



**HEALTH
SYSTEMS
TRUST**

COMPLIANCE MONITORING ON IMPLEMENTATION OF RATIONALISED REGISTERS IN EASTERN CAPE AND NORTHERN CAPE

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Change Management

*Go Animate
Go Make Your Own*

Background

- ❑ The **Health Systems Trust (HST)** was commissioned to coordinate and manage the national roll-out of the rationalised set of registers in all PHC facilities and provide technical support to provinces during this process
- ❑ The aim of the rationalisation of registers is to improve data quality by ensuring efficient data collection processes in PHC facilities
- ❑ District training workshops were conducted in all participating provinces before the implementation of rationalised registers

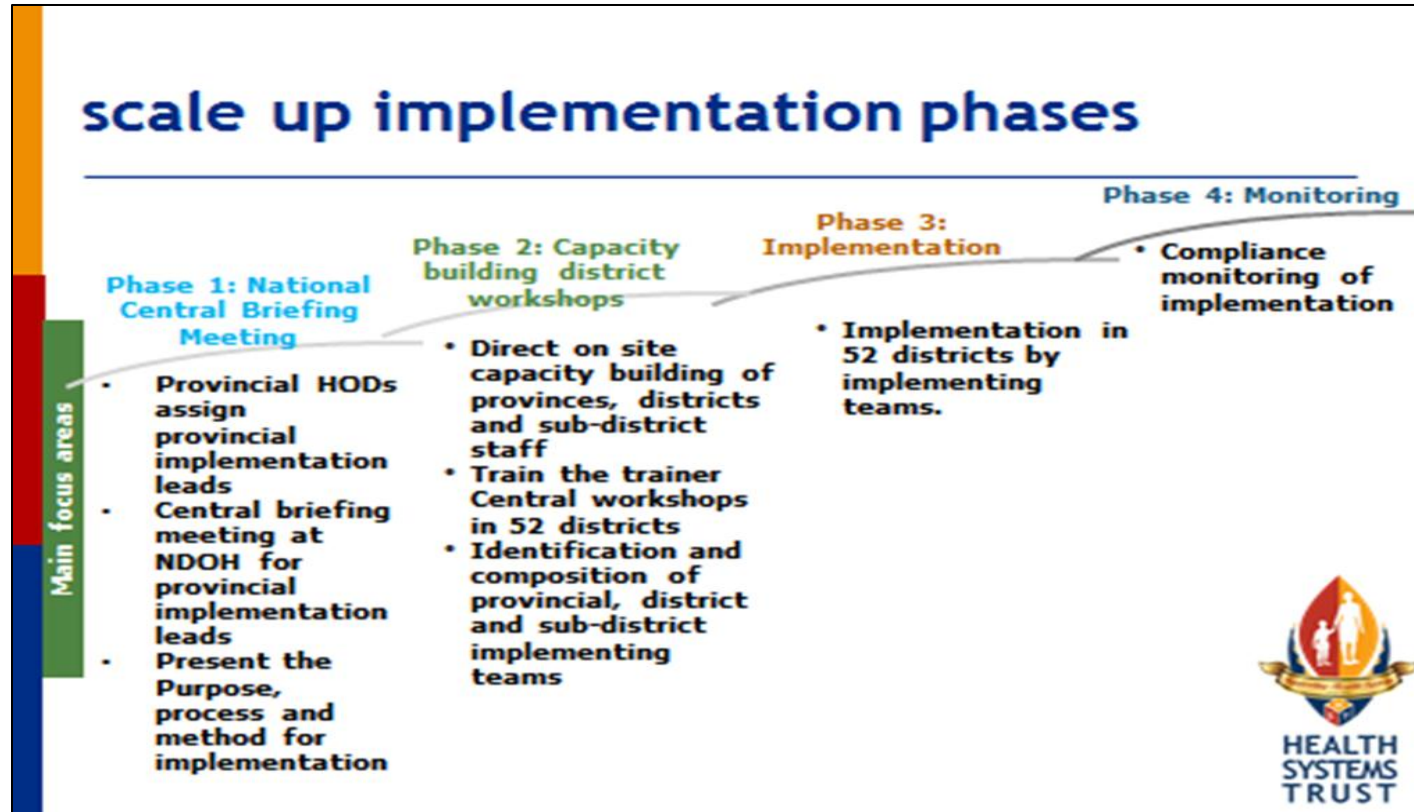
- ❑ A new set of six registers rolled out to all (PHC) facilities end of March 2015
 - PHC daily tick register (including headcount register)
 - TB register (for ETR.net)
 - ART register i.e. TIER 2 as minimum
 - Delivery register
 - Theatre register (for MMC & TOPs)
 - Midnight census (for PHC facilities with inpatient facilities)

Background Cont.

