MONITORING AND EVALUATION FRAMEWORK FOR PHC, PCN, & PERFORMANCE MEASUREMENT AT COUNTY LEVEL IN KENYA

Ministry of health -DPHC

Presentation Outline

- Monitoring , Evaluation , Accountability and Learning
- Quality of data and reports
- Data Sharing mechanism
- Evaluation
- Social Accountability
- M&E Teams
- PHC Monthly and Quarterly Indicators in Excel Sheet
- PCN specific indicators
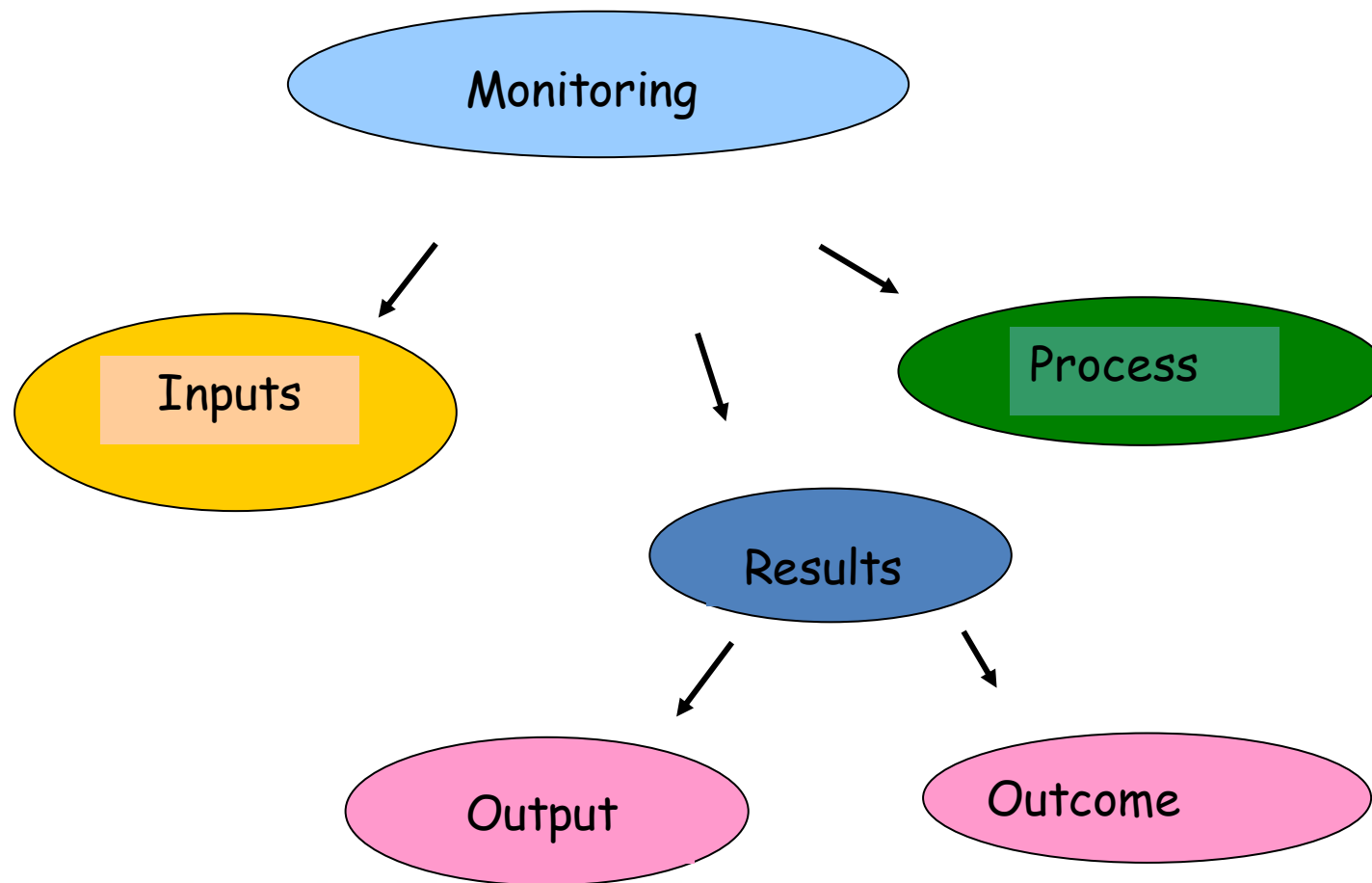
A
Bird's
Eye View
of our
agenda

Monitoring Defined

- [ ] Monitoring is the routine process of data collection and measurement of progress toward program objectives.

