



ANNUAL REPORT

OCTOBER 2008 – SEPTEMBER 2009

Enhancing Strategic Information (ESI) Project

The ESI Project is funded by the United States Agency for International Development and implemented by John Snow, Inc., through contract # GHS-1-00-07-00002-00 in collaboration with Health Information Systems Programme, Khulisa Management Services, and Tulane University School of Public Health and Tropical Medicine.

This study/report is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of John Snow, Inc. and do not necessarily reflect the views of USAID or the United States Government.

This research has been supported by the President's Emergency Plan for AIDS Relief (PEPFAR) through the United States Agency for International Development (USAID) under the terms of contract # GHS-1-00-07-00002-00.

ACHIEVEMENTS

- 1) The following courses were developed under the ESI capacity building team:
 - a) Evidence-based Health Management Foundation Course - this is 5 day course was certified by the Foundation for Professional Development (FPD).
 - b) Facility level data management, data quality improvement and use - this is 5 day course in development and is to be implemented March 2010.
 - c) Training of trainers is an adult learning and mentoring course; is a 3 day course aimed at establishing a PEPFAR partner CB network in South Africa.
 - d) Advanced Monitoring and Evaluation (M&E) Course - ESI is working on a curriculum for a one year part time advanced M&E course (planned to start in January 2010) with FPD.
 - e) Southern African Regional M&E Course - ESI is participating in developing a M&E curriculum for the Southern African Region with the World Bank, SADC and USAID. The development of this course has begun and will be ready for piloting in December 2009, in Lesotho.

- 2) Three Resource Guides for "Developing a Case Study of Programs Serving Orphans and Vulnerable Children" completed.
 - a) Resource Guide 1: Case Study Contents
 - b) Resource Guide 2: Fieldwork
 - c) Resource Guide 3: Tools

- 3) NACCW Case Study fieldwork conducted and report completed on their Care for the Caregivers program model.

- 4) Child line Case Study fieldwork conducted and report on both their OVC & psychosocial support models to be completed by Oct 31st (currently under review by partner organization).

- 5) Website for accessing Case Studies, Resource Guides and other OVC resources (e.g., evaluation reports from studies outside SA) established.
- 6) Request for Proposals issued for the assessments of NACCW and Heartbeat programs in Kwa-Zulu Natal; 21 applicants received and ranked; two finalists interviewed alongside USAID and partner selected: Development Research Africa.
- 7) Ethical application for study approval completed and submitted to Tulane University (South Africa ethical approval application to be submitted early November 2009).
- 8) Presentation at the bi-annual NACCW conference in South Africa on "lessons learned in OVC programming"
- 9) Survey instruments for the NACCW & Heartbeat assessment completed. Stakeholder review and input on the English & Zulu versions will occur at "Study Review & Planning Meeting" in Pretoria on November 5th.
- 10) The use of information modules updated on the EBHM and the facility introduction to Health information management. These are to be used for future capacity building in conjunction with Task 1.
- 11) The PEPFAR South Africa Strategic Information (SASI) Manual used to inform and guide partners about PEPFAR reporting requirements as been reformatted and revised to include the new PEPFAR indicators and addresses other issues that have been identified around definitions and reporting processes.
- 12) A new tool was developed to improve the on-site review process of the Data Quality Assessments that are conducted for PEPFAR implementing partners by Khulisa Management Services. A development team combined aspects of the tool that is currently used for this on-site assessment phase with features contained in the Global Fund Data Quality Auditing tool. This tool now awaits USG assent before piloting.
- 13) Based on an MOU with NWP, a work plan of activities for the first year has been approved by the HIV/AIDS Strategic Unit as well as the Information Technology and Knowledge Management Director responsible for M&E of health programs.

14) A baseline assessment of the implementation of CCMT services including PMTCT, HAST and MCWH was conducted in targeted districts in NWP. Findings guided implementation of ESI activities in NWP and were adopted together with the report by the province.

15) The NWP SHP and DMTs approved the recruitment and secondment by ESI of 8 positions, based in the districts, that will focus on strengthening reporting and data quality improvement. Adverts have been placed and staff should be placed by 2nd quarter FY10.

