



JSI Research & Training Institute, Inc.

# Monitoring, Supervision and Accountability

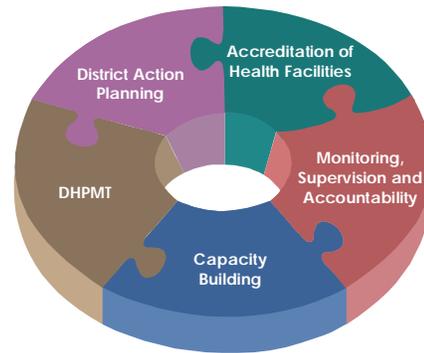
## Rationale

Issues related to ensuring accountability and monitoring of the delivery of Reproductive, Maternal, Newborn and Child Health (RMNCH) services through the health sector are major concerns for the provincial Department of Health (DOH). It is even more crucial after the 18th Amendment to the Constitution of Pakistan which has devolved all the responsibilities of developing policies, plans, and monitoring and accountability to the DOH. Introducing an effective mechanism which creates an environment allowing staff to develop professionally and enhance performance is needed. In the DOH Sindh, an effective monitoring, supervision and accountability system needs to be developed for improving the RMNCH indicators of the province.

## Methodology and Approach

The monitoring, supportive supervision and accountability framework proposed for the DOH is based on the premise that the data generated through the routine health information system should be used for evidence-based decision-making. A health manager should be designated at the district level to ensure that the progress is reported by all the health facilities every month and a consolidated report is submitted to EDO Health with a brief analysis. Innovative and pragmatic methodologies would be developed to lend credence to the current systems of monitoring, supportive supervision and validation. M&E Cell in the DGHS office will be strengthened for monitoring, supportive supervision and accountability system proposed by the Health Systems Strengthening component of USAID's MCH Program.

Figure 1: Components of strengthening district health management



## Monitoring and Supportive Supervision

The purpose of monitoring by the district and provincial health managers will be twofold: improving the quality of activities by physically visiting the activity sites and tracking the results. First, monitoring visits will inform health managers as to what extent the RMNCH program is operating effectively and according to expectations. Second, monitoring of functional output levels will improve the number and quality of activities conducted at implementation, supervision, training and record keeping levels.

The goal of supportive supervision is to promote efficient, effective, and equitable health care. Supportive supervision is a process that promotes quality at all levels of the health system by strengthening relationships within the system and focusing on the identification and resolution of problems. Health managers/supervisors work directly with the staff to set clear goals, standards and expectations so that supervisors continuously challenge employees to achieve the highest level of performance possible. When supervisory visits are made routinely, supervisors are in a better position to monitor performance and identify and address problems before they negatively impact service delivery. The existing tools will be reviewed and new tools developed, if required, for supportive supervision, which will help supervisors organize their work. This will help focus on the critical inputs and processes required to deliver the essential RMNCH services and provide basic information about each clinical service to enable objective review of all the required elements.

<sup>1</sup>USAID's Maternal and Child Health Program comprises the following five components: (i) family planning and reproductive health; (ii) maternal, newborn, and child health services; (iii) health communications and behavior change communication; (iv) commodity procurement and logistics management; and (v) health systems strengthening.

During the visit, a checklist will be used which will contain key observable features signifying the most important resources and activities. By jointly reviewing the checklist, the supervisor and staff will follow a systematic process that structures supervision. Both will feel assured that if all features of a checklist are in place, the function or program is performing up to the laid down expected standards.

## Review Mechanism

The review meetings at all levels should be conducted frequently to discuss overall progress and achievements. To collect quality data through the DHIS, EPI-MIS, LHW-MIS and CMW-MIS, emphasis should be at the grassroots level where information about the individual client is recorded. If this information is recorded correctly, reports can be generated easily and providing feedback to the staff who generated the report would be possible. Technical assistance would be provided to district managers in collection, collation, validation, and correction of inconsistencies, analyses of routine service statistics data, if needed.

Monthly review meetings to be held at the facility/grassroots level as well as at the district level. At the facility level, during the supportive supervisory visits, review meetings should be conducted by the supervisors with the facility staff which cover the major functional areas of the facility. Clear objectives should be developed for the visits and follow up on the recommendations made during previous visits should be done.

