Primary Healthcare Performance Management Hard Skills Training Sample Monitoring & Evaluation Plan

JLN PHCPM Learning Collaborative

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JOINT LEARNING NETWORK
For Universal Health Coverage

This tool was produced by the Joint Learning Network for Universal Health Coverage (JLN), an innovative network of practitioners and policymakers from around the globe who collaboratively develop practical tools to help countries work toward universal health coverage. More information is available at www.jointlearningnetwork.org.

For questions or inquiries about this tool or other JLN activities, please contact JLN at JLN@amref.org or the Aceso Global Primary Healthcare Performance Management Technical Facilitators at jlaforgia@acesoglobal.org or jroland@acesoglobal.org

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Preface

The Joint Learning Network for Universal Health Coverage (JLN) is an innovative global community of practitioners and policymakers from more than 44 countries who engage in practitioner-to-practitioner learning to co-develop and implement solutions to common challenges related to universal health coverage (UHC). Embracing a country-led, country-owned model, the JLN provides a unique implementation-focused platform for experience-based knowledge exchange and the co-development of practical resources to support health financing and service delivery reforms. These solutions equip countries with the 'how-to's of designing and implementing efficient, equitable, and sustainable healthcare systems.

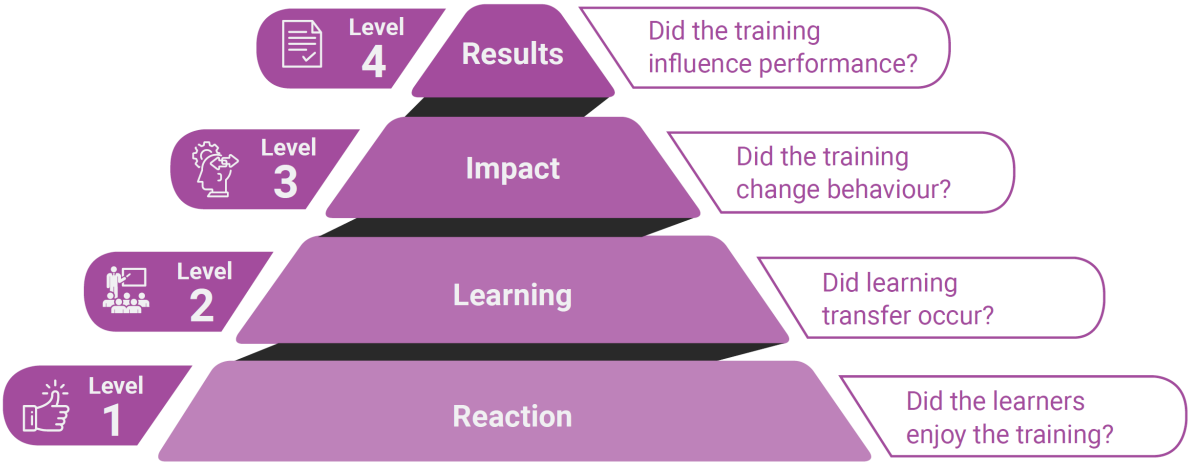
This instrument is a practical framework to evaluate training results, including learning outcomes, skill application, and improvements in management practices over time. Instrument templates are also included.

M&E Plan for PHC Performance Management Hard Skills Training Course

Introduction

This Monitoring and Evaluation (M&E) plan outlines how the Primary Healthcare (PHC) Management Training Course (tentatively a five-day program for facility and regional health managers) will be assessed. The training covers IT skills, data analysis & visualization, quality improvement (QI), and includes a practicum where participants design mini-projects related to their real job challenges.

The course content was developed based on an adapted Hennessy-Hicks Training Needs Assessment for identifying and prioritizing health workforce training needs. Given resource constraints the M&E plan emphasizes practicality, leveraging simple tools. The plan evaluates both immediate learning outcomes and medium- to long-term impacts on participants' performance and facility/regional health services. It aligns with best practices (Kirkpatrick's four levels of training evaluation: Reaction, Learning, Behavior, Results).