16) Upon request from the NWP IT and Knowledge Management unit, ESI has engaged in the following data quality improvement activities:

- a) TA for the NWP Information Management Policy including development of SOPs for its operationalization which are under review;
- b) Design of case studies for the 4 districts looking at various issues concerned with data handling and data quality improvement over time;
- c) Database clean up exercise starting with one district and a few datasets and building capacity of the provincial Information Management team to replicate the workshop in the rest of the province for the many datasets; and
- d) Abstract submission and TA to present on "Improving access to routine data for evidence-based making" at SAMEA conference

17) Curriculum development and piloting for a 3-day Advanced Data Quality and Analysis course. 14 M&E staff was trained during the first pilot. The course revolves around the Quality Improvement model and covers Total Quality Management, Data Profiling and Data First Aid.

18) ESI provides ad hoc support to the Western Cape DOH specifically with modification of the RDQA tool in an effort to institutionalise it - working with David Boone to assist with tool modification; additional requests for capacity building TA and assistance were turned down due to lack of resources.

19) ESI collaborates with the University of Pretoria, Measure Evaluation and JICA to prepare and present modules in data quality module basic and intermediate regional courses conducted.

- 20) RDQA training was conducted at SAMEA for 14 senior M&E people.
- 21) ESI facilitated the recruitment of new and additional staff for maintenance of the Data Warehouse used for monitoring and reporting of data from PEPFAR partners.
- 22) A change control system was introduced to improve customer service with a dedicated staff member employed to manage the system. This has led to better usage of the data warehouse and more requests for data from it.
- 23) A full QA process has been developed in line with Change Control office which has resulted in users experiencing fewer bugs when system updates are released into the live environment.
- 24) Business rules have been developed for the data warehouse to improve validation of data that is contained in extracted reports.
- 25) A spreadsheet to provide partners with quarterly feedback was implemented to give partners performance information based on their quarterly and annual targets - planned automation of this process for next quarter treatment reporting should reduce data preparation time by about 80%.
- 26) Dot Project. Implemented DOT Project open source project management software as a pilot at the request of the SA DOH under Dr. Yogan Pillay for his department only, however interest has now been expressed by other departments in the SA DOH based on the results of the pilot so far. This will solve many none delivery problems in the department and cost nothing in terms of licences and support as the software is open source and the support is paid for under ESI Task 5.
- 27) All staff trained up to intermediate on the DHIS.
- 28) Task 6 contributed to the fixing of the data warehouse and the development of a site editor.
- 29) Treatment data for the second quarter of 2008 were extracted from the data warehouse and these data were used to compile a number of pin maps in South Africa.
- 30) Address data was extracted from the DHIS. At the time a challenge was experienced with exports and this was investigated and resolved.

31) The amendment of the 2006-2008 M&E Framework was conducted to support the monitoring and evaluation of the 2009-2012 NAP, for the Department of Social Development. The amendments made to the 2009-2012 NAP were vast hence required a major redrafting of the M&E Framework. The following process was undertaken in the redrafting of the Framework:

- a) The development of a core set of indicators - the majority of the results detailed in the 2009-2012 NAP were changed, hence new indicators were needed. The indicator development process was completed at the end of June 2009.
- b) Upon the approval of the core indicators, the Indicator protocol reference sheets were developed and approved in September 2009.
- c) The overall M&E Framework has been developed, and the team is awaiting approval from DSD.

32) The establishment of the baseline for the core set of indicators detailed in the M&E Framework. The National Department of Social Development has not been able to establish a baseline for the previous indicators with the result it has been impossible to report with any level of confidence on the international and regional declarations and agreements. The establishment of the baseline has become a necessity for programme planning and resource distribution. The achievements during the reporting period included:

- a) The collection of data against the indicators from five provinces (Western Cape, KZN, Limpopo, North West and the Northern Cape) and seven large implementing organizations (Starfish, Worldvision, Save the Children, Noah, Child Welfare, REPSI, Catholic Bishops Conference). The team also looked at other source documents including information from the children's network and the department maternal orphan data.
- b) The teams have completed the analysis of the data and are in the process of compiling the report.
- c) The development of the human capacity assessment tool. In preparation for the development of the M&E capacity building manual that is responsive to the capacity needs of the national and provincial DSD officials, we prepared an assessment tool

which would be implemented at the coordinators workshop on the 18 November 2009.

