

Effects of Monitoring and Evaluation of Utilization of Reports on Quality of Service Delivery within the Health Sector of Nyandarua County

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Abstract: Analysis of health reports and utilization of the reports for decision-making and planning is necessary. Though it is being done to some extent, it has not been fully embraced as expected. The data generated by both public and private health facilities are not analysed so as to inform on areas of improvement. The objective of the study was to determine the influence of monitoring and evaluation of utilization of health reports on the quality of service delivery in health facilities in Nyandarua County, in Kenya. Descriptive design was used in order to determine the relationship between the completeness and accuracy of health reports and quality of healthcare. Under the design, in-depth information about how health workers practices affect the quality of healthcare provision will be understood. The study brought to light that monitoring and evaluation is not done to determine if reports are analysed by the health facilities before submission to sub county health management team. Monitoring and evaluation to determine if reports done by healthcare workers at the facility are used to improve the quality of service delivery is to a large extent not being done. When monitoring and evaluation of reports utilization is not done regularly, then healthcare workers in the public hospitals and the sub county health management team will not be able to assess their performance and thus improve service delivery. Monitoring and evaluation of reports utilization should be undertaken in order to ensure that reports are analysed at the facility, sub county and county levels.

Keywords: *Health Reports, Quality of Service Delivery, Analysis of Health Reports*

Introduction

The data generated by health facilities is for onward transmission to the sub-county and county levels and are not analysed by the health facilities to inform on areas of improvement (Bergstrom, 2003). A study by Ikonje (2014) shows that when health workers in a health facility are trained on data analysis, this will ensure effective data collection and analysis at the facility.

The deployment of a health records and information officer in every facility will result into improved data quality and thus easier analysis of the reports. Proper data management in terms of quality and analysis has a direct impact on improved management of diseases. This will lead to reduced stock outs of essential pharmaceutical and laboratory products

For effective and efficient healthcare service delivery to be realized, improvement in data analysis and utilization capacity is key (HMN, 2008). Healthcare workers have minimal knowledge in relation to data analysis and interpretation. Moreover, on the job training of the health staff on how to analyse and interpret the health information generated is not undertaken. A culture of reports related supervision, feedback and support is also lacking from the sub-county and county health management teams (Karuri, Waiganjo, Orwa, & Manya, 2014).

In addition, data analysis, presentation and utilization is viewed as a lot of work and thus reports are prepared late and therefore rendering them not useful (USAID, 2011; HMN, 2008). Facility incharges also have limited knowledge in relation to data analysis and subsequent utilization. Thus, most of the analysis done at the facility level is below standard and the report generated therefore cannot be utilized effectively.

Trainings on report generation and utilization can result in enhanced harmony of reports at the health facilities, Sub County and county levels (Wagenaar, 2015). Garrib (2008) found that effective utilization of the information is low in the rural health facilities due to the poor quality of reports. Evidence of utilization of the reports generated by the facilities is lacking. This is because some of the healthcare workers do not take report generation seriously (Kimaru & Twaakyondo, 2005). Chaulagai (2005) observed that despite being aware that the data generated is utilized in the planning for health interventions, healthcare workers are still fixated at the notion that data is collected for the purpose of reporting only. Williamson and Stoops (2001) showed the non-utilization of reports to be due to lack of data management skills and poor communication between the management and healthcare workers.

Karengero, Anguyo, Katongole and Gorule (2016) highlighted that the use of reports generated by health facilities for decision making is limited in Rwanda. There is also a challenge of using the reports submitted by the health facilities to inform decision making in developing countries (Kintu, Nanyunja, Nzabanita, & Magoola, 2005). More so, there is lack of adequate resources to produce the required reporting tools. There is also lack of willingness from the health facility staff and their supervisors in correcting data collected at the facility level, thus decision makers use poor quality data (University of Queensland, 2009).

Research Methodology

This research was carried out within Ndaragwa Sub-County to determine the relationship between good reporting and quality healthcare service. Ndaragwa Sub-County is among the five sub-counties in Nyandarua County. Others include, Ol Joro Orok Sub-County, Kipipiri Sub-County, Ol Kalou Sub-County and Kinangop Sub-County.

Ndaragwa Sub-County has a poor road network which makes accessibility to some of the health facilities not easy. The sub-county was selected because of the researcher's conversance with all the health facilities in the area. This study had its main focus on healthcare workers of Ndaragwa Sub-County involved in the day-to-day provision of healthcare services. The sub county has 16 health facilities and a total of 106 health workers. 4 of the facilities are health centers and 12 are dispensaries (Department of Health Services Nyandarua, 2016).

The overall design of the research was descriptive. The study involved a large number of respondents with the results obtained being generalized to the target population. It also enabled objectivity and enhanced accuracy of results. Descriptive design was used in order to determine the relationship between completeness and accuracy of health reports and quality of healthcare. Under the design, in-depth information about how health worker practices in relation to weekly and monthly health reports affects the quality of healthcare provision was understood. This made the researcher gain more insight on the study. While employing descriptive design, questionnaires were utilized to collect data since they are more reliable and objective.

Systematic random sampling method was used to select the healthcare workers to be included in the study. All the healthcare workers had an equal chance of being included in the study which was a precursor for reduction of bias. The number of healthcare workers in Ndaragwa sub county (study population size) was 106, 83 was the desired sample size while 1.3 was the sampling interval. The research randomized the list of healthcare workers, whereby every K th case (2^{nd} health worker) was picked for the study.

