

Coordinating M& E and Data Management

**Presented by :
Nkau Kgasane**

Contents

- ❑ What is needed to improve reporting at National, Provincial, District and facilities
 - ❑ How can facilities be assisted to use the data they collect to improve their own services
 - ❑ Who should lead M&E and reporting
 - ❑ How can the M&E and reporting systems be coordinated and integrated within one framework
 - ❑ SWOT Analysis
 - ❑ Shopping list
 - ❑ Conclude
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What is needed to improve reporting- National

- ❑ Clear useful indicators prescribed by National and provinces
 - ❑ Number of indicators should be in line with capacity to collect at facility level (Not collect for fun)
 - ❑ Standardized registers (data collection tools) with specific relevant, simple and streamlined data elements.
 - ❑ Faster process of disseminating changes –definitions, new data elements in cases of changes in policy
 - ❑ Training on definitions of data elements
 - ❑ Streamline data elements-partners and DoH to agree on these
 - ❑ Develop National Data flow policy
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Provincial

- ❑ Support Districts with regard to infrastructure (i.e.) cabling and networks at facilities, ensure stability of servers,
 - ❑ Provision of computers, and registers
 - ❑ Develop Provincial data flow policy
 - ❑ Training up to the highest level
 - ❑ Monitoring and evaluation and feed back to facilitate ownership of data and therefore improve quality
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District

- ❑ Support Sub Districts with regard to infrastructure (i.e.) cabling and networks at facilities, ensure stability of servers,
 - ❑ Provision of computers, and registers to facilities
 - ❑ Develop District data flow policy
 - ❑ Training up to the highest level
 - ❑ Monitoring and evaluation and feed back to facilitate ownership of data and therefore improve quality
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Facility level

- ❑ Understanding of the use of information to appreciate the need for accuracy
 - ❑ Avoid the temptation of multiple registers which affects accuracy of data negatively
 - ❑ Commitment to improve quality of data
 - ❑ Continuous training up to the highest level
 - ❑ Managers need to sign off data after checking for quality
 - ❑ Quarterly reviews of data to involve facilities – feedback can be done at District level depending on capacity at Sub District and facility levels
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What is needed to improve reporting-

- In the long Term an electronic patient record is the ideal, and will reduce paperwork
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Who should lead M& E and reporting

- ❑ National – Policy making and giving Strategic Direction
 - ❑ Provincial: M&E Unit (Planning/M&E/Information)
 - ❑ District Level : District Manager must be in the forefront and take accountability
 - ❑ Facilities : Facility Managers/Clinic supervisors
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How can M&E and reporting be coordinated and integrated within one framework

- ❑ Structures at National, Provincial and District should support integration
 - ❑ We cannot have vertical structures Nationally and Provincially but expect the service to be integrated at facility level
 - ❑ Fortunately currently MCWH and Child Health and Nutrition reside in one Directorate/Chief Directorate in many provinces
 - ❑ There is clearly a need for training in different programs
 - ❑ We believe that the benefits are huge
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SWOT Analysis of HS

STRENGTHS

- ❑ Standardized DHIS system (need to strengthen)
 - ❑ Capacity building support from partners
 - ❑ Political will going forward to support processes
 - ❑ Prioritizing of MCWH and PMTCT programs are National priorities therefore enjoy support from national government
 - ❑ Build on experience of other integrated programs such as HIV/TB
 - ❑ MCWH and PMTCT are in one Directorate in many provinces
 - ❑ There is staff available to implement the programs
 - ❑ Clear policy guidelines availability
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Weaknesses

- ❑ Lack of integration
 - ❑ Rigidity – lack of flexibility in terms of operational activities from staff
 - ❑ Guidelines not clearly defined
 - ❑ Huge timeline gaps between challenges and interventions
 - ❑ Lack of political will at provincial level in some provinces
 - ❑ Lack of reliable data to work with
 - ❑ Lack of understanding of data elements
 - ❑ Lack of accountability on data
 - ❑ Poor quality data
 - ❑ Lack of willingness to take initiative
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Opportunities

- ❑ Support of our partners
 - ❑ Huge experience and expertise in the field of MCH and HIV/AIDS
 - ❑ Existence of working partnership drawn from various stakeholders
 - ❑ Opportunity to integrate as the structures for integration already exist
 - ❑ Willingness of communities to partner in programs
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Threats

- ❑ Sustainability of foreign funding, in the face of growing dependency on it
 - ❑ Infrastructures challenges continue to pose threats for further extension of services – not enough space for support services such as counselling rooms
 - ❑ Brain drain from public health system
 - ❑ The creation of parallel information systems
 - ❑ Growing disease burden as a result of HIV prevalence
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SHOPPING LIST

We have a very short one, because we want to remain as partners

- Assist with cabling of facilities
 - Procurement of computers for facilities
 - Training, training and more training on the DHIS
 - Equip at least clinics and CHC s rendering MCWH and therefore PMTCT for 24hours – basic equipment
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Conclusion

- We believe that PMTCT and MCWH have to be integrated
 - The benefits for that are huge in terms of patient care and outcomes
 - There is a strong foundation for that (e.g.) EPI program, post natal care, provincial structures, and support by our partners
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**I hope I did not misrepresent
you colleagues, if I did you
will surely be wiser next
time**

Thanks