



Government of Pakistan
Islamabad Healthcare Regulatory Authority (IHRA)



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Policy, strategy, framework, work plan and budget of monitoring & evaluation

Islamabad Healthcare Regulatory Authority

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Acronyms

CEO	Chief Executive Officer
HCE	Health Care Establishment
HR	Human Resource
ICT	Islamabad Capital Territory
IHRA	Islamabad Healthcare Regulatory Authority
KPI	Key Performance Indicator
M&E	Monitoring and Evaluation
MOV	Means of verification
MSDS	Minimum Service Delivery Standards
SOP	Standard Operating Procedure

Foreword

The management of IHRA has determined to include rigorous monitoring and evaluation initiatives in its organizational scope of work starting from conceptualization stage to high quality monitoring reports for informed decision making process, and to strengthen organizational standard operating procedures/systems by promoting enabling environment to generate, capture, track, secure and reutilize its information base. The major objective of this M&E strategy is to connect the Authority's officials with key performance indicators around departmental targets, quality standards, timeliness, transparency and accountability. These indicators will be tracked regularly and feedback loops will be established for timely decisions/corrective measures.

The intent of this document is also to pave the path for implementation of monitoring and evaluation parameters through consultations and coordination among all the departments of IHRA. In particular, this strategy document has embedded with framework, indicators, action plan and tools of Monitoring & Evaluation team of IHRA.

Before finalizing the document, number of consultation meetings will be carried out with the relevant Directors and their respective teams for their inputs and recommendation to establish standard M&E mechanism. This strategy of M&E will be a living document, while constructive suggestions and recommendations will be reviewed periodically for incorporation.

Policy statement

The overall aim of this policy is to establish common structures and standards across all the departments of IHRA that govern the application of effective monitoring and evaluation (M&E) systems with a view to maximizing the benefits from IHRA interventions.

More specifically, this policy aims to:

- Demonstrate IHRA's commitment to monitoring and evaluating its work and using the results to drive performance and impact
- Set out minimum requirements, principles to be respected, as well as roles and responsibilities
- Provide an overview of and basic introduction to M&E at IHRA, with additional tools referenced to provide further guidance and information.

All IHRA staff must comply with this policy and therefore they constitute its primary audience. However, this policy is also aimed at external stakeholders such as donors, BOA Members, Stakeholders and users, to provide information on IHRA standards and procedures. Hence this policy plays an important role in delivering IHRA accountability and transparency on M&E.

Monitoring & Evaluation at a glance

As a standard definition of M&E: Monitoring is the systematic and routine collection of information from organizational initiatives for four main purposes:

1. To learn from experiences to improve practices and activities in the future;
2. To have internal and external accountability of the resources used and the results obtained;
3. To take informed decisions on the future of the initiative;
4. To promote empowerment of beneficiaries of the initiative.

Monitoring is a periodically recurring task already beginning in the planning stage of a project or programme. Monitoring allows results, processes and experiences to be documented and used as a basis to steer decision-making and learning processes. Monitoring is checking progress against plans. The data acquired through monitoring is used for evaluation.

Evaluation is assessing, as systematically and objectively as possible, a completed project or programme (or a phase of an ongoing project or programme that has been completed). Evaluations appraise data and information that inform strategic decisions, thus improving the project or programme in the future. Evaluations should help to draw conclusions about five main aspects of the intervention:

1. Relevance
2. Effectiveness
3. Efficiency
4. Impact
5. Sustainability

Information gathered in relation to these aspects during the monitoring process provides the basis for the evaluative analysis.

