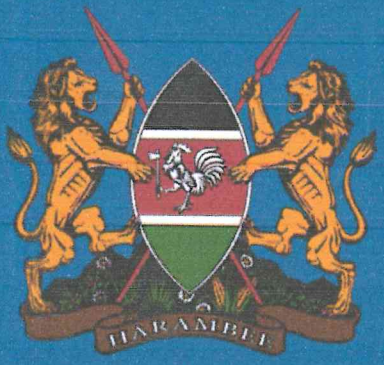



COUNTY DEPARTMENT OF

# HEALTH SERVICES

# PERFORMANCE MANAGEMENT FRAMEWORK

NOVEMBER 2024

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## Abbreviations and Acronyms

| | |
|---|---|
| ANC | Ante-Natal Care |
| AIE | Approval to Incur Expenditure |
| AWP | Annual Work Plan |
| CECM | County Executive Committee Member |
| CDoH | County Department of Health |
| CHMT | County Health Management Team |
| EMR | Electronic Medical Records |
| HR | Human Resource |
| HSF TWG | Health Sector Financing Technical Working Group |
| HRH | Human Resources for Health |
| ICT | Information and Communication Technology |
| I.U | International Units |
| KIIs | Key Informant Interviews |
| KIPMP | Kenya Integrated Performance Management Policy |
| KHIS | Kenya Health Information System |
| KMPDC | Kenya Medical Practitioners and Dentist Council |
| M&E | Monitoring and Evaluation |
| MMR | Maternal Mortality Rate |
| NHIF | National Health Insurance Fund |
| NMR | Neonatal Mortality Rate |
| OSR | Own Source Revenue |
| PM | Performance Management |
| PMF | Performance Management Framework |
| PHC | Primary Health Care |
| SBA | Skilled Birth Attendance |
| SHA | Social Health Authority |
| SCHMT | Sub-County Health Management Team |
| SPMS | Strategic Performance Management System |
| SPSS | Statistical Package for the Social Sciences |
| U5M | Under 5 Mortality |

## Foreword

It is with great enthusiasm that I introduce the Performance Management Framework for Isiolo County's health sector. As we embark on this journey, we recognize the critical role that effective performance management plays in achieving our collective goals of delivering equitable and high-quality healthcare services to all residents of Isiolo.

This framework marks a significant milestone in our commitment to transparency, accountability, and continuous improvement within the health sector. By aligning our efforts with strategic goals and fostering a culture of data-driven decision-making, we aim to enhance service delivery, optimize resource allocation, and ultimately improve health outcomes across the county.

In developing this framework, Isiolo County aligns with the Kenya Integrated Performance Management Policy (KIPMP), which provides a unified and integrated performance management system for the public service. The KIPMP provides structured linkages between policy, planning, budgeting, and target setting at both institutional and individual levels, ensuring that our actions are well-coordinated and measurable. By customizing this approach for the health sector, Isiolo is ensuring that our county-specific performance management health needs are met while remaining aligned with national objectives.

I commend the collaborative efforts of all stakeholders involved in developing this framework. Your dedication and expertise have ensured that it reflects the unique challenges and opportunities of our county, setting a solid foundation for achieving our vision.

I invite all health sector stakeholders, from frontline health personnel to senior leadership, to embrace this framework wholeheartedly. Let us work together to monitor progress, celebrate successes, and address challenges as we strive to provide accessible, affordable, and sustainable healthcare services for every resident of Isiolo County.

COUNTY GOVERNMENT OF ISIOLO
CECM
Health services
Date:
P.O. BOX 42-60300 ISIOLO

**Hon. Lucy Kaburu**
*County Executive Committee Member-Health*
*Isiolo County*

## Acknowledgments

The development of this Performance Management Framework for Isiolo County's health sector has been a collaborative effort, reflecting the input and expertise of many dedicated stakeholders. This framework aligns with national efforts to strengthen performance management systems and is tailored to address the unique challenges faced within the county's health sector.

The creation of this framework was driven by the commitment to ensure a robust system that promotes transparency, accountability, and continuous improvement in health service delivery. It forms part of the broader strategy for enhancing productivity and achieving optimal health outcomes for all residents of Isiolo County.

I would like to extend my heartfelt thanks to the Deputy Governor, Hon. James Lowasa, for providing leadership and oversight throughout the framework development process. Your guidance has been instrumental in shaping the vision and strategic direction embedded in this document. My acknowledgment goes to the CECM for Health, Hon. Lucy Kaburu, for her unwavering support and commitment to the operationalization of this framework. I also wish to express gratitude to the Chief Officer for Medical Services, Hon. Abdirahman, for his strong leadership and dedication to this framework's development.

Special appreciation goes to the technical team from the County Health Directorate, whose deep understanding of the local health system informed the practical elements of this framework. Their hands-on contributions ensured that the framework is grounded in reality and is equipped to address the health sector performance needs of the county.

Special recognition goes to ThinkWell, whose technical expertise and financial support were critical in the preparation of this framework.

I would also like to express gratitude to the smaller technical team of CHMT members for their efforts in refining the framework and fostering stakeholder engagement.

I also acknowledge the role of other technical staff within the Department of Health for their dedication, from the rapid landscaping analysis to the finalization of the framework. They provided vital data and stakeholder consultations.

Finally, I extend my appreciation to all those who contributed in various capacities to the development of this framework. I urge all stakeholders to embrace this framework and commit to its implementation for the transformation of Isiolo's health system.

**Hon. Bisharo Hassan Duba**
*Chief Officer, Public Health*
*Isiolo County*

COUNTY GOVERNMENT OF ISIOLO
CHIEF OFFICER
PUBLIC HEALTH
Date:.....
P. O. Box 36 - 60300, ISIOLO

## Executive Summary

This Performance Management Framework for Isiolo County's Department of Health Services is designed as a strategic tool to drive improvements in health service delivery, with a strong focus on the use of data and information to improve allocation decisions and strengthen accountability mechanisms. The development of the framework was a collaborative endeavor, involving key stakeholders from the CHMT, health facility managers, and health development partners. The process included a landscaping analysis of Isiolo's health system to identify challenges, gaps, and perceived needs and the subsequent development of a framework tailored to address these unique county needs.