- ❑ The HST supplied the following documents:
 - ❑ PHC comprehensive tick register
 - ❑ Headcount register
 - ❑ Midnight census register
 - ❑ The weekly tally summary book (for collation of daily and weekly totals)
 - ❑ The monthly summary notepad (for submission to sub-district/district)

- ❑ All other registers are supplied as per the current procedures within provinces

Phased Approach to the Rationalisation Process



Compliance Monitoring

Aim:

- ❑ Monitor compliance of implementation of rationalised registers in PHC facilities

Objectives:

- ❑ Measure proportion of facilities using new registers
- ❑ Monitor correct register usage and provide support
- ❑ Document district and facility staff experiences

Methodology

- Mixed method approach
- Purposive and stratified random sampling

1. Purposive sampling (NC)

- Sampling recommended by Province

Criteria

- Facilities with challenges
- Facilities without new registers

2. Stratified random sampling (EC)

- All 8 districts in EC represented

Study Population

District level

- Local area managers
- District information officers
- Clinic supervisors
- Programme managers & M&E Teams

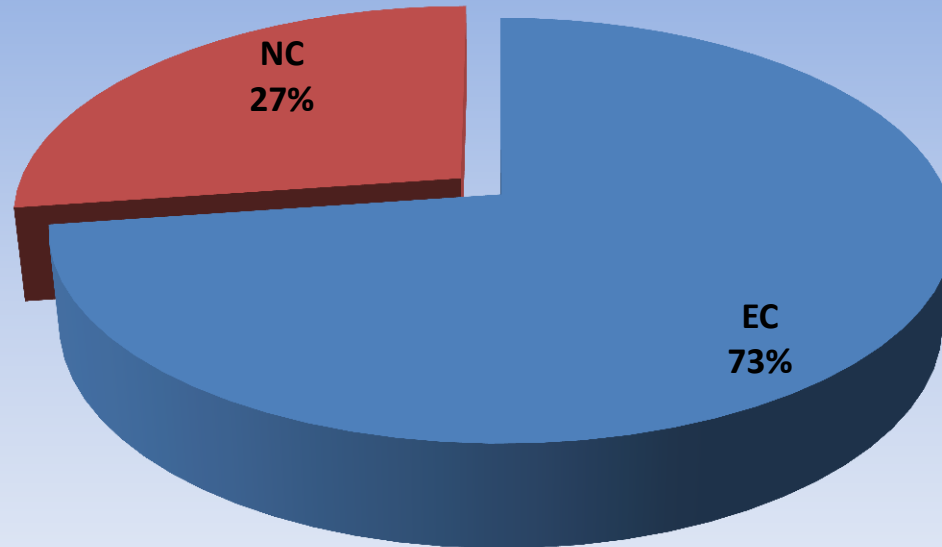
Facility level

- Operational/Facility manager
- Professional nurses
- Enrolled nurses and Assistant nurses
- Data capturers
- Admin clerks
- Other personnel

Data Collection

- ❑ Compliance monitoring was conducted in 99 facilities in the Eastern Cape and the Northern Cape respectively

Number of facilities sampled



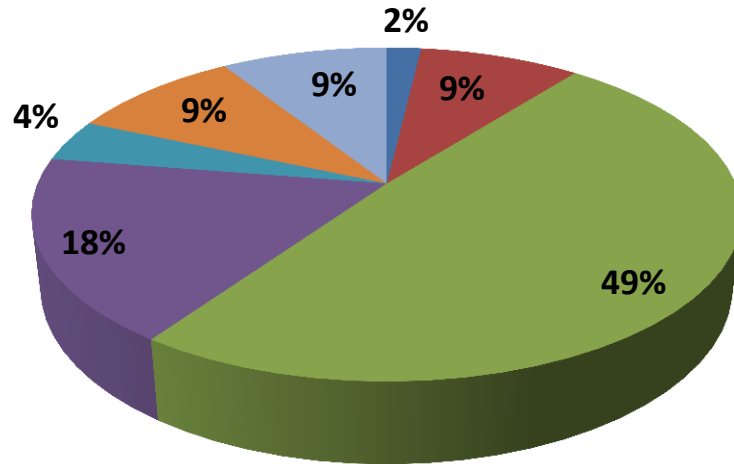
Data Collection Cont.