- [ ] Monitoring involves routinely looking at the quality of our services.

- [ ] Monitoring involves counting what we are doing.
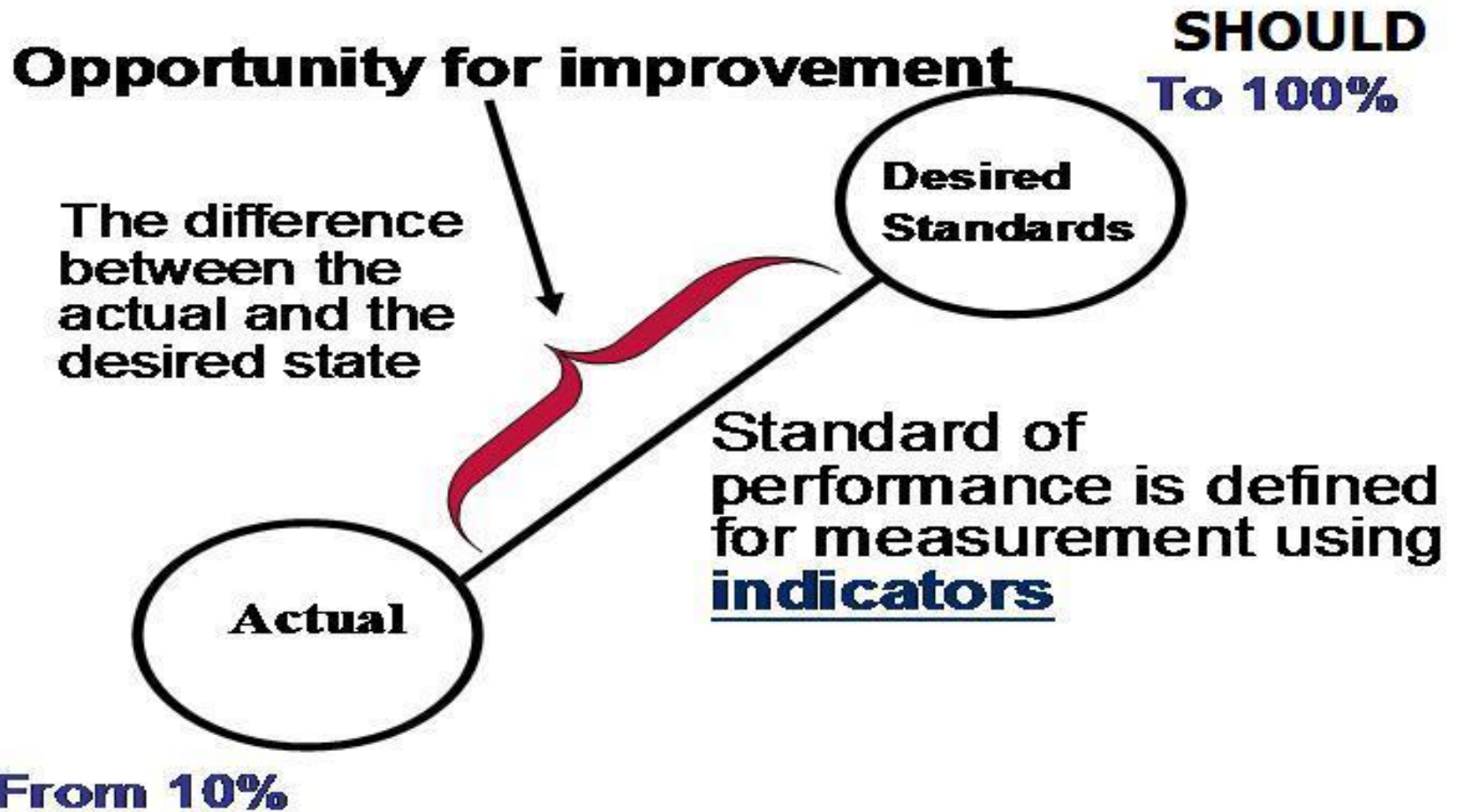
Monitoring