Secondary and primary data was used for the study and the data was collected using a structured questionnaire which was administered to the respondents selected from the study population. The advantage of the questionnaire was that the interviewer was able to get direct responses from respondents and the ability to provide rel-

evant information on the variables in the study was high. Questions were developed to cover a wide range of topics. The questions were shorter to take less time, closed and open ended questions were used. Open ended questions assisted in gathering more views that were missed in the multiple choice questions.

Results

Respondents were asked questions to assess whether monitoring and evaluation is done by the sub county and county health management team. This is to determine if reports are analysed at the facility level. 49.4% of healthcare workers strongly disagreed that monitoring and evaluation is done. 19.3% disagreed that monitoring and evaluation is done by the sub county health management team. 18.1% were not sure if it's being done. 13.3% said that monitoring and evaluation is carried out. Thus on a scale of 1-5, monitoring and evaluation is not undertaken (mean=4.05). The findings mean that most facilities are therefore not likely discuss the reports they write before onward submission to the sub county health management team.

Health workers were asked if monitoring and evaluation is done by the county health management team to ensure that reports are analysed by the sub county health management team before onward submission. 59% of the respondents were not sure if monitoring and evaluation is being carried out. 31.3% agreed that monitoring and evaluation is normally done. 9.6% disagreed that monitoring and evaluation is carried out by the county health management team. Therefore, monitoring and evaluation is undertaken to some extent (mean=2.78). Thus, the extent to which monitoring and evaluation is not undertaken by the county health management team gives room for laxity by the sub county health management team. Thus, any gaps in the health care service delivery maybe missed.

The respondents were asked if monitoring and evaluation is done by the sub county health management team. This is to determine if the reports generated are used to inform service delivery by health workers at the facility level. 47% strongly disagreed that monitoring and evaluation is done. 37.3% disagreed that the sub county health management team carries out monitoring and evaluation .15.7% agreed that monitoring and evaluation is done by the sub county health management team. Thus, monitoring and evaluation is not undertaken (mean=4.16). The findings mean that most health workers do not use the reports they write to improve service delivery.

Health workers were asked if monitoring and evaluation is carried out by the county health management team to ensure that reports are used by the sub county health management team to inform service delivery. 55.4% of healthcare workers said that they are not sure if the monitoring and evaluation is done. 27.7% noted that monitoring and evaluation is being carried out. 16.9% revealed that monitoring and evaluation is not done. Some of the healthcare workers agreed that monitoring and evaluation is carried out (mean=2.89). In summary, monitoring and evaluation of health reports utilization is average (mean=3.5).

The respondents were asked how often monitoring and evaluation is done by the county health management team. This is to ensure that reports are analysed by the sub county health management team before submission. Majority of the respondents, 55.9%, said it's done on monthly basis. 23.5% said it's not done at all, whereas 20.6% said monitoring and evaluation is carried out on quarterly basis. Thus, monitoring and evaluation on a scale of 1-5 is undertaken on quarterly basis (Mean = 2.15). Findings means that the extent to which monitoring and evaluation is not carried out gives room for poor quality reports. This will in turn affect planning, decision making and policy making.

Healthcare workers were asked how frequently monitoring and evaluation is done by the sub county health management team. This is to ensure that reports are used to inform service delivery by health workers at the facility level. 84.3% of the respondents noted that monitoring and evaluation is not done. 10.8% said that monitoring and evaluation is done monthly. 4.8% revealed that it's done on quarterly basis. Therefore, monitoring and evaluation is carried out on annual basis (Mean = 4.47). The findings mean that monitoring and evaluation is largely not done, as it's carried out only to a small extent.

Discussion, Conclusion and Recommendation

By routinely monitoring and evaluating if reports are analysed by the health facilities, this will make the health workers to be more conscious of the reports they write on weekly or monthly basis. This is supported by Ikonje (2014) who noted that when health workers constitute a data review/ analysis committee and they train on data analysis, it will ensure effective data collection and analysis.

Through regular monitoring and evaluation, health workers will understand whether quality service is being offered in the departments and the whole facility in general. The reports submitted by health facilities need to be properly analysed by the sub county health management team. This is so as to understand whether the sub county is doing well and where it's doing poorly so that remedial action can be undertaken. This is consistent with the findings by Wagenaar (2015) who argued that routine data audits, supports supervision to poorly performing health facilities, feedback and training on reports generation is necessary. This will ensure that data is used for decision making. This will thus result in enhanced harmony of reports at the health facilities, sub-county and county levels.

The county health management team should also conduct routine monitoring and evaluation to ensure the sub county health management team analyse all the reports submitted to them. This is before onward dissemination of the reports to the county health management team. In doing so, decision making will be easy and reliable thus resulting in an improvement in service delivery.

According to the study, when monitoring and evaluation of reports utilization is not done regularly, then health workers in the public hospitals and the sub county health management team will not be able to assess their performance. They will also not understand the importance, impact of report analysis and use of the information generated on the quality of service delivery. This ultimately will significantly impact negatively on the quality of service.

Monitoring and evaluation of reports utilization should be undertaken in order to ensure that reports are analysed at the facility, sub county and county levels. In addition, health facility in-charges need to be given the full responsibility of ensuring that data analysis and utilization is carried out in their facilities.

Conflict of Interest

No potential conflict of interest was reported by the authors

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