

# Guidelines for Conducting a Quarterly Performance Review Meeting

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# Guidelines for Conducting a Quarterly Performance Review Meeting

## **TB DIAH**

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## Abbreviations

DQR	Data Quality Review
HC	Health Center
HF	health facility
M&E	monitoring and evaluation
MIS	Management Information System
NSP	National Strategic Plan
NTP	National Tuberculosis Program
OD	Operational District
PTB	pulmonary tuberculosis
QPRM	quarterly performance review meeting
TB	tuberculosis
TPT	TB Preventive Therapy

## Introduction

A quarterly performance review meeting (QPRM) assesses the quarterly performance of the strategies and interventions implemented following the National Strategic Plan (NSP) and monitoring and evaluation (M&E) plan, in this case, focused on ending tuberculosis (TB). A QPRM is data-driven, with the Operational District (OD) TB supervisor updating the summary tables of the specified indicators from health facilities (HFs) to present during the QPRM and comparing them with the national and subnational targets. An appropriate review of data before the discussion in the meeting and an action plan after the session is necessary to measure the quality of the data from the HF so that the data generated and compiled at the OD level are of high quality to be used as evidence for policy change. The Data Quality Review (DQR) toolkit and guidelines<sup>1</sup> were introduced to the OD TB supervisor during the TB M&E training that provides the guidance to complete the DQR toolkit. In addition to the DQR, there will be discussions on the TB M&E indicators collected at the HF level and the HF-based dashboard at the OD level. Ultimately, the QPRM is an avenue to interact with the other adjoining HFs, to compare performance, learn best practices, and identify the data quality issues and performance gaps with corrective action plans. This platform provides an opportunity to notify/update if there are any changes in recording and reporting and to deliver the TB services and policy changes. The QPRM is a data-driven discussion on their achievement over the past few months and way forward, the TB services provided in the catchment areas, and the problems encountered. The QPRM brings together subnational stakeholders to inform the data quality issues quarterly and gives the HF an opportunity to implement the corrective action, to identify gaps in the performance of TB M&E surveillance compared to TB NSP goals and targets. In addition, the results also need to be presented to allow HF staff to assess trends and define action plans quickly to address data quality issues and performance disparities in the National TB Program (NTP).

## Purpose

The QPRMs provide a standard approach for reviewing the performance at HF level to identify the cause of the data quality issues and gaps in the performance of the TB program against the TB NSP goals and targets. This performance review guideline enables assessing progress in response to the TB program's goal, objectives, and targets specified by the NSP. The QPRM identifies the performance of NTP outputs and outcomes, including the quality of TB data and TB services provided. It is an opportunity to bring together stakeholders from the HFs under each OD level to perform the following:

- Review the quality of data generated by the HF
- Verify data across different data sources
- Analyze the TB program performance and/or the gaps of key TB indicators
- Develop a corrective action plan to improve on TB program data quality issues/program progress

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<sup>1</sup> Source: <https://www.tbdiah.org/resources/publications/tuberculosis-data-quality-checklist-standard-operating-procedure/>

## Participants, frequency, and data sources

**Subnational participation:** In the TB program, the performance review takes place at the OD level on a quarterly basis, although the provincial- and central-level NTP could review the data at any time and provide inputs as necessary. The QPRMs take place by compiling and presenting the data collected from the primary sources by the HF's staff, and the data is either shared electronically or via paper-based format. The TB data are collected at the HF level at the TB register and shared with the OD, where the data are digitized. The quarterly performance review occurs within the OD. The list of participants for the QPRMs is as follows:

- TB OD supervisor (the meeting leader)
- TB officer from health facilities
- TB implementing partners
- Other government leaders and stakeholders from community and nongovernmental organizations

**Frequency:** Quarterly

**Data sources:** TB MIS, DQR, TB registration book, TB treatment card, Lab 01, monthly report from HF, HC register suspect book (Lab 03), HC/RH register treatment book, HC CI Register book, and HC TPT register book.

## Phases for conducting performance review meeting

### Pre-performance Review Meeting

Prior to the performance review meeting, the OD TB supervisor will go through a checklist, which is essential to succeed in the performance review meeting. The checklist should include: (1) the identification of stakeholders, (2) drafting and sharing the agenda, (3) the data quality review (data collection, and data sources verification and data sharing via different means) (4) DQR dashboard, and (5) TB program performance indicators list. The meeting should be organized in plenary sessions with presentations from the OD and should present the HF performance dashboard and the HF-wise information as necessary. The OD TB M&E supervisor should present the performance dashboard and DQR dashboard during the QPRM.