Proposed M&E System for IHRA

To achieve tangible target of provision of quality healthcare services to residents of Islamabad Capital Territory by engaging both public and private Health Care Establishments to ensure that all HCEs are duly registered with the Authority and maintaining minimum service delivery standards. M&E team proposes following phase based key performance indicators to record and track progress of the Authority;

Phase-1 for year 2021

- % of HCEs of ICT registered with IHRA
- % of HCEs inspected by IHRA
- % of non-registered HCEs followed up
- # of quacks identified and sealed/corrective measures taken
- % of activities monitored
- % of complaints reduced to specific number

Phase-2 for year 2022

- % of licensed HCEs followed IHRA financial guidelines for pricing
- % of licensed HCEs started sharing of patient information on IHRA portal
- % of licensed HCEs obtained standard bench mark (≥ 75 score) during regular inspection process
- # of quacks stopped malpractice - reduced to minimum number
- % of IHRA's operations transformed to online portal
- # of learning and innovation themes adopted as best practices

To achieve overall targets of the Authority, following key documents are required to determine the scope and quantum through detailed annual work plan to measure achievements on monthly, quarterly and annual basis.

- Annual Work Plan of IHRA covering all departments
- Rules and regulations of all departments (SOP), describing each step with quality measures, timelines and responsibility
- Annual budget
- Annual target setting of all departments
- Monitoring and Evaluation framework
- Capacity Development Plan for staff
- Meetings Calendar
- Reporting Calendar

Our Approach

On completion of targets setting and annual work plan of IHRA, M&E team will adopt collaborative approach to monitor the implementation process of activities. M&E team will adopt monitoring techniques of result based monitoring and process monitoring by regularly liaising with all departments to acquire updated plan(s) and will adjust the frequency of monitoring activities accordingly. For result based monitoring monthly, annually and organizational targets will be assessed against performance and in process monitoring SOPs defined in IHRA ACT 2018 along with regulations will be monitored to assess the implementation of set standards. For each department separate set of monitoring tools will be prepared and approval will be sought from the CEO. Each monitoring and evaluation tool will be pilot tested before initiation of monitoring activities. The idea to use mobile application for monitoring team is also envisioned in future plans of IHRA.

M&E team will segregate the internal and external components for monitoring purposes. Internally, standard operating procedures will be followed to assess the performance against indicators. External component will include onsite visits to the HCEs and quacks, during these visits predefined and approved tools will be used to assess the quality of inspection/assessment conducted by IHRA staff as well as the level of quality standards followed by HCEs in compliance of MSDS.

As priority areas, registration, licensing, assessments and inspection activities will be monitored by using systematic approach so that all inspection officers will get equal chance to be monitored during field activities.

Registration process will be monitored to assess the timeliness of process i.e. the duration mentioned in the act for provisional and confirmed licenses are followed by the registration staff. Secondly, timely submission of cases to registration committee and occurrence of committee as per meeting calendar will be monitored and detailed report will be submitted to Director Registration and Licensing for informed decision making. *Initial assessments* and regular inspection visits will be monitored by visiting the HCEs during the assessment/inspection process and verification process will be carried out after completion of assessment/inspection process. This process will monitor and verify the timeliness, accuracy of data collection, compliance of approved checklist and overall transparency of assessment/inspection process.

Complaint response mechanisms both at IHRA and HCEs will be monitored to ensure that complaints are properly registered along with defined solution process and all documentary proofs are available and kept

properly. Monitoring of qualified HCEs for compliance of MSDS will be carried out on regular basis, number and frequency of monitoring visits will be adjusted as number of registered HCEs increased.

Quacks who have been identified are listed at IHRA and recommended process initiated against them and tracking of progress is in place and surprise visits to ensure that they are not operational again or they have taken corrective measures recommended by the IHRA. Hearings of IHRA tribunals will be monitored to ensure that approved checklist is used during the hearing process and timeliness followed as per Act. Capacity building trainings of staff along with training of HCEs professionals on MSDS will be 100% monitored.

