GAUTENG DEPARTMENT OF HEALTH

DOES PRIMARY HEALTH CARE FACILITIES SUPPORTED BY DEVELOPMENT PARTNERS DO ANY BETTER IN M&E?

“Preliminary Findings of a Data Assessment Baseline”

Adelekan Tsholofelo †, Elvis Ganyaupfu ‡ Anzél Schönfeldt‡

†Gauteng Department of Health, Johannesburg, South Africa
‡John Snow Inc., Pretoria, South Africa
To compare the quality of data generated at PHC sites receiving direct support versus technical assistance.

- Provide background on Partnership practices

- Use current collaboration with SIFSA as a case study

  - to demonstrate M&E partnership aimed at providing evidence on current gaps in performance data management

  - to contribute to evidence based decision making and improve accountability
Motivation

- Pressure to generate quality data to guide health programmes
- Increased need to demonstrate results and maximise use of current resources
- Qualified audit outcomes in three consecutive years on non financial data
- The need to improve public confidence and obtain a clean audit on Non financial data
Partnerships takes many forms based on mutually agreed objectives

- explicit capacity building (Brinkerhoff, 2002),
- promoting health and preventing diseases and injury (Mays P, Scutchfield D, 2010)

Guided by USG and SAG framework
Role played by Development partners in Health Systems Strengthening include:

- Migration of ART monitoring system from paper based to electronic form with implementation in 90% of facilities
- Support in the implementation of PMTCT leading to 86% reduction in MTCT
- 61 Medical Male Circumcision sites run by partners versus 15 by province
- Capacity Building and Social Mobilisation programmes
- M&E systems and Data management strengthening efforts
### KEY QUESTIONS

**What is:**
- The status of data quality and data management systems in all GDOH Health Facilities
- Staffing Capacity at health institutions involved with direct data management
- Is there any differences between facilities receiving direct service delivery versus technical assistance
- Are facilities following the DHMIS policy and implementing introduced Rationalised Registers

### METHODS

**Sampling framework**
- All 377 PHC facilities
- Preliminary results for 166 facilities

**Data Collection**
- Pre-programmed Recount and Systems and Staffing tool

**Preliminary Analysis**
- Desktop Analysis of the MOUs signed by Development partners
- Summary Statistic
- T-test
CASE STUDY: BASELINE EVALUATION ON DATA MANAGEMENT SYSTEMS
PROCESS MAP ILLUSTRATING METHODS

PERFORMANCE INFORMATION BASELINE EVALUATION

START

Appointment Scheduling and visit to facility

Remote calling of a facility * 3 times and rendering contact unreachable

WhatsApp group Weekly Steering Com Meeting Progress meetings with District and Sub-districts

3. Data Recount for July-Sept 2016

Registers to assess following indicator:
Maternal and Child Indicators
TB and HIV
NCIs

4. Administers the systems and staffing tool

Staffing and Resource Capacity
DHMIS Implementation Timelines Storage/Accessibility of registers and Data collection tools Information use

5. Preliminary findings shared with the Facility Manager

6. Field reports generated and cleaned

7. Facility summaries saved in USB sticks

Facility report summaries reflecting gaps in data between Recounts/Monthly tools and Monthly Tools and DHIS

8. Facility summaries given to Province to Distribute

9. Performance Information Symposium/Conference

Development of a Multi Year Plan to address Performance information gaps

Implementation

4. Administers the systems and staffing tool

Staffing and Resource Capacity
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Implementation

Process Evaluation on progress made regarding implemented Plans

September 2016

April 15th 2016

Oversight Processes and Closing the Gap

Recouning Data and Feedback within Facility

Field work preparations

SUMMARY OF IMPLEMENTATION PROCESSES
PRELIMINARY FINDINGS OF PERFORMANCE INFORMATION BASELINE EVALUATION
### YEARS IN EMPLOYMENT

