

Integrated TB/HIV Data Management

Standard Operating Procedure

Part II: (Sub)District, Province and National Department of Health

Version 2, October 2019



health

Department:
Health
REPUBLIC OF SOUTH AFRICA



Integrated TB/HIV data management SOP reviewer signature page

Data management and adherence to the information contained in this Integrated TB/HIV Data Management SOP is the responsibility of each person involved in the management of TB and HIV information. Each relevant staff member must review the SOP and acknowledge it by signing below. In addition, the SOP must be shared with any new staff member during their induction. If no hard copy of the SOP is available, print this signature page as reference and file. Please add an additional page if required.

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DOCUMENT CONTROL

Document name:	Integrated TB/HIV Data Management Standard Operating Procedure Part II: (Sub)District, Provincial and National Department of Health
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Date of this version:	October 2019

VERSION CONTROL

Date updated	Version	Updated by	Comment on changes
1/6/2012	1.0	NDOH M&E Team	
25/10/2012	1.1	NDOH M&E Team	Inclusion of ICT coordinator and admin clerk roles and responsibilities
10/2019	2	THIS TWG	Version 2 encompasses a significant revision. These include: <ul style="list-style-type: none"> Renaming of the SOP to Integrated TB/HIV Data Management Standard Operating Procedure. Separation of the Integrated TB/HIV Data Management Standard Operating Procedure to include a stand-alone facility-level (Part I) and a sub-district and higher (Part II). Guidance to all role-players in the TB and HIV services of their responsibilities to TB and HIV data management. Guidance to the role players on opportunities to leverage 'the system' to support patient retention and patient management.

Foreword

In line with the WHO Joint Review of HIV, TB and PMTCT Programmes in South Africa of 2013 and an independent assessment of systems in use for the management of TB and HIV data, the National Department of Health (NDOH) committed to integrating TB data into the existing HIV/ART information system, TIER.Net. The ART component of the TB/HIV information system has been operational in the Primary Health Care domain since 2011 with approximately 4,000 facilities collecting ART data electronically. This facilitates data flow of routine performance data through the health system. The implementation of the integrated TB/HIV information system (THIS) initiative began in earnest in 2017.

This integration of systems and processes provides multiple benefits, including: a single electronic record that integrates a patient's TB/HIV information; consolidated data to improve clinical management of co-infected patients; and the streamlining of data management procedures for the reporting of routine DS-TB and HIV/ART data. These integrated processes further enhance and improve data quality, clinical governance, and programme management.



Dr. Gail Andrews
Deputy Director-General:
Health Systems Governance and HRH

This iteration of the SOP is divided into two parts. The first part of the Integrated SOP provides facility-level guidance on TB/HIV data management from testing through treatment services. The target audience for Part 1 of the SOP includes health professionals and administrative staff who record, capture, analyse, and utilise data for patients receiving TB/HIV clinical care at a Primary Health Care facility. The second part of the SOP is directed at programmatic and information management staff at (sub)district, provincial and national levels whose responsibilities are to oversee and drive the institutionalisation of the TB/HIV information system processes in order to support improved service delivery and programme management. This SOP has been compiled through the collaborative work of colleagues in the NDOH. In addition, health managers, clinicians, administrative clerks, and support partners have also shared valuable experiences and feedback.

I hope that the guidance provided in this SOP will institutionalise good data management practices, that will guide the TB/HIV programmes in the provision of good quality healthcare for all. My thanks go to everyone driving the integration of TB/HIV services, your dedication and commitment are appreciated.

>> Acronyms

AC	Administrative Clerk	PRN	Patient Record Number
AGSA	Auditor General of South Africa	PHC	Primary Health Care
ART	Antiretroviral Therapy	PIT	Provincial Integration Team
CHW	Community Health Worker	PMTCT	Prevention of Mother to Child Transmission
webDHIS	District Health Information System	PTB	Pulmonary TB
DHMIS	District Health Management Information System	SDHC	Sub-District HAST Coordinator
DIO	District Information Officer	SDIO	Sub-District Information Officer
DIT	District Integration Team	SOP	Standard Operating Procedure
DOH	Department of Health	SVTL	Site Visit Task List
DR-TB	Drug Resistant Tuberculosis	TIER.Net	Three Interlinked Electronic Registers
DS-TB	Drug Sensitive Tuberculosis	THIS	TB/HIV Information System
EPTB	Extra-pulmonary TB	TKI	THIS Key Implementer
ETR.Net	Electronic TB Register	UPS	Uninterrupted power supply
FM	Facility Manager	WDQT	WHO Data Quality Tool
FTP	File Transfer Protocol	WHO	World Health Organisation
HIV	Human Immunodeficiency Virus	XML	eXtensible Markup Language
HPRS	Health Patient Registration System		
HTS	HIV Testing Services		
ICSM	Integrated Clinical Services Management		
ITAT	Integrated TB/HIV Audit Tool		
LTF	Lost to Follow-up		
M&E	Monitoring and Evaluation		
MCN	Mobile Clinic Nurse		
MDI	Monthly Data Input Form		
NDOH	National Department of Health		
NHLS	National Health Laboratory Services		
NIDS	National Indicator Data Set		
OM	Operational Manager		



