



Performance Appraisal Evaluation: Report of Findings and Recommendations

November 2005



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Acronyms

GHS	Ghana Health Services
HRDD	Human Resources Development Division (GHS)
HR	Human resources
HRM	Human resources management
PA	Performance appraisal
QHP	Quality Health Partners Project
SMART	Specific, measurable, achievable, realistic, time-bound
SPA	Staff performance appraisal
TOT	Training of Trainers

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Performance Appraisal Evaluation: Report of Findings and Recommendations

Introduction and Background

Ghana Health Services is responsible for managing health services and staff within public health institutions. As part of its human resources management responsibilities, GHS has a procedure for evaluating staff performance. Up until 2003, GHS used the standardized Civil Service forms and processes for conducting staff performance appraisals. Desiring to focus performance appraisal more on performance improvement and less on promotion, GHS developed its own performance appraisal process, which was pilot tested in four regions: Eastern, Volta, Northern, and Central. In addition, Brong-Ahafo Region, which was not officially part of the pilot implemented the process of its own initiative. Whilst the Civil Service performance appraisal system was conducted mainly by site managers and was supposed to be done yearly, the GHS performance appraisal system was designed to be conducted by service delivery or ward managers (immediate supervisors) and to be completed every quarter.

The main purpose of the GHS staff performance appraisal (SPA) system was:

to streamline the use of the SPA as an effective tool for Human Resources Management at all levels in the Health Sector. It is meant to encourage Health Managers at various levels and locations to use SPA as a tool for assessing output of staff, identify training needs, and introduce efficiency in the use of Human Resources and to link it to Career Progression and Promotions.

Now that the GHS performance appraisal system has been tried out, GHS is interested in expanding the process to other regions.

Evaluation Purpose and Objectives

Purpose

The purpose of this evaluation is to document the achievements of the performance appraisal pilot and the constraints that regions and districts faced in implementing the process so as to make informed recommendations for further adjustments to the system and for scaling up the system.

Objectives

1. Assess the implementation of the GHS performance appraisal pilot for effectiveness and sustainability;
2. Document views of managers and service providers toward the GHS performance appraisal system;
3. Identify performance appraisal systems and processes, or lack of systems and processes, that will facilitate or hinder the scale-up of the performance appraisal system.
4. Make recommendations for revising the performance appraisal system and tools for scale-up.
5. To assess staff responses to and experience of the GHS performance appraisal process as compared with the civil service process.

Related Questions

The study was designed to gather information related to the following questions:

1. How thoroughly was the performance appraisal pilot applied in the pilot regions?
2. What made the performance appraisal system more or less successful in different regions?
3. What were the key obstacles that regional, district and site managers encountered in implementing and managing the performance appraisal system?
4. How did staff perceive the revised system: is it fair, is it useful, does it change their approach to their work, does it motivate them to perform better?
5. How well do management and service delivery staff understand their roles and responsibilities with regard to performance appraisal?
6. What costs were associated with the performance appraisal pilot and are they sustainable?
7. How does application of the GHS performance appraisal pilot compare with how the civil service process is being implemented?

Evaluation Methodology

Overview

The evaluation was designed in three steps, each of which was conducted in partnership with GHS. The first step included the development and pilot testing of the data collection instruments and the data collection schedule; step 2 entailed the data collection process; lastly, in step 3, the data was analyzed and reported.

Step 1: Development of Data Collection Instruments and Data Collection Processes/Plans

In Step 1 of the study, the data collection instruments were developed, reviewed by GHS, field tested and revised. The data collection team met to review the purpose and objectives of the evaluation, the instruments, and the data collection processes. The team field-tested the instruments in Greater Accra region.

Table 1: Data Collection Instruments

Instrument Number	Instrument Name	Total Number Planned	Number by Region	Actual Number Collected
Instrument 1:	Regional HR Focus Group Interview	3	1	3
Instrument 2:	District Administrator/Director Interview	15	5	13
Instrument 3:	Service Manager Interview	45	15	41
Instrument 4:	Staff Interview	75	25	78
Instrument 5:	Performance Appraisal Document Review for Regions and Districts	18	6	18
Instrument 6:	Performance Appraisal Budget Review	3	1	3

Data Collection Team

The data collection team was made up of QHP representatives, Rebecca Furth and Michael Tetteh-Voetagbe; a representative of GHS' central Human Resources Development Directorate, Peter Obiri-Yeboah; and Human Resources Managers from each of the three regions, Kwasi Frank Odetor of Brong Ahafo, Gershon Jerry Agbo of Central Region, and Samuel Atweri of Eastern Region. Elsi Aku Okho, Regional Human Resources Manager, of Greater Accra Region also allowed the team to field test the instruments in her regions, facilitated the organization of the field test in the region and participated as a team member in the field test.

