

# Monitoring

Partners Road to Sustainability

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## Learning Objective

- Overview of Monitoring
- Importance of Information for monitoring
- Presenting information for monitoring
- How to identify information required for monitoring
- Leverage IT for effective monitoring

## Session Plan

Contents	Time	Teaching Methods
Overview and Importance of Monitoring	10	Presentation
MIS for Monitoring	15	Presentation
Selecting Indicators for Monitoring	20+10	Group Work
PMS Demo	20	Presentation
Importance of Giving Feedback and its methods	10	Presentation
QA / Discussion	10	

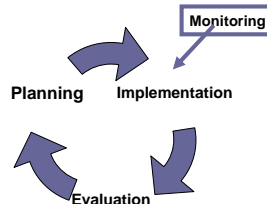
## Management

Management is the process whereby resources are utilized in a most **Effective** and **Efficient** manner to achieve the objectives of the organization

Effectiveness  
Efficiency

## Management Cycle

- Planning
- Implementation- Monitoring
- Evaluation



## Monitoring

- Identifying deviations from the established plan and finding quick practical solutions
- An on-going process of reviewing a program's or project activities to determine whether set standards or requirements are being met

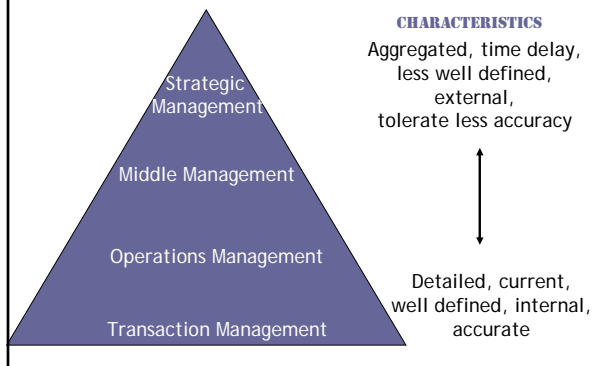
## Methods of Monitoring

- Communication with staff, clients and community
- Review of records & Information
- Using software tool

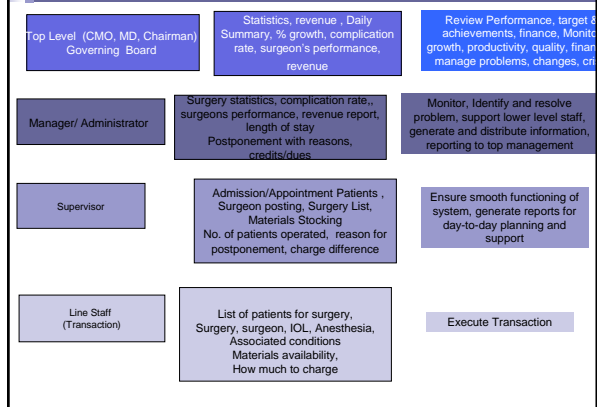
## Monitoring Vs Information

- Monitoring efforts are motivated by the need for **information** ideally actionable information.

## Information Needs and Organizational Level



## Information Needs and Organizational Level



## Purpose of MIS

- Identify problems
- Decision Making

### Decision Areas

- Strategic- traditional surgery vs IOL
- Managerial- effectiveness & efficiency
- Operational- timings, manpower, machines

## Steps in Monitoring

- Select Indicators
- Develop Standards
- Collect data/ information to measure
- Analyze to measure performance
- Compare against established plan
- Take corrective actions- decisions

### Standards:

- Historical
- Need Based
- Bench Mark
- Statistical

## Indicator

- Indicators are standardized measures to compare status or performance
- Can identify change in situation

## How to Select Indicator

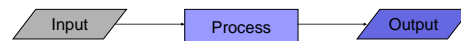
- Derivation from Organization's goals and strategies *eg.*
- Select Difficult Activities
- Focus on "Complaint" Variables
- Select Key Success *Variables*
- Select Input, Process, Output, Outcome Indicators (*eg.* using Logical Frame-Work)

## Derivation from Strategies and Goals

- **Eradicating needless blindness among school going children**
  - No. of Schools
  - No. of School children
  - No. of children with problem
  - No. of children received treatment
- **Involve teachers**
  - No. of Teachers
  - No. of teachers trained
  - No. of children screened
  - No. of children identified with problem
  - Children confirmed with problem
  - Response Rate