Utilization of M&E Results: Why Develop an M&E Plan for the Pilot

A key reason to design a comprehensive M&E plan is to ensure the pilot training program can be improved and its value demonstrated so it can be rolled out/funded:

1. Course Improvement: If the immediate evaluation shows certain modules had lower learning gains or were seen as less relevant, the curriculum can be adjusted for the next cohort.

Participant feedback on what could be improved in the training (collected in the post-course survey) will directly inform these tweaks.

   - For example, if the dashboards module was rated not very relevant by many managers, time might be reallocated to other topics.
   - Another example is if quality improvement concepts were not well retained (low quiz scores), the teaching approach can be strengthened.

2. Impact and Accountability: Demonstrating improvements in management practices as a result of the training is powerful for stakeholders and funders.
   - For example, if multiple facilities show improved performance or if managers are now using data routinely, it justifies the investment in the training and rolling it out to more managers. If some expected impacts did not materialize (for example, no change in a quality metric), the M&E data helps investigate why – maybe the issue was beyond the manager's control or needs a longer timeline.

M&E Objectives

- Immediate Post-Course Outcomes: Determine the knowledge gained, skills/confidence improved, perceived relevance of the training, and ways to improve the course immediately after the 5-day course.
- Intermediate Outcomes (1-2 months): Assess initial application of new skills on the job (e.g. use of data in decision-making) and progress on implementing practicum mini-projects.
- Longer-Term Outcomes (6+ months): Evaluate sustained behavior change (e.g. routine data use, ongoing QI initiatives) and any resulting improvements in service delivery or quality metrics at the facility or regional level.

KPIs and M&E Framework and Approach

The evaluation will be structured from immediate learning to on-the-job application

- Learning (Immediate): Did participants gain knowledge and skills? Did their confidence in performing PHC management tasks increase? How relevant did they find the training? These correspond to Kirkpatrick Level 1 (reaction) and Level 2 (learning) outcomes.

- Behavior Change (Follow-Up): Are participants applying the new skills and tools in their workplace (Kirkpatrick Level 3)? For instance, are they utilizing data for decisions, and have they executed the action plans from their practicum projects?
- Results (Follow-Up): What changes in organizational performance can be observed (Kirkpatrick Level 4), such as improvements in service quality indicators or operational efficiency attributed to the managers' new competencies?