Ethical Considerations

Regional offices, district health offices and service sites included in the study sample were contacted prior to the study in order to inform them of the study and ask their agreement to participate in the study. The study protocol was shared with all participating regions and was reviewed by the GHS Human Resources Development Director prior to being disseminated.

To ensure informed consent, interviewers explained the purpose of the evaluation prior to beginning the interview. Interviewers were provided with a script describing the study, its purpose and the right of interviewees to decline to be interviewed. After receiving this information interviewees were asked to consent to be interviewed before the interview could be conducted. In all cases, interviewees were assured that the interview was confidential and that no personal information about the interviewee would be conveyed in the report.

Step 2: Sample-site Data Collection

Regional, district and facility-based data collection was done in Step 2 of the evaluation. A purposive sample of three regions was selected for the study: Brong-Ahafo, Central and Eastern. Although not part of the original pilot, Brong-Ahafo implemented the process of their own initiative and the team wanted to learn more about their experience and motivation. Central Region had been expected to implement but had never managed to get the process off the ground. While it did not actually implement the GHS SPA process, Central Region was chosen to more about why it had been unable to implement the process and to respond to a GHS request that the region be included in the evaluation so that staff and service managers' responses to the pilot performance appraisal process could be compared with the Civil Service process, which was being used in Central Region. Eastern Region was reputed to have the most highly functional system and was therefore selected so that lessons might be learned and best practices identified from its experience.

Within these regions, a sample of 5 districts per Region was selected to ensure adequate diversity to represent a range of experiences in implementing the process. Since the Brong-Ahafo Region had not implemented the process in all districts, sample districts were selected based on those known to be implementing the process. Districts in Central and Eastern region were randomly selected. Within each district four service delivery sites were selected. Team members interviewed both service managers and staff in these sites.

Step 3: Analysis, Reporting, and Recommendations

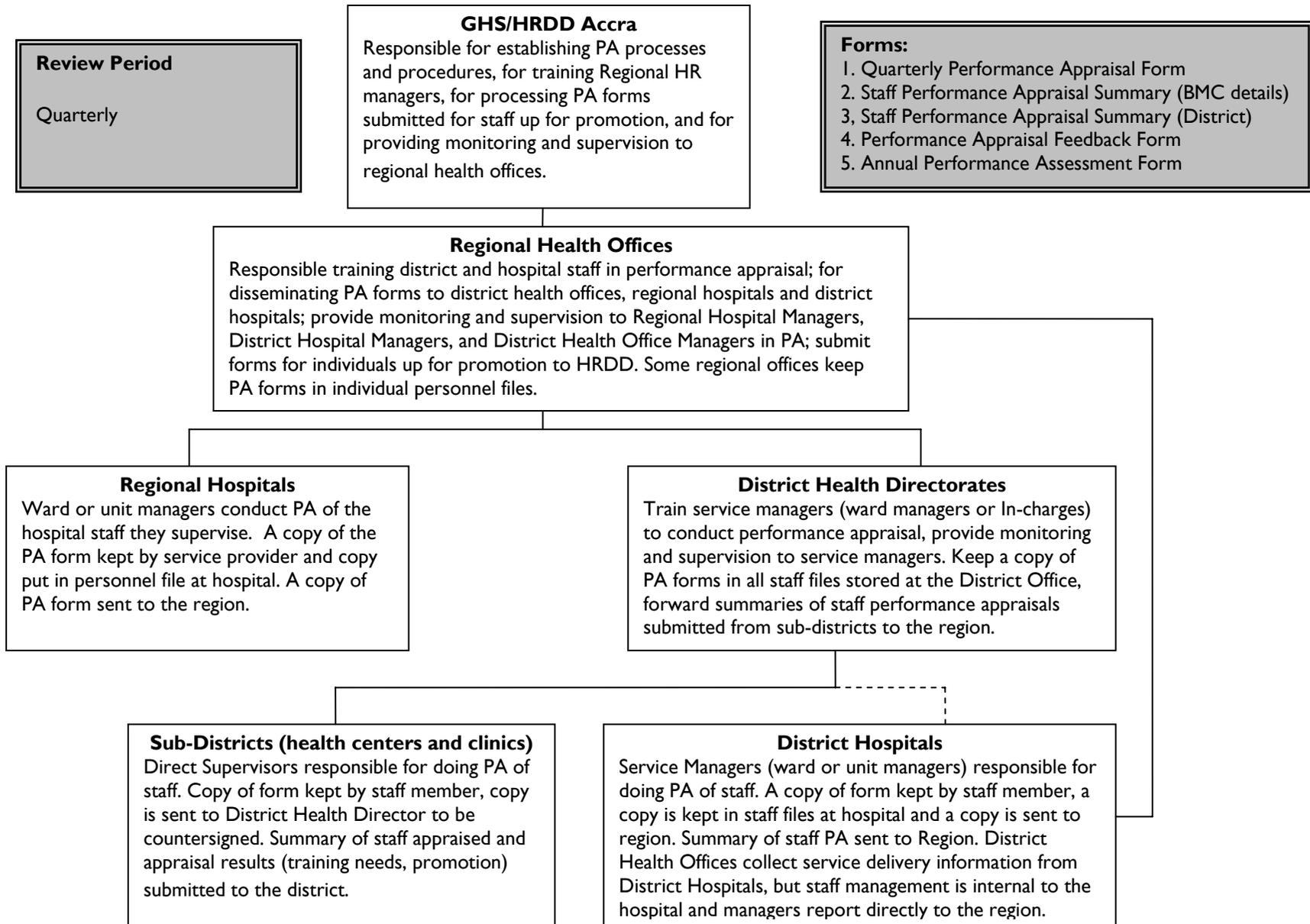
Following data collection, data was entered into an Excel database and analyzed. This information is incorporated into this report.