- ❑ Four questionnaires were used to collect data:
 - ❑ A questionnaire administered at
 - ❑ district/sub district level
 - ❑ facility level: Operational Manager
 - ❑ facility level: facility staff
 - ❑ Observation questionnaire to measure register utilisation at the facility

Results

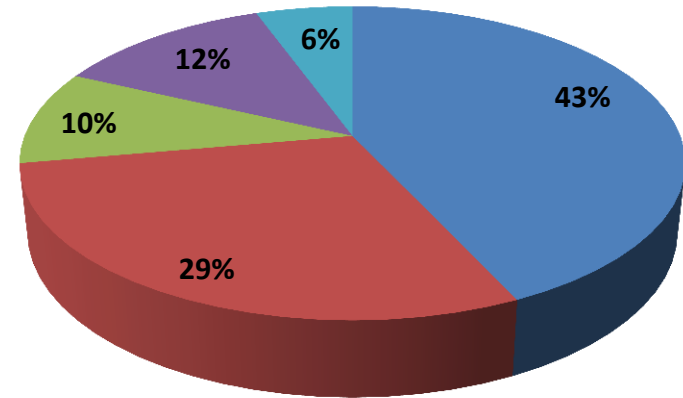
Number of staff interviewed per category, by province

Eastern Cape



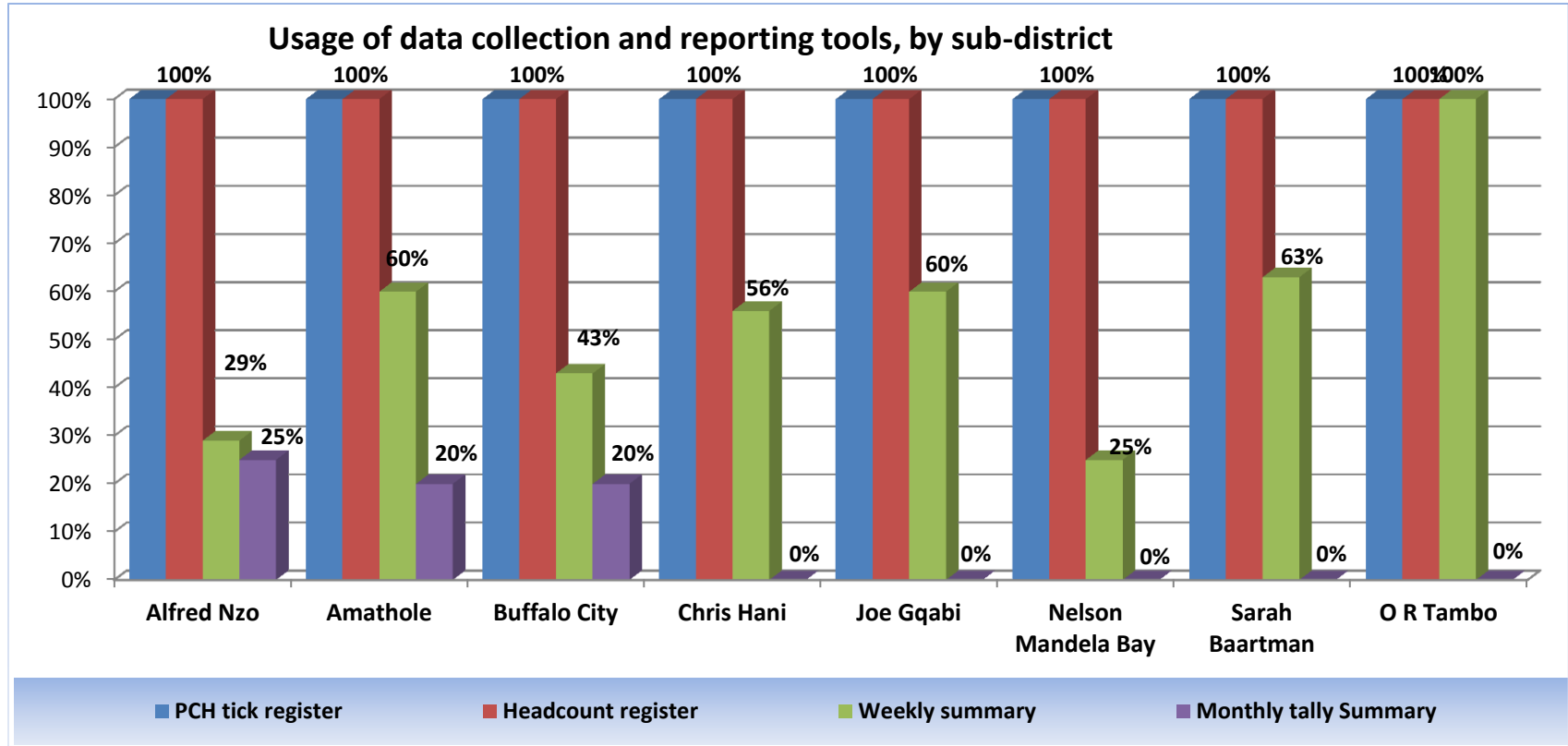
■ DIO/Sub DIO ■ CS ■ PN ■ OM ■ EN/ENA ■ DC/AC ■ LC/CHW