Following table depict the % of proposed monitoring;

S #	Department	% of monitoring	Sampling technique	Monitoring Checklist / scorecard
1	Registration process	25%	Systematic sampling	Tool – 1
2	Licensing Process	25%	Stratified sampling	Tool – 2
3	Training of IHRA Staff on MSDS	100%	N/A	Tool – 3
4	Training of HCE staff on MSDS	25%	Systematic sampling	Tool-3
5	Initial assessment of HCEs after provisional Licensing	25%	Systematic sampling	Tool-4
6	General inspections	25%	Systematic sampling	Tool-5
7	Clinical Inspections	5 %	Systematic sampling	Tool-6
8	Hearings	5%	Systematic sampling	Tool-7
9	Quacks follow up	50%	Random sampling	Tool – 8
10	Surprise visits to follow up recommended action by inspection team	50%	Systematic sampling	Tool-9

Monitoring and Evaluation Framework

S #	Outcome Indicator	Planned Interventions	Output Indicator	Baseline	Target	QTR 1	QTR 2	QTR 3	QTR 4	Means of verification	Data Source	Frequency of data collection	Responsibility
1	% of HCEs of ICT registered with IHRA - <i>Provision of quality healthcare to residents of ICT, ensuring compliance of MSDS</i>	Listing of existing HCEs of ICT	# of HCEs registered	0	450	0	150	150	150	List of all HCEs in ICT, List of registered HCEs, Assessment report, Copy of license issued	Database of IHRA	Monthly	Director R&L
		Issuance of provisional license											
		Initial assessments of HCEs											
		Assessment reports preparation and submission											
		Confirm licensing to qualified HCEs											
2	% of HCEs inspected by IHRA - Increase responsiveness by registered HCEs for compliance	follow up inspection visits to licensed HCEs	# of HCEs followed up for compliance	0	450	0	150	150	150	Inspection reports	Approved Reports by Director R&L	Monthly	Director I,M&E
		Surprise visits for compliance of MSDS											
		Legal notices on non-compliance of MSDS											
3	% of non-registered HCEs followed up - Reduce the health hazards by bringing unregistered HCEs on surveillance radar	Legal notices on noncompliance of registration	# of un-registered HCEs followed up	0	270	0	90	90	90	Copy of Notices, Visit reports	Director R&L	Monthly	Director Legal
		Follow up visits to un-registered HCEs		0	180	0	60	60	60				Director I,M&E

4	# of quacks identified and sealed - Reduce risk factor related to healthcare for residents of ICT by malpractice of quacks	Listing of quacks	# of quacks stopped from practice	0	90	0	30	30	30	Pictures and location	Director I,M&E	Monthly	Director I,M&E
		Follow up visits of sealing, de-sealing											
		update list of existing quacks											
5	% of activities monitored - to ensure compliance of quality, timeline, transparency and accountability	Monitoring of assessment visits	# of interventions monitored	0	90	0	30	30	30	M&E reports, Pictures	Director I,M&E	Monthly	Director I,M&E
		Monitoring of inspection visits											
		Monitoring of tribunal hearings											
		Monitoring of training sessions											
6	% of complaints reduced to <specific number> - The voice of residents of ICT regarding Healthcare issues heard timely with rapid corrective action	Registration of complaints	# of complaints addressed	0	50	0	15	15	20	Complaint Register, database	Director Legal	Monthly	Director Legal
		Inquiry of complaints											
		Tribunal hearings											
		Complaints resolved											
		Record of all complaints with complete details											

Work plan of M&E - February to April 2021

S #	Activities	Target	February				March				April			
			1st	2nd	3rd	4th	1st	2nd	3rd	4th	1st	2nd	3rd	4th
1	Review of IHRA act 2018 for orientation	1	1											
2	Review of PHC, SHC and KPHC websites and tools	3	3											
3	Preparation of M&E strategy including framework, timelines and budget	1	0.5	0.5										
4	Presentation of M&E strategy, framework and work plan	1		1										
5	Submission of revised M&E strategy for review and approval	1		1										
6	Preparation of M&E plan	1			1									
7	Presentation of M&E Plan	1			1									
8	Finalization of M&E Plan	1			1									
9	Preparation of Monitoring tools (assessment, inspection, scrutiny, quacks)	4				1	2	3-4						
10	Presentation and submission of M&E tools	1							1					
11	Revision of M&E tools	1							1					
12	Pilot testing of M&E tools	4								4				
13	Mobile application development for online monitoring using EPI Collect 5	4									4			
14	Monitoring of Initial Assessments of HCEs	12									4	4	4	4