Summary of Findings

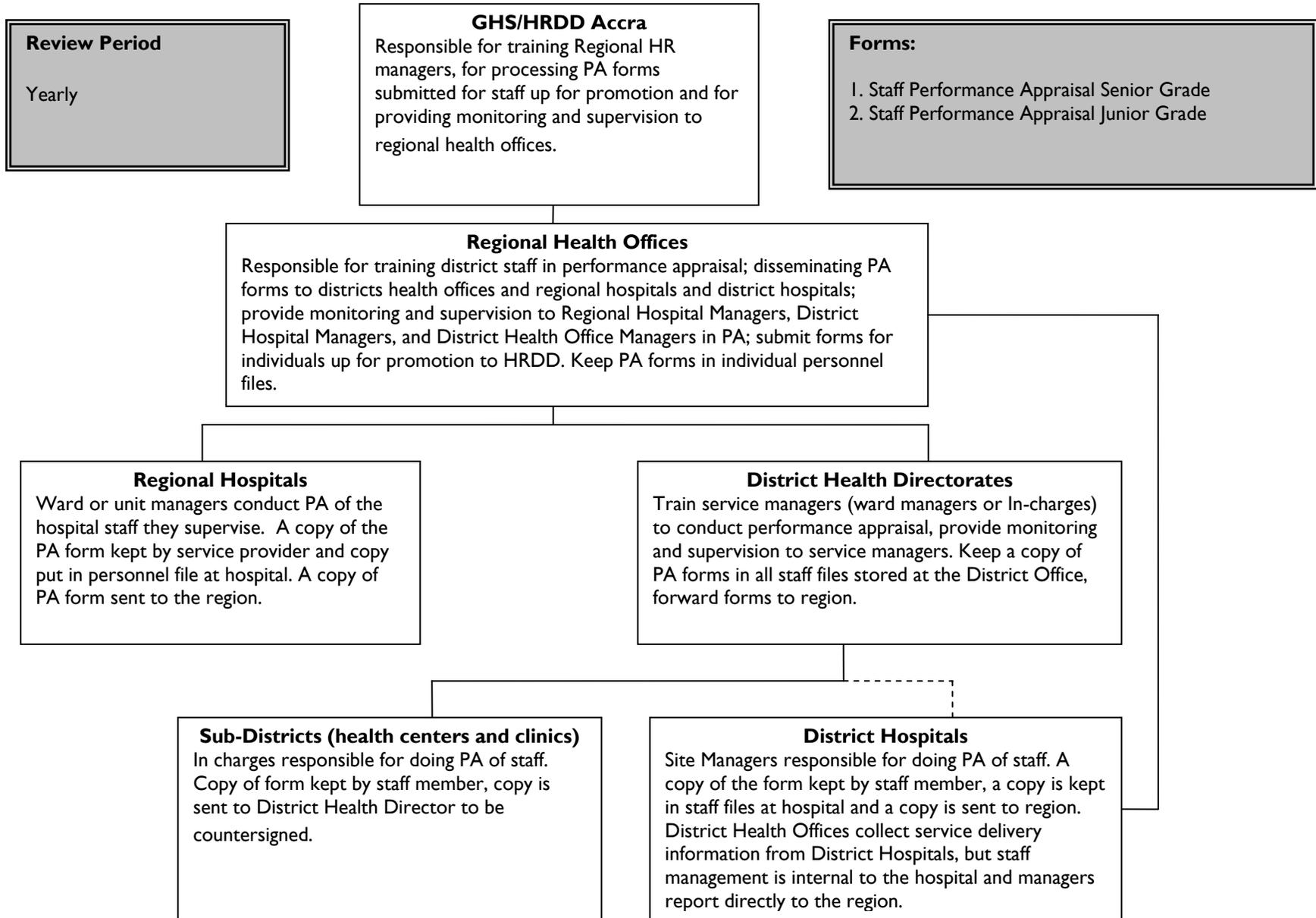
System Maps

The figures provided on pages 5 and 6 show the responsibilities of different actors in the implementation and management of the performance appraisal system. It should be kept in mind that while these "maps" describe responsibilities and flows of information, not all these responsibilities are being fulfilled. The sections following the system maps describe the effectiveness of the PA systems and provide more detail on what is actually being done.