The meeting checklist:

- **Stakeholders' identification**

The OD should identify the stakeholders that will/would attend the QPRM a few weeks before the quarterly review meeting. The QPRM host should identify how many HF representatives and stakeholders plan to attend. While sharing the agenda, the roles and responsibilities of each stakeholder also need to be assigned so that each will prepare for the meeting. For example, the facilities will bring their reports so that any discrepancies in number will be verified during the meeting.

- **Agenda preparation and sharing with participants**

- Prioritize the discussion topics included in the action plan from the previous meeting
- Identify the data quality issues to be discussed

- Identify the possible solutions to minimize those issues in the future
- List the number of stakeholders and HFs that participate in the meeting so the OD can assign the role and responsibility corresponding to each relevant action plan

The proposed agenda should also be sent to all the possible participants attending the QPRMs and set a date of the returned agenda. The formal invitation should be issued with the draft agenda.

- **Data quality review**

Use the findings from the DQR2 Excel spreadsheet, which has guidelines for preparing the DQR spreadsheet, to present to the meeting to build confidence in the facility-level TB data. This will also identify any possible issues or areas for improvement. The data must be extracted before the meetings for its use and verification. The verification could be done by reconciliation, data verification, and data checking for data transcription.

- **Data reconciliation**

Data reconciliation is needed when the DQR, the data consistency component, finds mismatched figures. The TB data could be reconciled through sources like the TB registration book and/or laboratory register or a data source available at the HF so that the data could be verified; discrepancies should be identified and resolved. The reconciliation could also prove the TB commodities used at the facility level (e.g., number of TB cases detected, number of GeneXpert tests conducted, and all the indicators reported from health facilities are compared with different sources).

- **Verification of data accuracy**

The discrepancies in the data resulting from the above can be identified using the following formula. Therefore, if there is any inconsistency, the OD would also find it in the DQR Excel spreadsheet in the verification of data accuracy component. This is essential if a discrepancy is found and needs to be quantified through a verification ratio (Verification Factor).

$$\text{Verification Ratio} = \frac{\text{Recounted number of events from registers}}{\text{Reported number of events from monthly summary forms}}$$

A verification ratio greater than 1 (>1) may indicate underreporting in the monthly summary forms, and a verification ratio less than 1 (<1) may indicate overreporting in the monthly summary forms. Any data elements that are missing need to be captured.

- **Internal consistency over time**

TB indicators trends focusing on specific indicators selected each month for DQR. This allows the OD to observe any trends and shows the performance of HFs. The informational presentations may point out inconsistencies in the data by comparing trends. For example, the number of patients increases at the Out Patient Department (OPD) over the three months, but the HF didn't experience the same increase over the same three months in the previous years. Therefore, such cases should be investigated as an outlier. The graph should also include the targets to measure the national target developed for the indicator to see the performance gaps.

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<sup>2</sup> <https://www.tbdiah.org/resources/publications/data-quality-review-tool-and-dashboard/>

- **Data quality dashboard**

The DQR dashboard provides the overall data quality status in terms of five different dimensions. OD enter the monthly data received at the OD level in the DQR Excel sheet, and it automatically visualizes the dashboard. Example for DQR dashboard visualization at the OD level will be shared during the quarterly performance review meeting.

When a DQR Excel spreadsheet is ready, the data quality dashboard would also be ready for presentation. The OD representatives should read the dashboard prior to the meeting and note the discussion points from the dashboard.

- **TB indicators list<sup>3</sup>**

Identify indicators and collate and compile data (Compile the dashboard at the OD from the TB surveillance and M&E data received from the HF).

Review TB indicators:

- Total number of TB presumptive cases
- Total number of TB presumptive cases referred and tested for TB
- Total number of TB cases diagnosed
- Total number of bacteriologically confirmed pulmonary tuberculosis (PTB) cases treated
- Total number of clinically diagnosed PTB cases treated
- Total number of extra pulmonary tuberculosis cases treated
- Number of close contacts with bacteriologically confirmed PTB
- Total number of close contacts who received tuberculosis preventive treatment (TPT)

Review the performance over the past three months. The HF dashboard will help to access this performance by comparing the above indicators.

The action plan from the previous meeting should be revisited and updated on the progress.

## Prepare a presentation

### **Presentation content:**

- Action plan from the previous meeting
- Data quality review and performance dashboard
- TB program progress (using TB indicators list)
- Discussion on the data issue/program gaps
- Action plan for the next QPRM

The OD prepares a presentation on the data quality of reported data received from HF level. This should also assess the data quality across the five following data dimensions, which is more detailed in the guidelines and is available in the link.