Northern Cape

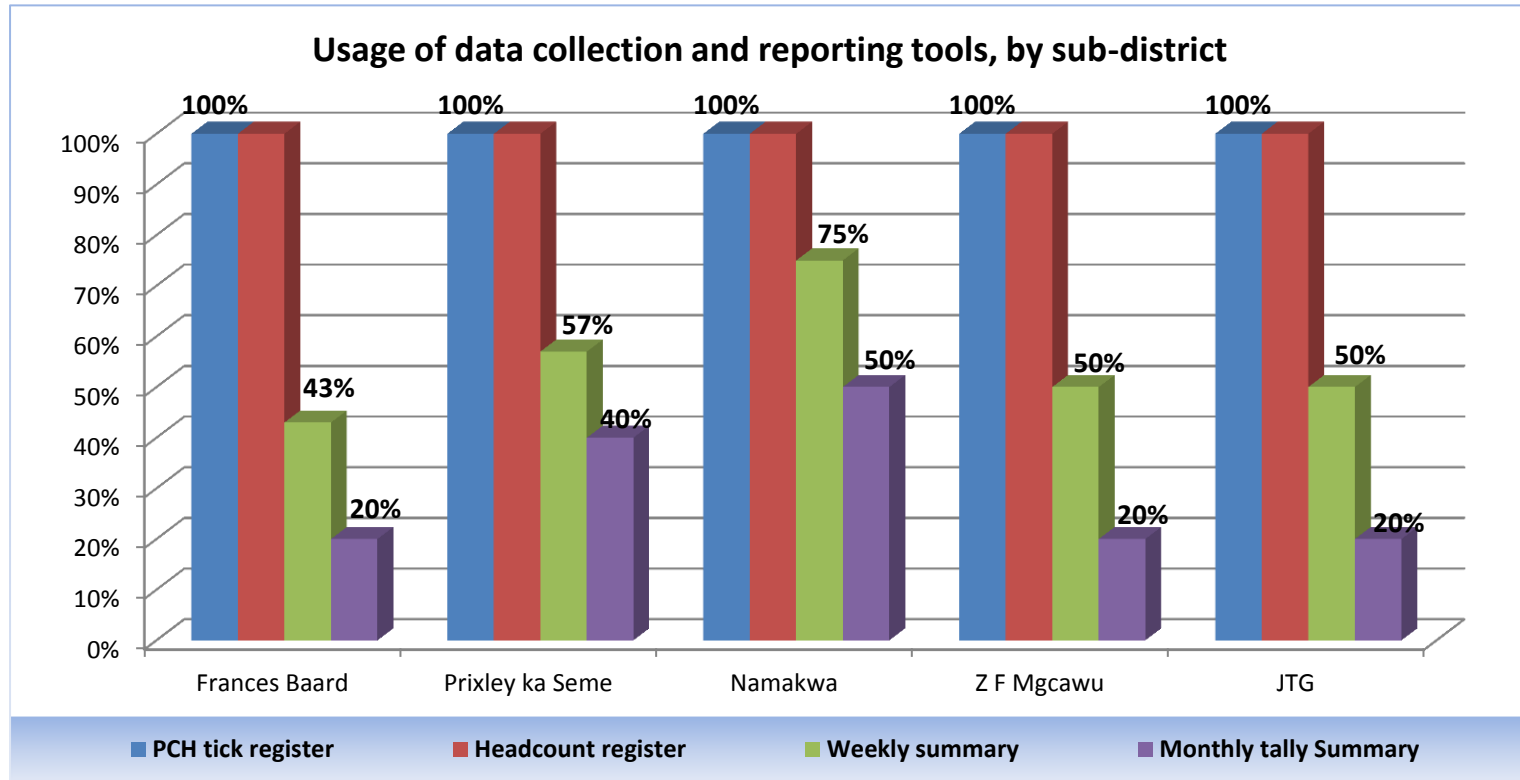


■ PN ■ OM ■ EN/ENA ■ DC/AC ■ LC/CHW

Comparative Proportion of Register Usage: EC



Comparative Proportion of Register Usage: NC



Staff Experiences: Benefits

❑ **Waiting time reduced**

- ““with the new registers waiting time has improved”(PN)

❑ **Reduction of work load**

- "I am now reporting on fewer elements and my workload is less” (DC)

❑ **Removal of duplications**

- "Everybody is now doing the same thing" (OM)
- "With the new registers, it is easy to collect and correct data elements and to complete the DHIS input form"(DC)

Benefits Cont.

☐ Good register layout

- "It is very efficient and easy for me to complete DHIS at the end of the month" (DC)
- "I am happy because there is less data elements to report on"(PN)

☐ Quality time with patients

- "Now you can spend more time with patients"(PN)

☐ Easy file retrieval

- "It is easy to find patients' files because I have all their information" (AC)

Challenges

❑ Missing data elements

- "The register does not cover all elements, for example, communicable disease, initiation on ART with communicable disease that need to be reported weekly" (PN)
- "There is nothing for diagnosis which is very important for stats e.g. How many diarrhoea, pneumonia, under 5 years" (PN)

❑ Use of old data sources

- "The PMTCT nurse is still using old registers and the staff do not do the weekly tally summary" (DC)

Challenges Cont.

❑ No feedback or support

- "Nobody gives us support and cares to find out how we are doing"(PN)

❑ Lack of training

- "We need training on all staff" (OM)
- "The LAMs just dumped the registers and told us to use them"(OMs & PN)

❑ Fear of unknown

- "What will happen when we run out of registers?" (OM)
- "Who is going to procure the new registers? HST or DOH?" (PN)

Common Errors on Register Usage

- ❑ Additional columns on registers