Figure 1: Tools to be used for phased evaluation

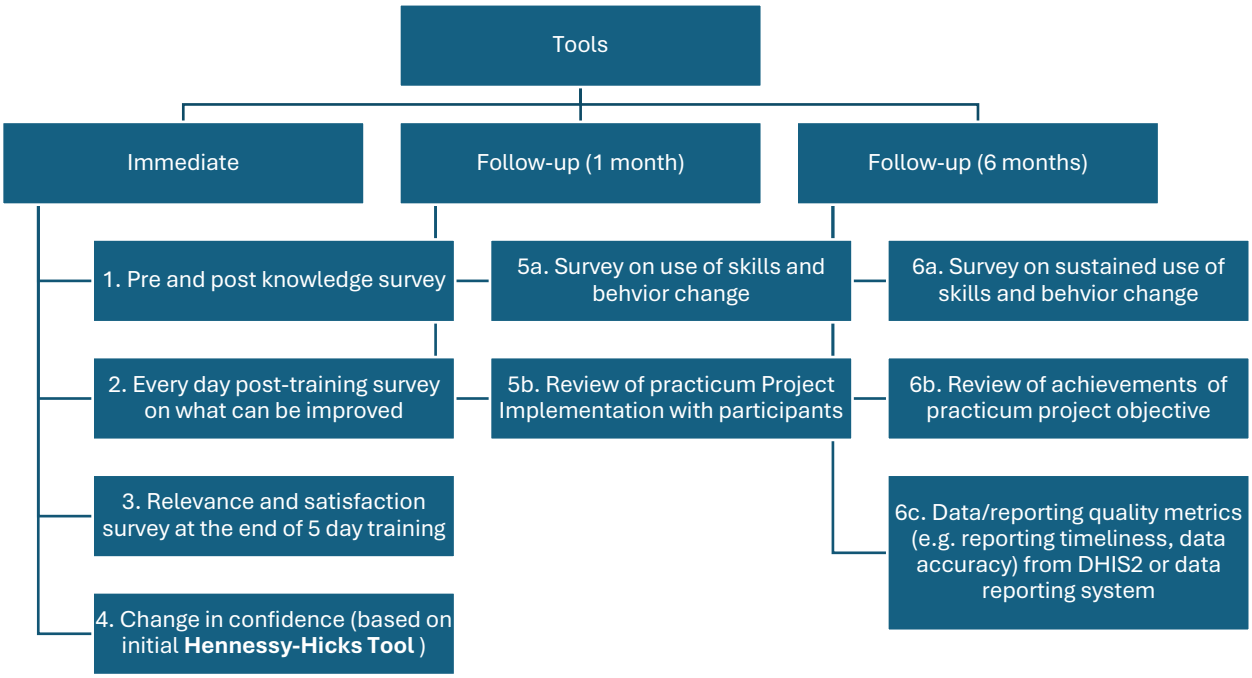


Table 1: Example of KPIs

Indicator (Immediate)	Measure
Knowledge Gain	% increase in knowledge test scores (pre vs post)
Skill Competence (Self-rated)	Improved self-rated ability in key skills (e.g. data analysis)
Confidence in applying skills	% of participants reporting high confidence (e.g. rating ≥4/5) in performing specific tasks after training
Perceived Relevance	% of participants rating training as "very" or "extremely" relevant to their work
Intent to Use Learning	% of participants indicating they will apply training on the job ("probably yes"/"definitely yes")
Training Satisfaction	Average satisfaction score on course content, facilitation, logistics (e.g. rated on scale)
Indicator (Follow-up)	**Measure**
Data Use in Decision-Making (1M, 6M)	– % of participants regularly using data for decisions– Whether routine data review practices (meetings, dashboards) are in place
Practicum Project Implementation (1M, 6M)	– % of projects initiated by 3 mo; % completed by 6 mo – Qualitative rating of implementation (not started/in progress/completed) – Barriers faced in implementation
Practicum Project Outcomes (6M)	– Achievement of project objective by 6 mo– Measurable change in the specific area targeted (e.g. new system in place)
Facility/Regional Performance (6M)	– Change in data/reporting quality metrics (e.g. reporting timeliness, data accuracy)

Immediate Post-Training Evaluation (End of Course)

Purpose: Measure what participants learned and how they feel about the training by the end of each day of the course and by the end of the 5-day course to identify areas of improvement and potential for relevance. This covers knowledge acquisition, skill confidence, and training relevance/satisfaction. Data will be collected after each day and at the end of the final day (Day 5) to capture immediate outcomes.

Key Outcomes & Indicators:

