

Annual Performance Review (APR)

What is APR ?

Development Process of County health sector Annual Performance Review (APR) begins in August. There are two main objectives to develop the APR.

1. To update the health sector's output and outcome performance of the previous year's (X-1) AWP.
2. To identify priorities for the subsequent year AWP (X+1).

Challenges of developing an APR

Before OCCADEP* supported the process of developing an APR, both Kericho and Kirinyaga counties were developing the County APR in a centralized manner. There was no practice to consolidate the health data from the community units(CUs) or/and health facilities(HFs). Many HFs and SCHMTs did not understand the link between AWP and APR.

Activities in Kericho & Kirinyaga

With the support from OCCADEP, Kericho county started to develop the APR from the facility level, while Kirinyaga county started from the sub-county level.

Since there is only one type of APR template, Kericho CHMT customized an APR template for HFs and Hospitals. In addition, they developed an excel tool to aggregate and consolidate information from HF/Hospital APRs to sub-county APR, and then from sub-county APRs to county APR.

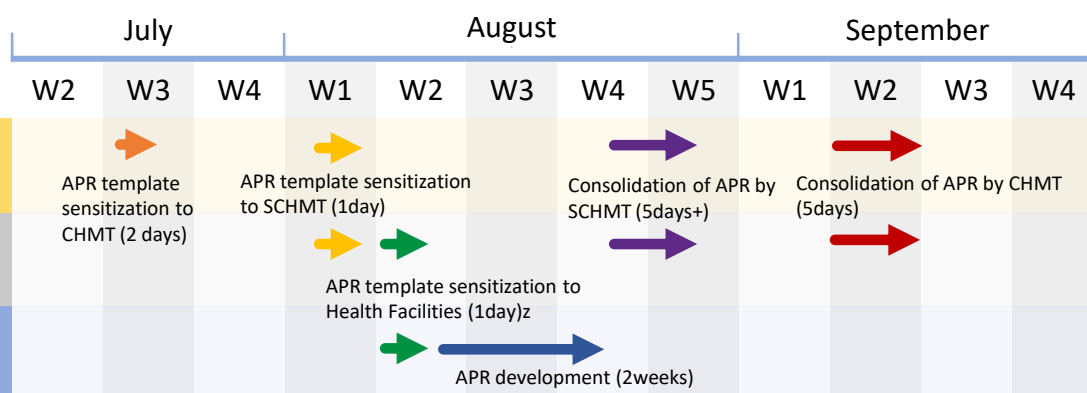
Achievements and Good practices in Kericho

In FY2018/19, going through a three-month developing process, Kericho CHMT, SCHMTs and HFs finalized and validated their own APR reports. "One of the biggest achievement is that SCHMT members have finally realized

that there is a link between AWP and APR" said Ms. Chelangat (Kipkelion West SCHRIO). Ms. Keter (CHRIO) and Mr. Korir (Bureti SCHRIO) said "This time APR's quality has improved compared to APR 2016/17. This is because we received information from facilities and sub-counties within two months. In the previous year, we spent 5 months to gather information for APR". During the APR development process, SCHMTs also mentioned that the CHMT and SCHMTs could validate data comparing the DHIS data and the aggregation data from facilities, which helped to fill in the missing gap in DHIS and give feedback to the HFs after checking those information. Moreover, Kericho CHMT could incorporate priorities and recommendations from HFs to the county APR. The table below is the APR development process reviewed and proposed for its APR FY2019/20. Kericho CHMT will also conduct validation with CHMT, and then organize a County Health Forum with stakeholders to discuss about the results derived from their APR.

Tips for development of APR report

- ① To start developing APR from HF level helps to capture data which is not in DHIS. Ideally, the APR should start from community level but starting from HF level is realistic.
- ② SCHMT must guide HFs what kind of information is expected to be filled in their APR, against what they planned in AWP will improve the quality of APR.
- ③ Management teams of sub-county referral hospitals can be guided separately from facility in-charges, because their set-up is different from that of facilities and they are expected to consolidate APR from different departments.
- ④ Performance should be reviewed quarterly basis, not waiting for a year to pass



Proposed APR development process in Kericho for FY2018/19

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