<table>
<thead>
<tr>
<th>Experiences</th>
<th>Freq</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 year and Less of experience</td>
<td>70</td>
<td>20%</td>
</tr>
<tr>
<td>2-4 years of experience</td>
<td>133</td>
<td>37%</td>
</tr>
<tr>
<td>5-10 years of experience</td>
<td>112</td>
<td>31%</td>
</tr>
<tr>
<td>11-20 years of experience</td>
<td>26</td>
<td>7%</td>
</tr>
<tr>
<td>More than 20 years of experience</td>
<td>16</td>
<td>4%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>357</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

### TYPE OF EMPLOYMENT

<table>
<thead>
<tr>
<th>Employment</th>
<th>Freq</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full time</td>
<td>301</td>
<td>84%</td>
</tr>
<tr>
<td>Part time</td>
<td>15</td>
<td>4%</td>
</tr>
<tr>
<td>Seconded</td>
<td>4</td>
<td>1%</td>
</tr>
<tr>
<td>EPWP</td>
<td>34</td>
<td>10%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>357</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

### EDUCATIONAL BACKGROUND

<table>
<thead>
<tr>
<th>Education</th>
<th>Freq</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some Schooling</td>
<td>3</td>
<td>1%</td>
</tr>
<tr>
<td>Matric</td>
<td>114</td>
<td>32%</td>
</tr>
<tr>
<td>Certificate</td>
<td>65</td>
<td>18%</td>
</tr>
<tr>
<td>Diploma</td>
<td>105</td>
<td>30%</td>
</tr>
<tr>
<td>Undergraduate</td>
<td>15</td>
<td>4%</td>
</tr>
<tr>
<td>Postgraduate</td>
<td>55</td>
<td>15%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>357</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>
### DISTRICTS WITH THE MOST DATA DISPARITIES

<table>
<thead>
<tr>
<th>District Name</th>
<th>Total Number of Sub Districts</th>
<th>Total Number of Facilities¹</th>
<th>Total Number of Data captures</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of Johannesburg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Metropolitan Municipality</td>
<td>6</td>
<td>48/89</td>
<td>123</td>
</tr>
<tr>
<td>Ekurhuleni Metropolitan</td>
<td>5</td>
<td>31/57</td>
<td>127</td>
</tr>
<tr>
<td>City of Tshwane</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Metropolitan Municipality</td>
<td>7</td>
<td>34/61</td>
<td>83</td>
</tr>
<tr>
<td>West Rand District</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Municipality</td>
<td>4</td>
<td>35/48</td>
<td>121</td>
</tr>
<tr>
<td>Sedibeng District</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Municipality</td>
<td>2</td>
<td>26/33</td>
<td>81</td>
</tr>
</tbody>
</table>

1. Total number of facilities ‘versus number surveyed

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**Legend**

- **Recount Vs Summary Variance (>=5% and <=5%)**
- **Recount Vs Summary Variance (>=5% and >=9%) AND (<=5% and <9%)**
- **Recount Vs Summary Variance (<=5% and >=-5%) AND (>=5% and <=9%)**
- **Recount Vs Summary Variance (>=5% and <=-5%) AND (>=9% and <=15%)**
- **Recount Vs Summary Variance (<=5% and >=-15%) AND (>=9% and <=15%)**
- **DHS vs Summary Variance (>=5% and <=5%)**
- **DHS vs Summary Variance (>=5% and >=9%) AND (<=5% and <9%)**
- **DHS vs Summary Variance (<=5% and >=-5%) AND (>=5% and <=9%)**
- **DHS vs Summary Variance (>=5% and <=-5%) AND (>=9% and <=15%)**
- **DHS vs Summary Variance (<=5% and >=-15%) AND (>=9% and <=15%)**
### One-Sample Statistics

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>Std. Error Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHC headcount – total</td>
<td>166</td>
<td>13993.17</td>
<td>12379.759</td>
<td>960.856</td>
</tr>
<tr>
<td>monthly summary</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHC headcount - recount</td>
<td>166</td>
<td>11790.54</td>
<td>10427.363</td>
<td>809.320</td>
</tr>
</tbody>
</table>

