Alliance for Reproductive Health Rights

POLICY BRIEF

Enhancing Efficiency in Adolescent Sexual and Reproductive Health Services: Smarter Use of Resources in Primary Health Care (PHC) in Greater Accra, Ghana

EXECUTIVE SUMMARY

Adolescent Sexual and Reproductive Health (ASRH) remains a national health priority in Ghana. However, many primary health care (PHC) facilities face challenges in resource utilization, compromising service quality and coverage. This policy brief presents evidence from a study of 53 Primary Health Care (PHC) facilities in Greater Accra, assessing their technical efficiency in delivering adolescent mental, sexual, and reproductive health (MSRH) services. Findings reveal significant variations across districts and facility types. Efficiency was driven not by resource abundance, but by smarter resource deployment, including digital tools, service tracking, and workload management. Strategic investments and replication of best practices can enhance service efficiency and adolescent health outcomes without raising costs.

Background

PHC is a cornerstone of Ghana's strategy to achieve Universal Health Coverage (UHC), especially for underserved groups such as adolescents. With its extensive reach and strong community focus, PHC is well-placed to provide integrated mental, sexual, and reproductive health services. However, inefficiencies, including underutilized staff, the absence of digital tracking systems, and inadequate infrastructure, limit its effectiveness. In light of increasing adolescent health needs, this study examined how PHC facilities can enhance efficiency to deliver more services using the same or fewer resources.

Key Findings

- District Variation: Efficiency scores varied considerably, with La Nkwantanang emerging as the most efficient district, benefiting from better infrastructure and digital integration.

- Facility Performance: Health centres outperformed both CHPS compounds and hospitals, partly due to strategic resource use and stronger operational systems.

- Efficiency Drivers:
  - Infrastructure Investments: More beds and laboratory capacity were directly linked to higher efficiency.
  - Digital Tools: Availability of computers improved data tracking and service planning.
  - Staff Utilization: Facilities that delivered more services per clinical staff—not necessarily those with more staff—achieved better results.

- Efficiency Barriers:
  - Absence of digital systems made it difficult to manage and plan services effectively.
  - Facilities with poor physical infrastructure struggled to meet adolescent health needs.
  - High staff-to-output imbalances reduced overall productivity.

Policy Recommendations

1. Invest in Critical Infrastructure
Prioritize expanding lab services, bed capacity, and access to essential medicines, especially in low-performing facilities. This will directly enhance their ability to deliver core ASRH services effectively.

2. Digitize Health Services at the Facility Level
Provide computers and establish simple digital tools for service tracking, appointment scheduling, and stock management. Digitalization improves decision-making and transparency in resource use.

3. Optimize Human Resource Productivity
Rather than focusing solely on recruitment, improve efficiency by balancing workloads, offering task-sharing strategies, and rewarding productivity. Facilities that maximize the use of existing staff perform better than those that simply add headcount.

4. Document and Scale What Works
High-performing districts like La Nkwantanang should be used as learning sites. Develop mechanisms for peer learning, mentorship, and policy exchange to share operational models across regions.

5. Institutionalize Efficiency Monitoring
Introduce a simple set of efficiency indicators—such as services per staff, digital uptake, or medicine usage—that can be embedded in district-level performance reviews and national dashboards.

Implications for Policy

Implementing these measures can lead to:

- Enhanced adolescent health outcomes through more responsive, available, and youth-friendly services.
- Cost savings and better resource use, reducing dependency on external funding.
- Progress toward national health targets, including the UHC roadmap and Ghana's adolescent health strategy.
- Evidence-based planning, allowing for smarter budgeting and service scale-up by the Ministry of Health and partners.

This approach reinforces that improving quality does not always require more resources—but smarter and more strategic use of what is already available.

Conclusion

Ghana stands at a pivotal moment to scale up adolescent health interventions that are both impactful and resource-efficient. By strengthening facility-level infrastructure, investing in digital tools, optimizing staff use, and scaling proven practices, PHC can deliver better ASRH outcomes for the country's growing adolescent population.

Policymakers and partners are urged to adopt these recommendations as part of broader health systems strengthening and youth health strategies.

Alliance for Reproductive Health Rights

FOR MORE INFORMATION CONTACT

+233 243690339/ +233 30 250 4468

www.arhr.org.gh

9, Apple Street, East Legon

contact.us@arhr.org.gh