Key Performance Indicators

S#	Department	Indicators	Responsibility	Timeline
1	Human Resource / Admin / Operations	1. # of internal complaints/conflicts resolved	Director HR	Monthly Update
		2. Pay roll processed on defined date		
		3. Leave calendar updated		
		4. Vehicle report prepared with fuel average		
		5. Inventory list updated		
		6. Procurement plan implemented		
		7. % of indicators implemented		
		8. % of staff retained		
2	Finance	1. Burn rate prepared	Director Finance	Monthly Update
		2. Budget forecast		
		3. Budget versus actual		
3	Clinical Governance and Trainings	1. # of MSDS approved by the technical committee	Director Clinical - Govern	Monthly Update
		2. # of MSDS approved by the Board		
		3. # of training manual for each MSDS topic prepared		
		4. # of translation of training manuals completed		
		5. # of training session conducted for staff of IHRA		
		6. # of training sessions conducted for HCEs with # of participant (male and female segregation)		
		7. # of clinical audit visits conducted (SBMR/SS)		
		8. % of IHRA staff trained on MSDS		
		9. % of HCEs staff trained by IHRA on MSDS		
		10. % of HCEs staff trained by others on MSDS		
		11. % of HCEs staff training on MSDS		
4	Registration and Licensing	1. Updated list of HCEs of ICT prepared	Director Reg & Licensing	Monthly Update
		2. % of HCEs applied for Registration		

		3. % of HCEs acquired provisional License		
		4. % of HCEs acquired confirm License		
		5. % of registration cases completed as per 2018 act - Timelines		
		6. # of Registration and Licensing committee meetings planned		
		7. # of cases presented for provisional licensing		
		8. # of cases presented for confirmed licensing		
		9. # of cases deferred by Registration and Licensing committee		
		10. # of deferred cases followed up for advise to resolve the objection(s)		
5	Inspection/monitoring & Evaluation	1. % of registration files scrutinized	Director Inspection and M&E	Monthly Update
		2. # of initial assessments conducted		
		3. % of initial assessments monitored		
		4. # of inspection visits conducted		
		5. % of inspection visits monitored		
		6. # of quacks identified		
		7. % of followed up for monitoring purposes		
		8.% of Health Tribunal Hearing attended for monitoring purposes		
		9. # of surprise visits conducted to HCEs for compliance of MSDS		
		10. # of evaluations conducted		
		11. # of surprise visits to sealed quacks		
		11. # of visits to quacks who declared registered HCE after corrective measures.		
		12. % of complaints followed up		
6	Legal	1. # of complaints received	Director Legal	Monthly Update
		2. # of complaints registered for follow up		
		3. # of complaints resolved		

		4. # of cases consulted with Registration and Licensing Department		
		5. # of hearing tribunal conducted		
		6. # of court cases handled		
7	Media and Coordination	1. # of coordination committee meetings planned	Director Coordination	Monthly Update
		2. # of coordination committee meetings conducted		
		3. # of public notices published		
		4. # of newsletter published		
		5. Website information updated		
		6. Annual report prepared and published		
		7. # of social media posts published		