- Knowledge Gain: Improvement in factual and conceptual knowledge of PHC management topics (IT skills, data analysis, QI, etc.).
    - Indicator: Knowledge test score improvement, comparing pre-test vs post-test. A 15-question multiple-choice quiz will be given before training (Day 1) and repeated on Day 5; we expect an increase in average scores (See tool 1 example at the end)
    - Tool: Pre/Post Knowledge Quiz – short exam covering all modules' key points (e.g. interpreting a data chart, identifying correct QI steps).
- Perceived Relevance and Satisfaction: How relevant and useful participants found the training for their work, and their intention to apply what was learned. This addresses the "reaction" level (Kirkpatrick Level 1) – important for understanding the training's value to trainees and what can be improved.
    - Indicator 1: Relevance of training to job – e.g. the percentage of participants rating the course as "Very relevant" or "Extremely relevant" to their current work.
    - Indicator 2: Intent to apply skills – e.g. percentage answering "Probably yes" or "Definitely yes" to "Will you use what you learned in this course in your work?".
    - Tool: Post-Course Evaluation Questionnaire – a brief feedback form given after each day and at the end of the 5 days. It will include Likert-scale items on relevance and intended use, based on standard training evaluation questions. For example, "How relevant is this module/course to your current work?" and "Will you use what you learned on the job?"
- Self-Assessed Confidence: Change in participants' own rating of their ability and confidence to perform relevant tasks (e.g. use Excel for data analysis, develop a quality improvement plan).
    - Indicator: Increase in self-rated competence on key skills, as measured by a standardized survey. We will use an adapted Hennessy-Hicks questionnaire administered in a retrospective pre-post format at course end. Participants will rate their skill level before the training versus after on a Likert scale for each competency (e.g. "Using routine data for decision-making", "Creating a data dashboard", "Conducting a QI project"). The difference in ratings reflects perceived improvement.
    - Tool: Post-Training Self-Assessment Survey – incorporates the adapted Hennessy-Hicks tool. We will specifically ask about confidence levels ("How confident are you now in doing X?") to estimate self-perceived gains. Data collection tools will be via Qualtrics to allow for comparison. Only a select number of skills will be included not the comprehensive tool used to design the course.

Follow-Up Evaluation (1 Month Post-Training)

Purpose: Determine if knowledge and skills are being retained and applied in the workplace, and identify any resulting improvements in managerial practices or service delivery.

Key Outcomes & Indicators (Follow-Up):

- Application of Data Skills in Decision-Making: Are managers using data and IT tools as taught, to inform decisions and improvements?
    - Indicator: Frequency of skill use in decisions, e.g. proportion of participants who report using more IT skills in their jobs or proportion of participants who report using more data visualization options when presenting or making decisions.
    - Tool: Follow-Up Survey – a questionnaire asking participants about their behaviors: e.g Questions can include: How frequently are you using these skills? And Have you been using more functions within Word, Excel, etc… ?
- Implementation of Practicum Projects: Did participants follow through on their practicum mini-projects initiated during training, and to what extent?
    - Indicator: Practicum project implementation status and depth and breadth of implementation – percentage of participants who have implemented their project (partially) with qualitative findings on depth and breadth of implementation
    - Data Sources & Tools: Participants will submit a brief progress update (via a form). We will categorize project status (not started, in-progress, completed) for each participant. It will include also brief open-ended questions on specific implementation activities to identify the depth and breadth of implementation.

Follow-Up Evaluation (6 Months Post-Training)

Purpose: Determine if knowledge and skills are being retained and applied after 6 months in the workplace, and identify any resulting improvements in managerial practices or service delivery.

Key Outcomes & Indicators (Follow-Up):

- Application of Data Skills in Decision-Making: Are managers using data and IT tools as taught, to inform decisions and improvements?

    - Indicator: Frequency of skill use in decisions, e.g. proportion of participants who report using more IT skills in their jobs or proportion of participants who report using more data visualization options when presenting or making decisions.
    - Tool: Follow-Up Survey – a questionnaire asking participants about their behaviors: e.g Questions can include: How frequently are you using these skills? And Have you been using more functions within Word, Excel, etc… ?
- Implementation of Practicum Projects: Did participants follow through on their practicum mini-projects initiated during training, and to what extent?
    - Indicator 1: Practicum project implementation status – percentage of participants who have implemented their project (partially or fully) by 6 months with qualitative data on depth and breadth of implementation.
    - Data Sources & Tools: Structured Project Review – at 6 months, participants will submit a brief progress update (via a form).
- Data/reporting quality metrics (e.g. reporting timeliness, data accuracy) from DHIS2 or data reporting system: Has data quality improved post-training?
    - Indicator : Data Completion and timeliness – percentage of indicators that are complete in DHIS2 or other data reporting system
    - Data Sources & Tools: DHIS2 or other data reporting system

Reporting

The findings will be compiled into an M&E report with sections for:

- immediate outcomes
- follow-up outcomes.