FY2010 PLANS

- 1) The baseline assessment findings will be complemented by a Data Quality Best Practices Survey which is an initiative of the NWP that ESI is providing TA and training for. ESI has assisted with tool development, methodology and sampling and will further guide the field workers through a 2-day orientation, provide them with accommodation in field work and followed by analysis of the data. The opportunity will be used to trace and verify 2 key indicators to establish a baseline for future data quality measurement.
- 2) ESI continues to provide TA to 2 M&E Fellows for the NWP DoH HIV/AIDS Strategic Health Unit in conjunction with the Foundation for Professional Development (FPD). ESI has continues to assist in the recruitment of an M&E Manager for the HIV/AIDS Unit
- 3) A data dictionary is being constructed as part of a strategy to build documentation on the data warehouse coupled with design and deployment of a monthly dashboard which includes GIS maps for use by the USG.
- 4) USG has requested that ESI store the COP reports for OCT 09 electronically as they will not be stored for now in the Data Warehouse.

CHALLENGES

1. Department of Health employees are often not available for discussions and workshops due to other responsibilities resulting in a delay of project progress.
2. Data elements, indicators, structures, processes and procedures for HIV programs are not standardised yet.
3. South Africa does not have one integrated and comprehensive information system yet; fragmented vertical systems complicate reporting and capacity build and result in poor data quality and M&E.

4. Some challenges have occurred with respect to finalizing study details for the Heartbeat and NACCW program assessments in regards to locating a suitable comparison group and the final selection of specific partner sites. However, progress continues and outstanding details are expected to be finalized during the visit in November, facilitating completion of the detailed Research Protocol.
5. Insufficient human resources to cater for the many requests - results in limited TA being provided.
6. Lack of information sharing among stakeholders and partners regarding challenges faced make appropriate responses to data quality issues more difficult
7. The recruitment of quality M&E staff to work in rural provinces is difficult.
8. Some data quality activities still react to requests; proactive activities to get into practical application of assessment recommendations are restricted by red tape and conflicting priorities
9. Data elements, indicators, structures, processes, tools and procedures are still not standardised for priority health programmes; it is difficult to engage in any training these issues since things are being changed at the NDOH and decisions continue to be pending.
10. The effect of having a lot of partners saturated in one area and thus posing information overload to the districts and provinces.
11. High rate of change of direction for new system to replace the Data Warehouse. This has prevented design work from starting.
12. Complexity of the Data Warehouse database design and lack of documentation on database design has made it very difficult to extract data directly from the database.
13. Frequency that data is entered into the data warehouse should be monthly in order to provide real decision making reports.

14. Level at which data is reported, all data is aggregated, should collect data at Ste and district level for GIS mapping.

15. Challenges were experienced with regard to the coverage and completeness of data from the data warehouse.

16. Data from CDC, USG and the Data Warehouse differ and these differences could possibly be attributed to different methodologies.

17. PEPFAR funded data need to be used to reflect the prevention, treatment and support from various partners in South Africa, Swaziland and Lesotho. This data are difficult to extract from the data warehouse as a result of the data warehouse design as well as the fact that each site was not treated as an independent case. The latter results in extensive cleaning since site names are repeated by number of prime and sub-prime partners supporting each site and there are differences in the spelling of district, provinces or city names. The data do not reflect current realities since changes such as partners that became the prime partners or sub-partners or lost funding altogether are not reflected. In addition, there are challenges with regard to the coverage and completeness of the data.

18. Difficulties are experienced with the geo-coding of the PEPFAR data from the data warehouse since the address details are not available

19. The non-availability of the provincial departments to meet with the DSD. It is very difficult to set up meetings with provincial officials as they have a number of competing agendas, including attending meetings with other national programmes.

20. The non-involvement of the department-wide M&E unit. Majority of the time these officials are unaware of the developments and there is very little communication between the programme staff and the M&E staff.

21. The engagement of programme staff - programme staff are the only officials with whom we engage with and majority of these staff have little or no experience with monitoring and evaluation. Hence it is important to spend time on the fundamentals and basics of M&E.

LESSONS LEARNED

1. Effective capacity building, aimed at strengthening existing health care, monitoring, evaluation and reporting systems, is 'dependent' on well established, standardised, integrated systems and strategies. Where not in place, support should be provided to establish these in order to ensure that CB is focused on what people need to know to optimise the quantity, quality, effectiveness and efficiency of their outputs.
2. Documentation need to be developed during the design and development of a data warehouse.
3. A registration system is required whereby partners are registered and validated as being active.
4. A database structure should be defined during the onset and new items in the structure should be thought through before being incorporated.
5. Standard procedures should be developed during a geo coding process and this should be implemented.
6. Data entry verification and validation processes work well if a system is designed with the end user in mind. Any actions taken to strengthen existing systems will need to take the entire DMS into account.
7. The need and demand for technical assistance and capacity building on data quality and data use is increasing; data quality improvement opportunities will have to be carefully prioritized considering the resources available.



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