Despite the existence of multiple health information systems, these systems are often designed to channel data vertically to the national level without sufficient feedback loops to empower county or facility-level decision-making. Furthermore, these systems operate in silos, which limits their overall effectiveness in facilitating cohesive decision-making for Primary Health Care (PHC) at the CHMT level.

The Isiolo CHMT acknowledges that data alone cannot drive improved performance. For managers across the health system to fulfil their roles effectively, they not only need access to timely and accurate data but also the autonomy to act on this data. This requires clear accountability structures, sufficient financial resources, and the managerial capacity to use data in day-to-day decision-making. The performance management framework acknowledges the importance of continuous improvement at all levels of the healthcare system, ensuring that service delivery is responsive to the needs of the population. Moreso, it reinforces a structured approach to target setting and work plan development and reviews at all levels of the healthcare system.

The framework reflects the county's commitment to providing equitable, affordable, and high-quality healthcare services to its residents.

COUNTY GOVERNMENT OF ISIOLO
CHIEF OFFICER
MEDICAL SERVICES
Date.....
P.O. Box 36 - 60300, ISIOLO

**Hon. Abdirahman M. Ibrahim**
*Chief Officer, Medical Services*
*Isiolo County*

## Benchmarks

Isiolo County is drawing lessons from other countries that have successfully implemented performance management reforms are highlighted in Box 1. Performance management reforms, such as scorecards, contracts, and strategic performance management systems, vary across different countries depending on their unique contexts and needs. Some countries focus on establishing tools like scorecards to monitor service delivery, service readiness and improve accountability, while others integrate performance contracts and strategic frameworks. These reforms are adapted to align with the institutional, governance, and operational priorities of each country/county, reflecting the diversity in how performance is managed globally.

Box 1:Performance management benchmark countries

**Singapore: Health Performance Scorecard**(Ramesh and Bali 2019)

Singapore's Ministry of Health employs a performance scorecard system to monitor healthcare delivery across health facilitties. This scorecard tracks key health outcomes, service quality indicators, and operational efficiency metrics, enabling the government to make informed, data-driven decisions. The focus on continuous monitoring ensures that healthcare institutions maintain high standards of service delivery, while also identifying areas for improvement. Singapore's use of a structured performance scorecard has played a vital role in maintaining its high-quality healthcare system and optimizing service delivery.

**Ethiopia: Balanced Scorecard for Health Sector Performance**("Federal Democratic Republic of Ethiopia Ministry of Health Health Sector Development Programme IV" 2010)

Ethiopia's Ministry of Health adopted the Balanced Scorecard methodology to manage the performance of health facilities and regional health bureaus. The Balanced Scorecard tracks a wide range of indicators such as service quality, financial management, resource utilization, and patient satisfaction. This multi-dimensional approach allows for a comprehensive assessment of health system performance and encourages continuous improvement. The scorecard's focus on both financial and non-financial indicators has contributed to better accountability and service delivery within Ethiopia's health sector.

**Philippines: Strategic Performance Management System (SPMS)**(Gabriel and Villaroman 2019)

In the Philippines public sector, the SPMS was developed and institutionalized in 2012 to strengthen the linkage and alignment between the targeted results of an institution, at both national and local government level, and individual performance goals. The SPMS prescribes specific processes for collecting performance data and using these for planning and implementing continuous improvement activities. In implementing the SPMS, public sector organizations develop performance management systems that either adapt or build on minimum requirements prescribed by the Philippine Civil Service Commission. In government agencies, a Performance Management Team is established and coordinates the calibration and approval of performance targets and standards and serves as an arbiter for performance management issues.

# 1. INTRODUCTION

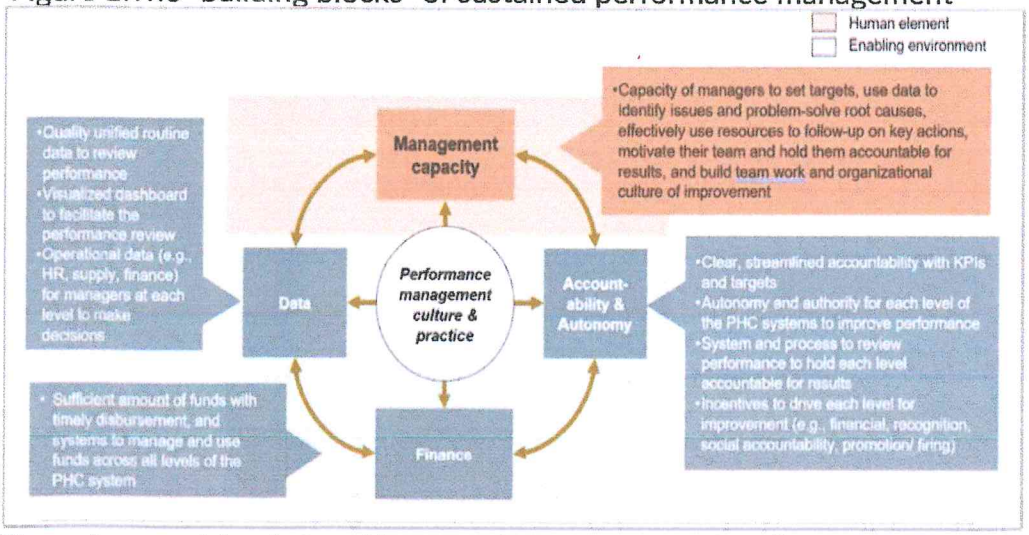
## 1.1 Rationale for Performance Management Work in Isiolo County

The Isiolo County Department of Health (CDoH) is dedicated to delivering accessible, equitable, and quality healthcare services to its diverse population. With a mission to provide quality healthcare services that are accessible, equitable, and sustainable to the population, the CDoH envisions a healthy and prosperous community.

However, a recent rapid landscaping assessment of health performance management in the county has uncovered several challenges that impede the effective delivery of health services. These include fragmented and poorly integrated data systems that limit health manager's visibility of real-time accurate data that they can use in decision-making, unclear and overlapping roles and responsibilities that weaken accountability for performance, and inefficient resource allocation that results in shortages of key inputs such as health commodities, Human Resources for Health (HRH), equipment and infrastructure.