## Areas of concern for Managers

- Input
- Process
- Output
- Outcome
- Impact



**Inputs** are the resources you put into your project to deliver its outputs.

- Infrastructure- building, water, electricity
- Organization- hierarchy, line of control, accountability and authority, policies and procedures
- Manpower
- Equipment
- Materials- drugs, disposables

## Developing Indicators

### Input

- No of centers with full staff in position
- No of centers with functional OT
- No of centers with uninterrupted supply of electricity

**Process:** It is a set of activities in which program resources are used to achieve the expected results

- Screening
- Outpatient clinics
- Vision correction
- Surgeries
- School health checkup
- Vitamin A supplementation

**Developing Indicators Process**

Diagnosis

- Number of people screened
- Number of people identified with visual impairment
- Number of people found fit for surgery

**Output** (Immediate results obtained by the program through the execution of activities)

Treatment

- Number of people treated
- Number of people operated
- Number of patients received glasses
- Number of patients referred to basehospital

**Outcome**

- Number of people got vision corrected/ restored
- Number of complications/ surgeon
- Number of complications/ center
- Client satisfaction

Objectives	Measurable Indicators	Means of verification	Important assumptions
<b>GOAL:</b> To admit all the patients who are advised and come for admission.	Acceptance rate of surgery How many patients disagreed to take surgery and their reason	Maintain advised registers at Counseling and enter the details in computer	Patients might choose free service through camps or free hospital
<b>PURPOSE:</b> To restrict the dropout rate from 25% to 5% To increase the patients satisfaction To effectively utilize the beds - No patients should unnecessarily stay in the hospital	Acceptance rate is at least 85% No comments / remarks should be there regarding rooms availability from the patients Length of stay	Patients satisfaction survey / Patients suggestion book Inpatients register	
<b>OUTPUTS:</b> Revenue / bed should increase No Patients should be advised to come on later date for admission	Productivity / bed . i.e no. of surgeries per bed		
<b>ACTIVITIES</b> Clear instruction to Counselors Maintain the room list accurately Clear instructions to the patients about their surgery date and discharge date in advance (or on admission)	<b>INPUTS:</b> Defined Length of Stay for each surgery Counselors Social workers		

**Individual's Performance**

- Number of people screened / worker
- Number of people diagnosed/ worker
- Number of people operated/ surgeon
- Number of complications/ surgeon

## Equipment utilization

- No of procedures/ OT
- No of procedures/ machine
- No of patients transported/ vehicle

## Quantitative Vs Qualitative

- Number of OTs vs Number of OTs with aseptic conditions
- Number of staff vs number of competent staff
- No. of people operated vs No. of people whose vision is restored
- No. of people operated vs No. of complications

Continue

## Group work on Selecting Indicators

## Group Work: Identify Indicators for Monitoring

### Primary Eye Care Centre in Rural areas

- CBM decided to support their partners to setup Primary Eye Care Centres in rural areas for reaching the un-served /underserved population by establishing permanent eye care facility for every 50,000 to 75,000 population and ensure that eye care needs of entire range of population are fulfilled by diagnosing, providing treatment, referrals to base hospitals for surgery and acute diagnosis and rehabilitation

### CBR Programme

- CBM is supporting for CBR program in two taluks of Hassan District. All types of disabilities are eligible for this program.

## Presentation of Data

- Abstract data has limited value
- Data should be compared
- Comparison can be:
  - With established plans
  - Longitudinal
  - Cross section

2500 surgeries in 2006 ;                      against 1800 in 2005 -> ^ 40%

5 infection cases in 2006

Surgeries: 25,000 -> 5/25,000=0.02% ;  
In 2005 rate 0.034%

## Outpatients Arrival Pattern

Aravind Eye Hospital - Madurai				
Patient Arrival Pattern Statistics From 01/03/2008 To 31/03/2008				
Time	New	Review	Total	%
06:00 A.M - 07:00 A.M	75	1024	1099	3.23
07:00 A.M - 08:00 A.M	1613	1311	2924	8.6
08:00 A.M - 09:00 A.M	1651	2112	3763	11.0
} 77%				
12:00 P.M - 01:00 P.M	1318	1538	2856	8.39
01:00 P.M - 02:00 P.M	722	1193	1915	5.63
02:00 P.M - 03:00 P.M	898	1693	2591	7.61
03:00 P.M - 04:00 P.M	769	1240	2009	5.90
04:00 P.M - 05:00 P.M	376	435	811	2.38
05:00 P.M - 06:00 P.M	89	100	189	0.55
After 6:00 P.M	89	19	108	0.31
} 23%				
<b>Total</b>	<b>14575</b>	<b>19428</b>	<b>34003</b>	

