaucracy instead of emerging service delivery challenges.
- Because of these contexts, the Leadership Development Programme has been limited in its sustainability.

- Capacity strengthening interventions should encompass both the organisation and the individual to improve decision-making and accountability.

IMPLICATIONS AND RECOMMENDATIONS

The study raises the importance of health system organisation – that is, the arrangements of health system institutions, actors and processes (including authority, responsibility, accountability and information) – to the potential of district management and leadership effectiveness. This has several implications for improving district manager decision-making:

- Health system fragmentation and inefficiencies contribute to low managerial responsiveness, which affects maternal and newborn health decision-making.
- Weaknesses in district management and leadership go beyond individual capacities only, and arise out of organisational governance mismatches in managerial autonomy and responsibility.



Encouraging re-distribution of decision-space capacities across health system levels is needed to strengthen the effectiveness of district manager decision-making. Giving district managers access to greater resources to support their authority would improve local-level responsiveness. Importantly, such change would promote different types of management and leadership, priming district-level management and leadership decision-making to be more adaptive, creative and oriented towards learning, rather than being oriented to health system bureaucracy.

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