To address these challenges, the CDoH has developed this robust performance management framework. The framework is adopted from the Gates Foundation approach (Figure 1) which identifies four critical pillars that health system actors can utilize to improve system performance. The approach positions data visibility and use as a critical step in a systems-level approach to deliver programmatic goals. Managers at all levels of the health system ought to have autonomy to act and corresponding accountability structures for effective oversight, evaluation, and feedback on performance.

Figure 1:The "building blocks" of sustained performance management




They also need funds to address performance gaps. Finally, managers must have the capacity to leverage available information and resources to act. This comprehensive approach ensures that health systems not only assess performance accurately but also adopt strategies that drive continuous improvement. This framework also aims to track not only healthcare outputs, such as patient services and health outcomes but also the key inputs that

drive performance, including the financing, deployment of HRH, essential health commodities, equipment, and infrastructure.

The CDoH will monitor identified performance indicators, institutionalize regular performance reviews, and hold healthcare providers, managers, and decision-makers accountable for their performance. The goal is to cultivate a culture of accountability, evidence-based decision-making, and ongoing improvement.

## 1.2 Purpose of the Performance Management Framework

The purpose of this framework is to support Isiolo's CDoH to track health system performance and use information to improve allocation decisions and strengthen accountability mechanisms. This framework provides criteria to support the availability and visualization of quality routine data (such as service delivery and service readiness data) and operational data (including HRH, medical supplies, equipment, funds, and infrastructure). It also aims to strengthen CHMT's managerial capacity to utilize this data to identify issues, analyze root causes, effectively allocate resources to address key challenges, motivate their teams while holding them accountable for results, foster teamwork, and cultivate a culture of organizational performance excellence.

## 1.3 The Process of Developing the Framework

The framework's development was driven by contributions from diverse stakeholders, a review of other countries` approaches to performance management (see Box1 above), and alignment with the identified challenges and perceived gaps.

### a. Initial Rapid Landscaping Analysis on Performance Management

The objective of this initial analysis was to establish a clear and shared understanding of the existing performance management structures within the health system in Isiolo County. It also aimed to create and drive demand for improvements in health system performance management.

Through key informant interviews and document reviews, the analysis identified gaps and perceived needs in the current performance management practices (Table 2). It further provided strategic recommendations for strengthening these systems to effectively address the performance gaps identified in Isiolo's CDoH.

Table 2: Performance Management Landscaping Analysis Focus Area

| Thematic Area | Areas Explored |
|---|---|
| Accountability & Autonomy | • Who are they key players in the PM ecosystem? At what levels?<br>• What kind of decisions do they make with respect to HS functions? How frequently?<br>• What is the level of autonomy and authority to improve performance?<br>• What are the processes and incentives for reviewing performance?<br>• How are the upward and downward facing accountability structures ? |
| Information Systems & Data | • What information do managers use to drive performance?<br>• What are the main information systems that they use?<br>• What are the strengths and weaknesses of these systems? |
| Finance & Management Capacity | • What is the perceived managerial capacity of actors at different levels to manage performance?<br>• How are decisions about financial allocations made?<br>• Which actors (both within and without the health system) influence health budgets? What information do they use? |

**b. Stakeholder Workshop: Dissemination and Validation of the Landscaping Analysis Results, and Development of the Framework**

The workshop aimed brought together stakeholders comprising the select team of CHMT members, representatives of the Public Service Board, and partners to co-design the performance management framework.

Following the dissemination and validation of the findings from the landscaping analysis, the participants co-designed improvement plans to address the identified gaps and needs with accompanying performance indicators to be tracked and actionable approaches to meet the framework's objectives. Clear timelines were set, and responsibilities were assigned to different members of the CHMT to ensure accountability and follow-through on the framework's implementation. A complete list of workshop participants is attached in Annex 1.

## 1.4 Implementation of the Framework

### a. Scope of the Framework Implementation

#### Technical Scope

The framework emphasizes enhancing healthcare performance management by focusing on the availability and visibility of quality routine (service delivery) and operational/service readiness (e.g., HRH, supplies, finance, medical equipment and infrastructure) data. This will not only facilitate regular performance reviews but also strengthen informed decision-making for PHC at the CHMT level.

### b. Implementation Plan

The implementation of the framework will commence immediately following the endorsement and signing of this report, ensuring prompt action towards improved performance. This document serves as the initial step towards embedding performance management as a routine practice within the CDoH, paving the way for sustained accountability and continuous improvement.

The framework identifies the responsible persons for tracking and monitoring performance under each thematic area. This approach aims to strengthen accountability and ensure consistent oversight across all performance-related activities. Additionally, the implementation will be carried out in collaboration with aligned partners and Civil Society Organizations, leveraging their support and expertise to enhance the success of the initiative.

## 2. THE PERFORMANCE MANAGEMENT FRAMEWORK

### 2.1 Finance

Objective: To ensure adequate and timely disbursement of funds and efficient use to improve service readiness and delivery.

**Health Budget Allocations, Expenditure and Resource Management**

To enhance efficient health service delivery, targeted financial management improvements (Table 3) are imperative. Implementing these interventions will strengthen the budget allocation process by linking budgeting more closely to data – aligning funding with actual needs and increasing the absorption of allocated health budgets. Ensuring sufficient financing for PHC facilities will improve service readiness.