- ## Monitoring provides
  - Regular feedback
  - Quality assurance
  - Isolates problems occurring when the social environment changes

- ## Keeps track of where you are;
  - identifies significant changes in the project;
  - assists in communication;

- ## Is good management practice

Types of Monitoring: Inputs, Process and Results

What 'IS' and 'SHOULD' be the situation at the facility

Opportunity for improvement

SHOULD To 100%

The difference between the actual and the desired state

Desired Standards

Standard of performance is defined for measurement using **indicators**

Actual

IS From 10%

Performance measurement is a culture shift

From

- "These measures are draining valuable resources and are a data burden"
- "I can't measure my outcomes I can only measure activities"
- "I need these measures because my employees feel it is important"
- "You can't measure my program."
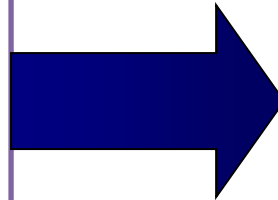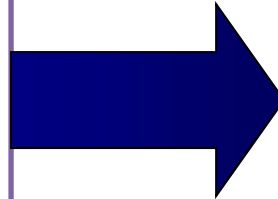
To

- We are committed to tracking measures that matter most.
- We are accountable for delivering our outputs and our intermediate outcomes.
- We are responsible for our end outcomes.

PCN MONITORING, EVALUATION, ACCOUNTABILITY AND LEARNING

- An efficient monitoring and evaluation system is key in successful implementation of PHC.

- Monitoring ensures interventions are implemented as planned, identifies problems and allows for continuous corrections along the course of implementation

- Systematic collection, collation, analysis and reporting of data in a PCN will ensure verification for compliance with policy goals, outcome analysis, and guide decision-making.

- There should be periodical review of the PHC targets based on the disease trends, prevalence, national targets and local health needs.

Routine PCN Data Collection and Management

- Collection of PCN data will follow the routine data collection mechanisms in place

- Data will be collected routinely using existing MOH data tools and digital platforms where available.

- Health care workers will collect health facility service data from the community, primary health referral facilities (Spokes) and the Primary Care Facility (The Hub).

Quality of data/reports

In order to provide reliable information generated from a functioning PCN, the sub- county team shall;

- Conduct data quality audits of PCN at all levels within the network as per national M&E protocols.

- Conduct quarterly PCN data review meetings at the sub-county hosting the PCN(s).

- Conduct during and after establishment of the PCN an assessment of the magnitude of service availability and readiness of health facilities to provide the essential health services which will ensure that quality of data will reflect the documented reality

Quality of data/reports Cont'

- Conduct an assessment of the extent to which access of health services provides a direct or correlated reflection of the quality of data used in decision making.

- The facility team and CHUs shall conduct monthly meetings to review the quality of data at the CHU link facility

Data/reports sharing mechanisms

❖ PCN data and reports will be packaged and disseminated in formats that are determined by the national government M&E division to ensure uniformity. In particular, the reports shall be;

a) Quarterly PCN review report at the sub- County and County level.

b) Bi-annual bulletins

c) Annual performance review report

❖ The county shall publish annually a state of PCN report which will be a compilation of statistical information from different sources (e.g., public health facilities, private health facilities, implementing partners and FBO-based health facilities)

Report Sharing

❖ The report will present a snapshot of performance covering service delivery in all the levels (Hub & Spokes) of care encompassed in the PCN(s)

❖ These reports will generate a pool of lessons as well as best practices to be used for decision making.

❖ The sharing of reports will also form a strong base for informed decision making in future PCN(s) investments.

Evaluation

❖ Evaluations will be done periodically, one at baseline, and midterm review coinciding with the midterm review of the KHSSP.

❖ The end term review will also take place every 5 years in line with the end term review of the KHSSP and the Primary Health Care Strategy.