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» Glossary of commonly used terms

Administrative Clerk (AC): The AC is responsible for administrative, reception and data capturing/management activities. The AC is an all-encompassing term used to refer to the person responsible for activities relating to administrative, reception, and data capturing activities.

Clinical stationery: The NDOH standardised TB and HIV clinical stationery, that is filed in the facility-based single and integrated patient folder.

Cohort: A group of patients with a similar characteristic. The TB and ART cohorts are defined by the quarter in which patients commenced treatment.

Data demand and use (DDU): A term to describe the interlinked nature of the data ecosystem; from data production, to submission, to validation, and finally to data use to inform programme and patient activities as well as facility operations. It is a strategy to identify opportunities for, and constraints to, effective and strategic data collection, analysis, availability, and use. It begins with an assessment that helps stakeholders, policy-makers, and monitoring and evaluation (M&E) practitioners determine points of entry for DDU interventions. Decision making is based on evidence and an increase in data demand and utilisation and better health outcomes. Materials to support and guide users on DDU are available on the TB/HIV Information Systems Portal.

DHIS: District Health Information System: the national routine health information system used to collect, store and analyse information for the South African Department of Health; an aggregate data platform

for tracking health service delivery in the public health sector, and a component of the comprehensive Health Management Information System (HMIS).

DHMIS policy: Policy that guides the management of public health information in South Africa, an overarching national policy with associated processes, SOPs, norms and standards. The DHMIS is inclusive of, but much broader than, the webDHIS software. It includes the people, policies, procedures, hardware, software, networks, and datasets required to ensure a well-functioning information system.

Dispatch: An encrypted file that is generated from TIER.Net to export patient-level data to sub-district for reporting requirements and analysis.

(Sub)District Integration Team (SDIT and DIT): Comprising an interdisciplinary team of (sub) district based health services and correctional services staff who serve as the operational hubs that oversee the in-facility implementation, maintenance, sustained management, and use of the HIV and TB monitoring data. This team is responsible to ensure facilities have the sufficient tools, staff, and equipment to function optimally and where aforementioned is lacking should assist to remediate the situation. This group includes TKIs.

EPTB: TB disease involving organs other than the lungs: e.g. pleura, lymph nodes, abdomen, genitourinary tract, skin, joints, bones, and meninges.

External storage device: Memory stick, CD, or external hard drive. These are to be used to back-up

electronic files and/or dispatches of TIER.Net.

FTP (File Transfer Protocol): Software used to transfer large files, those that cannot be emailed. Used to transmit back-up electronic files and/or dispatches of TIER.Net between computers on a network.

Integrated TB/HIV Audit Tool (ITAT): This tool aims to assess TB and HIV data quality within the clinical stationery and TIER.Net including: clinical record keeping, data capturing and reporting. To further monitor the adherence to the SOP and ultimately the holistic management and use of TIER.Net in order to ensure complete and correct production of, and reporting of, performance data to webDHIS. It is expected that the tool is conducted by all (sub) district, district or provincial TB/HIV support personnel who visit a facility. The results of the audit aim to inform data quality and support requirements to the facility.

LTF (HIV/ART): A patient outcome status denoting that a patient missed their scheduled appointment date for more than 90 days (HIV) OR have not had ART in hand for greater than 90 days (ART).

LTF (TB): A patient outcome status denoting a patient who missed their scheduled appointment date and TB treatment for two consecutive months or more.

Provincial Integration Team (PIT): This interdisciplinary team of Provincial Managers and SDIT and DIT members, are responsible for the overall project management of implementation and maintenance of the TB/HIV information system. Comprising of an interdisciplinary team of Provincial Managers as well

as SDIT and DIT members, they are responsible for ensuring allocation of resources and support for the TB/HIV data management activities as well as support programme and patient management through strengthened data use.

Presumptive TB case: A person who presents with symptoms consistent with tuberculosis disease, and/or a contact of a TB case. Symptoms may include one or more of the following: coughing for two or more weeks, fever for more than two weeks, drenching night sweats, and unexpected loss of weight.

