

Improving Data for PMTCT programme management

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Background

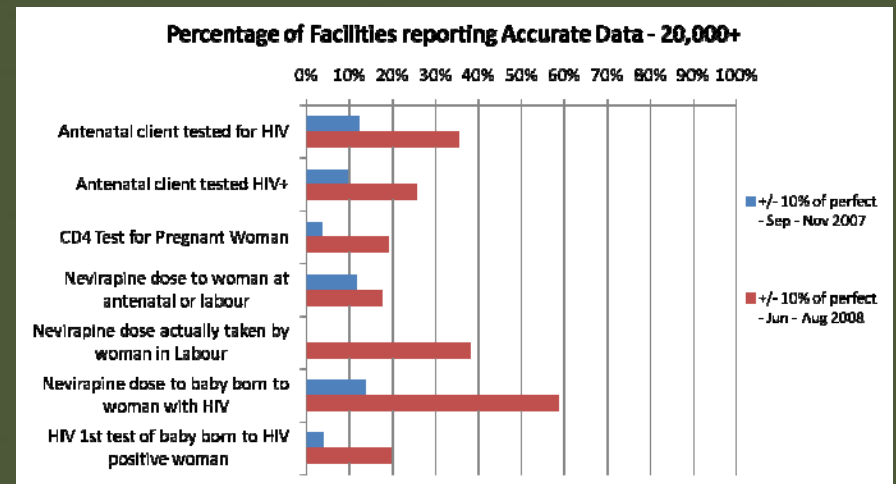
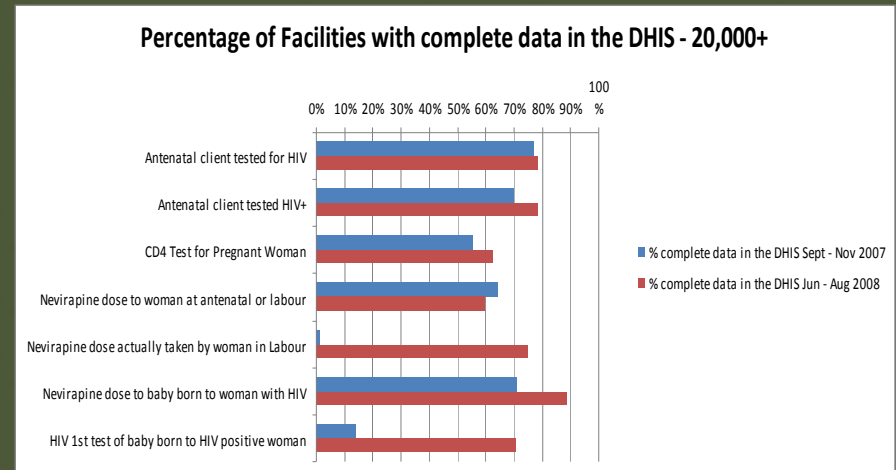
- Recent studies on the District Health Information System (DHIS) in South Africa indicate sub-optimal data quality to track performance of the PMTCT programme.
- PMTCT leaders in SA have highlighted the need for high quality data which has never been more crucial than now as countries report progress towards the Millennium Development Goals (MDGs).
- Facility-based data, contained in the DHIS, can be a valuable source of information that allows tracking of PMTCT processes aiding planning and management.
- We report our experience with efforts to improve the completeness and accuracy of data in the DHIS to assist a large-scale intervention to improve PMTCT care in KwaZulu Natal.

Methods

- We assessed the completeness of data reported to the DHIS from 316 clinics and hospitals in three districts for seven key PMTCT data elements at two points in time: pre-intervention (Sept-Oct 2007) and post-intervention (Jun-Aug 2008).
- The data improvement intervention consisted of: a series of data training days, data monitoring site visits, and improved data collection tools. Clinics also received regular feedback of the data they had submitted to DHIS.
- We independently surveyed clinic registers and monthly site reports for the same six elements and compared the accuracy of these data with what had been reported to DHIS at the same two time-points.

Results

- Our analysis showed that data in the DHIS were complete 64.9% of the time pre-intervention.
- Post-intervention, data completeness improved to 72.2%.
- Similarly, the percent of facilities reporting accurate data (i.e. within 10% of register value) improved from 9.0% pre-intervention to 30.5% afterwards.
- All data elements showed improvement, however the element “Nevirapine dose to baby born to woman with HIV” improved most (13.6% before versus 58.3% after). In contrast, “Nevirapine dose actually taken by woman in Labour” showed least improvement in accuracy (11.6% before vs 17.5% after



Conclusion

- Systematic data improvement interventions can improve the completeness and accuracy of DHIS PMTCT data.
- Improvements in data quality can assist PMTCT programme managers to focus on key obstacles to improving clinical care for pregnant women interacting with the PMTCT programme.
- The cost of these improvement efforts are yet to be determined, however the availability of high quality data is imperative for evidence based practice and management