### Surgery Acceptance Rate

Nov 2007

Month	Total Advised	No. of Patients Operated					% Acceptance
		1 Week	1 Month	3 Months	>3 Months	Total Operated	
JAN	2,234	1,275	168	91	116	1,650	73.86
FEB	2,538	1,470	197	123	96	1,886	74.31
MAR	3,177	1,902	182	143	128	2,355	74.13
APR	2,939	1,728	243	123	102	2,196	74.72
MAY	3,385	2,151	196	109	74	2,530	74.74
JUN	3,325	1,954	223	123	73	2,373	71.37
JUL	3,579	2,122	232	158	60	2,572	71.86
AUG	3,200	1,755	217	122	68	2,162	67.56
SEP	3,356	1,895	168	107	10	2,180	64.96
OCT	2,045	1,071	144	80	0	1,295	63.33
NOV	2,706	1,538	188	35	0	1,761	65.08
<b>Total</b>	<b>32,484</b>	<b>18,861</b>	<b>2,158</b>	<b>1,214</b>	<b>727</b>	<b>22,960</b>	<b>70.68</b>

### Problem Solving – Shortage of Beds Inpatients Length of Stay

ICD_CODE	ICD DESCRIPTION	N	Pre-OP	Post-OP	Total
13.75N	PHACO WITH ACRYOSOF ( NATURAL )	20	1.2	1.0	2.2
13.71P	INTRA OCULAR LENS INSERTION	54	1.2	1.9	3.1
13.75	PHACO WITH ACRYOSOF LENS	111	1.2	1.2	2.4
13.75P	IOL P.C ( PHACO )	241	1.1	1.1	2.2
13.78	CATARACT WITH IOL (MANUAL PHACO)	405	1.3	1.2	2.5
13.75C	PHACO WITH AUROFOLDABLE	406	1.1	1.1	2.2

### Utilization of Beds

AEH-Paying, Tirunelveli  
Average Beds Occupied June 2005 to May 2006

Room Type	A	B	C	ASA	ASN	SUT
Total Beds	34	40	62	2	8	2
Jun'05	78%	40%	44%	22%	18%	20%
Jul'05	73%	45%	49%	26%	24%	16%
Aug'05	68%	36%	41%	6%	6%	10%
Sep'05	69%	43%	42%	20%	22%	40%
Oct'05	53%	34%	40%	15%	16%	31%
Nov'05	64%	44%	43%	10%	28%	12%
Dec'05	67%	41%	40%	6%	21%	11%
Jan'06	59%	34%	27%	0%	19%	24%
Feb'06	77%	43%	45%	5%	21%	13%
Mar'06	77%	50%	40%	18%	31%	48%
Apr'06	70%	43%	45%	27%	23%	18%
May'06	77%	58%	58%	45%	40%	24%