The report will include visualizations such as bar graphs of pre/post knowledge scores, pie charts of project completion rates, and line charts of key indicators. Also, personal success stories from qualitative data (especially one per country) will be highlighted to illustrate impact.

The report will also discuss challenges encountered (e.g. if some participants couldn't implement projects due to lack of staff).

Example Tools (To be adapted based on training and finalized with facilitator)

Tool 1 – Pre- & Post-Training Knowledge Quiz

Instructions: Circle or tick ONE answer for each question. Use the same form on Day 1 and Day 5. Select 15 questions.

1. Which objective meets all SMART criteria for a Day 5 mini-project proposal?

   ☐ Improve immunization coverage soon

   ☐ Increase timely antenatal-visit documentation from 60 % to 85 % within 6 months by training nurses and auditing charts weekly

   ☐ Ensure better patient satisfaction

   ☐ Reduce lab turnaround times

2. In a run chart, a "shift" is usually defined as:

   ☐ Any single outlier above the target

   ☐ 6 or more consecutive points all above or all below the median

   ☐ Two points crossing the goal line

   ☐ A monotonic downward trend

3. Which step comes FIRST in a PDSA quality-improvement cycle?

   ☐ Test (Do)

   ☐ Plan

   ☐ Study

   ☐ Act

4. A line graph is MOST useful when you want to:

   ☐ Compare ranked values across categories

   ☐ Show parts of a whole

   ☐ Track a single series over time

   ☐ Display a project timeline

5. HMIS stands for:

   ☐ Health Management Information System

☐ Hospital & Medical Innovation Service

☐ Human Metrics & Indicator Suite

☐ Health Monitoring & Inspection Schedule

6. Compared with a bar chart, a box plot is BETTER for showing:

☐ Exact totals

☐ Data distribution & outliers

☐ Time-series trends

☐ Proportions of a whole

7. When designing dashboards, color should be used mainly to:

☐ Decorate the page

☐ Signal meaning & draw attention to key points

☐ Match corporate branding only

☐ Fill empty space

8. The median is preferred over the mean when data are:

☐ Normally distributed

☐ Highly skewed with outliers

☐ Categorical

☐ Binary

☐ Simplify

9. A Gantt chart is primarily used for:

☐ Comparing proportions

☐ Displaying project timelines

☐ Presenting distributions

☐ Highlighting correlations

10. SMART objectives are:

☐ Simple, Meaningful, Action-oriented, Realistic, Time-bound

☐ Specific, Measurable, Achievable, Relevant, Time-bound

☐ Strategic, Motivating, Accurate, Result-based, Transparent

☐ Short, Manageable, Accurate, Reliable, Tested

11. Before conducting a PDSA test you should ALWAYS:

☐ Write a formal academic protocol

☐ Collect at least 12 months of baseline data

☐ Define the prediction & data to be collected

☐ Get external ethics approval

12. In MS Word, which feature is the easiest way to generate a dynamic table of contents that updates when headings change?

☐ Bookmarks

☐ Styles → References → Table of Contents

☐ Hyperlinks

☐ Manual typing

13. In a basic Gantt chart, what element lets you see which tasks must finish before the next task starts?

☐ Milestone symbols

☐ Predecessor / Dependency links

☐ Bar colors

☐ Resource names

14. Which Excel tool lets you drag fields into rows, columns and values to summarize large data sets quickly?

☐ Data Validation

☐ Pivot Table

☐ VLOOKUP

☐ Scenario Manager

15. The main purpose of a run chart in QI work is to:

☐ Compare categorical proportions

☐ Detect trends or shifts over time in a process

☐ Show correlation between two variables

☐ Display part-to-whole relationships

16. To show the distribution of waiting-time data (a continuous variable) and spot potential outliers, which graphic should you use?