PTB: Pulmonary TB is a contagious disease and refers to any bacteriologically confirmed or clinically diagnosed case of TB involving the lung parenchyma or the tracheobronchial tree.

Reporting Quarter: A reporting period referring to a 3-month calendar quarter, i.e. Q1 is Jan-Mar, Q2 is Apr-Jun, Q3 is Jul-Sept, and Q4 is Oct-Dec.

Site visit task list (SVTL): A structured assessment tool which aims to rapidly and holistically look at the components, both human and equipment, required to effectively maintain TIER.Net. This seeks to assist support personnel

to quickly assess the management of TIER.Net. It aims to structure the assessment of the factors at the facility-level that could impact management and can be used to inform interventions if needed.

TB/HIV Information Systems Portal: The NDOH online portal which hosts all TB/HIV information system-related support materials is tbhivinfosys.org.za. This replaces vula.uct.ac.za. Email address to request support from the NIT: NIT_support@health.gov.za.

TIER.Net: A component of the broader TB/HIV information system (THIS) initiative, is an electronic patient monitoring tool used to support patient management and the reporting of HIV/ART and DS-TB routine monthly and quarterly performance data.

THIS Integration: The processes to integrate the HIV/ART and DS-TB data management and reporting processes into a single in-facility data management system and a single data flow. In addition, the TB/HIV information system integration term refers to the technical working group team responsible for the transition project.

THIS lever arch file: A facility retained lever arch file containing a compendium of all printed lists

and reports, copies of submitted data and data submission forms, contact lists and other important information. The lists within the file should be retained for a rotating 3 months. Meaning, when a list has been actioned and ready for filing the oldest list from 3 months prior can be discarded and replaced with the current list.

TrakCare: Electronic web-based portal to access NHLS laboratory results.

webDHIS: The current online web-based version of the DHIS.

WHO Data Quality Tool (WDQT): The WDQT, is available in webDHIS, and supports automated identification of challenges to data quality and completeness. The tool looks at data quality by focusing on outliers, missing data, and consistency over time. This should be used to validate all reported TB/HIV NIDS data to ensure data are complete and free from error.

XML file: A data file that is used for importing aggregate data into webDHIS.

➤ Purpose and guiding principles

➤ Purpose

The Department of Health acknowledges that the Department of Correctional Services (DCS) job designations, administrative boundaries, and reporting structures differ to those in the health services. That said, all efforts should be made by DCS to allocate the roles and responsibilities as outlined in Part I and Part II of the SOP in line with the most suitable equivalents within the DCS. Furthermore, information from DCS should be submitted to DoH to ensure routine data is reported via the routine health information system.

The purpose of this SOP is to standardise the collection and management of routine HIV/ART and DS-TB performance data from facility to national levels to ensure accurate data are produced and used. This SOP does not presently apply to the data management of Drug-Resistant TB.

The Integrated TB/HIV Data Management SOP is divided into 2 parts and named as follows; Part I: Facility-Level and Part II: (Sub)District, Province and National Department of Health. Part I provides guidance to the facility on recording, capturing, data utilisation, and reporting of TB/HIV data to webDHIS. Part II provides guidance to the

(sub)districts and higher levels on the integrated TB/HIV data management including the reporting of routine performance data into webDHIS and programmatic feedback.

This SOP must be read in conjunction with Part I in order to understand the overall patient management and data processes of the THIS integration and health services. Furthermore, the SOPs, Part I and Part II, are intended to be read in conjunction with current clinical guidelines and protocols. Refer to the NDOH website (health.gov.za) for the latest releases of clinical guidelines, protocols, and policies.



Guiding principles and key messages

Information contained in this 'information box' provides additional and critical information/guidance. To find the relevant message, refer to the corresponding 'i' (icon and the corresponding number) in the text.

Note: Where appropriate, the document refers to the (sub)district thus collapsing the actions of the sub-district and the district in order to acknowledge the different structures within each province.

