COMPLIANCE MONITORING ON IMPLEMENTATION OF RATIONALISED REGISTERS IN EASTERN CAPE AND NORTHERN CAPE
Nomvo Dwadwa-Henda
Change Management
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

**Main focus areas**

- Provincial HODs assign provincial implementation leads
- Central briefing meeting at NDOH for provincial implementation leads
- Present the Purpose, process and method for implementation

**Phase 1: National Central Briefing Meeting**
- Direct on site capacity building of provinces, districts and sub-district staff
- Train the trainer Central workshops in 52 districts
- Identification and composition of provincial, district and sub-district implementing teams

**Phase 2: Capacity building district workshops**

**Phase 3: Implementation**
- Implementation in 52 districts by implementing teams

**Phase 4: Monitoring**
- Compliance monitoring of implementation
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.

![Pie chart showing number of facilities sampled: EC 73%, NC 27%]
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: 49%
- CS: 18%
- PN: 9%
- OM: 9%
- EN/ENA: 9%
- DC/AC: 12%
- LC/CHW: 2%

**Northern Cape**
- PN: 43%
- OM: 29%
- EN/ENA: 10%
- DC/AC: 6%
- LC/CHW: 12%
Comparative Proportion of Register Usage: EC

Usage of data collection and reporting tools, by sub-district

<table>
<thead>
<tr>
<th>Sub-district</th>
<th>PCH tick register</th>
<th>Headcount register</th>
<th>Weekly summary</th>
<th>Monthly tally Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alfred Nzo</td>
<td>100%</td>
<td>29%</td>
<td>25%</td>
<td>0%</td>
</tr>
<tr>
<td>Amathole</td>
<td>100%</td>
<td>60%</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Buffalo City</td>
<td>100%</td>
<td>43%</td>
<td>20%</td>
<td>0%</td>
</tr>
<tr>
<td>Chris Hani</td>
<td>100%</td>
<td>56%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Joe Gqabi</td>
<td>100%</td>
<td>60%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Nelson Mandela Bay</td>
<td>100%</td>
<td>25%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Sarah Baartman</td>
<td>100%</td>
<td>63%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>O R Tambo</td>
<td>100%</td>
<td>100%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>
Comparative Proportion of Register Usage: NC

Usage of data collection and reporting tools, by sub-district

- **Frances Baard**: 100% (PCH tick register), 43% (Headcount register), 20% (Weekly summary), 20% (Monthly tally Summary)
- **Prixley ka Seme**: 100% (PCH tick register), 57% (Headcount register), 40% (Weekly summary), 20% (Monthly tally Summary)
- **Namakwa**: 100% (PCH tick register), 75% (Headcount register), 50% (Weekly summary), 20% (Monthly tally Summary)
- **Z F Mgcawu**: 100% (PCH tick register), 50% (Headcount register), 50% (Weekly summary), 20% (Monthly tally Summary)
- **JTG**: 100% (PCH tick register), 50% (Headcount register), 50% (Weekly summary), 20% (Monthly tally Summary)
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
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!