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Enhancing Strategic Information (ESI) Project

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OVERALL SITE NARRATIVE

ACHIEVEMENTS

In FY2010, ESI led the effort to support NDoH (National Department of Health), PEPFAR, and other stakeholders in alignment and standardization of the PMTCT indicators. Pre-existing PMTCT (prevention of Mother to Child Transmission) indicators were consolidated into a core minimum required to be reported by all provinces to NDoH to improve the quality of the existing data. South Africa now has a standardized national indicator set within the DHIS (District Health Information System). Furthermore, ESI standardized the PMTCT targets as well as data capturing processes by taking into account international reporting requirements, national requirements, and what program managers need to report. To ensure understanding and adherence to the new indicator set, workshops were facilitated in some districts in 7 of the 9 provinces and the approach was then rolled out by the DoH with other PEPFAR partners.

ESI's training activities, based on the curriculum development that began in Year 1 of the project, saw over 1,700 people being trained in FY2010 in Routine Health Information Systems (DHIS Beginners to Advanced), PMTCT Indicators, Evidence Based Health Management, Data Capturing in the DHIS and Train of Trainers. The DHIS Level 1 and Level 2 courses spend 2 of the 4 days on technical training about the system to ensure that individuals understand how to import and export data and that all the indicators and data formats are the same. This is a direct service for the DoH to help maximize the efficacy of the DHIS. Through a partnership forged with Global Fund, GAMET, JICA, USAID and other stakeholders, ESI has supported development of a regional curriculum for using the 12 components to design and implement a results-based M'26E system. For the OVC (Orphans and Vulnerable Children) M'26E component, ESI revised the 2010 country-specific PEPFAR OVC indicators which are now used nationally by all PEPFAR partners. A review was also conducted in FY2010 of OVC partners' systems to determine how they fit in with the government M'26E system. This will help ensure that when partners agree to align their indicators and report to DSD (Department of Social Development), their systems are reliable enough to produce quality data. ESI supported the DSD to develop a workplan for strengthening M'26E Systems for implementation of the NAP (National Action Plan) for OVC 2009-2012 - this was submitted for Global Fund Round 9 support and DSD has been approved for US\$1m. The NAP logframe and results matrix were revised and ESI led the development of core indicators for the NAP - these were presented at NACCA and approved. In order to have a directory of OVC

services provided in South Africa, ESI mapped these OVC services down to district level for HIV-911 publications. Collaboration with the Population Council on other OVC mapping will be continuing in FY2011. Through the continued partnership with Tulane University, School of Public Health and Tropical Medicine, ESI has been able to document best practices in OVC program implementation, through research, into successful models for service delivery.

These resources have assisted the DSD to better monitor and evaluate their OVC activities. In FY2011, an online tool being developed by ESI will be used by DSD to assess M'26E systems of their national and provincial partners and determine their state of readiness for implementation of the NAP M'26E Framework. After piloting data quality training centered on self-assessment using the RDQA (Routine Data Quality Assessment) tool to over 40 individuals in Lesotho and Swaziland, ESI went on to train almost 100 individuals on the RDQA in South Africa. The audience is primarily DoH M'26E and program management staff as well as PEPFAR partners with whom they collaborate. The purpose of the training is to build capacity of teams to institutionalize routine self-assessment of data quality using the RDQA down to a site level. Through collaboration with the DoH of Swaziland, Lesotho, and the Western Cape, ESI learnt lessons that have aided in strengthening the North West Province (NWP) model. Consequently, 8 staff members that are placed within the DoH in the NWP districts have established baselines for data quality using this tool and through building capacity for continued self-assessment using the RDQA, plan to measure the impact of this intervention on data quality in M'26E reporting over time. ESI determined job descriptions, selected these employees, and provided the placement in conjunction with the NWP DoH. Two individuals have been hired for each district where local DOH management is responsible for day-to-day supervision. A sustained mentorship plan, salary, and travel expenses are provided by ESI. The MOU with the NWP stipulates that after three years, the positions will be absorbed into the government structure.

Collaborations also continued in FY2010 with the University of Pretoria, Measure Evaluation, and JICA to prepare and conduct regional modules in Data Quality at basic and intermediate level. A partnership with CHAI in support of the NDOH M'26E Unit has seen ESI transfer from paper into electronic form, a tool used in capturing data for a DQA for the 18 priority districts PMTCT project. ESI plans to focus on development of Data Quality standards in FY2011 and hosting a multi-sectoral Data Quality Conference. In support of strengthening Decision Support Systems, ESI developed the data warehouse into a reporting engine, making it possible to retrieve basic reports out of the data warehouse. This is the first time PEPFAR was able to run these reports from the data warehouse and is a great achievement of ESI.