- The TB/HIV information system (THIS) initiative supports improvements to clinical governance, service delivery, data and programme management.
- The in-facility digitisation of HIV and TB patient data (identification and treatment) into the TB/HIV information system facilitates the reporting of routine TB/HIV performance data to the next level of health.
- Action taken by the facility on the TIER.Net line lists as outlined in Annexure B in Part I of the SOP, support patient management, retention efforts, and data cleaning activities.
- Robust, comprehensive and accurate clinical record keeping practices is critical to the TB/HIV information system.
- All information (clinical stationery, results etc.) are to be filed together in a single patient folder in accordance with the Ideal Clinic prescript of 'one patient, one folder, one folder number'.¹
- Facilities are to maintain printed and signed copies of submitted reports for reference and auditing purposes. In the event that a facility is unable to print the reports, an electronic file containing the reports is to be maintained for reference and audit purposes, with electronic indication of sign-off provided.
- Integration of TB/HIV data into a single data flow process (via clinical recording, data capturing, and patient folder flow) facilitates data use at the facility and the reporting of data from facility to (sub)district, province and national levels.
- WebDHIS is the central repository for all aggregate routine health data and the official source for performance data. Aggregate facility-level HIV/ART and DS-TB data are transmitted via webDHIS from the (sub)district levels of health to the national level. All data are to be verified, approved, and signed-off at each level of health, prior to reporting and submitting to the next level of health.
- Monthly and quarterly TB/HIV data from primary health care facilities (including correctional centres) reported in webDHIS comprise the country's HIV and TB routine performance data.
- This SOP is aligned to the DHMIS Policy and provides guidance for the management of TB/HIV data. The principle must remain that the DHMIS Policy data flow timelines must be adhered to at all levels of health in order to ensure accurate and complete data within webDHIS.
- The TB/HIV information system (THIS) initiative supports improvements to clinical governance, service delivery, and programme management.
- The (sub)district are to verify that dispatches submitted by facilities are routinely checked to ensure they are free from viruses and potential corruption. Back-up files and the integrity of those files are to be reviewed by the (sub)district

¹ As outlined in the Ideal Clinic Manual v.18, April 2018 [Section 4: Management of Patient Record, Page 8], accessible at: idealhealthfacility.org.za

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1 The Line Lists and Reports are designed and intended for use at a facility-level and not to be generated at any higher level.

The line lists and reports are to be generated according to the prescriptions outlined in Part I of the SOP.

Generating the line lists and reports outside of these prescriptions will result in incorrect and incomplete data.

during routine facility engagements on a quarterly basis.

- The reports and analytics in webDHIS must be accessed, reviewed, and used by TB/HIV managers commencing at the (sub)district for the purposes of programmatic monitoring, improvements, and informed decision-making. The line lists and programmatic reports are to be used at the facility-level to support clinical, patient, operational and programme management.ⁱⁱ
- Confidentiality of patient level data is protected in line with applicable

legislation and policies², including but not limited to the National Health Act, the Protection of Personal Information (PoPI) Act, and the NDOH National Guidelines for Filing, Archiving and Disposing of Patient Records in Primary Health Care Facilities.

- Access to data (electronic or paper) is granted only to the authorised employees of the Department of Health. Anyone outside of the DOH requiring access to patient records (electronic or paper), must receive written approval by the district office and facility manager (FM)³.

Updating and dissemination of THIS training/support documentation



THIS training materials and supporting documentation can be accessed via the TB/HIV information system support portal: tbhivinfosys.org.za

The TB/HIV programmes and information management processes are constantly evolving. As such policies, directives and supporting THIS information will periodically be revised to align with current prescriptions.

Dissemination of updated information will be conducted via clustered training sessions (where possible) and via written communication. It is the responsibility of all those receiving training and/or notification of updated information to timeously disseminate and cascade the information to all relevant stakeholders and provide support where needed.

It is the responsibility of all PIT and (S)DIT Leads and others with a role in the TB/HIV information system to ensure that the most recent version of the SOP is used, the most current version of TIER.Net is installed at health facilities, and that these are used in conjunction with the latest training materials, data tools, and clinical guidelines.

Training materials and supporting documentation for the THIS integration processes can be accessed via the TB/HIV information system support portal: tbhivinfosys.org.za.

² Available at idealhealthfacility.org.za/ and health.gov.za/

³ National Guideline for Filing, Archiving and Disposal of Patient Records in Primary Health Care Facilities (July 2018). (Section 6.3; Pg 12), accessible at: idealhealthfacility.org.za

Tools and components used to monitor TB and HIV

The following tools are recognised and approved by the NDOH for the management of TB/HIV data and information. This section provides details regarding these tools and systems, and also provides information on the equipment required to support the usage of these systems and tools.

TB and HIV source documents

Facility based source documents include: the standardised TB and HIV clinical stationery, HTS register, and TB identification registers. These are the sources for capturing HIV/ART and DS-TB data as described in Table 1.