### Aravind Eye Hospital-Tirunelveli Paying Section - No. of beds occupied Vs No. of Days

No. of Beds	A Class (34)				B Class (40)				C Class (62)					
	<=10	11-20	21-30	>30	<=10	11-20	21-30	>30	<=10	11-20	21-30	31-40	41-50	>50
Jun'05	1	6	10	13	7	14	9	0	0	10	10	6	4	0
Jul'05	3	6	11	11	6	13	10	2	0	7	8	11	5	0
Aug'05	4	6	12	9	9	16	6	0	0	10	11	10	0	0
Sep'05	3	6	12	9	11	8	7	4	0	8	14	4	4	0
Oct'05	6	10	15	0	13	12	5	1	1	9	12	9	0	0
Nov'05	4	10	7	9	6	14	8	2	1	6	14	6	3	0
Dec'05	6	6	9	10	10	11	6	4	1	11	10	6	3	0
Jan'06	7	8	6	10	16	9	5	1	6	16	7	2	0	0
Feb'06	3	3	9	13	7	8	13	0	1	7	12	6	2	0
Mar'06	3	5	11	12	5	9	14	3	1	7	19	4	0	0
Apr'06	5	6	7	12	9	10	6	5	0	9	11	5	5	0
May'06	2	6	9	14	5	7	8	11	1	5	5	8	7	5
<b>Total</b>	<b>47</b>	<b>78</b>	<b>118</b>	<b>122</b>	<b>104</b>	<b>131</b>	<b>97</b>	<b>33</b>	<b>12</b>	<b>105</b>	<b>133</b>	<b>77</b>	<b>33</b>	<b>5</b>
<b>%</b>	<b>12.9</b>	<b>21.4</b>	<b>32.3</b>	<b>33.4</b>	<b>28.5</b>	<b>35.9</b>	<b>26.6</b>	<b>9.0</b>	<b>3.3</b>	<b>28.8</b>	<b>36.4</b>	<b>21.1</b>	<b>9.0</b>	<b>1.5</b>

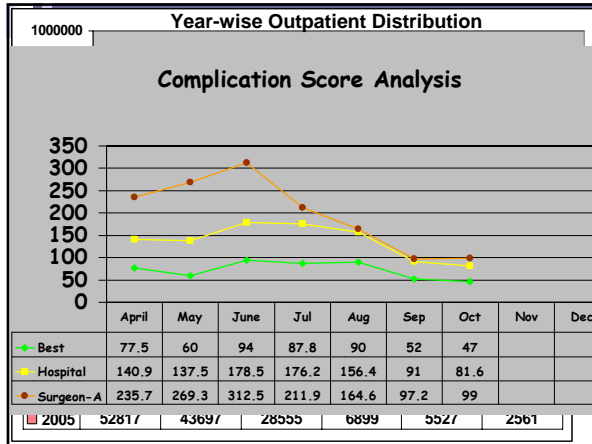
### Complication Analysis for QA

3. Intraoperative COMPLICATIONS

3.1 Grade and Type	Nos.	%	Score
<b>Grade-1</b>			
DESCEMETS STRIPPING	3	0.97	0.00
POSITIVE PRESSURE - WOUND	2	0.65	0.00
SCLERAL TUNNEL - PREMATURE ENTRY	3	0.97	0.00
<b>Grade-2</b>			
IRIDODIALYSIS	1	0.32	4.00
PC RENT - NO VITREOUS DISTURBANCE	3	1.61	36.00
ZONULAR DIALYSIS -NO VIT.DISTURBANCE	3	0.97	18.00
<b>Grade-3</b>			
FAILURE TO IMPLANT	2	0.65	20.00
PC RENT WITH VITREOUS DISTURBANCE	3	0.97	30.00
ZONULAR DIALYSIS - VIT. DISTURBANCE - YES	1	0.32	10.00
<b>* Total-No.of Cases *</b>	<b>5</b>	<b>1.61</b>	<b>118.00</b>

### Finance Income and Expenditure Statement

Income	Month	(in %)	Cumulative	(in %)
<b>Direct Income:</b>				
Consulting Fee	115,280	10.1	812,880	16.33
Surgery/Dressings	446,100	39.07	3,299,475	66.28
Treatment Charges	11,425	1	62,805	1.26
Medical Service Charges	13,885	1.22	100,835	2.03
Lab Charges	1,845	0.16	18,950	0.38
<b>Total(A)</b>	<b>588,535</b>	<b>51.54</b>	<b>4,294,945</b>	<b>86.28</b>
<b>Direct Expenses:</b>				
IOL	81,893	7.17	646,183	12.98
Medicine & Surgical Consumption	22,758	1.99	75,441	1.52
Linen	1,421	0.12	14,131	0.28
Cleaning & Sanitation	8,471	0.74	33,576	0.67
Salary & Stipend	141,849	12.42	948,673	19.06
Employer's Contribution for P.F.	6,458	0.57	58,856	1.18
Electricity Charges	98,478	8.62	434,483	8.73
Repairs & Maintenance	49,456	4.33	200,486	4.03
Camp expenses	15,978	1.4	138,295	2.78
Photography	912	0.08	1,492	0.03
Printing & Stationery	14,299	1.25	38,943	0.78
Water Supply Charges	-	-	225	0
<b>Total(A)</b>	<b>441,973</b>	<b>38.7</b>	<b>2,590,784</b>	<b>52.04</b>