### One-Sample Test

<table>
<thead>
<tr>
<th></th>
<th>t</th>
<th>df</th>
<th>Sig. (2-tailed)</th>
<th>Mean Difference</th>
<th>95% Confidence Interval of the Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Lower</td>
</tr>
<tr>
<td>PHC headcount – total</td>
<td>14.563</td>
<td>165</td>
<td>.000</td>
<td>13993.169</td>
<td>12096.01</td>
</tr>
<tr>
<td>monthly summary</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHC headcount - recount</td>
<td>14.568</td>
<td>165</td>
<td>.000</td>
<td>11790.536</td>
<td>10192.58</td>
</tr>
</tbody>
</table>

### SIGNIFICANT DIFFERENCES BETWEEN THE COUNTS

<table>
<thead>
<tr>
<th></th>
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<tr>
<td>monthly summary</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHC headcount - total</td>
<td>166</td>
<td>16421.04</td>
<td>14236.582</td>
<td>1104.973</td>
</tr>
<tr>
<td>DHIS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
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<td>165</td>
<td>.000</td>
<td>13993.169</td>
<td>12096.01</td>
</tr>
<tr>
<td>monthly summary</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHC headcount - total</td>
<td>14.861</td>
<td>165</td>
<td>.000</td>
<td>16421.042</td>
<td>14239.33</td>
</tr>
<tr>
<td>DHIS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
COMPARISONS BETWEEN MONTHLY AND RECOUNTS

PHC headcounts: Recount vs Summary

- gp West Rand District Municipality: 7 (underreporting) vs 28 (overreporting)
- gp Sedibeng District Municipality: 7 (underreporting) vs 19 (overreporting)
- gp Ekurhuleni Metropolitan Municipality: 2 (underreporting) vs 29 (overreporting)
- gp City of Tshwane Metropolitan Municipality: 4 (underreporting) vs 30 (overreporting)
- gp City of Johannesburg Metropolitan Municipality: 7 (underreporting) vs 33 (overreporting)

COMPARISONS BETWEEN MONTHLY AND DHIS

PHC headcount: DHIS vs Summary

- gp West Rand District Municipality: 6 (underreporting) vs 23 (overreporting)
- gp Sedibeng District Municipality: 7 (underreporting) vs 19 (overreporting)
- gp Ekurhuleni Metropolitan Municipality: 3 (underreporting) vs 28 (overreporting)
- gp City of Tshwane Metropolitan Municipality: 3 (underreporting) vs 25 (overreporting)
- gp City of Johannesburg Metropolitan Municipality: 5 (underreporting) vs 21 (overreporting)
LEVEL OF DATA DISPARITIES DIFFERED ACCORDING TO INDICATOR CATEGORY

COMPARISONS BETWEEN MONTHLY AND RECOUNTS

Clients tested for HIV incl ANC: Recount vs Summary

- **gp Ekurhuleni Metropolitan Municipality**: Underreporting: 22, Same value: 6, Overreporting: 3
- **gp City of Johannesburg Metropolitan Municipality**: Underreporting: 20, Same value: 8, Overreporting: 6
- **gp West Rand District Municipality**: Underreporting: 18, Same value: 12, Overreporting: 3
- **gp Sedibeng District Municipality**: Underreporting: 14, Same value: 11, Overreporting: 1
- **gp City of Tshwane Metropolitan Municipality**: Underreporting: 9, Same value: 11, Overreporting: 1