At the district level, the monthly MIS reports will be reviewed and feedback provided by the supervisors to improve the performance of individual facility. Box 1 enlist the areas and focus of monthly review.

Quarterly review meetings would be chaired by the Deputy Commissioner of the relevant district at the District Health & Population Management Team (DHPMT) forum. In the meetings, the district health team will present the last three months' performance obtained from the DHIS, EPI-MIS, LHW-MIS and CMW-MIS reports as well as the qualitative information collected through the supportive supervisory visits by the supervisors to the facilities. (Details of DHPMT are given in a separate brief.) Other issues related to the monitoring and supervision will also be presented in the DHPMT meetings. Feedback regarding the availability of trained providers, the attitude of the providers, availability of supplies, waiting time, and cost related issues obtained through the mechanism

of community involvement by Health Systems Strengthening component of USAID's Maternal and Child Health Program will also be discussed. This community feedback will then be shared by Community Organizations (COs) representatives in the quarterly meeting of DHPMTs to improve client satisfaction.

Additional Chief Secretary (ACS) would chair and Secretary Health would co-chair the six monthly review meetings where activities of the Departments of Health, Population Welfare and Social Welfare as well as their allocations and releases of budgets, progress in provincial health indicators should be examined and feedback provided.

### Box 1: District level monthly review of performance

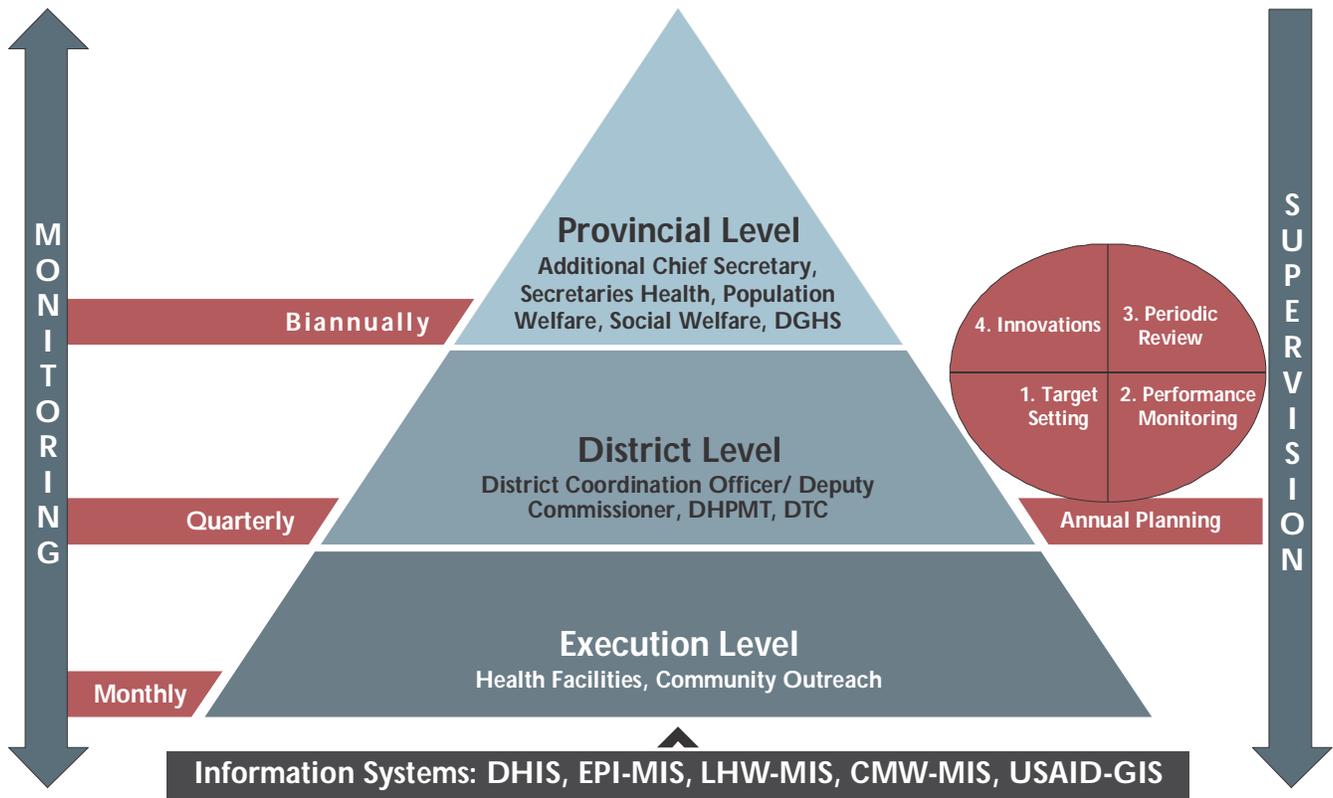
#### Areas of review include:

