



ANNUAL REPORT

OCTOBER 2010 – SEPTEMBER 2011

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 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

DEPARTMENT OF HEALTH DIRECT TECHNICAL ASSISTANCE:

In FY2011, the Enhancing Strategic Information project (ESI) continued support to the National Department of Health (NDoH) through various interventions. The District Health Information System (DHIS) PMTCT program monitoring and reporting project was completed in June 2011 and performance profiles for all 18 priority districts provided to District Management Teams. Data validation rules were developed and incorporated into the DHIS to improve PMTCT data quality. Indicator Protocol Reference Sheet templates were created accompanied by a data use implementation plan and data use indicators. This effort is now being documented as a model of data quality support. Direct Technical Assistance (TA) to support the PMTCT Accelerated Plan January 2010 to June 2011 for planning, coordinating, monitoring and reporting on quality improvement activities in the 18 priority Districts continued in FY2011. ESI provided extensive TA towards development and submission of the Global Fund Round 6 reprogramming proposal for PMTCT. This TA contributed towards the Global Fund grant of \$13m being successfully awarded to the NDoH to improve the monitoring of the program and evaluation of the impact of these initiatives. ESI also worked with UNICEF to support the National PMTCT Technical Working Group (TWG) towards the development of the National PMTCT Action Framework which is a structured approach to reach MDG targets by 2015, as well as putting in place an M&E structure and feedback mechanism between the different levels of the health system. ESI's assistance also ensured that the key strategic areas to be addressed in PMTCT are included in the National Strategic Plan.

Support for strengthening of the DHIS in FY2011 was provided through new pivot tables for monitoring DHIS data quality developed and shared with the NDoH and a workshop is planned with stakeholders in FY2012. A DHIS resource survey provided the current status of DHIS, software, hardware, and personnel specifically for the PMTCT program. The NDoH then requested that ESI extend this into a rapid information needs assessment to inform the HIS Strategy currently being developed. This assessment will end in December 2012. To assist with the spatial mapping efforts of the NDoH, ESI helped locate over 1 000 new geo-coordinates for public health facilities which were shared with the NDoH and added to the DHIS. ESI also provided direct TA to the joint data quality auditing team from NDoH and Statistics South Africa (StasSA) on the HCT data verification campaign in Oct 2010. On request by NDoH, a standards-based Data Quality Audit

(DQA) tool with full guidance was developed and adopted. ESI serve on the National Health Information Systems of South Africa (NHISSA) Committee at NDoH, the Data Quality Audit workgroup (NHISSA Sub-committee), DHIS Working Group and the HIS Strategy Development Steering Committee.

As part of the MOU with the North West Province DOH, ESI continued with the data quality improvement model that has placed 4 district Data Quality Mentors and 4 district HIV/AIDS M&E Coordinators. Plans by USAID to transition these staff over to another partner as part of the PEPFAR district re-alignment exercise did not materialise and so ESI continued to assist each of the 4 districts in the North West Province with development and implementation of action plans as a follow up to the baseline assessment of data quality conducted in FY2010. Routine Data Quality Assessment workshops were conducted for health care workers, information staff and program managers. Data quality teams were established at sub-district and facilities and data quality issues were incorporated as standing agenda items in district reviews.

The direct technical support provided to the Strategic Health Programs (SHP) Branch of the NDoH continued in FY2011 with the direct involvement of a Senior M&E (M&E) Advisor funded by ESI in the Deputy Director General's (DDG) office. Focus was on development of a functional M&E system and strengthening data use for decision making. Through this support, an assessment provided the baseline and informed program specific interventions for improving the M&E system of all the SHP clusters (HIV/AIDS/STI, Maternal Child and Women's Health, TB, Communicable and Non-communicable diseases). Building the capacity of program managers in the use of strategic information saw 48 managers across all levels being reached. To reduce the burden of data collection on healthcare workers and improve the data management processes, ESI carried out an inventory of facility data collection tools in South Africa. The findings and recommendations of the assessment were presented to the Program Managers and the HIS Task Team Committee NDoH and the document adopted as a reference document for the process of reducing the number of data collection tools at facility level. Other direct TA was provided for the development of program M&E plans, the National Strategic Plan for HIV/TB/STI 2012-2017 and the Tiered ART M&E Strategy implementation. The TA has also led to the provision of quarterly feedback by program managers to the provincial DoH based on rigorous analysis of available strategic information.

ESI jointly hosted a very successful Data Quality conference in March 2011 with the NDoH which was attended by more than 100 M&E professionals from South Africa. The first draft of the

Southern African Training and Certification Authority (SAATCA) Auditor Certification Standards followed in April 2011 after ESI, in conjunction with the SAATCA, launched the Data Quality Auditing Certification Scheme, the first data quality auditing certification scheme of its kind in Dec 2010.