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<sup>3</sup> <https://www.tbdiah.org/assessments/pbmef/>



### **Identify data quality issues:**

After carefully verifying the data, it is important to cross-check different data sources available at the HF to identify the more significant data quality issues. Once the DQR is ready, prepare a discussion related to the data quality dimension listed below to minimize the data quality error, if any:

- Reporting completeness
- Reporting timeliness
- Completeness of indicator data
- Verification of data accuracy
- Internal consistency over time

### **During the performance review meeting**

A meeting secretary should be appointed to write and disseminate meeting minutes, including to those who did not attend the meeting, so that all current and future participants are updated on the meeting discussion and the upcoming meeting. The discussion should closely follow the proposed agenda and allow participants to discuss other outstanding issues.

#### **Analyze the trends of TB indicators**

During the data review meeting, the OD should review the TB indicators, the DQR findings, and performance indicators and discuss with the relevant HF within the OD. Those who perform very well should be motivated for best practice examples. The OD should focus on the services provided and the performance against the HF's target and the OD's and national targets. This allows the OD to understand where they stand and what they need to improve to generate quality TB M&E and surveillance data. This could be suggestive after analyzing the five data quality dimensions of TB M&E and surveillance data. The performance of the data quality is visualized in the DQR dashboard, and the HF dashboard reflects the performance of TB services provided at the HF (and includes the indicators reported from HF as listed above in the indicator list), identifies the strengths, and suggests the areas of improvement if any.

#### **Discussion post presentation**

**TB program:** During the QPRM, the OD presents the data and identifies the HF's performance by identifying the quality of the data generated, using the DQR toolkit and performance dashboard generated at the OD level on a monthly basis from the health facility.

**HF's performance:** The performance of each HF is measured at the OD level by identifying the quality of data generated in terms of the data quality dimension and performance in diagnosis and treatment of TB cases at the HF level.

#### **Develop an action plan**

After the QPRM, an action plan should be developed for follow-up based on the issues identified and the overall performance of the HF levels. A template for an action plan is included in the Annex; the plan identifies the issue, the recommendation or relevant corrective action plan to resolve the issue, the responsible person, and the deadline for the action to occur, with additional comments, if any. For some action points, the stakeholders should consider if the action and the deadline are feasible for them and how to track the progress.

A possible date for the next meeting should be secured.

## **Post-performance review meeting**

After the performance review meeting, the OD should share the meeting minutes to be reviewed by participants. After consolidating the notes, the minutes should be shared within a week following the meeting to remind participants of the issues discussed and the action plan to be followed up during future performance review meetings. The action plan of the performance review meetings needs to be closely monitored so that the corrective action plan (and additional support, if required) could be provided to strengthen the TB M&E services, improve the data quality issues, and increase the performance of each health facility.

## **Conclusion**

Performance review meetings are forums that enable HFs to present the past quarter's data, data quality performance, and performance dashboard; identify issues in their data quality; assess the current TB program situation at the OD and HF level; and discuss areas to improve TB M&E data for ending TB. The NTP has limited time and resources and needs to make the most of meetings with the OD levels during performance review meetings. High data quality at HFs is essential because these data feed into aggregated data systems reviewed by OD, province, and national levels and are used for policy decisions. Studying trends at the HF and OD levels allows participants to assess the TB situation and identify gaps in service delivery. Improving the data quality dimensions of HFs and ODs also ensures a robust health information system on which decision-makers can rely. As countries reduce transmission, HF and OD levels are pivotal in deploying coverage and services to those most in need. The performance review meetings are an opportunity for national and subnational levels to regularly provide feedback on the data quality to measure the country's progress towards ending TB.

## **References**

[https://www.measureevaluation.org/resources/publications/ms-20-183/at\\_download/document](https://www.measureevaluation.org/resources/publications/ms-20-183/at_download/document)

## Annexes

### Draft agenda for quarterly performance review meeting

Quarterly performance review meeting: Date			
Time	Topic	Location	Responsible person
	1) Welcome and introduction; Announce agenda		OD TB supervisor
	2) Progress update and review minutes of last meeting and follow- up action		
	3) DQR findings—present DQR dashboard, identify problems, if any, and decide actions to address data quality issues		
	4) Health-facility-wise presentations on TB indicators		TB officer from HF
	5) Discussion on any causes of performance gaps, if any		
	6) Actions to address the gaps, resources needs, and responsible unit/staff		TB OD supervisor
<b>Lunch - optional</b>			
<b>Tea/coffee break - optional</b>			

List of attendees:

List of absentees:

Notes and action items:

## TB indicators to be collected by the health facilities

Indicator	Numerator	Denominator	Data source	Frequency
Number of TB presumptive cases		N/A	TB registration book	Monthly
Number of TB presumptive cases referred and tested for TB		N/A	TB registration book Lab 01	Monthly
Number of TB cases diagnosed		N/A	TB registration book Lab 01	Monthly
Number of bacteriologically confirmed PTB cases treated		N/A	TB registration book Lab 01	Monthly
Number of clinically diagnosed PTB cases treated		N/A	TB registration book	Monthly
Number of extra PTB cases treated		N/A	Report from HF, from Village Health Support Group (VHSG)	Quarterly
Number of close contacts with bacteriologically confirmed PTB		N/A	Patient registration book	Monthly
Number of close contacts who received TPT				