TABLE 1. NDOH-APPROVED STATIONERY AND SOURCE DOCUMENTS

	Programme Component	Source Documents for capturing into TB/HIV information system
TB	TB case identification for presumptive TB patients	TB Identification Register
	TB treatment initiation and patient management	TB Blue Card
	Laboratory investigations	Clinical Stationery and Laboratory Results
HIV	HIV Testing Services (HTS)	HTS Register
	HIV/ART treatment initiation and management	HIV/ART Patient and Visit Summary (Adult, Paediatric)
	Differentiated models of care	Adherence Clubs Registers and Clinical Stationery
	Laboratory investigations	Clinical Stationery and Laboratory Results

TIER.Net



TIER.Net, a component of the broader TB/HIV information system (THIS) initiative, is an electronic patient monitoring tool used to support patient management and the reporting of HIV/ART and DS-TB routine monthly and quarterly performance data.

TIER.Net, a component of the broader TB/HIV information system (THIS) initiative, is an electronic patient monitoring tool used to support patient management and the reporting of HIV/ART and DS-TB routine monthly and quarterly performance data. The tool supports facilities with the management of TB/HIV patients via operational line lists and routine reports. It is important to note that TIER.Net is not the driver of patient management but rather is a tool to support patient management.

Patient management is the responsibility of the clinician and management team within the facility who must leverage the available line list and reports. Adherence to these SOPs will support both patient management and data management.

Patient level data are extracted from the application through an encrypted dispatch file. This dispatch file is then imported into the (sub) district TIER.Net database. Routine performance data are extracted from the application and imported into webDHIS at (sub)district.

District Health Information System

The National Indicator Data Set (NIDS) is defined by the NDOH and has been determined to be the minimum data required to manage the health services. All public health facilities are expected to collect, report, and use these data to inform service delivery.

The web-based District Health Information System (webDHIS) is the aggregate data system the NDOH uses to manage South Africa's routine health data. WebDHIS collates, stores, and analyses data used to routinely monitor health service delivery and present data analyses in the public health sector. WebDHIS uses these data elements captured to produce data indicators and information for routine use along the health system cascade. The web platform assists with standard data analytics.

Equipment and resources required

Part I of the SOP defines and describes the TB and HIV source documents as well as the facility-level tools required for the recording, management, and transmission of these data to the (sub)district.

Part II provides the definitions and responsibilities of the (sub)district and higher for data verification, reporting as well as the demand and use of data. In addition this SOP describes opportunities to leverage the system to enhance quality improvement, build capacity, improve patient management and strengthen operational processes at all levels.

Furthermore, this SOP describes the requirements for managing data contained within TIER.Net and reporting of these data into webDHIS. The table below lists the resources and equipment required to support the use of TIER.Net, the TB/HIV information system tool.





Monthly Data Input (MDI) Form

The Monthly Data Input (MDI) form is used by the facility to collate all routine monthly NIDS data for submission to the (sub)district. These data are then retrieved from the MDI and captured into webDHIS. This includes monthly TB and HIV performance data in addition to other routine performance data.

Documents supporting TB/HIV data management

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2 The current version of the software is available at tbhivinfosys.org.za. Notification of a new release is sent by the NDOH to the provincial heads of department to inform each province of the need to disseminate the new software.

All documents relevant to the THIS processes are available at tbhivinfosys.org.za. The NDOH will notify provinces when updates are made to any of this information and it must be disseminated to all relevant stakeholders.ⁱ²

Materials include:

- National policies, guidelines and SOPs
- THIS training materials including the training videos
- THIS installation instructions, TIER.Net software, and IT support documents
- THIS SOP tools to support the implementation and maintenance
- Other support documents required by facilities and/or (sub)districts

Data flow

Reporting of data must be done in accordance with the timelines defined by the DHMIS Policy and DHMIS facility-level SOP. All data are to be verified, approved, and submitted by the facility to the (sub)district as described in Part I of the SOP. The following schematics illustrate the data flow and management of patient-level and aggregate data for both the TB and HIV services for the (sub)district and above.

TABLE 2. RESOURCES TO SUPPORT TB/HIV INFORMATION SYSTEM

Type	Requirement
Office supplies	THIS reference file
	Paper and ink cartridges/toner for printer
	Sufficient supply of TB and HIV clinical stationery for facilities
Hardware	Computer(s) that meet minimum specifications to operate TIER.Net (specifications available at tbhivinfosys.org.za)
	Anti-theft mechanism(s) for equipment
	Uninterrupted power supply (UPS)
	External storage device(s) for back-ups
	Telephone(s) (with access to dial external lines/mobile numbers)
	Printer(s)
	Network points
Software	Word processing and spreadsheet software
	Current TIER.Net software
	Browser software (to view TIER.Net reports)
	Adobe Acrobat Reader (to view TIER.Net reports)
Connectivity	Internet connectivity to access information system platforms (i.e. webDHIS, THIS portal)
	Email access for administrative staff
	Access to provincial network