- ❑ Using PHC Tick register to calculate headcount
- ❑ Gaps on data recording
- ❑ Writings notes instead of ticks

Changes on Tools After Compliance Monitoring

- ❑ The number of pages on the PHC comprehensive tick register was increased from 100 to 300 pages

Review Process:

- ❑ HST reviewed the rationalised registers in August 2015
 - ❑ The process involved engagements with:
 - Provincial representatives (including those from information management units)
 - District and sub district representatives i.e., Information officers

Changes Cont.

- ❑ Excluded data elements from the NIDS were added
- ❑ Re-identification and correction of data element names in registers to be same as in NIDS
- ❑ Addition of data elements of services rendered by CHCs i.e. TOP & MMC as indicated by NIDS
- ❑ A page added to PHC tick to explain source of elements collected not by means of Tick register
- ❑ Data element definitions added on the back page of the Tick

Where are we now?

- ❑ Registers were updated again in April 2016 to cater for:
 - policy changes that occurred in 2015/16,
 - ensure that DoH is able to report on the 2016 APP
- ❑ Updated registers for all participating provinces are currently printed

Lessons Learned

- ❑ Change management is key
- ❑ Continuous support to facilities has ensured successful implementation of rationalised registers in all participating provinces
- ❑ Facility visits by HST team brought hope and confidence to districts and facilities
- ❑ **Fear of change:** Ignorance of the advantages and disadvantages of the potential change can contribute in resistance
- ❑ Communication at all levels is critical

Acknowledgments

- ❑ Dr Mutheiwana Dombo, for her resilience, leadership and guidance throughout the ROR project milestones and keeping us ahead of project's evolving activities.

- ❑ Miss Nolusindiso Ncitakalo whom we worked together in undertaking compliance monitoring in both EC & NC



THANK YOU!