- Staff management
- Facility management
- Logistics management
- Referrals
- Information and records
- Community and client relations

#### Focus of monthly review will be:

- Absenteeism
- High/low performing facilities
- Availability of medicine and contraceptives
- Validation reports
- Ways to improve the performance
- Incentives for good performers

Figure 2: Monitoring, Supervision and Accountability Framework



### Accountability

Accountability is an obligation to periodically disclose appropriate information in adequate detail and consistent form to all stakeholders. According to the World Bank there are five components that need to be present for accountable relations to take place in public governance: delegation, financing, performance, information about performance, and enforceability. In this context, emphasis is given on the performance accountability. The proposed framework includes a new accountability regime which includes a set of indicators that are sufficiently attributable to the organizations that will be held accountable for the relevant outcomes. Reports of COs are a key output of the framework, facilitating, for the first time where feedback regarding the availability and quality of RMNCH services will be reported.

The framework addresses this domain by ensuring that the quality data are collected, analyzed and fed back for improvement, as well as comparison and accountability purposes. To ensure accountability, there should be focal persons responsible for preparing the material for the review meetings at each level of the health system. At the provincial level, the DG Health Services should have overall responsibility for evaluating the RMNCH performance with the support of the Director RH who should be the focal person for consolidating the progress on RMNCH activities. During the review meetings, the decisions would be made based on the evidence produced from the monitoring and supervisory visits as well as DHIS findings. At the district level, EDO Health will be ultimately accountable for all RMNCH outcomes related to service delivery through static and outreach services and by PPHI managed facilities. At each tier of the health system the reported information will be utilized for assessing accomplishments identifying weaknesses providing necessary feedback to the relevant staff.



## Illustrative Indicator

Summary indicator for Health Systems Governance (Sum of the scores of 8 indicators: Max. Score: 8)

- Existence of an up-to-date provincial health strategy linked to provincial needs and priorities along with operational plan.
- Maternal health—existence of a comprehensive reproductive health policy consistent with the ICPD action plan.
- Child health—existence of an updated comprehensive, multiyear plan for childhood immunization.
- Existence of key health sector documents that are disseminated regularly (such as budget documents, annual performance reviews and health indicators).
- Existence of mechanisms, such as surveys, for obtaining client input on appropriate, timely and effective access to health services.
- Existence of DHPMTs with TORs and action plans developed, with the membership of representatives of community level forums, with evidence of action plans and data use.
- Existence of RMNCH Steering Committee with the representation from stakeholders (public, private, civil society and USAID's MCH Program).
- Existence of supportive supervision mechanism at the district and provincial levels.

## Next Steps

- Review of supervisory checklist to have one standardized tool for all districts.
- Ensure functional DHIS (availability of tools, timeliness and complete reporting, use of information and feedback).
- Develop standard format for district and provincial review meetings.
- The performance review at provincial and district levels should determine rewards/incentives for which a mechanism should be developed.

## Expected Results

- Evidence-based decision-making at all levels.
- Overall performance of health facilities improved.
- Frequent supervisory contacts and on-the-job training.
- Health workers no longer afraid to address challenges and able to work with the DHPMT to resolve them.
- Absenteeism reduced.
- Allocation and utilization of annual budget disseminated.
- Reduction in stock-outs.

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