System Map 1: GHS Pilot Staff Performance Appraisal (SPA)



System Map 2: Civil Service Performance Appraisal System



Performance Appraisal Systems

To be successful, performance appraisal systems need to fit into existing management systems (Martinez 2003). In other words, they need to be integrated into routine planning and budgeting systems as well as to monitoring and supervision systems. The evaluation team asked questions about performance appraisal planning, monitoring, data management, supervision and budgeting in order to get a sense of if and how the performance appraisal process had been integrated into routine management systems.

Action Planning

Especially in its pilot phase, performance appraisal needs to be integrated into national, regional and district action plans. The lack of such planning posed a clear constraint to implementation in the initial pilot phase. Training, supervision, monitoring and performance appraisal interviews were conducted sporadically because there were no clear plans developed detailing the necessary steps involved in implementing the process.

Of the three regions, Brong-Ahafo had not included SPA in its 2004 annual action plan. Central Region had SPA listed on its 2004 action plan, but only for costs photocopies and some training, no activities were listed. Eastern Region had a bullet list of HRM goals, but these did not include performance appraisal and again there was no action plan listing specific SPA related activities, a timeline for activities, a description of monitoring systems or indicators and expected results. Likewise, district action plans did not include activities related to performance appraisal.

Performance Appraisal Data

The regions do not have accurate data on the number of districts and facilities actually implementing the pilot performance appraisal system or the number of staff who have been appraised. Regional HR Managers in Brong-Ahafo stated that although several districts had been trained in the pilot system, only 5 were actually implementing the system. Regional managers and some district staff in Central Region had likewise been trained to implement the GHS SPA process, but neither the region nor the districts were implementing the process. Instead, all districts continued to use the Civil Service PA process. In Eastern Region all districts had been trained and were believed to be implementing the process, although with varying success. The Regional Health Directorate in Eastern Region had received summary reports from only a few districts and was therefore unable to calculate how many staff had received performance appraisals in the last quarter.

Monitoring

No SPA monitoring systems are currently operational in any of the regions, making it difficult for regional HR Managers to follow-up on Performance Appraisal activities and implementation. Eastern Region has made the greatest progress in setting up systems to monitor performance appraisal, but these systems are not yet functional. The regional electronic personnel database has a field for entering the date of each staff member's last performance appraisal. However, this information is not yet being entered into the database. In addition, the region has requested summary forms of performance appraisal from hospitals and District Health Offices, but only a few have complied.

Training

GHS-HRDD headquarters designed and implemented a 3-day training program for regional human resources managers, health system administrators and other key regional staff. In most regions, regional hospital managers were also included in this training. The training provided information comparing the GHS SPA process to the Civil Service PA process, how to set objectives, how to complete the new forms, and how often to do performance appraisal. At the end of the training HRDD trainers informed the regions that they would revise the forms and send them updated forms and that they should organize training for district-level supervisors. None of the Regions ever received revised forms. Regional managers did receive copies of the draft PA forms, guidance and handouts to use for training, but no TOT training guidelines were provided.

Table 2 shows that while all regional HRM staff received training in the GHS SPA process, on average only 62% of district managers and 63% of staff supervisors interviewed received training. In Central Region few district managers had received training in the GHS SPA process and those who received training in the Civil Service PA process were trained in the late 1990s.

Table 2: Percentage of Managers and Supervisors at Different Levels Stating that they Received Training in PA

Region	Regional HR Managers	District Managers	Staff Supervisors
Brong-Ahafo	100%	67%	80%
Central	100%	100%	60%
Eastern	100%	25%	47%
Total	100%	62%	63%

Supervision and Follow-up

One of the main constraints to the successful implementation of the GHS Staff Performance Appraisal Process was the lack of supervision and follow-up. Regions noted that since the initial training from GHS-HRDD and the delivery of preliminary forms, they had received no communication, assistance or supervision from headquarters. Following training, each region was informed by HRDD that the performance appraisal forms would be revised and sent to them. As noted above, none of the regions ever received the revised forms. Brong-Ahafo implemented the SPA process with the draft forms provided during the original training; Central Region never launched the SPA process in part because they were waiting for the revised forms; and Eastern Region initiated the SPA process with the draft forms and then, in response to comments and complaints by supervisors and staff, took the initiative to revise the forms and make them more user friendly.

Supervision from the regional to the district level was equally weak. Only 46% (6) of the districts visited had received any written guidance on how to conduct and implement the performance appraisal process. None of the districts could find the guidance to show to interviewers. Furthermore, only 54% (7) of districts had received any supervision in performance appraisal. Supervision checklists from Eastern Region include a column for assessing both the

number of staff appraised and the quality of the appraisals, but the document review and data collection done by the evaluation team suggest that if this is done at all, supervision is very weak in this area.