- ### Common Problems in Monitoring
- Unclear Objectives
  - No Systems in Place
  - Poor Data and Information Management
  - Unstructured Information Distribution & Use
  - Lack of coordination

### Tasks List

- Collect & Updating Data
- Sending reports
- Follow-up on Activity

### Reports

- Performance
- Finance

### Equipment

- Agreed
- Received
- Purchased

### Supplies

- Agreed supplies
- Received

### Finance \$

- Budget
- Received
- Spent

### Manpower

- Fulltime
- Part-time
- Salary
- Contract Details
- Contact Details

### Documents

- Proposal
- Agreement/MoU
- Budget

### Activities

- Target
- Achievement

### Proposal Changes

- Details
- Reason
- Justification

### Challenges

- Implementing Agency -

- Finding Documents
- Data Collecting & Report Processing
- Distribution of Reports on time
- Tracking of Reports sent
- Spent but not Accounted
- Proposed but not yet spent
- Tracking assets and supplies
- Adequacy of staffing

•Coordination & Tracking  
•Relating to Monitoring...

↓  
**Access to Information**

### Challenges

- Supporting Organization -

- Tracking of Documents
- Getting Reports
- Assessing Status – Activities / Finance

### Promys

### Tasks

- Tracking
- Reminder

### Manpower

- Training & Development

### Finance \$

- Budget
- Released
- Utilized

### Reports

- Performance
- Finance

### Equipment

- Agreed
- Supplied
- Purchased

### Documents

- Proposal
- Agreement/MoU
- Presentations
- Reports

### Proposal Changes

- Details
- Reason
- Justification

### Activities

- Target
- Achievement

### Supplies

- Agreed supplies
- Received
- Used

Promys

PMS Tool Demo

## FEEDBACK

Noted leadership trainer John E. Jones said:

- “What gets measured gets done”
- “What gets measured and fed back gets done well”
- “What gets rewarded gets repeated.”

## Feedback

Feedback is information about performance that leads to action to change or maintain performance.

## Feedback Importance

- Encouragement to the partner
- Helpful to provide advice
- Partners could understand themselves better
- Encourage partners to look for opportunities to share their experience
- Ensure Proper & focused monitoring -> as it requires thorough understanding of the details received

## Feedback would contain

- Performance Indicators
- Targets & Achievements
- Appreciation
- Add value to their MIS
  - Graphs, Trends, %, compare

## Feedback

Indicators	Month	Performance	%	Annual Target	Performance	%
	Target					
OP	750	700	93%	8000	2212	28%
Surgery	100	98	98%	1100	218	20%
Surgery Acceptance	90%	70%	78%	90%	75%	83%
Follow-UP Rate	95%	60%	63%	95%	65%	68%
Cost Recovery	100%	90%	90%	110%	98%	89%
Bed Utilization	90%	80%	89%	90%	91%	102%



### Performance Report

Activity Category	Target of the Year	Month (Dec-2007)			Cumulative (May-2008-Dec)		
		Target	Activ	%	Target	Activ	%
<b>Awareness creation</b>							
Press meeting	1	0	0	0	2	3	150
Seminar for Doctors	5	0	1	0	8	3	38
Seminar for others	7	1	2	200	9	27	300
Poster distribution	408	34	53	130	478	350	74
Booklet distribution	408	34	64	150	516	391	76
Pamphlet distribution	33,336	2,778	2,519	81	55,560	40,226	72
Diabetic fair and exhibitions	2	0	2	0	4	19	475
Seminar for Paramedical	9	1	1	100	11	12	100
<b>Community outreach</b>							
Mobile van camps	24	2	2	100	40	25	62
Diabetes screening	12,000	1,000	565	56	20,000	19,262	96
Diabetes screening in Mobile van	6,000	500	400	80	10,000	4,409	44
Exclusive DR camps	24	2	3	150	40	95	238
<b>Tertiary care</b>							
Laser treatment	840	70	43	61	1,400	1,285	92

