



**HEALTH  
SYSTEMS  
TRUST**

## **'COMPLIANCE MONITORING'**

### **IMPLEMENTATION OF RATIONALISED REGISTERS IN EASTERN CAPE AND NORTHERN CAPE PROVINCES**

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# Format of the Presentation

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- ❑ Aim and Objectives
- ❑ Study Methodology
- ❑ Results
- ❑ Lessons learned

# Compliance Monitoring

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## 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

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- ❑ Mixed method approach
  - Purposive and stratified random sampling
  
- 1. Purposive sampling (NC)**
  - Sampling recommended by Province
  
- 2. Stratified random sampling (EC)**
  
- ❑ All 8 districts in EC represented

# Study Population

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## District level

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

## Facility level

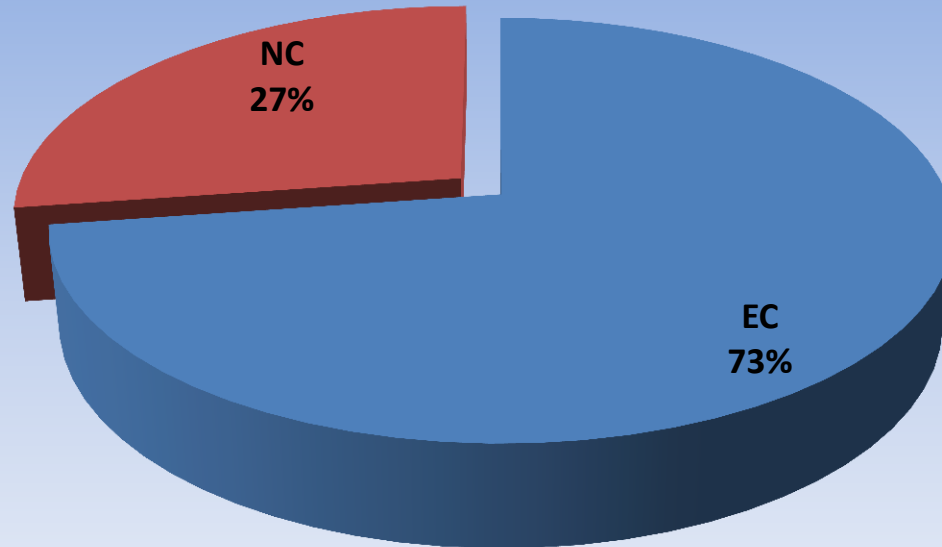
- Operational/Facility manager
- Professional nurses
- Enrolled nurses and Assistant nurses
- Data capturers
- Admin clerks
- Other personnel

# Data Collection

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

**Number of facilities sampled**



# Data Collection Cont.

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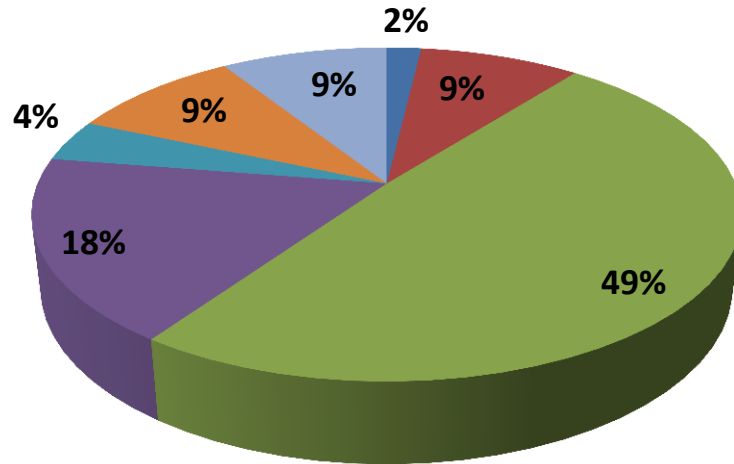
- Four questionnaires were used to collect data:
  - A questionnaire administered at
    - district/sub district level
    - facility level: Operational Manager
    - facility level: facility staff
  - Observation questionnaire to measure register utilisation at the facility