☐ Pie chart

☐ Line graph

☐ Histogram

☐ Stacked bar chart

17. A scatter plot is most useful for:

☐ Finding the median

☐ Showing seasonality

☐ Assessing correlation between two quantitative variables

☐ Listing process steps

18. In data-quality work, validating data mainly involves:

☐ Adjusting for inflation

☐ Formatting charts

☐ Checking completeness, accuracy & consistency before analysis

☐ Converting files to CSV

19. Which statement about benchmarking is TRUE?

☐ Only compares units in the same facility

☐ Replaces root-cause analysis

☐ Identifies gaps by comparing to best-in-class standards

☐ Unrelated to quality improvement

20. When designing a PHC performance dashboard, which technique helps users quickly spot indicators that need attention?

☐ Hide all data labels for a cleaner look

☐ Apply conditional formatting (e.g., traffic-light colors) based on thresholds

☐ Place every metric on one crowded view

☐ Use 3-D charts to make visuals stand out

21. A Pareto chart combines:

☐ Two histograms

☐ Bars ordered by frequency plus a cumulative line

☐ A run chart and a pie chart

☐ A scatter plot and a box plot

22. During a PDSA cycle a run chart shows eight consecutive points above the median after your change. In the Study phase you should:

☐ Conclude special-cause variation and prepare to standardize in "Act"

☐ Scale up immediately without review

☐ Ignore the pattern; evidence is weak

☐ Start a new, unrelated change idea

23. Which tool best maps an entire care process to reveal bottlenecks before redesign?

☐ Fishbone diagram

☐ Process flowchart

☐ Control chart

☐ Radar chart

24. For clear data communication to district leaders, the best approach is to use:

☐ Dense tables with no commentary

☐ 3-D animated charts with many colors

☐ Single takeaway headline, color-blind-safe visuals, brief "so-what" message

☐ Full statistical outputs (p-values, CIs) on every slide

25. A root-cause analysis aims to:

☐ Allocate budgets

☐ Identify underlying drivers of a problem rather than surface symptoms

☐ Rank facilities

☐ Estimate prevalence

Tool 2 – Daily Immediate Post-Course Evaluation

Instructions: Circle the number that best reflects your agreement (1 = Strongly disagree … 5 = Strongly agree).

Statement	1	2	3	4	5
The module was well organized.	○	○	○	○	○
Content within this module was directly relevant to my daily work.	○	○	○	○	○
I am satisfied with the balance between theory and practice.	○	○	○	○	○
Facilitators explained concepts clearly.	○	○	○	○	○
I intend to apply at least one skill within the next month.	○	○	○	○	○

Logistics (venue, timing, materials) were satisfactory.	○	○	○	○	○

What can be improved for the remainder of the course?

Tool 3 – Final Immediate Post-Course Evaluation

Instructions: Circle the number that best reflects your agreement (1 = Strongly disagree … 5 = Strongly agree).

Statement	1	2	3	4	5
The overall course was well organized.	○	○	○	○	○
Content was directly relevant to my daily work.	○	○	○	○	○
I am satisfied with the balance between theory and practice.	○	○	○	○	○
Facilitators explained concepts clearly.	○	○	○	○	○
The practicum set-up helped me link learning	○	○	○	○	○

to real challenges.					
My confidence to use routine data increased.	○	○	○	○	○
I intend to apply at least one skill within the next month.	○	○	○	○	○
The five-day length was appropriate.	○	○	○	○	○
Logistics (venue, timing, materials) were satisfactory.	○	○	○	○	○
I would recommend this course to colleagues.	○	○	○	○	○

Open-ended questions:

11. One part of the course I found MOST valuable was…

_____

12. One improvement I suggest is…

_____

Tool 4 – Select Questions from Training Needs Assessment Tool

AFTER the course: How confident were/are you in each skill? (1 = Not confident … 5 = Very confident)

Skill area	1	2	3	4	5
Importing raw HMIS data into Excel	○	○	○	○	○
Building a basic column chart and interpreting it	○	○	○	○	○
Convening a data-review meeting	○	○	○	○	○
Designing a small PDSA test	○	○	○	○	○
Coaching frontline staff on indicator targets	○	○	○	○	○
Writing a one-page policy brief for district leaders	○	○	○	○	○

Tool 5 : 1-Month Follow-Up Survey

1. In the past 4 weeks, how many management decisions did you make AFTER reviewing routine data?

   ☐ 0

   ☐ 1

   ☐ 2-3

   ☐ 4-5

   ☐ >5

2. In the past 4 weeks, after having completed the training, how often do you utilize the data visualization skills learned in the course?

