

NOTE FROM THE EDITOR

Over the past four years, MEASURE Evaluation PIMA (MEval-PIMA) has been working with counties to strengthen Kenya's health systems and to improve the quality and use of data. Among the interventions we support is the periodic data and performance review. County departments need to collaborate with stakeholders to implement the county's health agenda. This issue of the Update focuses on the development of performance improvement plans after gaps in county action plans were identified.

Implementation of a Performance Improvement Plan to Track Health Activities in Kigumo Subcounty (Murang'a County)

MEASURE Evaluation PIMA, funded by the United States Agency for International Development (USAID), has been working with counties to strengthen Kenya's health systems and to improve the quality and use of data to enhance the delivery of quality health services. Periodic data and performance reviews with data producers and decision makers are part of the interventions supported through the project to improve the quality of data and facilitate use of data in decision making. County departments of health are required to sustain collaboration with relevant stakeholders to implement the health agenda for the county. They do this by reviewing strategic plans and annual work plans to monitor progress, address challenges, scale up best practices, and refine joint priorities for the next performance period.

Data review meetings provide an avenue for county health management teams and stakeholders to identify and prioritise information needs and analyse, synthesise, and interpret data for programme planning and policy formulation. Most counties hold quarterly data review meetings at which Ministry of Health (MOH) staff, implementing partners, and other stakeholders

review data from counties and subcounties. Following the review, participants provide feedback on data presentation skills, data quality, and achievements. Based on these discussions, they develop action plans to monitor progress. Yet, during action planning, it emerged that plans were developed in an ad hoc manner, using different templates, and with no continuous process for follow-up and monitoring of progress.

As a result, corrective actions were often unstructured, delayed, and lacked accountability. To respond to this gap, MEval-PIMA developed a performance improvement plan (PIP) template, which is a simple tool that helps to strengthen organisational and institutional capacities to monitor and evaluate health programmes and services during data review meetings. The template was rolled out in September in Nairobi, Siaya, Nakuru, Kilifi, Murang'a, and Kakamega counties. It allows counties to document action planning by recording how they will address data issues identified by stakeholders, with timelines for each gap identified. The template has a section for recording follow-up, gaps identified, gaps to be addressed, and notes which team member is responsible. Once activities are due for progress review, team members document the status of the activity in the PIP. Counties can also use colour codes to monitor progress (red: not done; orange: ongoing; green: completed).

To assist counties and subcounties to make timely follow-up, they can share the template online through the Google docs platform, thus reducing the challenge of delayed feedback and implementation of actions (see a sample PIP in Figure 1).



Photo: Ann Njeru, subcounty nutritionist; Rewel Kariuki, subcounty health records information officer; Dr. Peter Ngari, subcounty pharmacist, reviewing the performance improvement plan.

Figure 1. Sample of a performance improvement plan for Kigumo subcounty

Weakness/Gaps	Proposed solution	How will it be addressed (Detail the specific activities that will be undertaken)	Person responsible (Last name and title)	By when (specify date)	Potential Partner	Month/Year last Reviewed	Progress	STATUS
UNDER REPORTING AND LATE REPORTING	Continued monitoring on importance of timely reporting	visiting the non-reporting facilities to identify the problem and empower them	SABRO	BY JUNE 2016	PAWA/PAWA KARIKI	Reviewed 14/Sept/2016	Have done follow up through phone calls awaiting to start reporting rates have improved after visiting the non-reporting facilities.	Completed
POOR DOCUMENTATION AND REPORTS COMPLETION	Capacity building	Carrying out CDRs and QDRs at facility level and REGA.	SABRO	Monthly		Reviewed 14/Sept/2016	One CDR done and QDR done for non-facilities. I MU/THRE and KARIKI OUT on Report generation and documentation done for Subcounty. ID one done and others under way.	Partially done
	Supportive supervision		DR. A. MUTHITHI	Quarterly	APWA KARIKI			

The PIP has been useful in promoting accountability among county stakeholders. For example, Murang'a County was oriented on PIPs during a reproductive health (family planning) data review meeting. They were shown how to use the template and to follow up on existing action plans for the health programmes in the county. The PIP is now routinely in use in the county and members of the Kigumo subcounty health management team (SCHMT), for example, use it to review action points daily from any location.

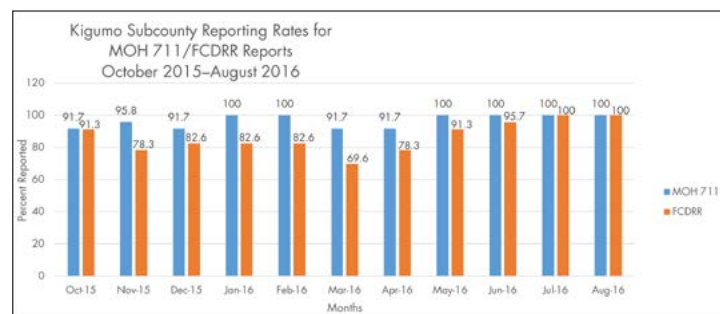
“Previously the SCHMT members used to share hard copies or soft copies of a work plan with the subcounty team and facility team members through email. This posed a challenge in terms of delays in dissemination of the work plan, implementation of the actions, follow-up, updates on the progress and, at times, the plans never got to the targeted team members for implementation. It was also costly and time-consuming because the implementing team would have to call or meet in person to get feedback from members to update the plan. In our subcounty, we decided to adopt the PIP, which is a web-based document uploaded on Google docs with controlled rights. Through this platform, people who are given access rights can access and update the PIP at any time and from anywhere using a mobile phone or laptop. Once a task is complete, the responsible team member can update it from any location, saving time and money. People can also interact through the comment and chat function, improving efficient implementation of actions. This is the way to go and we have taken it up.”

—Rewel Kariuki, Kigumo subcounty health records information officer

In addition to improving efficiency, the PIP has helped improve family planning (FP) commodity reporting rates in the county. Previously, it was difficult for subcounties to get all health facilities, including private facilities, to use the Facility Consumption Data Report and Request (FCDRR) form for reporting FP commodities. With consistent follow-up using the PIPs, reporting rates were 100 percent for July and August 2016 (See Figure 2).

For example, following quantification and forecasting of FP commodities in a data review meeting in September 2016, Kigumo County used the data to redistribute commodities and was able to reduce the number of stock-outs in its health facilities.

Figure 2. Kigumo subcounty reporting rates (October 2015–August 2016)



To further improve the use of the PIP, Kigumo shares its experiences with other subcounties and is also rolling out PIPs for use at the health facility level. They also plan to consolidate PIPs across several health programmes (HIV, tuberculosis, reproductive health, and nutrition) into a single one for the subcounty.

For more information on MEval-PIMA support in building capacity at the national and county level for improved data quality, visit <https://www.measureevaluation.org/resources/publications/fs-14-115>

To read more about MEASURE Evaluation PIMA, <http://www.cpc.unc.edu/measure/pima/about-meval-pima>

Photos: Susan Kinyua, MEASURE Evaluation PIMA



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