Table 3:Finance

| Identified Challenges/Gaps/ Perceived Needs | Performance Improvement Action Plan/ Strategy | Indicator | Indicator Description (Data Needed) | Means of Verification | Indicator Tracking & Reporting Frequency | Action Plan/Strategy Implementation Approach | Person Responsible |
|---|---|---|---|---|---|---|---|
| **Limited financial resources to optimize service delivery in PHC facilities** | Develop and implement a standard quarterly DANIDA and county co-funds disbursement schedule for PHC facilities; track these disbursements in the developed dashvoard | Percentage of level 2&3 facilities receiving quarterly county financial appropriations | Number of level 2&3 facilities receiving quarterly financial appropriations/ Total number of level 2&3 facilities *100 | CDoH Revenue and Expenditure Reports | Quarterly | Implement a structured schedule for disbursing appropriated funds to PHC facilities and provide quarterly updates to the CHMT on disbursements during CHMT meetings.<br>In the developed dashboard, track these disbursements at the PHC level. | Deputy Director Finance, Administration & Logistics |
| | All health facilities to be empaneled, contracted, and submitting claims to SHA | Percentage of facilities empaneled and contracted by SHA | Number of empaneled and contracted facilities/Total number of health facilities*100 | SHA Records, CDoH Records | Quarterly | Sensitize health facilities on KMPDC registration/certification, SHA empanelment, and contracting.<br>In the developed dashboard, integrate trends on the number of facilities empaneled, and contracted by SHA, disaggregated by level of care and facilities. | Sector Accountant |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | Percentage of level 2 &3 facilities submitting claims to SHA | Number of level 2 &3 facilities submitting claims/ Total number of level 2 &3 facilities*100 | SHA Records, CDoH Records | Quarterly | In the developed dashboard, incorporate trends on the number of facilities submitting claims to SHA, disaggregated by level of care and facilities. | Sector Accountant |
| | | Percentage of level 2 &3 facility claims reimbursed vis-à-vis total claims submitted | The amount received by level 2&3 facilities as reimbursements/ Total amount claimed by level 2&3 facilities to SHA * 100 | SHA Records, CDoH Records | Quarterly | In the developed dashboard, integrate trends on facility claims reimbursements against claims submitted, disaggregated by level of care and facilities. | Sector Accountant |
| | | Amounts in Ksh of PHC facility deliveries not claimed from SHA | Total facility deliveries at level 2 &3 facilities less total facility delivery claims submitted to SHA*10000 | SHA Records, CDoH Records & DHIS2 | Quarterly | In the developed dashboard, integrate trends on facility claims submissions against facility delivery workload, disaggregated by level of care and facilities. | Sector Accountant |
| | | Percentage of level 2&3 facility claims submitted to total projected claims | Number of level 2&3 facility claims made/ Total projected claims*100 | SHA Records, Facility Records and KHIS | Quarterly | In the developed dashboard, integrate data on facility claims against facility projected claims as per KHIS reported workload, disaggregated by level of care and facilities. | |
| **Lack of coordinated budget cycle activities and reliance on historical data** | Establish and operationalize a Health Sector Finance Technical Working Group (HSF-TWG) with clear Terms of Reference (ToR) and representation of unit heads. | HSF-TWG in place | Number of HSF-TWG reports to CHMT on budget development, reporting and corrective measures | TWG reports and minutes | Quarterly | The Chief Officer for Health will appoint, inaugurate, and operationalize the HSF-TWG to coordinate budget development, execution, reporting, and provide advisory support to the CHMT. | Chief Officer Public Health |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | Improve budget monitoring and reporting: the HSF TWG conducts quarterly budget reviews of expenditures against the approved budget to identify underspending and overspending early and suggest corrective measures to CHMT. | Budget absorption rate | Health budget expenditure /Total Health budget*100 | CDoH Revenue and Expenditure Reports | Quarterly | Quarterly HSF TWG meetings to monitor budget utilization, track time taken to action payment vouchers and requisitions, and suggest corrective measures to CHMT in October, January, April, and July. | Chief Officer Public Health |

## 2.2 Accountability and Autonomy

Objective: To establish clear accountability structures with defined targets and incentives to drive each level for improvement

### Target Setting

Clear, measurable, and achievable financial, service readiness, and service delivery targets (Table 4) will be established at the facility and county levels, creating a structured framework to assess progress over time. The M&E Unit will also institutionalize regular review forums and processes to track progress towards these targets, allowing for timely adjustments and effective use of resources to meet health goals.

Table 4:Target Setting

| Identified Challenges/Gaps/ Perceived Needs | Performance Improvement Action Plan/ Strategy | Indicator | Indicator Description (Data Needed) | Means of Verification | Indicator Tracking & Reporting Frequency | Action Plan/Strategy Implementation Approach | Person Responsible |
|---|---|---|---|---|---|---|---|
| **Financial target setting is not instituinalized at the CDoH** | Institutionalize financial target setting with biannual reviews at the CHMT. | Percentage of health own source revenue (OSR) raised against the set target | Health OSR raised /Health OSR target*100 | CDoH Revenue and Expenditure Records | Biannually | The CHMT M&E unit to work with the Health Finance Unit to institutionalize structures to set and review financial targets and build a performance improvement culture | Deputy Director Planning, Budgeting & M&E |
| **The CDoH does not set service readiness targets** | Institutionalize target setting on service readiness (including stock status of essential medicines and supplies, infrastructure | Number of service readiness indicator reviews conducted at CHMT | Number of CHMT meetings conducted to review service readiness indicator performance | CHMT Meeting Minutes | Biannually | The CHMT M&E unit to institutionalize structures to set and review service readiness targets and build a performance improvement culture | Deputy Director Planning, Budgeting & M&E |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | readiness and functionality of medical equipment as well as HRH), with biannual reviews at the CHMT during the monthly CHMT meeting. | | | | | | | |
| **The CDoH does not set service delivery targets** | Institutionalize target setting on service delivery (including ANC attendance, PNC attendance, MMR, NMR, U5M and SBA), with biannual reviews at the CHMT during the monthly CHMT meeting | Number of service delivery indicator reviews conducted at CHMT | Number of CHMT meetings conducted to review service delivery indicator performance | CHMT Minutes | Meeting | Biannually | The CHMT M&E unit to institutionalize structures to set and review service delivery targets and build a performance improvement culture | Deputy Director Planning, Budgeting & M&E |
| **Health facilities do not set financial targets** | CHMT M&E Unit to develop, disseminate, monitor, and evaluate a standardized financial target-setting tool for facilities and incorporate in their support supervision | Percentage of facilities setting financial targets/Total number of facilities | Number of facilities setting targets/Total number of facilities*100 | CDoH M&E Unit Records | | Biannually | CHMT M&E Unit to develop, disseminate, monitor and evaluate a standardized online financial target-setting tool for facilities and incorporate it their support supervision activities to monitor implementation | Deputy Director Planning, Budgeting & M&E |
| | | Percentage of facilities meeting their financial targets | Number of facilities meeting their targets/ Number of facilities with financial targets | | | | | |

## Workplan Development and Review

Workplans serve as operational roadmaps, guiding both short-term and long-term actions in line with the county's health priorities and targets. By ensuring that work plans are clear, aligned with set objectives, and regularly updated, the CDoH will better track progress, identify challenges, and implement timely interventions. This structured approach (Table 5) to work plan reviews will not only promote accountability but also ensure resource optimization through timely adjustments.