❖ The aim of the evaluations will be to assess the functionality and impact of the PCNs on health outcomes.

Cont..

The evaluation will aim to assess;

1. Establishment of PCNs
2. Functionality of PCNs based on the following criteria:
   a) Hub identification and the primary link facilities mapped to it
   b) Functional community units under the primary link facilities
   c) Household registration done in the community units and population awareness of their primary level link facility
   d) Functional MDT team members' identification
   e) MDT lead identification
   f) Gazettment of the PCN in the respective county
   g) PCN coordinator; -SCMOH/ Family Physician
   h) Coordinated referral system with back-and-forth referral documentation
   i) MDT organizing and leading monthly community outreach activities
   j) Organization of specialist/MO visits from the level 4 facility to the lower-level facilities *(Details are in the **PCN assessment checklist in appendix 2 in the guidelines**)*

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3. Contextual factors affecting formation and functionality of PCNs, and the greater context of PHC implementation

3. Client surveys to evaluate the user perception of community health services and primary care services at the Primary Care Facility (level 2-3) and the Primary Referral Facility

4. Taking stock of the progress in implementation of Primary Care Networks

5. Assessing challenges in implementation

6. Assessing best practices/lessons learnt in implementation of PCNs

7. Collecting data to feed into global commitments on Primary Health Care which includes populating the Vital Signs Profiles report that strengthen PHC systems at county and national level.

Social accountability

❖ Social accountability refers to the broad range of actions and mechanisms beyond voting that citizens can use to hold the state to account and make it responsive to their needs

❖ Accountability mechanisms to the community shall be institutionalized through ;

  ❖ Community score card – a tool which empowers community members to take action to improve health outcomes

  ❖ Monthly community dialogue days - the community scorecard can be used as part of the discussions during community dialogue days to ensure community needs and concerns are heard and recommendations actioned for the improvement of the community health and services provided in the primary facilities.

Social Accountability Cont'

❖ Quarterly community action days – where there is follow up on agreed upon action

❖ Quarterly Facility visits and feedback – done by the community health committee

❖ Community feedback mechanisms shall include:
  - Annual customer satisfaction surveys
  - Suggestion box at an accessible place at the facility, opened regularly by the HMT /MDT with documented discussions of the complaints, suggestions and action points

Monitoring and evaluation team

❖ The national M&E unit is responsible for overall oversight of M&E activities.

❖ There will be an M&E team at PCN level, as part of the MDT, that will be responsible for the day-to-day implementation and coordination of the M&E activities at PCN level.

❖ They will together with other stakeholders and share their quarterly progress reports with the SCHMTs who will forward to the CHMT and PHC TWG for their joint performance reviews.

❖ The PHC TWG secretariat will then share this information with the national level PHC M&E focal persons by the 30th of every quarter.

❖ The consolidated reports from all county PCNs will be shared during the national health forum, which brings together all stakeholders in health to jointly review the performance of the health sector for the year under review

Monitoring and evaluation team capacity

Capacity in M&E shall focus on the different levels i.e.;

1. **At county level:** The County M&E unit will strengthen the PCN by building the capacity of the sub-counties to collect, analyse and use data

2. **PCN-Hub and Spoke facilities:** M&E capacity building will be done through supportive supervision by the SCHMT and MDTs who will focus on validation of monthly reports as well as;

   - Address challenges and constraints
   - Mentorship
   - Assessment of data records and systems
   - Collection of reports

3. **At community level:** Emphasis will be on accurate data collection, digitization of health records and use of data at the community level to improve accessibility and demand for health services.

LEARNING

Learning involves the use of knowledge gathered and documented to improve performance

❖ Use of PCN performance review reports, M&E symposia, exchange visits among counties, and annual learning PCN conference.

❖ The conference will bring together counties and other stakeholders to share their experiences in implementing PCN.

- Routinely provide support supervision
- Document health service delivery demand and supply change from the model based on the resources utilized to achieve them
- Ensure each county implementing PCN establishes a PCN model/centre of excellence to promote Intra and Inter county learning.
- Ensure the county health management team in liaison with the CEC and the CDH for health replicates the establishment of PCN(s) in other sub- counties gradually based on required resources and existing capacity and ensure reporting for further learning.