# Results



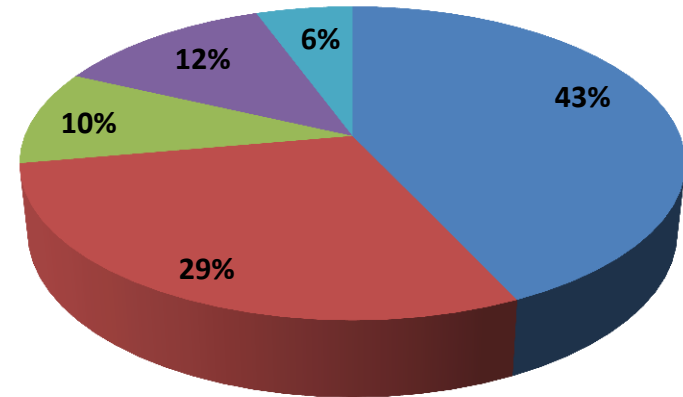
# Number of staff interviewed per category, by province

## Eastern Cape



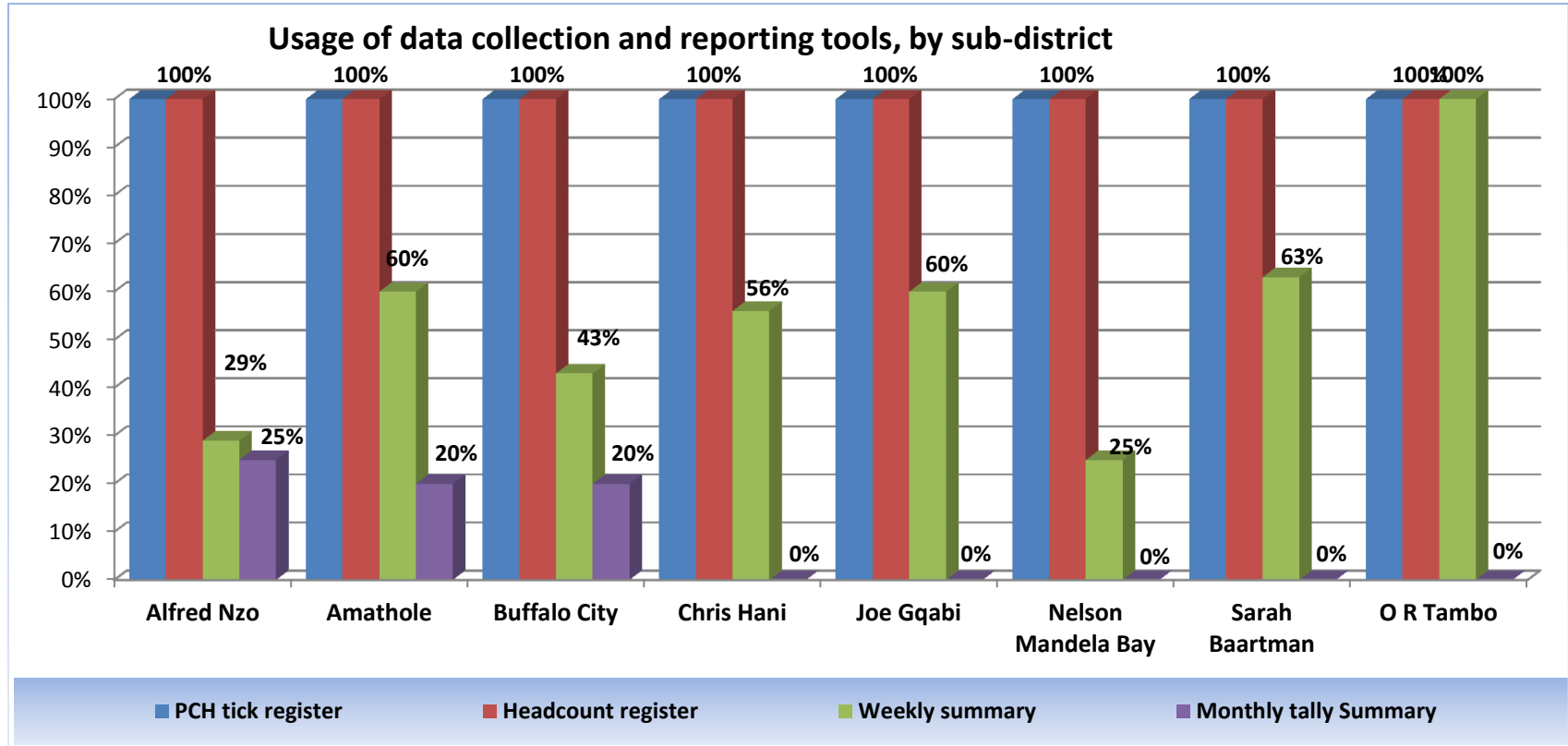
■ DIO/Sub DIO ■ CS ■ PN ■ OM ■ EN/ENA ■ DC/AC ■ LC/CHW