Table 3: Levels that Have Received Guidance and Supervision for Performance Appraisal

Region	Percentage of districts reporting receiving written guidance on PA	Percentages of districts that still have the guidance available in the office	Percentage of districts reporting supervision visits from the Region on PA	Percentage of supervisors reporting receiving written guidance on PA	Percentage of supervisors that still have the guidance available in the office	Percentage of supervisors reporting receiving supervision from the district in PA
Brong-Ahafo	33%	0%	67%	60%	33%	27%
Central	67%	0%	33%	40%	0%	30%
Eastern	50%	0%	50%	20%	67%	27%
Total	46%	0%	54%	40%	31%	28%

Budgeting

Of the three regions, only Central Region had some SPA related activities included in its budget. These covered food and refreshments for 25 people for a one-day training and totaled 5,000,000 cedis (\$555US). The training was focused on regional HR managers and staff, and not district or sub-district staff. No other activities related to training, supervision, monitoring, transportation or photocopying were included in the budget. Likewise, none of the districts visited had budgets for SPA-related activities. All regions noted that budgetary constraints posed a problem for training. None of the regions received financial support from HRDD, MOH or other sources to provide training at the district or sub-district levels. In Brong-Ahafo, districts interested in implementing the SPA process had to solicit and pay for training from the region. Consequently only a few districts were able to do so. Eastern Region provided training to all district managers and hospital supervisors, but districts were responsible for funding training for sub-district supervisors. Since many districts had not budgeted for this training, application of the training was sporadic.

Lack of budgets for PA caused other problems as well, including staff paying for forms or shortages of forms. In Eastern Region, electronic copies of the SPA forms were provided to districts. Districts were then made responsible for either printing or photocopying the forms for their staff and staff in the sub-districts. However a few districts further decentralized the process by providing sub-districts (health facilities) with a single hard copy of the forms and asking them to make photocopies as needed. Although sub-districts have financial resources, some supervisors asked staff to make and pay for copies of the performance appraisal forms. Staff reported spending between 2,000 and 7,500 cedis to make copies for their own performance appraisals. While only a few staff reported paying for their forms, the issue underscores the

importance of integrating SPA into budgets at all levels and to providing clear, documented, procedures for SPA to district, sub-district and service managers.

Appraisal Responsibilities

Confusion exists in some districts and sub-districts over who should appraise whom. For example, while In-Charges, who are often Medical Assistants, are supposed to supervise their staff and conduct performance appraisals, some District Public Health Nurses believe it is their responsibility to supervise *and* appraise nurses and midwives at the clinic level. Because Medical Assistants do not have the same training as nurses and midwives the feeling is that they are not qualified to supervise and appraise these cadres.

Performance Appraisal Cycles

Civil Service: Yearly

Under the Civil Service Performance Appraisal process, staff were to be assessed once per year. Managers, supervisors and staff members in all three regions stated that very few staff members ever underwent performance appraisal. Rather, staff who received invitations for promotion interviews rushed to collect the forms and have their supervisors sign them. As a result, objectives and achievements were noted retrospectively. The data from Central Region confirm this information as only 16% of staff interviewed had had a performance appraisal in the last year.

GHS SPA: Quarterly

The GHS SPA process sought to remedy this problem by making the process routine. The new process was supposed to be conducted quarterly, allowing staff to set objectives for the coming quarter and monitor their achievements at the end of the quarter. In both Brong-Ahafo and Eastern Regions, staff who had tried this system felt that it was very helpful. They noted that unlike the yearly appraisal where once the year was up they had no opportunity to make improvements, the quarterly reviews enabled them to see if they were on track to achieve their objectives and, if not, to develop other strategies so that they might improve their performance. However, staff, supervisors and managers in both Brong-Ahafo and Eastern Regions also complained that the quarterly system was far too cumbersome and that the forms were too lengthy and difficult to complete.

Performance Appraisal Content

Quantitative vs. Qualitative Assessment

The focus of both the civil service and the GHS SPA forms is largely quantitative and not qualitative. In other words, staff are assessed mainly by how close they have come to meeting quantified service delivery objectives, such as numbers of family planning clients served, but not on how well they provide that service. While there is a section in which staff skills are rated the ratings appear difficult to interpret because no details were provided as to what staff do well or why their performance is only “satisfactory.” Reviews of performance appraisal forms revealed that 81% of tasks rated on the GHS SPA forms were rated as “satisfactory.” On the Civil Service forms reviewed, 50% of staff were assessed as “outstanding,” 42% of staff were assessed as

“performance well above requirements,” and 8% of staff were assessed as “performance meets fully the normal requirements.” No staff performance was rated as “not meeting requirements” or “unacceptable.” Because comments were rarely provided to explain these ratings, it was impossible to determine what activities staff were doing so well.