Table 5:Workplan Development and Review

| Identified Challenges/Gaps/ Perceived Needs | Performance Improvement Action Plan/ Strategy | Indicator | Indicator Description (Data Needed) | Means of Verification | Indicator Tracking & Reporting Frequency | Action Plan/Strategy Implementation Approach | Person Responsible |
|---|---|---|---|---|---|---|---|
| **Lack of regular workplan and performance reviews leading to a lack of accountability** | Conduct CDoH biannual workplan performance reviews to identify issues, problem-solve and make adjustments. | Number of workplan reviews conducted | N/A | Review Meeting Action Plan | Biannually | Work with the CHMT M&E unit to institutionalize regular performance review meetings, including the development and dissemination of standard review meeting templates for action plans. | Deputy Director Planning, Budgeting & M&E |

## Staff Performance

A key challenge in performance management within Isiolo County's health sector, particularly at PHC facilities, is the absence of a mechanism to monitor and track staff attendance (Table 6). Without such a system/structure, it becomes difficult to ensure that healthcare workers are consistently present to provide essential services, leading to gaps in service readiness and service delivery and diminished accountability. This mechanism to monitor and track staff attendance will support a culture of accountability and help identify patterns of absenteeism, enabling timely corrective actions to optimize performance and service readiness across the county's health facilities.

*Table 6: Staff* Performance

| Identified Challenges/Gaps/ Perceived Needs | Performance Improvement Action Plan/ Strategy | Indicator | Indicator Description (Data Needed) | Means of Verification | Indicator Tracking & Reporting Frequency | Action Plan/Strategy Implementation Approach | Person Responsible |
|---|---|---|---|---|---|---|---|

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **No mechanism to monitor and track staff attendance, especially at PHC facilities** | Develop and institutionalize facility daily attendance registers with monthly submissions to the HR Manager. | Proportion of facilities submitting quarterly staff attendance registers to Health HR Office. | Number of facilities submitting daily staff attendance registers/ Total number of facilities | Facility attendance registers | Monthly | Develop daily staff registers and a monthly summary report form, and sensitize facility managers on the importance of filling and submitting attendance registers to the Health HR Office. | Chief Officer Public Health |
| | | Staff attendance rate as reported in the monthly returns | Number of days staff is present at work in a month/ Number of days staff is expected to be at work in a month*100 | | Monthly | Mainstream monthly staff returns review meetings with the CDoH | |

## Performance Contracts

Performance contracts are critical tools for driving accountability and enhancing service delivery. By clearly defining roles, responsibilities, and expectations, performance contracts enable individuals and teams to align their efforts with the county's broader health goals. Through this framework (Table 7), the CDoH will endeavor to align departmental and sub-county performance indicators to foster inclusivity and drive positive staff morale toward our collective health goals.

Table 7:Performance Contracts

| Identified Challenges/Gaps/ Perceived Needs | Performance Improvement Action Plan/ Strategy | Indicator | Indicator Description (Data Needed) | Means of Verification | Indicator Tracking & Reporting Frequency | Action Plan/Strategy Implementation Approach | Person Responsible |
|---|---|---|---|---|---|---|---|
| **Lack of ownership of the health sector performance indicators** | Include/Add health indicators in the CEC`s Performance Contract that align with both county and sub-county health managers key | Number of new sub-county-specific indicators included in the Performance Contract | Number of health indicators added from sub-county teams added to the Performance Contract | Performance Contract | Annually | Director of Medical Services to liaise with sub-county health management teams to submit the list of indicators for inclusion in the | Director Medical Services |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | performance indicators | | | | | Performance Contract; track the indicators and appraise staff. | | |
| **The CEC performance contract is not cascaded to the departmental units and sub-county teams** | CEC`s performance contract is to be cascaded to CHMT and sub-county management teams for alignment | Number of CHMT and SCHMT members in possession of the CEC`s PC | CHMT and SCHMT members with the CEC`s PC/ Total number of CHMT and SCHMT members | Memo to cascade the CEC Performance Contract to sub county level | Annually | Director of Medical Services to write to all CHMT and Sub County Health Management Teams (SCHMT) cascading the Performance Contract and highlighting areas relevant to the CHMT and SCHMT. | Director Medical Services | |

## 2.3 Information Systems and Data

Objective: To ensure availability of quality routine (service delivery) and operational (e.g. HRH, supplies, finance equipment and infrastracture) data, visualized in a dashboard to facilitate performance review and decision-making at all levels.

### HRH Data

Periodic and accurate HRH data (Table 8) will be essential for workforce planning, ensuring optimal staffing levels, and addressing gaps in service readiness and delivery across facilities.

