

DATA VERIFICATION IN DR. J.S. MOROKA SUB-DISTRICT, MPUMALANGA

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Background

The TASC TB project conducted a support-supervisory visit in Dr. J.S. Moroka sub-district between January–March 2007. This exercise was done in response to concerns by the National TB Control Programme (NTCP) that the sub-district's TB reporting rates had declined in the past two years. The TASC-TB Mpumalanga provincial advisor confirmed this and reported that TB recording and reporting in the sub-district was very poor, and that this was compounded by data-capture back-logs.

Methods

During the supervisory visit data management practices were observed, documented and attempts were made to correct challenges.

Results

Challenges identified included

- No systematic filing system to check that each facility had submitted the full set of expected report forms, and that they matched seamlessly.
- Facility list-updates had not cascaded to higher levels of data aggregation, including the NTCP, which was therefore short of data captured from five (5) facilities that had been operational since 2004.
- Some records had been updated based on telephonic data verification between the data capturer and facility staff concerned. These changes had not been documented and resulted in inconsistencies between electronic and paper records.
- There was no direct support to the data capturer. HIV/AIDS, Sexually Transmitted Infections and TB (HAST) coordinators supervise the TB program, checking data completeness in facility registers and delivering completed reports to the data capture point. However, their support was limited due to competing responsibilities for support to other programs, including HIV, AIDS and STIs.
- The sub-district data management team were not familiar with the full capability of the Electronic TB Register (ETR) to navigate the system, run additional tables to enable interpretation of standard reports and understand the nature of discrepancies that show up.
- The District Health Information Systems (DHIS) section of the sub-district appeared to have stronger data management and analysis skills. Establishment of linkages between the TB and DHIS sections could go a long way towards strengthening TB data management.

1. Health Systems Trust

2. Tascli TB Project