What to Appraise

Some staff have both administrative/management and technical responsibilities and supervisors are not sure what they should appraise. An effort should be made to provide management standards so that staff’s management and administrative responsibilities can be included in objectives and in assessments of performance along with their technical responsibilities.

Civil Service Forms

As noted in the system map on page 6, the Civil Service PA process has two forms, one for senior staff and one for junior staff. These performance appraisal forms are organized in 5 main sections: personal information, review of performance, future development (training needs and promotion recommendation), setting objectives for the next year, and record of appraisal interview and agreed action plan. Individuals are appraised based on how close they came to achieving their objectives and rated on a scale of 1 to 5 for skills and knowledge, work activity (quality, output and ability to work under pressure), management and administration, communication, working relationships and overall performance.

Future development includes information related to training needs and a rating for readiness for promotion on which the appraiser has to check one of five boxes with the following titles:

- Outstanding Should be Promoted as soon as possible
- Suitable for promotion when vacancy arises
- Likely to be ready for promotion in 2-3 years
- Unlikely to be ready for promotion for at least 3 years
- Unlikely to be promoted further

All staff were assessed as outstanding or suitable for promotion. Supervisors and HR managers noted that no supervisor wanted to create obstacles for his or her staff and so staff were almost always recommended for promotion (see Annexes 1 and 2 for examples of the Civil Service PA forms).

GHS-SPA Forms

The GHS SPA process was designed around five different forms. These included: 1) Quarterly Performance Appraisal Form, 2) Annual Performance Appraisal Form, 3) Staff Performance Appraisal Summary (BMC details), 4) Staff Performance Appraisal Summary (District), 5) Performance Appraisal Assessment Form. Supervisors and staff in both Brong-Ahafo and Eastern Regions found the annual performance appraisal form redundant. Eastern Region decided not to use the annual form. In addition, the difference between the two appraisal summary forms was confusing since they seemed to collect the same information. Eastern Region addressed this problem by revising the forms into a single summary form.

Like the Civil Service PA process, the GHS SPA forms are also organized in five main sections: personal details, objectives and targets, performance, ratings and comments. The form is more detailed in that it requires that both annual and quarterly objectives be listed in addition to the activities that will be carried out to achieve those objectives and targets. The individual quarterly performance appraisal forms do not contain sections for noting training needs or rating readiness for promotion, but the summary forms to be completed at the facility and district levels request this information as does the annual performance assessment report form. The number of forms included in the GHS SPA process has created considerable confusion. Neither Brong-Ahafo nor Eastern Regions are using the annual performance appraisal assessment forms and submission of summary forms is quite spotty (see Annexes 3 and 4 for examples of the GHS SPA forms).

Performance Appraisal Implementation

Regularity

Although performance appraisal was supposed to be conducted on a yearly basis in Central Region and on a quarterly basis in Eastern and Brong-Ahafo regions for all staff, the evaluation team found that only 31% of staff had actually received a performance appraisal in the last year. However, the data also suggest that the application of performance appraisal in the regions that actually implemented the pilot was significantly better than Central Region, which continued to implement the civil service performance appraisal process, where only 16% of staff had had a performance appraisal in the last year.

The evaluation team interviewed 78 staff members to learn more about the degree to which performance appraisal is being implemented in the three regions. Table 4 provides data on the percentage of staff who had received at least one performance appraisal in the last year.

Table 4: Percentage of Staff who Received at Least 1 Performance Appraisal in the Last Year

Region	Percentage of staff interviewed who received a performance appraisal within the last year (10-2004 through 9-2005)
Brong-Ahafo	32%
Central	16%
Eastern	44%
Total	31%

In Central Region, where only 16% of staff interviewed had been appraised within the last year, staff and managers noted that although staff were supposed to be appraised on an annual basis, the process was being used only for staff that had been called for promotion interviews. They also noted that the process was viewed in the region as a formality and was not taken seriously.

Staff Time and Performance Appraisal

Many staff and service managers complained that performance appraisal was difficult to implement because it took too much time. The evaluation team asked service managers to estimate how long they spent preparing for performance appraisals, discussing, and processing performance appraisal paperwork to try to estimate the work burden associated with performance appraisal. This question proved very difficult for service managers to estimate because there is no set period for performance appraisal and service managers and staff often take small bits of time over days or weeks to complete the forms and conduct performance appraisal discussions. While a task-time analysis, based on observations, would have yielded a more accurate estimate of the time it takes to do performance appraisal, such analysis was not possible in this evaluation because performance appraisal is conducted so rarely. Table 5 shows the average time spent for supervisors to appraise staff based on supervisor estimates.