Table 8: HRH Data

| Identified Challenges/Gaps/ Perceived Needs | Performance Improvement Action Plan/ Strategy | Indicator | Indicator Description (Data Needed) | Means of Verification | Indicator Tracking & Reporting Frequency | Action Plan/Strategy Implementation Approach | Person Responsible |
|---|---|---|---|---|---|---|---|
| **HRH information systems are manual** | Ensure full utility and implementation of the Integrated Human Resource Information System (IHRIS) to | Percentage of staff whose full details are uploaded in the IHRIS system | Number of staff whose HRH details are fully uploaded in the IHRIS /Total number of staff in the | IHRIS reports | | Upload staff details in the IHRIS system within 6 months, update new details monthly/implement a | Health HR Officer |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | have central data that can inform HR decisions | | Department of Health*100 | | | quarterly updating and uploading of staff details. | |
| **Limited information on staff required based on workload** | Conduct a one-off comprehensive review of current staffing needs and deployment status: Conduct a one-off Workload Indicator Staffing Needs (WISN) assessment | Required vs. available staff: Difference between required staffing levels based on workload and current available staff per cadre | Required staff based on workload per cadre/Number of staff available | WISN Reports | One-off WISN report | Develop a data collection plan and tools: analyze and integrate the WISN findings in the developed visual dashboard for visualization by CHMT to inform HRH deployment decisions. The data shall be used frequently as needed at CHMT. | Chief Officer-Medical Services |
| | | Caseload per cadre: Average number of patients seen by each cadre per day or week per facility | Total patients seen per cadre per day/week/ Total number of staff per cadre | | | | Chief Officer-Medical Services |
| | | Caseload per staff: Average number of patients seen by each staff per day or week per facility | Total patients seen per day/week per facility/ Number of staff per facility | | | | Chief Officer-Medical Services |
| | | Overstaffed vs. understaffed facilities: Percentage of facilities with overstaffing or understaffing based on workload. | Understaffed/Overstaffed facilities/ Total number of facilities | | | | Chief Officer-Medical Services |
| **Lack of an updated staff establishment report** | Analyze the current staff returns to derive an interim staff establishment report. | Number of staff per cadre (doctors, nurses, pharmacists, etc.) at each health facility compared their relevant workload | Number of staff per cadre per facility compared to their relevant workloads | Staff returns | Monthly | To keep the dashboard updated, monthly integrate the data and analysis of monthly staff returns in the dashboard disaggregating per cadre. | Chief Officer-Medical Services |
| **Incomplete/ inaccurate staff returns** | Complete submission of accurate and complete staff returns | Percentage of facilities submitting complete staff returns submitted | Number of facilities submitting complete monthly staff returns/ Total number of facilities * 100 | Health HRH reports | Monthly | Proper utilization/updating of the staff returns on the HRH Excel tool | Chief Officer-Medical Services |

## Service Delivery Data

By presenting service delivery data in a clear and actionable manner, the CHMT will better identify trends, monitor performance, and respond to emerging challenges. This improved visualization of service delivery data as envisioned in Table 9 below, will not only support timely, evidence-based decision-making but also strengthen the ability of the CHMT to allocate resources efficiently and address gaps in healthcare service provision.

Table 9:Service Delivery Data

| Identified Challenges/Gaps/ Perceived Needs | Performance Improvement Action Plan/ Strategy | Indicator | Indicator Description (Data Needed) | Means of Verification | Indicator Tracking & Reporting Frequency | Action Plan/Strategy Implementation Approach | Person Responsible |
|---|---|---|---|---|---|---|---|
| **Managers at the county level lack visibility of service delivery performance causing delays in decision making and course correction.** | Identify and visualize select key service delivery data indicators from the Kenya Health Information System (KHIS) in an easy-to-use dashboard enabling CHMT to easily track performance metrics and identify trends at the PHC and county level for informed decision-making. | Percentage improvement in service delivery indicators– 1st ANC coverage | 1st ANC coverage | KHIS | Quarterly | Identify trends/ baseline from FY 2021/2022, link the data source (KHIS) to the developed dashboard for real-time updates. | Deputy Director Planning, Budgeting & M&E |
| | | Percentage improvement in service delivery indicators– 4th ANC coverage | 4th ANC coverage | KHIS | Quarterly | Identify trends/ baseline from FY 2021/2022, link the data source (KHIS) to the developed dashboard for real-time updates. | Deputy Director Planning, Budgeting & M&E |
| | | Percentage improvement in service delivery indicators– Skilled Birth Attendance | Skilled Birth Attendance | KHIS | Quarterly | Identify trends/ baseline from FY 2021/2022, link the data source (KHIS) to the developed dashboard for real-time updates. | Deputy Director Planning, Budgeting & M&E |
| | | Percentage improvement in service delivery indicators—Maternal Mortality Rate | Maternal Mortality Rate | KHIS | Quarterly | Identify trends/ baseline from FY 2021/2022, link the data source (KHIS) to the developed | Deputy Director Planning, Budgeting & M&E |

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| | | | | | | dashboard for real-time updates. | |
| | Percentage improvement in service delivery indicators— Under 5 Mortality Rate | Under 5 Mortality Rate | Mortality | KHIS | Quarterly | Identify trends/ baseline from FY 2021/2022, link the data source (KHIS) to the developed dashboard for real-time updates. | Deputy Director Planning, Budgeting & M&E |
| | Percentage improvement in service delivery indicators— Neonatal Mortality Rate | Neonatal Rate | Mortality | KHIS | Quarterly | Identify trends/ baseline from FY 2021/2022, link the data source (KHIS) to the developed dashboard for real-time updates. | Deputy Director Planning, Budgeting & M&E |

## Medical Supplies, Equipment, and Infrastructure Data

Visualizing medical supplies, equipment, and infrastructure data will enable CHMT to assess health facilities` readiness to deliver quality services, identify gaps in supply chains or infrastructure, and guide decisions on resource allocation/expenditure or maintenance (Table10).

Table 10:Medical Supplies, Equipment, and Infrastructure *Data*

| Identified Challenges/Gaps/ Perceived Needs | Performance Improvement Action Plan/ Strategy | Indicator | Indicator Description (Data Needed) | Means of Verification | Indicator Tracking & Reporting Frequency | Action Plan/Strategy Implementation Approach | Person Responsible |
|---|---|---|---|---|---|---|---|
| **The CHMT has limited visibility of supplies financing data, including allocations, expenditures, budget absorption for supplies, and the extent to which needs are met by linking to F&Q data.** | Integrate supplies financing data and analytics into the developed dashboard to aid in real-time decision-making on supplies financing. | Percentage of medical supplies need met through supplies procurements. i.e. Supplies expenditure/Forecasting & Quantification data | Supplies expenditure/Forecasting & Quantification data*100 | Health Finance Reports | Quarterly | Integrate supplies financing data and analytics into the dashboard for use by CHMT. | County Pharmacist |