Organizational Annual Indicative Work Plan 2021 of IHRA

S #	Activity	Target	2021											
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Human Resource														
1	Hiring of staff	30	3	10	17									
2	Staff orientation	30		3	10	17								
Operations/Procurement/Admin														
3	Listing of required items	1		1										
4	Initiation of procurement	1		1										
5	Tenders	2			1	1								
6	Goods receive notes	2					1	1						
7	Issuance of inventory	2					1	1						
Finance														
8	Budget Approval	1	1											
9	Burn rate	12	1	1	1	1	1	1	1	1	1	1	1	1
10	Audit	1									1			
Clinical Governance and Training														
11	Finalization of MSDS	8	6	2										
12	Training needs assessment	1			1									
13	Training manuals preparation	8			4	4								
14	Training of staff on MSDS	30			15	15								
15	Training of HCE staff on MSDS	100					25		25		25		25	
16	Regular SBMR / Supportive Supervision	40					5	5	5	5	5	5	5	5
Registration and Licensing														
17	Approval of registration forms	1	1											
18	Advertisement for registration	1	1											
19	Registration process initiated	1	0.5	0.5										

20	Finalization of licensing certificate design	1		1										
Registration Committee														
21	Meeting	11		1	1	1	1	1	1	1	1	1	1	1
22	Cases submitted	550		50	50	50	50	50	50	50	50	50	50	50
23	Provisional License issuance	500			50	50	50	50	50	50	50	50	50	50
24	Confirmed license issuance	450				50	50	50	50	50	50	50	50	50
Inspection and Monitoring & Evaluation														
25	Listing of HCEs of ICT	1		1	1									
26	Initial assessment of HCEs	450				50	50	50	50	50	50	50	50	50
27	Regular Inspections	450				50	50	50	50	50	50	50	50	50
28	Identification and action against quacks	90				10	10	10	10	10	10	10	10	10
29	Issuance of legal notice to non-registered HCEs	270				30	30	30	30	30	30	30	30	30
30	issuance of legal notice to quacks	45				5	5	5	5	5	5	5	5	5
31	Follow up visits to non-registered HCEs	180				20	20	20	20	20	20	20	20	20
32	Monitoring and evaluation visits	90				10	10	10	10	10	10	10	10	10
Legal														
33	Establishment of Complaint Response mechanism	1			1									
34	Complaints registered	50				5	5	5	5	5	5	5	5	10
35	Hearings of IHRA tribunals	18				2	2	2	2	2	2	2	2	2
36	Hearing reports	18				2	2	2	2	2	2	2	2	2
Media and Communication/coordination														
37	Public Notices	20			2	2	2	2	2	2	2	2	2	2
38	Social Media	10			4	4	4	4	4	4	4	4	4	4
39	New Letters	3			1			1			1			
40	Annual Report	1												1
41	Conferences	1											1	
Meetings														
42	Board Meetings	4			1			1			1			1
43	Executive body Meetings	33		3	3	3	3	3	3	3	3	3	3	3

Proposed budget for M&E

S #	Article	Rate	Unit	frequency	total	Notes
Human Resource						
1	Director		1	5	-	
2	Deputy Director	300,000	1	5	1,500,000.00	
3	IO/Monitoring officers	90,000	2	5	900,000.00	2 monitoring officers for 5 months till June 2021 for fiscal year 2020-2021
					Sub total	2,400,000.00
Transpiration						
1	Field visits with vehicle, driver and fuel	3,500	1	24	84,000.00	3 days in a week, 12 days for March and 12 days for April 2021
					Sub total	84,000.00
Equipment						
1	Laptops	150,000	4	1	600,000.00	
2	Printer	100,000	1	1	100,000.00	
					Sub total	700,000.00
					Grand Total	<u>3,184,000.00</u>

Monitoring & Evaluation Tools

S #	Department	Monitoring Checklist / scorecard
1	Registration process	Tool – 1
2	Licensing Process	Tool – 2
3	Training of IHRA Staff on MSDS	Tool – 3
4	Training of HCE staff on MSDS	Tool-3
5	Initial assessment of HCEs after provisional Licensing	Tool-4
6	General inspections	Tool-5
7	Clinical Inspections	Tool-6
8	Hearings	Tool-7
9	Quacks follow up	Tool – 8
10	Surprise visits to follow up recommended action by inspection team	Tool-9