Table 5: Staff Time Spent on Performance Appraisal

Region	Average number of Staff / Supervisor	Average Time (minutes) Taken to Appraise one Staff Member	Median Time (minutes) Taken to Appraise one Staff Member	Total Average Time (days) Spent on PA per Supervisor, if PA Done Annually
Brong-Ahafo	13	108	87	3
Central	16	139	93	4.6
Eastern	14	104	105	3
Total	14	117	93	3.4

The data presented in Table 5 suggest that complaints by supervisors where may be unwarranted (especially since only 31% of staff are actually being appraised). If performance appraisal is conducted only once a year, a total of 3.4 FTE days of supervisor time would be required. This is a very small percentage of their time. If performance appraisal is conducted on a quarterly basis, on the other hand, the time burden increases greatly to approximately 14 days (or 3 weeks of supervisor time over the course of a year). The data suggest that it is unrealistic to expect supervisors to conduct performance appraisal on a quarterly basis.

Staff Response to Performance Appraisal

Staff were asked to compare the GHS SPA process to the Civil Service PA process. Table 6 provides staff assessments ratings of the SPA process in relation to the Civil Service process.

Table 6: Staff Perceptions of the GHS SPA Process Compared with the Civil Service Process

Region	Much Better	Better	No Better or Worse	Worse	Much Worse
Brong-Ahafo	40%	47%	0%	13%	0
Central	NA	NA	NA	NA	NA
Eastern	25%	50%	8%	17%	0
Total	33%	48%	4%	15%	0

Staff who felt that the GHS SPA process was either much better or better than the Civil Service process stated the following reasons:

- It allowed them to identify progress toward stated objectives and targets and make changes in strategies and activities if progress toward target was not on track
- It created a forum for more regular communication between staff and supervisors
- It helped identify areas of weakness and arrange for in-service or on-the-job training and, therefore, increased staff's sense that performance appraisal was aimed at improvement and not merely at promotion.
- It was regular and not used *just* for promotion

25% of staff in Eastern Region and 13% of staff in Brong-Ahafo felt that the GHS SPA process was either “no better or worse” or was “worse” than the Civil Service PA process. Primary reasons given by these staff included the following:

- The forms are difficult and confusing, and there are too many different sheets making sorting out which should be used difficult
- The forms take too long to fill out
- Implementing the process quarterly is too cumbersome and some of the issues raised become repetitive
- The forms become costly and difficult to manage when used every quarter
- Objectives are hard to set
- The forms were rejected by HRDD when submitted for promotion

With regard to the latter complaint, some staff and district managers in Eastern Region reported that staff using the GHS SPA process faced problems at GHS headquarters. Arriving for their promotion interviews with the GHS SPA forms, staff members were told that they had the incorrect forms and were asked to return to their sites and complete the Civil Service forms. The incident raises some important issues with regard to headquarters' commitment to successful implementation of the process. Although the GHS SPA process was initiated by headquarters, information about the pilot and procedures for processing the forms were not adequately established at the central level. The problem compromised the implementation of the process because district managers of staff who had been required to return to their districts and complete the Civil Service forms began abandoning the GHS SPA process so as not to jeopardize their staff's chances for promotion.

Staff also felt frustrated because the recommendations for training or promotion made on their performance appraisals were not carried through. Forms are most often filed away in personal files, without the staff member's training need being added to training lists or plans. In addition, many staff felt that they are repeatedly recommended for promotion, but that promotion hinges

on length of service and vacancies of posts and is not tied to their performance. While the summary forms provided with the GHS SPA process were supposed to provide the basis for noting staff needs and recommendations, these forms are rarely being used and when they are completed there is no system to pass the information on the forms on to the units in charge of planning in-service training or to the persons responsible for making decisions about promotion.

Motivation

Overall, staff noted that they found performance appraisal motivating. It is clear, however, that the more regularly performance appraisal is conducted, the more motivating and meaningful it is for staff. In Eastern Region, where 44% of staff interviewed had had at least one performance appraisal in the last year, 95% of interviewees said the process was either “very motivating” or “motivating.” In Brong Ahafo, where 32% of staff interviewed had received a performance appraisal in the last year, 93% said the process was either “very motivating” or “motivating.” In Central Region, where only 16% of staff had received a performance appraisal in the last year, 86% of staff said the process was either “very motivating” or “motivating” but 4% also noted that the process was “demotivating” as compared with 0% in the two regions that tested the GHS SPA performance appraisal process.

Table 7: Performance Appraisal and Staff Motivation

Region	Very Motivating	Motivating	Neither Motivating nor Demotivating	Demotivating	Very Demotivating
Brong-Ahafo	36%	57%	7%	0%	0%
Central	32%	52%	12%	4%	0%
Eastern	40%	56%	4%	0%	0%
Total	36%	55%	8%	1%	0%

Recommendations

1. The performance appraisal process is not ready for scale-up. Currently, the process faces too many constraints to be expanded and should be revised and more successfully applied before scale-up is considered. The study team recommends that implementation plans and systems be developed for a new phase of the SPA system. As part of this new phase, forms should be revised and field tested (this field test should be simple, rapid and discrete). A TOT program and materials should also be developed and a phased training program that includes regions, district/hospitals, and sub-districts should be created. All efforts should be made so that resource materials are developed and disseminated and training completed before the end of 2006 so that the revised SPA system can be implemented in 2007.
2. In order to be effective, commitment and support for the SPA process is required from HRDD. Staff in regions testing out the GHS SPA process should be able to present the revised forms when applying for promotion. HRDD management should also provide support for the implementation of the PA process.