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| **Limited visibility of medical supplies stock status and equipment inventory to CHMT** | Integrate medical supplies stock status for select tracer commodities including oxytocin injection 10 I.U., amoxicillin 500mg capsules, and magnesium sulphate 500mg/ml injection into the developed dashboard. | Percentage of facilities with magnesium sulphate injection, 500mg/mL available | Number of facilities with magnesium sulphate injection, 500mg/mL available/Total number of facilities*100 | KHIS | Quarterly | Integrate medical supplies stock status for select tracer commodities into the dashboard for use by CHMT. | County Pharmacist |
| | | Percentage of facilities with oxytocin injection 10 I.U available | Number of facilities with oxytocin injection 10 I.U available/Total number of facilities*100 | KHIS | Quarterly | | |
| | | Percentage of facilities with amoxicillin 500mg capsules available | Number of facilities with amoxicillin 500mg capsules available/Total number of facilities*100 | KHIS | Quarterly | | |
| **Some PHC facilities lack basic essential equipment including B.P machines,oximeters, thermometer, stethoscope and glucometers limiting service readiness and oximeters limiting service readiness.** | Integrate basic medical equipment availability status for select equipment including B.P machines, oximeters, thermometers, stethoscope and glucometers into the developed dashboard. | Percentage of level 2&3 facilities with oximeters | Number of level 2&3 facilities with oximeters /Total number of level 2&3 facilities | CDoH Records | Quarterly | Integrate data on the availability of essential equipment into the dashboard for use by CHMT. | County Pharmacist |
| | | Percentage of level 2&3 facilities with B.P machines | Number of level 2&3 facilities with B.P machines, /Total number of level 2&3 facilities | CDoH Records | Quarterly | Integrate data on the availability of essential equipment into the dashboard for use by CHMT. | County Pharmacist |
| | | Percentage of level 2&3 facilities with thermometers | Number of level 2&3 facilities with thermometers/Total number of level 2&3 facilities | CDoH Records | Quarterly | Integrate data on the availability of essential equipment into the dashboard for use by CHMT. | County Pharmacist |
| | | Percentage of level 2&3 facilities with stethoscope | Number of level 2&3 facilities with stethoscope /Total number of level 2&3 facilities | CDoH Records | Quarterly | Integrate data on the availability of essential equipment into the dashboard for use by CHMT. | County Pharmacist |

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| | | Percentage of level 2&3 facilities with glucometers | Number of level 2&3 facilities with glucometers /Total number of level 2&3 facilities | CDoH Records | Quarterly | Integrate data on the availability of essential equipment into the dashboard for use by CHMT. | County Pharmacist |
| **Some PHC facilities lack essential infrastructure availability of running water sources and electricity limiting service readiness.** | CHMTs to track the availability of critical infrastructure at PHC facilities level to inform allocation decisions | Percentage of level 2&3 facilities with running water source | Number of level 2&3 facilities with running water source/Total number of level 2&3 facilities | CDoH Records | Quarterly | Integrate data on the availability of essential infrastructure into the dashboard for use by CHMT. | County PHC Coordinator |
| | | Percentage of level 2&3 facilities with electricity | Number of level 2&3 facilities with electricity machines/Total number of level 2&3 facilities | CDoH Records | Quarterly | Integrate data on the availability of essential infrastructure into the dashboard for use by CHMT. | County PHC Coordinator |

## Finance Data

By closely monitoring finance data (Table 11), the CHMT will gain insights into funds allocation, expenditure patterns, and budget absorption rates. This understanding will enable the CHMT to identify areas where financial resources are being underutilized or misallocated, ensuring that funds are directed toward priority health needs. Additionally, improving the visibility of facility revenues and expenditures at the CHMT level will bolster reporting and accountability ensure spending well at PHC level.

Table 11:Finance Data

| Identified Challenges/Gaps/ Perceived Needs | Performance Improvement Action Plan/ Strategy | Indicator | Indicator Description (Data Needed) | Means of Verification | Indicator Tracking & Reporting Frequency | Action Plan/Strategy Implementation Approach | Person Responsible |
|---|---|---|---|---|---|---|---|

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|---|---|---|---|---|---|---|---|---|---|
| **Financial reporting systems at the PHC system level are manual hindering extraction and decision-making.** | Develop, disseminate, and implement an online tool to track facility budgets, revenue and expenditure (AIEs), linking PHC service delivery and readiness data with resource allocation and spending decisions. | Percentage of PHC facilities submitting quarterly revenue and expenditure reports (returns) via the online tool | Number of PHC facilities submitting quarterly financial reports via the online tool/Total number of PHC facilities*100 | CDoH Reports | Finance | Quarterly | Develop, disseminate and implement an online-based tool to track facility budgets, revenue and expenditure (AIEs) and integrate this data into the developed dashboard for visualization at the CHMT level. This will enable CHMT to link PHC service delivery and readiness data with resource allocation and spending decisions. | Health Accountant | Sector |
| **Limited visibility of facility and county health revenue and expenditure data and analysis at CHMT** | Integrate revenue and expenditure data into the developed dashboard-disaggregated at county and facility levels. | Percentage Health budget absorption | Health budget expenditure/Health budget allocation*100 | CDoH Reports | Finance | Quarterly | Develop simple tools to help CHMT managers to visualize facility and county expenditure against AIEs or budgets on a quarterly basis for better or efficient use of resources to improve service readiness | Health Accountant | Sector |
| | Integrate into the developed dashboard, county PHC budget allocations, funds disbursed to PHC facilities | Percentage of county PHC budget allocations disbursed to facilities | County PHC Appropriations/County PHC Funds Disbursed*100 | | | | | | |

## 2.4 Management Capacity

### Technical Capacity, Coordination, and M&E

Objective: This framework (Table 12) aims to strengthen the capacity of managers to set targets, use data to identify issues and problem-solve root causes, effectively use resources to follow up on key actions, motivate their team and hold them accountable for results, and build teamwork and organizational culture of improvement.

