



Performance Monitoring Teams

In 2023, inSupply Health and JSI conducted a joint landscaping assessment to identify opportunities for strengthening data use culture and processes within the public sector supply chain. The assessment used a mixed-method approach, collecting both quantitative and qualitative data, with stock status measured by physical inventory checks. Key findings highlighted the Ministry of Health's efforts to promote data use through a national training manual, HMIS systems, 177 key performance indicators (KPIs), and Performance Monitoring Teams (PMTs) across all levels. PMTs at the woreda and health facility levels were the most functional, though engagement from pharmacy departments remained limited.

The assessment revealed that inventory accuracy for eight Reproductive, Maternal, Newborn, and Child Health (RMNCH) products was 100% across the facilities visited, with overall availability at 78%. Stockouts were infrequent and mainly caused by supply shipment delays, particularly for certain vaccines. The report recommends revitalizing PMT governance, enhancing data analysis skills among members, and establishing robust monitoring and evaluation systems to improve decision-making and supply chain performance.

*Themes: 1. Forecasting and Quantification 2. Inventory Control Procedures 3. Transport & Distribution 4. Logistics Management Information Systems 5. Data Demand and Use 6. **Performance Monitoring Teams** 7. Recognition and Capacity Building*

The Performance Monitoring Team (PMT) consists of members from different departments within an institution. A PMT has a chairman - the head of the institution, the secretary who is selected among the HMIS staff within the institution, and Heads of departments who are the members. A PMT at the health centre may include 10 members, at primary and general hospitals upto to 15 members and more than 20 members for specialized hospitals. The Meeting cadence for PMTs varies depending on the level. At the health facility the PMT meets every month whereas at the RHB level, they meet every quarter. The main function of the PMT is to collect data on Key Performance Indicators, analyze, interpret, identify challenges, conduct root cause analysis, and develop action plans and recommendations.



MOH- Ethiopia has taken ownership of the PMTs by establishing PMTs at all levels from National, Regional, Zonal, Woreda and health facility levels. They have developed a PMT manual and other guidelines essential for the proper functioning of a PMT. Ownership by MOH - Ethiopia has led to a sustained implementation of PMTs even with minimal implementing partner support.

The PMT meetings are usually held within the facilities available in each institution. There is no implementing partner support for PMT meetings.

Inconsistent PMT Meetings:

PMT meetings at the national and regional levels are irregular, often not held as scheduled. Contributing factors include unexpected events (e.g., disease outbreaks), alternative forums like the Joint Coordination Committee, senior leaders' limited availability to chair meetings, and low motivation among members. At the regional level, most regions have not conducted PMT meetings in the past six months.

Limited Resources for Action Items:

PMTs at higher levels address challenges beyond health facilities' control but resolve only a few due to limited resources, discouraging attendance. Allocating budgets for implementing PMT action items is essential.

Unstructured Meeting Agendas:

PMT meetings at zonal and facility levels often lack structured agendas, leading to all-day sessions that deter attendance. While

thorough performance reviews are beneficial, the pharmacy department's involvement is limited to answering supply chain questions, with little focus on data analysis or interpretation due to broad agenda coverage.

Lack of Shared Responsibility in PMT Meetings:

Data-related tasks, including extraction, analysis, presentation, and note-taking, are primarily handled by the M&E, or strategic affairs department. This concentration of responsibility leads some PMT members to adopt a passive role, perceiving data analysis as solely the responsibility of specific departments or staff.

Recommendations

- Adopt the IMPACT Teams approach to refine meeting cadence and agendas.
- Increase pharmacy team engagement and build member capacity in supply chain data review, root cause analysis, and decision-making.
- Implement role rotation to enhance member responsibility in overseeing PMT meetings.
- Introduce process indicators to monitor PMT progress at all levels.
- Establish low-cost reward and recognition mechanisms to promote teamwork and productivity.
- Foster adaptive learning practices, emphasizing continual improvement and data-driven decisions.
- Develop a tracking dashboard to simplify KPI monitoring and PMT agenda management.