Can performance scorecards promote community involvement in regulatory enforcement? A process evaluation of an innovative regulatory intervention in Kenya

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Background

Many low- and middle-income countries recognize the limitations of traditional command and control approaches to facility regulation, leading to the emergence of innovative models, including responsive regulatory strategies, and increased use of information technology. However, the focus of regulatory innovations largely remains the providers. Little effort has gone towards devising models that incorporate service users. In Kenya, the Ministry of Health and the regulatory agencies developed and piloted a risk-based regulatory regime called the Kenya Patient Safety Impact Evaluation (KePSIE), which involved intensified inspections using a single comprehensive checklist. A key innovation was the display of performance scorecards at healthcare facilities. These scorecards gave facilities a rating on inspection performance of A (highest), B, C or D, and provided guidance on interpreting these scores. We conducted a qualitative study to explore the implementation and perceived impact of the publicly displayed scorecards.

Methods

The study was conducted in the three KePSIE pilot counties (Kakamega, Kilifi and Meru) using a qualitative approach. We conducted in depth interviews with health facility workers, inspectors, patients, community representatives from health facility and community health committees to obtain a broad community perspective. Interviews were recorded, transcribed and analysed using the Framework Approach in NVIVO.

Results

Majority of community representatives, patient and health facility committee members had not seen or understood the score card despite them being nearly always displayed at facilities. The scorecard failed to reach the target audience, but most health facility workers were bothered by them and felt motivated to comply with the basic minimum standards.

While some felt that the scorecards can influence patients’ choice of facility, majority felt that facility scores would not influence patients’ facility choice due to geographical access challenges.

Conclusion

Scorecards are an important tool that can be used to encourage health facilities to comply to the basic minimum safety standards. In this case, the clear majority of patients and community representatives we interviewed had not seen the cards and couldn’t interpret them correctly even when we showed them. As such it would be beneficial to involve community health volunteers a bit more in educating the public about the scorecards as they appeared to be more enthusiastic.