A significant amount of technical assistance has also been provided to the SAG in the form of technical DHIS support. DHIS training, creating custom pivot tables and troubleshooting DHIS data flow issues and pivot tables has been provided to provincial DOH managers on an ad hoc basis. Being able to export this DHIS information for analysis has significantly enhanced the use of the DHIS data for program management and data quality improvement. ESI spent the better half of FY2010 looking for data and geo-coding it adding approximately 1,040 geo-coordinates to the DHIS in the process. GIS coordinates were assigned to approximately 7,000 sites in order to start mapping the locations and services of PEPFAR implementing partners for PEPFAR to receive, for the first time, information organized spatially. This has greatly assisted the new PEPFAR management model of managing geographically and led to a great achievement for ESI and PEPFAR in FY2010.

The capturing of Inventory data about program budget per province, program area, type of support, and site-specific support culminated in an online reporting tool which allows graphing and mapping that reflects: i) contact details for partners, ii) what we use to do the work, (i.e. inputs such as budgets at provincial level), iii) staff and iv) program areas at a community and site level. Activities are reported for 129 registered partners at sub-districts, local municipalities, district municipalities and provinces in 17 different program areas. Partners that are mainly providing technical assistance are reported at a district level. The Inventory enables mapping and seamless integration with other data sets at lower geographical levels and can easily be extended to accommodate modalities (i.e. how partners are doing what they are doing). Currently the mapping tool allows users to display where partners are located, pin-maps per agency, headquarter, sites, project name, site type, site ownership and program area. Thematic maps are also available for the budget per program area. With nobody being the custodian for sub-district boundaries they had never been determined or defined, resulting in non-alignment among sub-districts. ESI obtained various data sets and generated a set of boundaries for sub-districts with various geoprocessing methods, contacted provinces and confirmed the boundaries for sub-districts in South Africa. PMTCT is a focus area in South Africa; therefore, a validation exercise was undertaken specifically for the PMTCT data from the Inventory. Spreadsheets were sent to partners working in PMTCT and these spreadsheets were standardized and consolidated into one file. Thereafter, the facilities were geo-coded. A report was compiled for the PMTCT data highlighting the various tables and maps that were created, showing the partners working within the district and sub-district boundaries. This information was used by USG to make planning decisions.

In FY2011, ESI will be completing documentation of the models that have been built for SI interventions - USG wants to adopt these models with other implementing partners who are working at district, sub-district and facility level in SA. These models include SI interventions around the DHIS, strengthening district level monitoring (and not just facility). The challenge will be in getting partners to adopt this model and work with district management to implement them - thus far we have managed to get RHRU, RTC and others to work with us and training on ESI courses in the form of TOT, sharing of job descriptions and mentorship plans has already begun. ESI's focus should then shift from district level to primarily provincial and national level. At this level, strategy development for ART Patient Management Systems that has been sanctioned by the NDOH has begun in collaboration with USG, CHAI and other partners in order to develop a national model. The implementation of this model will be a major success for enhancing the strategic use of ART data at facility level to strengthen M'26E reporting. Other requests specifically for developing a strategy strengthening the DHIS and consolidation of the many registers being used at facilities will be guided by available resources.

CHALLENGES

As the bulk of ESI's technical assistance is directed towards and involves engagement with the South African Government departments, the bureaucracy often affects timelines and expenditures and leads to slow pace of delivery on the workplan. Implementation of activities at provincial and district level has been promising in FY2010 although in most cases frustrated by the lack of designated people responsible for M'26E. In a number of cases those that are appointed are overwhelmed and need to leave their allocated work to facilitate improvement interventions. Implementation of the activities in ESI is highly dependent on the direction of the USG and SAG and requires a high level of flexibility and adaptability especially with the high volume of ad hoc requests. Mentorship plans of staff that are placed within the DoH are not always followed since communication with district offices is often problematic due to lack of connectivity and the many demands of these secondments does not always afford them time to go for necessary training. For GIS work, boundary and name changes seriously affect the ability to geocode and map sites, e.g. HIV estimates for pregnant women from the antenatal survey are not adjusted to the new boundaries yet. The older boundaries are still used until it is possible to obtain and adjust the data for the new boundaries. GIS support to the Lesotho program has been seriously hampered due to lack of correct data.