NATIONAL DEPARTMENT OF SOCIAL DEVELOPMENT (DSD) DIRECT TECHNICAL ASSISTANCE:

An online survey of National Action Committee for Children Infected and Affected by HIV and AIDS (NACCA) OVC partners M&E systems was undertaken in FY2011. Overall, 15 organisations participated in the assessment and 705 CBOs and FBOs were covered. Proposals are under review by the DSD. ESI also continued to provide direct TA to enhancement of Home Community-based Care (HCBC) M&E systems and their integration with the implementation of the National Action Plan for OVC (NAP) M&E Framework which ESI developed. ESI facilitated agreement between DSD and their partners to use existing HCBC M&E as a platform for NAP reporting. This entailed harmonisation of HCBC and NAP indicators and building consensus on use of the HCBC system for routine data collection and aggregation into NAP core indicators. Support was also provided to the Northern Cape, North West and KwaZulu Natal provinces to address a backlog in capture of community level data. ESI also provided support to the HCBC M&E team to pilot a Help Desk to demonstrate how provision of end-user support to provinces capturing data into the HCBC system could improve the quality of routinely collected data and trained 54 staff from 13 NACCA partners on HCBC and NAP core indicators. 7 core NAP indicators developed for national reporting were approved by the NACCA steering committee together with HCBC indicators for routine monitoring and reporting. Support was provided for setting the baseline and multi-year targets of these indicators for inclusion in the Annual Performance Plan. With ESI assistance, a national reporting tool for OVC was developed and will be piloted nationally from 1 September 2011 until 31 March 2012. With a successful pilot, the tool will be integrated into the HCBC M&E IT system to allow organisations to report online once enhancement of the system is completed. ESI TA also led to a simplified version of the NAP 2009-2012 M&E Framework which was approved by the NACCA Steering Committee for publication and dissemination.

PEPFAR MANAGEMENT DIRECT TECHNICAL ASSISTANCE AND OTHER SUPPORT:

In FY2011, ESI was requested to support a pilot of an expenditure analysis being conducted for the PEPFAR program by building an expense form for partner capturing. This was completed ahead of time and enabled the pilot to go ahead according to the planned schedule. ESI continued to host the PEPFAR results reporting information system and provide TA for collection, analysis and reporting of the SAPR and APR – the deadline for submission to OGAC was met again in FY2011. A more efficient process was introduced to improve recording of decisions around results to enable automation and to have adequate documentation in the event of future audits. ESI continued with enhancement of the PEPFAR Inventory, training 42 USG staff on its use in October 2010, and adding functionality that mapped location of partners in geographic areas tied to budgets per program areas and results aggregated by province. This was done to aid management decisions with regards to the PEPFAR program and contributed to determining the requirements of USG managers from the new integrated system. Development on this new system began in May 2011 to integrate the Datawarehouse and the Inventory into a Partner Information Management System (PIMS). This occurred after ESI facilitated discussions to explore reporting through the national information systems or acquiring OGAC data from these systems. It was ultimately decided that a high level agreement should be in place first between the South African Government (SAG) and USG before such reporting could be piloted and partner reporting requirements transitioned. PIMS, therefore, is a continued requirement to meet strategic information needs of PEPFAR program. The approach to PIMS has been a merge of two databases which brought challenges due to the complexity involved in merging the datasets. A consolidated master list of partner, projects and sites is now complete and the results data is being integrated into the master dataset. A pilot is planned in November 2011 and then launch in January 2011. ESI also piloted an HR module which was captured into the Inventory by partners through a survey starting January 2010. The data assisted in determining the number of staff supported by PEPFAR both at site level, and as roaming technical support, and showed the cost associated with providing this support.

An Online Mapping tool which enables the identification of municipality, district and province by entering a street address on Google maps was launched. The tool puts the power of creating maps into the users' hands and enables comparative mapping, querying a layer, querying data within a layer and establishing a radius of a user-defined distance from a facility. A user-friendly manual

has recently been completed and testing is underway to ensure that the application is easily accessible by USG staff through their security firewall.

TRAINING

In FY2011, the ESI project continued to train South African Government and PEPFAR partners reaching 1 522 participants on PMTCT-related monitoring and reporting and data management topics, and 33 participants on Facilitation and Mentoring skills. This is an important initiative to establish a capacity building (CB) network for the sustainable continuation of ESI's training programs. Terms of Reference are also being drafted for a collaborative partnership with the Foundation for Professional Development, another PEPFAR partner, who requested to join the capacity building network and use ESI training material. The Wits University Reproductive Health Institute and Right to Care have been fully engaged in the network since FY2010. The University of Pretoria also accredited 3 ESI courses (Evidence-based Health Management, Basic M&E, Facilitation and Mentoring) for Continuous Professional Development points. In collaboration with the University of Pretoria, an Introduction to GIS module was presented to 120 participants over three courses in November 2010, March 2011 and August 2011. Data Quality modules were also presented as part of the Technocrats course, and Regional Workshops in M&E of HIV/AIDS including practical fieldwork. Courses were conducted on Routine Data Quality Assessment (RDQA) for Statistics South Africa, Department of Public Works and DoH for more than 170 people, and another 50 staff from PEPFAR partners and DoH in May and June 2011. ESI also piloted a Quality Improvement Train of Trainer course featuring the EZI Quality Improvement tool methodology with 10 participants. The district-based staff conducted several RDQA, DHIS and Evidence Based Health Management and other data related trainings for information staff and program managers.