## Northern Cape

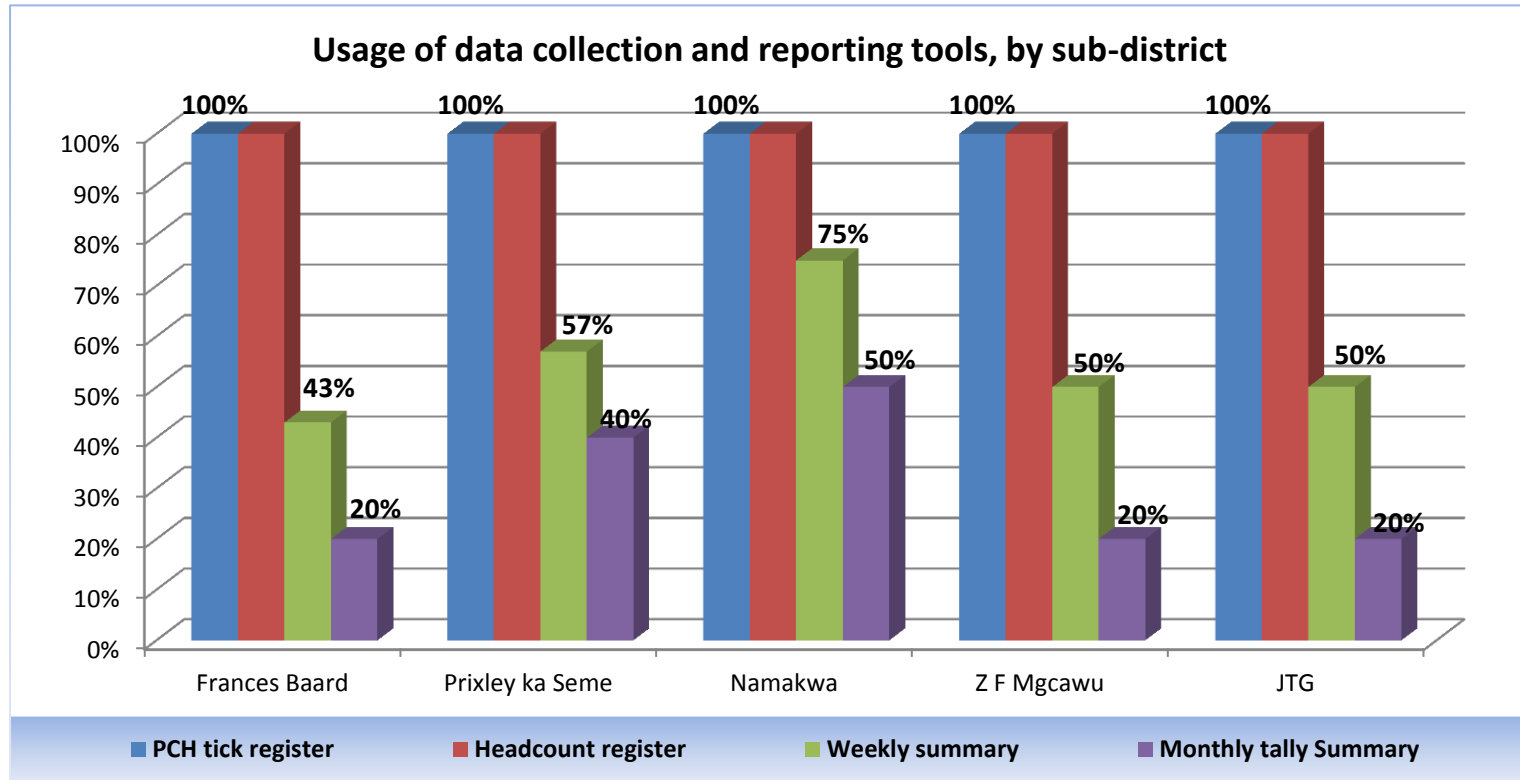


■ PN ■ OM ■ EN/ENA ■ DC/AC ■ LC/CHW

# Comparative Proportion of Register Usage: EC



# Comparative Proportion of Register Usage: NC



# Staff Experiences: Benefits

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## ❑ **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.

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### ❑ 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

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## ❑ 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.

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## ❑ 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

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- ❑ 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

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- ❑ 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.

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- ❑ 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?

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- ❑ 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

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- ❑ 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

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- ❑ The National Department of Health
- ❑ Provincial Departments of Health
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**THANK YOU!**