1.PCN Specific Monitoring and evaluation Indicators
The indicators are classified according to the categories stated thus; (Inputs,, Outputs, and Outcomes)

Domain	Indicator	Data Source	Frequency
PCN Input Indicators			
Finance	County budgetary allocation to PCN activities (%)	County	Annually
Leadership, governance and coordination	Number of quarterly meeting held by the PHC TWG	SCMOH	Quarterly
	PCN annual work plan per sub county	SCMOH	Annually
	County PCN Advisory Council meetings	CDH	Quarterly
	County PCN inter-sectoral and partnership forum meeting	CDH	Quarterly
	Sub-county PCN inter-sectoral representatives' forum meeting	SCMOH/MDT- lead	Quarterly
Infrastructure and Equipment	Availability of standard lab equipment per level of care (Select tracer indicators)	KHFA	3 yearly
HRH	Number of CHMT members sensitized on PCNs	County PCN Report	Annually

	Number of Health facility in charges sensitized on PCNs	County PCN Report	Annually
	MDT team members identified	County PCN Report	One off
	MDT lead identified	County PCN Report	One off
	Annual report on training conducted for the Community Unit Workforce	County PCN Report	Annually
HPTs	Proportion of CHVs with Kits (Denominator-total number of CHVs serving in a PCN)	SCCHFP	Monthly
	# of Commodity security Technical working group meetings held quarterly	SCPHARM	Quarterly
HIS& M&E	Availability of reporting tools per tool (MOH 100, MOH 513, MOH 514, MOH 515)	National/County	Annually
	CU Reporting rates	KHIS	Monthly
	Percentage of community health units submitting timely reports	KHIS	Monthly

Service delivery	Output Indicators		
	Number of community units established in sub county	KHIS	Bi annually
	% of functional community units in sub county	PHC survey	3 yearly
	Proportion of households in the CU visited by CHVs (Denominator – total number of households in a CU)	KHIS	Monthly
	Number of PCN networks established per County	County PCN Report	Bi-annually
	Proportion of households mapped and registered per PCN	County PCN Report	Bi- annually
	Number of PCNs gazetted per county	County PCN Report	One off
	Number of outreaches/in reaches conducted within the spoke per month	County PCN Report	Monthly
	Number of PCNs conducting at least 1 community health and promotion outreach monthly	County PCN Report	Monthly
	Number of clients reached during the in reaches by the MDT	County PCN Report	Monthly

Service delivery	PCN outcome Indicators		
Population coverage outcomes	1st ANC visits within 1st trimester	KHIS	Monthly
	4th ANC Coverage	KHIS	Monthly
	Skilled Birth Attendance Coverage	KHIS	Monthly
	DPT3 Coverage	KHIS	Monthly
	Full Immunization Coverage	KHIS	Monthly
	# of new HTN cases per 100,000 OPD cases	KHIS	Monthly
	# of new DM cases per 100,000 OPD cases	KHIS	Monthly
	# of Cervical cancer screening cases in women 25-49 years	KHIS	Monthly
Referral outcomes	% of 1st ANC visits in L2-3 primary care facilities	KHIS	Monthly
	% of Skilled Birth Attendance in L2-3 primary care facilities	KHIS	Monthly
	% of DPT3 Coverage in L2-3 primary care facilities	KHIS	Monthly
	% of new HTN cases per 100,000 OPD cases in L2-3 primary care facilities	KHIS	Monthly
	% of new DM cases per 100,000 OPD cases in L2-3 primary care facilities	KHIS	Monthly
	% of Cervical cancer screening cases in women 25-49 years in L2-3 primary care facilities	KHIS	Monthly

PCN Implementation guide and action plan tools

- PCN implementation Guide
- County implementation plan
- PCN Specific implementation Plan

PARTING SHOT:
Accurate and data quality…. Is about commitment

End

Thank you very much!

PHC VITAL SIGNS PROFILE SECTION

PARTING SHOT:
Accurate and data quality…. Is about commitment

End

Thank you very much!