COMPARISONS BETWEEN MONTHLY AND DHIS

Clients tested for HIV incl ANC: DHIS vs Summary

- **gp West Rand District Municipality**: Underreporting: 26, Same value: 9, Overreporting: 7
- **gp Sedibeng District Municipality**: Underreporting: 19, Same value: 7, Overreporting: 4
- **gp Ekurhuleni Metropolitan Municipality**: Underreporting: 27, Same value: 4, Overreporting: 5
- **gp City of Tshwane Metropolitan Municipality**: Underreporting: 29, Same value: 5, Overreporting: 4
- **gp City of Johannesburg Metropolitan Municipality**: Underreporting: 36, Same value: 4, Overreporting: 3
LEVEL OF DATA DISPARITIES DIFFERED ACCORDING TO INDICATOR CATERGORY

COMPARISONS BETWEEN MONTHLY AND RECOUNTS

Infant 1st PCR test around 6 weeks: Recount vs Summary

- gp West Rand District Municipality
  - Underreporting: 2
  - Same value: 1
  - Overreporting: 32

- gp Sedibeng District Municipality
  - Underreporting: 6
  - Same value: 18
  - Overreporting: 2

- gp Ekurhuleni Metropolitan Municipality
  - Underreporting: 2
  - Same value: 31
  - Overreporting: 3

- gp City of Tshwane Metropolitan Municipality
  - Underreporting: 2
  - Same value: 29
  - Overreporting: 3

- gp City of Johannesburg Metropolitan Municipality
  - Underreporting: 1
  - Same value: 35
  - Overreporting: 4

COMPARISONS BETWEEN MONTHLY AND DHIS

Infant 1st PCR test around 6 weeks: DHIS vs Summary

- gp West Rand District Municipality
  - Underreporting: 3
  - Same value: 1
  - Overreporting: 30

- gp Sedibeng District Municipality
  - Underreporting: 3
  - Same value: 22
  - Overreporting: 1

- gp Ekurhuleni Metropolitan Municipality
  - Underreporting: 3
  - Same value: 25
  - Overreporting: 3

- gp City of Tshwane Metropolitan Municipality
  - Underreporting: 7
  - Same value: 27
  - Overreporting: 3

- gp City of Johannesburg Metropolitan Municipality
  - Underreporting: 7
  - Same value: 32
  - Overreporting: 1
## LEVEL OF VARIANCE: DIRECT SERVICE BY PARTNERS

<table>
<thead>
<tr>
<th>District Name</th>
<th>% variance between Headcount Recount vs. Headcount Monthly Summary</th>
<th>% variance between HIV clients tested Recount vs. Monthly Summary</th>
<th>% variance between PCR test Recount vs. Monthly Summary</th>
<th>Facilities within same Sub-district (with slightly same PHC headcount)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suurman Clinic</td>
<td>-25% / 3743 (11316/15059)</td>
<td>1% / 127 (15059/15186)</td>
<td>1853 / 0 (11316/12169)</td>
<td>-25% / 5% - 4424 / 857 (13587/18011 / 18868)</td>
</tr>
<tr>
<td>Holani</td>
<td>-1% Same Value (11966/12061)</td>
<td>30% / 412 (12061/12061)</td>
<td>-18% / -210 (967/1379)</td>
<td>2% / 40% (300 / 6625)</td>
</tr>
<tr>
<td>Karen Park</td>
<td>14% / 2487 (15078/17565)</td>
<td>-1% / 213 (17565/17352)</td>
<td>49.8% / 666 (660 / 1326)</td>
<td>11% / 27% 2027 / 5021 (16729/18756 / 23777)</td>
</tr>
<tr>
<td>Johan Heyns</td>
<td>8% / 2389 (26592/28981)</td>
<td>17% / 4922 (28981/33903)</td>
<td>22% / 442 (2492/2050)</td>
<td>2 / 0 0 / 4 - 2% / 55% 1522 / 15275 (28085/29607 / 44882)</td>
</tr>
</tbody>
</table>

Note: % variance values are calculated as ((Actual - Expected) / Expected) * 100.
FINDINGS FROM THE DESKTOP ANALYSIS OF THE MOUS/SLAS/REPORTS