   ☐ Never

   ☐ Occasionally

   ☐ Monthly

   ☐ Weekly

   ☐ Daily

3. How have you used them? Can you provide an example?

   _____

4. In the past 4 weeks, after having completed the training, how often do you utilize the IT skills learned in the course?

   ☐ Never

   ☐ Occasionally

   ☐ Monthly

   ☐ Weekly

   ☐ Daily

5. How have you used them? Can you provide an example?

_____

6. In the past 4 weeks, after having completed the training, how often do you utilize the quality tools learned in the course?

   ☐ Never

   ☐ Occasionally

   ☐ Monthly

   ☐ Weekly

   ☐ Daily

7. How have you used them? Can you provide an example?

   _____

8. What is the current status of your practicum mini-project?
   ☐ Not started
   ☐ In progress
   ☐ Completed
   ☐ No longer continuing with the project

9. If your practicum mini-project is in progress or completed, when did implementation begin? [Date]

10. Have you engaged others (colleagues, supervisors, partners) in your practicum mini-project?
    ☐ Yes
    ☐ No
    ☐ Not yet, but planning to

7. Briefly describe the key activities you have implemented so far.

   _____

8. What changes or outcomes (if any) have resulted from your practicum mini-project activities so far?

   _____

9. How many people have been directly involved in or affected by your practicum mini-project (e.g., staff trained, patients reached)?
   [Numeric]

10. To what extent have the practicum mini-project activities been integrated into your day-to-day work or the facility's regular operations?

☐ Not integrated at all

☐ Some activities integrated

☐ Most activities integrated

☐ Fully integrated

11. What has helped or facilitated implementation?

_____

12. What challenges or barriers have you faced?

_____

13. What are your next steps for the project?

_____

Tool 6 : 6 Month Follow-Up Survey

1. In the past 6 months, how many management decisions did you make AFTER reviewing routine data?

☐ 0

☐ 1

☐ 2-3

☐ 4-5

☐ >5

2. In the past 6 months, after having completed the training, how often do you utilize the data visualization skills learned in the course?

☐ Never

☐ Occasionally

☐ Monthly

☐ Weekly

☐ Daily

3. How have you used them? Can you provide an example?

_____

4. In the past 6 months, after having completed the training, how often do you utilize the IT skills learned in the course?

   ☐ Never

   ☐ Occasionally

   ☐ Monthly

   ☐ Weekly

   ☐ Daily

5. How have you used them? Can you provide an example?

   _____

6. In the past 6 months, after having completed the training, how often do you utilize the quality tools learned in the course?

   ☐ Never

   ☐ Occasionally

   ☐ Monthly

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10. Have you engaged others (colleagues, supervisors, partners) in your practicum mini-project?
    ☐ Yes

☐ No

☐ Not yet, but planning to

13. Briefly describe the key activities you have implemented so far.

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14. What changes or outcomes (if any) have resulted from your practicum mini-project activities so far?

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    [Numeric]

16. To what extent have the practicum mini-project activities been integrated into your day-to-day work or the facility's regular operations?

    ☐ Not integrated at all

    ☐ Some activities integrated

    ☐ Most activities integrated

    ☐ Fully integrated

17. What has helped or facilitated implementation?

    _____

18. What challenges or barriers have you faced?

    _____

19. Are there key measurable outcomes that can be attributable to the practicum mini project (e.g. improvement in data accuracy, data timeliness, reduction in waiting time, reduction in absences, etc.…)

    _____