3. The performance appraisal system should be fully integrated into existing management systems and processes. In order to be successful, performance appraisal activities, especially while in pilot phase, should be integrated into Central, Regional, District and facility action plans.
4. To ensure the sustainability of the process, training should be integrated into routine quarterly meetings held between regions and district/hospital staff and districts and facility staff. This will help reduce costs and establish a sustainable forum for building capacity in performance appraisal.

Systems should also be developed so that in-service training coordinators at the region obtain information on training needs from staff performance appraisals (perhaps off the summary forms) and can integrate these needs into regional training plans.

5. Similarly supervision of performance appraisal should be integrated into existing supervisory systems and supervisors should be trained in what and how to supervise with regard to performance appraisal.
6. Thought should also be given to linking the SPA process to other related HR systems and processes, namely, quality assurance systems, performance-based reward programs, staff promotion and advancement, and training. As it exists, SPA has been tied into the promotion system, but its relationships to other systems remains weak. The Ministry of Health and GHS have strategic objectives related to QA, and performance-based rewards and an effort should be made to understand plans and developments in these areas to make effective links between these processes.
7. HR monitoring systems should enable facilities, districts and regions to identify how many staff actually receive appraisals compared to how many should be appraised. Such information will help HR managers identify which districts or facilities need additional assistance and to improve the implementation of the PA process.
8. Clear and simple guidance should be created for implementing the PA process. The guidance should include specific procedures related to performance appraisal. A system for disseminating this guidance and making it accessible to supervisors and staff should also be developed so that resources for performance appraisal are available at all levels.
9. Attention needs to be paid to the issue of who should appraise whom. Responsibilities of District Health Management staff and health facility In-charges for supervision and appraisal of different categories of staff need to be clarified.
10. While yearly appraisals are inadequate, quarterly appraisals are too cumbersome. The evaluation team recommends that performance appraisal be conducted once a year with an abbreviated 6-month review. This system will allow for two formal meetings between staff and supervisors and will help staff assess their progress and create new strategies if necessary.

11. A schedule for performance appraisal should be developed so that regions, districts and facilities can plan for SPA activities and can organize timely training, supervision, monitoring and report submission.
12. An effort should be made to integrate an assessment of service quality into the PA process. This might be done in two ways.

The first way of doing this would be to have supervisors complete checklists based on accepted standards of care while observing staff treating patients during routine supervision. This would require the development of a number of concise checklists in key health areas, management, and environment. Checklists could then be attached to individual performance appraisal forms and would provide documentation on what staff are doing well and in what specific areas they need additional training or support. The process would also help reinforce health care delivery standards and would therefore contribute to quality assurance systems.

A second way to integrate quality into the SPA process would be to allow for some personal objectives that may not be as easily measurable or related to quantitative service delivery targets (all objectives are currently supposed to be SMART). These objectives would not replace the SMART objectives currently required in the form but add to them. Examples of personal quality objectives might include: aiming to submit all reports on time, learning a new skill, improving communication with staff, or improving record keeping.

13. Performance appraisal forms need to be simplified. They need clear guidance on who should fill out which part of the form included on the form itself. They also need to be reduced to as few pages as possible to limit photocopying costs. The annual and quarterly forms should be combined into a single form to be completed once a year and a one page review form should be provided to guide the six-month review. In particular the space for noting training needs and actions to be taken to address staff problems or weaknesses should be integrated into what is now the quarterly performance appraisal form.
14. To deemphasize promotion as a *reason* for performance appraisal, but keep the process linked to professional advancement processes, promotion ratings should be left off of the SPA forms. The current GHS promotion policy states that staff become eligible for promotion three years after beginning service and then every five years thereafter. Currently, staff rush to fill out a performance appraisal form only when they are called for a promotion interview.

To make sure that performance appraisals are timely, it is recommended that the date of the performance appraisal interview, and not just the period under review be added to the forms. This will help managers reviewing PA forms for staff up for promotion assess how long ago the performance appraisal was actually conducted and will motivate staff and supervisors to get them done on time. In addition, requiring staff up for promotion to submit at least 3 years of completed SPA forms to the interview committee will help

generate demand for performance appraisal on the part of staff and may help make the process more regular. If the forms contain qualitative as well as quantitative information they will also provide more comprehensive information about staff skills and improvement on which to base promotion.

Works Cited

Martinez, J. 2003. Assessing Quality Outcome and Performance Management. In Ferrinho and Del Poz eds. *Towards a Global Health Workforce Strategy*. Studies in Health Service Organization and Policy; ITGPRESS: Antwerp. 205-258.