## Action plan template and follow-up for recommendations for quarterly performance review meetings

Action plan and follow-up on recommendations post meeting					
OD level:					
Date of quarterly performance review meeting:					
Date of follow-up:					
Identified challenges or area of improvement	List of recommendations	Responsible person	Resources needed	Deadline for action	Comments

## Checklist for NTP for quarterly performance review meetings

Name of NTP attending the QPRM: .....

Name of OD: .....

Name of Health Facility: .....

Date of Visit: .....

Recommendations of the previous QPRM visit:

.....

Date: .....

Recommendation	Implementation status	Reasons for not implementing

Report/minutes format:

# Job aid for conducting the quarterly performance review meeting

## Quarterly Performance Review Meeting (QPRM)



### What is QPRM?

QPRM is a forum where the Operational District (OD) TB supervisor and staff from the health facilities within that OD as well as representatives from TB program implementing partners and the community meet quarterly to review the implementation of the national TB program and self-assess the performance of interventions implemented in the OD to end TB and the progress towards the achievement of national and OD targets.

### What is the purpose of the QPRM?

QPRM provides a standard approach for reviewing the performance of the national TB program at the OD. It utilizes a data-driven process to:

- Review the quality of TB data
- Use TB data to analyze the TB program performance
- Identify performance gaps using key TB indicators
- Discuss root causes of data quality issues and performance gaps
- Decide and follow-up actions to address TB data quality /program gaps

### Who Participates in QPRM?

- TB OD Supervisor (the meeting leader)
- TB in charge from health facilities
- TB Implementing partners
- Other stakeholder – community, non-government organizations



### Preparing for the QPRM? Use this Checklist

- Identify the participants of QPRM
- Conduct data quality checks and update data quality review (DQR) dashboard
- Develop and share the agenda
- Prepare TB program performance indicators and circulate among the participants
- [TB DO Checklist: Standard Operating Procedure](#)
- [TB DO Checklist: Guide for TB OD Supervisor](#)

# Quarterly Performance Review Meeting (QPRM)

## Sample Agenda

- 1 Welcome & introduction
- 2 Progress update - on decisions made in past meeting(s)
- 3 DQR findings - Presents the DQR dashboard, identify problems, if any, and decide actions to address data quality issues
- 4 Health facility wise presentation on TB indicators
- 5 Discussion on and causes of performance gaps, if any
- 6 Actions to address the gaps, resources needed, & responsible unit/staff

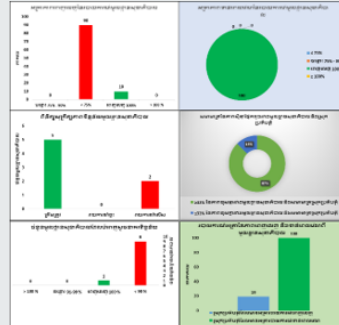


## Post-QPRM checklist

- Consolidate meeting notes and circulate meeting minutes among all the participants within a week of QPRM
- Follow-up with health facilities on actions decided during the QPRM
- Send a reminder of the next QPRM

## QPRM Presentations

DQR Dashboard (graphs are illustrative)



[TB DQR Tool and Dashboard](#)

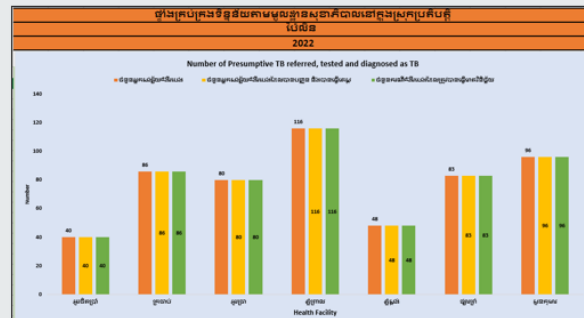
## DQR Dimensions

- Reporting completeness
- Reporting timeliness
- Completeness of indicator data
- Verification of data accuracy
- Internal consistency over time

## Common TB performance indicators reviewed during QPRM

- Number of TB presumptive
- Number of TB presumptive referred and tested for TB
- Number of TB case diagnosed
- Number of bacteriologically confirmed PTB treated
- Number of clinically diagnosed PTB treated
- Number of extra PTB treated
- Number of close contacts with bacteriologically confirmed PTB
- Number of close contacts received TPT

TB program performance indicator dashboard (illustrative)



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