Table 12:Technical Capacity, Coordination and M&E

| dentified Challenges/Gaps/ Perceived Needs | Performance Improvement Action Plan/ Strategy | Indicator | Indicator Description (Data Needed) | Means of Verification | Indicator Tracking & Reporting Frequency | Action Plan/Strategy Implementation Approach | Person Responsible |
|---|---|---|---|---|---|---|---|
| **County health managers have limited technical capacity to visualize & utilize data to effectively manage daily facility operations.** | Provide technical support to county health managers on the utility of data analytics in the developed visual dashboard for decision-making. | Percentage of county health managers capacity built on data visualization and utilization of the visual dashboard for decision-making | Number of county health managers capacity built on data visualization and use/ Total number of CHMT members*100 | Human resource training inventory; Training reports | Biannually | Offer technical support to the CHMT members on the dashboard utilization to inform resource allocations for PHC | Deputy Director Planning, Budgeting & M&E |
| | Track the number of users accessing the developed dashboard | Number of users accessing the developed dashboard per quarter | Number of users accessing the developed dashboard per quarter | Dashboard usage report | Monthly | | |
| **Irregular unstructured support supervision activities with little to no follow-ups on facility targets** | M&E unit to review support supervision guidelines with the aim of improving their impact | Percentage improvement in service delivery indicators (e.g., 1st ANC coverage, 4th ANC coverage, % facility deliveries) | Service delivery indicators less the baseline indicator mark as of October 2024*100 | KHIS | Biannually | Work with the M&E unit to review support supervision guidelines | Deputy Director Planning, Budgeting & M&E |

## Annex 1: PM Framework Monitoring & Evaluation (M&E) Protocol

This Monitoring & Evaluation (M&E) protocol outlines the approach for tracking the implementation and impact of the Isiolo County Health Sector Performance Management Framework (PMF). It is designed to ensure continuous monitoring, evaluation, and improvement of the county's healthcare services by providing clear guidelines for data collection, performance reviews, and decision-making.

| Protocol | Component | Description |
|---|---|---|
| **Objectives of the M&E Protocol** | | 1. Monitor the implementation of the Performance Management Framework (PMF).<br>2. Measure progress against the Performance Indicators identified.<br>3. Ensure accountability and continuous improvement.<br>4. Facilitate data-driven decision-making.<br>5. Identify gaps and corrective actions for recourse |
| **Performance Improvement Indicators** | | Refer to sections of the the PM Framwork above |
| **Data Collection** | Data Sources | Kenya Health Information System (KHIS), CDoH Records, Integrated Human Resource Information System (IHRIS), Social Health Authority (SHA) Records, Facility Records. |
| | Data Collection Tools | Facility and county health managers will use standardized data submission forms to report on monthly/quarterly performance indicators. A simple dashboard will be developed to visualize data from these sources, ensuring real-time/periodic updates and accessibility for decision-makers. |
| | Data Collection Frequency | Monthly, Quarterly, Biannually and Annually |
| **Monitoring Framework** | Routine Monitoring | Monthly data submissions from health facilities and county level will be reviewed by the CDoH M&E Unit. This data will then be integrated into the performance management dashboard, providing real-time/ periodic visibility of key performance indicators. These analytics will be used in the CEC touchpoint meetings to inform decision making. |

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| | CEC Monthly Touch Points | The CEC will hold monthly one-hour touchpoint meetings with selected CHMT members to address gaps, provide guidance on performance trends, identify bottlenecks, and develop corrective actions. |
| | Bi-Annual and Annual Evaluation | A comprehensive evaluation will be conducted bi-annually to assess the overall performance of the framework. This will include outcome evaluations to assess health outcomes such as ANC attendance and maternal mortality, and process evaluations to review the implementation of interventions. |
| **Data Analysis and Feedback** | Data Analysis | The data collection tools will integrate with the dashboard for analysis and visualizations. The M&E Unit will analyze, on a monthly basis, identify trends, gaps, and areas requiring corrective action and make presentations during the CEC Monthly Touchpoints.<br>Progress will be compared against baseline markers (FY 2021/2022-FY 23/24) to measure improvement. |
| | Performance Feedback | Monthly and quarterly reports will be generated, summarizing key findings from the data analysis. From the touchpoints, feedback will be provided across all levels of the PHC system to address any performance gaps, with clear action points and timelines for follow-up. |
| **Continuous Improvement Mechanism** | Technical Support | Continuous technical support will be offered to CHMT members on data analysis, dashboard use and use of data to inform decision making. |
| | Dashboard Updates | The performance management dashboard will be continuously updated to ensure timely access to data and improve decision-making capabilities. |
| | Adaptation of performance improvement indicators | Based on annual evaluations reports, indicators may be adjusted to align with emerging health priorities and evolving challenges within the county. |

## Annex 2: List of the Framework Co-Development Workshop Participants

| Name | Title | Department | Organization |
|---|---|---|---|
| James Lowasa | Deputy Governor & CECM - Health Services | County Department of Health Services | County Government of Isiolo |
| Dade Boru | County Secretary and Head of Public Service | Office of the Governor | County Government of Isiolo |
| Bisharo Hassan | Chief Officer Public Health | County Department of Health Services | County Government of Isiolo |
| Yussuf Duba | Director - Public Health | County Department of Health Services | County Government of Isiolo |
| Mohamed Abdi | Deputy Director Curative & Rehabilitative Services | County Department of Health Services | County Government of Isiolo |
| Jillo Ali | Deputy Director Planning, Budgeting & M&E | County Department of Health Services | County Government of Isiolo |
| Hussein Ture | Deputy Director Finance, Admin & Logistics | County Department of Health Services | County Government of Isiolo |
| Dr. Diid Galma | Primary Healthcare Coordinator | County Department of Health Services | County Government of Isiolo |
| Dr. Claver Kimathi | County Pharmacist | County Department of Health Services | County Government of Isiolo |
| Siad Guyo | County Community Health Services Coordinator | County Department of Health Services | County Government of Isiolo |
| Angeline Aboto | Public Service Board Member | County Public Service Board | County Government of Isiolo |
| Salo Boru | County Nursing Officer | County Department of Health Services | County Government of Isiolo |
| Golompo Ahmed | County Health Records Officer | County Department of Health Services | County Government of Isiolo |
| Felix Murira | Senior Country Programs Manager | Programs | ThinkWell Kenya |
| Dr. Rahab Mbau | Senior Technical Advisor-Learning & Strategic Information | Programs | ThinkWell Kenya |
| Dr. Moses Marangu | Senior Performance Management Analyst | Programs | ThinkWell Kenya |

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*Peace and Prosperity*