**STRENGTHS**
- Executive Leadership that values Partnerships in service delivery
- MOUs signed with provincial government in the Province
  - Each Partner had a specific area of Specialisation
    - Prevention, Care and Treatment
- USG and SAG Governance Framework that guide Development partnerships

**WEAKNESSES**
- Uniformity in reporting, capturing of results and alignment
- Reviews of performance to include Partners is at a discretion of a district manager /Not all districts have signed SLAs
  - Role clarification between district and province on different indicator sets being collected into different systems from the same facilities
- None of the SLA/MOU reflected how Data or M&E were to be explicitly improved

**OPPORTUNITIES**
- Funding models of partners and plans aligned to strategic objectives of the department and driven from Strat Plans
- Integrating and aligning services and reduce duplications
  - Common M&E accountability model and Platforms
- Results frameworks/Theory of change on Data/Performance information

**THREATS**
- End in funding cycle
- Reduction and end in funding reducing capacity for support
- High Staff turnover with partnerships affecting progress
- Uncertainty in funding of new projects/sustainability
DISCUSSION

- Disparities between the recounts by partner may be due to lack of access to complete records.

- The higher the head count at facility the higher the data disparities.

- Significant differences between data recounts and monthly summaries including differences between monthly summaries and the DHIS points to lack of data verification.

- Minimal variance on PCR testing due to smaller number of records and no PCR testing versus the high variance in PHC headcounts due to high number of records.

- Over reporting on the DHIS versus Monthly reports due to lack of systematic corrections effected on the DHIS but not effected on the source documents.

- Facilities with direct support/secondment had the least variance compared to facilities with almost same headcount when comparing DHIS and Monthly summary report but comparisons on recounts and monthly summary report did not yield any clear differences except for 1 facility.

- Limited evidence showing work plans and results frameworks on Data /M&E improvements could have had a role to play in the variances over and above other organisational factors.
CONCLUSION

- Even with the support of development partners (through both Technical assistance/Direct Service Delivery on data/M&E), facility reports on performance data remains inconsistent with source documents at all levels.

- The magnitude of data discrepancies between source documents, PHC monthly reports and the DHIS highlights gaps in compliance to current policies, SOPs and weak accountability/supervision by both partners and the department in the area of performance data management.

- Opportunities exist to further strengthen mutual accountability models between Development Partners and GDOH to improve integrity of performance data through the use of explicit theory of change, harmonised reporting processes, and access or sharing of performance information resources. (OECD-Mutual accountability 2011, ODI 2009, Bailey, 2010)
<table>
<thead>
<tr>
<th><strong>Limitations</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Small sample with incomplete variables</td>
</tr>
<tr>
<td>Incomplete data file and difficulties in differentiating partner involvement per district</td>
</tr>
<tr>
<td>Preliminary findings and detailed explanatory variables not part of this analysis</td>
</tr>
<tr>
<td>Limitations in exploring the effect of organisational related variables on data quality patterns</td>
</tr>
<tr>
<td>Database used to compute the partner spread in the province has 2014 data and has since been replaced</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Recommendations</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Leverage on existing platforms of HAST programmes to bridge mutual accountability or governance gaps in performance data management</td>
</tr>
<tr>
<td>Development of explicit theory of change for both partners and GDOH on performance data management</td>
</tr>
<tr>
<td>Standardise MOUs/SLAs, reporting, accountability instruments and access to partner information system</td>
</tr>
<tr>
<td>Hold GDOH Managers and Supervisors accountable for performance data disparities</td>
</tr>
<tr>
<td>Enforcement of daily verification of data at PHC level for both TA and DSS</td>
</tr>
<tr>
<td>Implementation of rigorous evaluations to assess progress made in data management improvement initiatives by both partners and department</td>
</tr>
</tbody>
</table>
The Baseline Evaluation on Data management system is fully funded by Measure-SIFSA project, as part of a partnership with GDOH to strengthen performance information quality and use at all levels of the provincial government


Steer L, Wathne. Mutual Accountability at country level: Emerging good practice’. 2009, Overseas Development Institute