CONFERENCES

ESI jointly hosted a very successful Data Quality conference in March 2011 with the NDoH which was attended by more than 100 M&E professionals from South Africa. The first draft of the

Southern African Training and Certification Authority (SAATCA) Auditor Certification Standards followed in April 2011 after ESI, in conjunction with the SAATCA, launched the Data Quality Auditing Certification Scheme, the first data quality auditing certification scheme of its kind in December 2010. Presentations were made in the following forums: Country Health Systems Surveillance (CHeSS) Workshop on "Strengthening country health sector reviews and MDG progress monitoring" in October 2010 and July 2011; John Snow Inc. Global Bilateral Projects Monitoring and Evaluation Meeting in September 2011; "How Standards are Changing the Information Quality Landscape" for 6th Biennial South African Monitoring and Evaluation Association (SAMEA) Conference in September 2011; "Data Quality Auditing: A South African Quality Assessment Framework Based Approach" at SAATCA Conference in September 2010 and 2011. An abstract for "Mapping PEPFAR in South Africa: A Case Study" was submitted to the Urban and Regional Information Systems Association (URISA) conference in the USA in June 2011 and was accepted. Funding could not be secured to attend the conference. ESI Maps developed for CDC were published in an article "Equitable Distribution of PEPFAR-Supported HIV Resources and Services, South Africa" in the American Journal of Public Health in June 2011. ESI created 61 maps (9 provinces and 52 districts) which were printed in the directory of services for the Population Council HIV-911 publication which is a comprehensive guide to over 17,000 HIV-related support services in South Africa.

CRITICAL ELEMENTS CONTRIBUTING TO ACHIEVEMENTS/SUCCESSSES

Key to the success of the interventions supported or led by ESI continues to be the established cordial relationships with the Department of Social Development and the Department of Health, based on mutual respect and an appreciation of agreed workplans. There is demand for OVC M&E within the children's sector and organisations are supportive of the creation a uniform monitoring and reporting system for OVC through the DSD and strengthening of the national RHIS at the NDoH. Inter-task collaboration on these interventions helps maximise the technical expertise available within ESI and share lessons from implementation of the interventions in the different programs. Clear requirements and management within scope from USAID and interaction with other PEPFAR agencies has been critically important during the development of PIMS. The bi-weekly change control meetings that bring together all members of the USG Strategic Information team have been sighted as a best practice. Success is also attributable to a constant on the

project strategy and implementation according to the core values of Quality, Accountability, Integrity and Teamwork. Good planning, time management, team focus, and passion for innovation.

CHALLENGES

The second half of FY2011 saw major movements in management and implementation of the ESI project with the COP and COTR departing in April 2011, a new COP and COTR appointed in May 2011 as well as the suspension of ESI activities in Lesotho and Swaziland by USAID. In August 2011, OVC activities towards building an evidence base for OVC were transitioned by USAID and a new contract announced for the continuation of remaining ESI project activities beyond February 2012 when the project is scheduled to reach its funding ceiling. These circumstances have had a huge impact on morale. On the technical front, the demand for ESI training far exceeded available resources (both facilitators and financial) in FY2011. The Capacity Building network has not taken off at the envisaged scale due to PEPFAR Partners' conflicting priorities. Frequent ad hoc requests have needed careful management. Other challenges in FY2011 came from misaligned indicators between PEPFAR and DSD and DoH. The lack of an official master facility list and changes in sub-district and district boundaries seriously delayed progress in GIS mapping. This was because each map request came with a constantly different list of sites, sub-districts or sub-district which required validation each time before a map could be created. The lack of access to published datasets continues to prevent the creation of maps that can provide the required strategic information with Antenatal Surveillance data, Demographic Health Survey data and other such national datasets embargoed and unavailable. ESI has worked around this as best as possible by, e.g. matching supplied data as best as possible to the available demarcations, manual filling of gaps, triangulation between unofficial datasets, and in some cases creation of new boundaries such as the sub-district layer. In order to establish population data per sub-district and per 2011 ward the topology errors in the base GIS-data need to be fixed first. A faster pace of implementation could be achievable if USG and SAG processes were more efficient. Internal politics within the government departments also leads to stalled decisions while provincial governments do not necessarily heed directions from the National departments.



USAID
FROM THE AMERICAN PEOPLE

ESI ENHANCING
STRATEGIC
INFORMATION