>> TB REPORTING

FIGURE 1: (SUB)DISTRICT DATA FLOW AND MANAGEMENT OF PATIENT LEVEL AND AGGREGATE DATA FOR TB

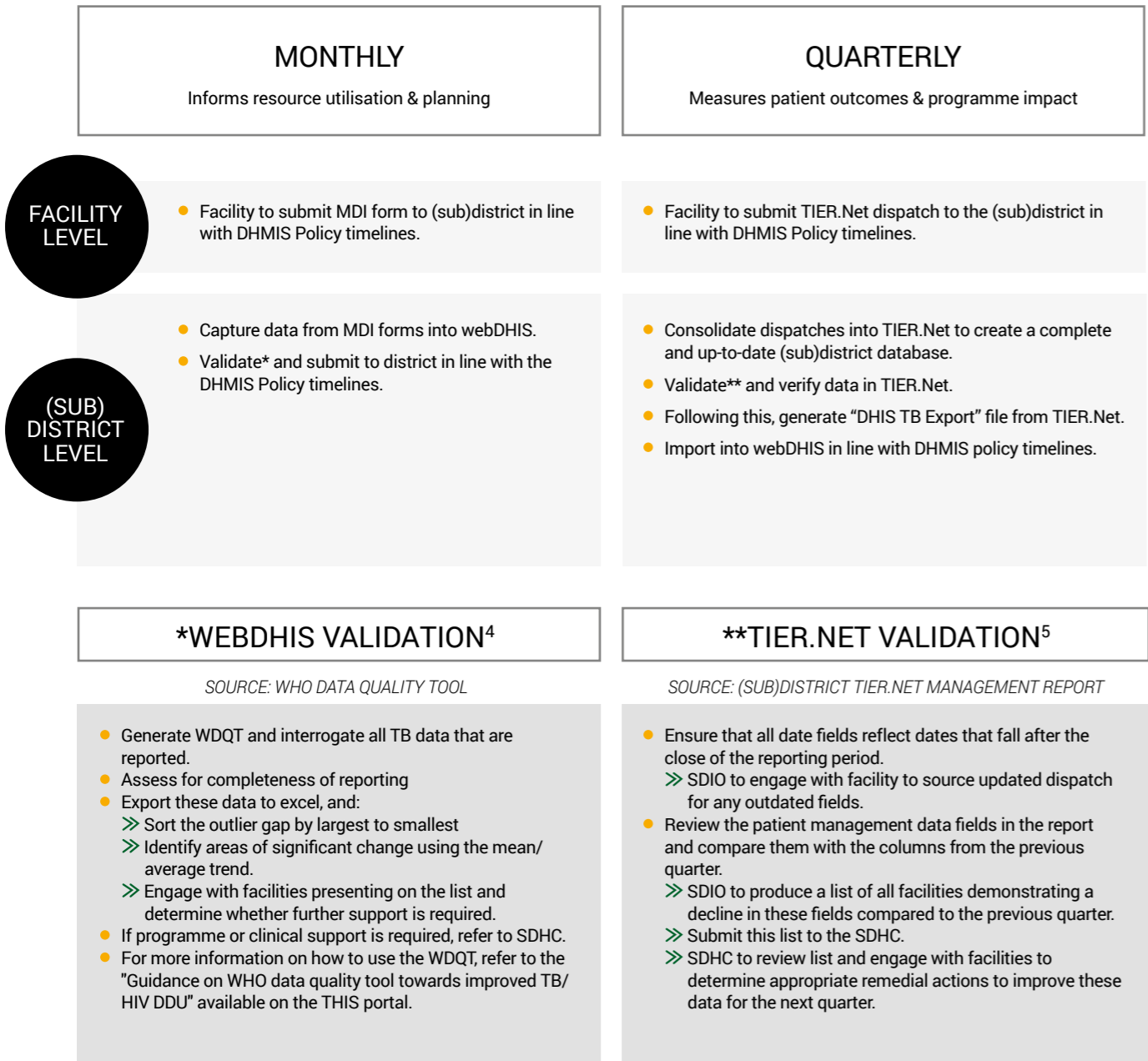


FIGURE 1: (SUB)DISTRICT DATA FLOW AND MANAGEMENT OF PATIENT LEVEL AND AGGREGATE DATA FOR TB

>> HIV REPORTING

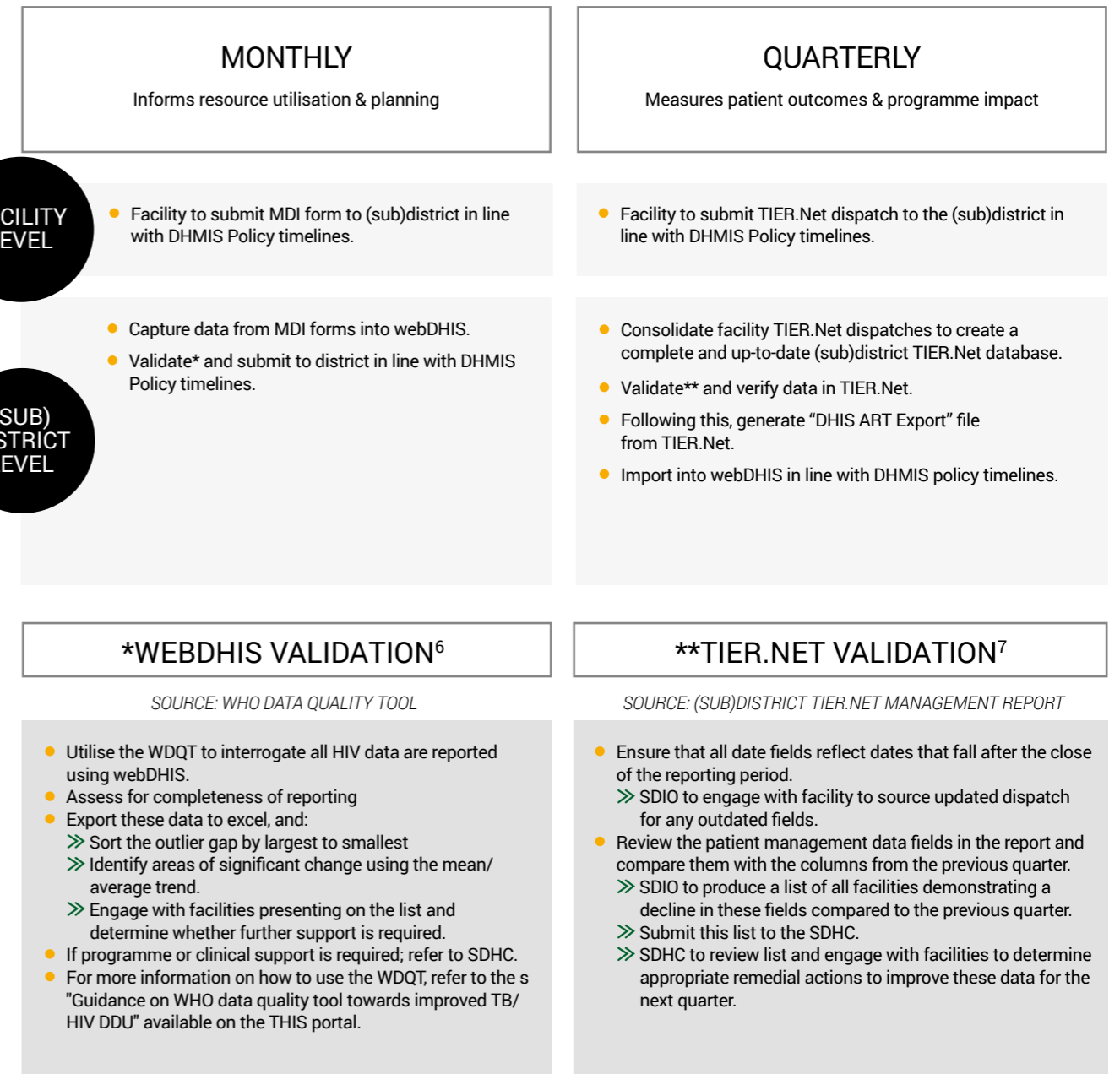


FIGURE 2: (SUB)DISTRICT DATA FLOW AND MANAGEMENT OF PATIENT LEVEL AND AGGREGATE DATA FOR HIV

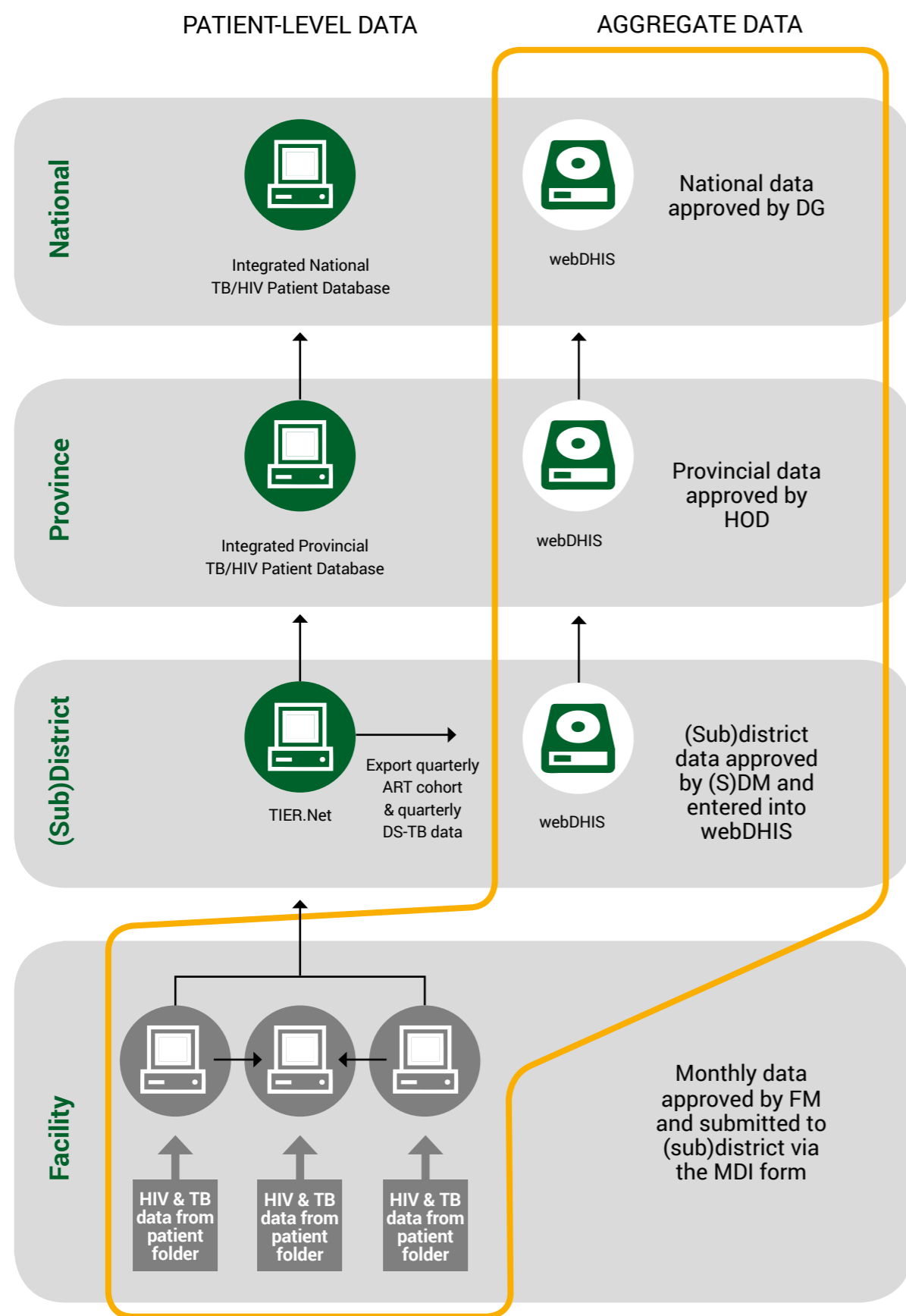
⁴ Available through webDHIS, these are the minimum analyses required to validate monthly TB and HIV data.

⁵ These are the minimum validation procedures to validate the completeness of the TB and HIV data within TIER.Net prior to producing the quarterly export file for import into webDHIS.

⁶ Available through webDHIS, these are the minimum analyses required to validate monthly the TB and HIV data.

⁷ These are the minimum validation procedures to validate the completeness of the TB and HIV data within TIER.Net prior to producing the export file for import into webDHIS.

>> TB/HIV Data flow



>> Department of Health staff roles and responsibilities

This section provides a description for each cadre's roles and responsibilities as they pertain to TB/HIV data management. If there are referenced designations, but no staff member with the stated designation, it is the responsibility of the relevant manager to assign an existing staff member to complete the tasks associated with this designation.

It is important that the staff member assigned to fulfil the task has received sufficient training and is allocated adequate and appropriate time to fulfil these additional responsibilities. Similarly, if a province does not maintain sub-district structures then all responsibilities/actions listed below will fall to the staff within the district or relevant structure.

SUB-DISTRICT

The data management processes in the sub-district, which include collation, validation, and usage, are the responsibility of the sub-district staff.

Sub-District Information Officer:

On a monthly basis, and aligned to the DHMIS policy, the Sub-District Information Officer (SDIO) is responsible for collating and validating all facility data within the sub-district. As it relates to the TB/HIV information systems, the SDIO is responsible for receiving, collating and validating all facility level TB/HIV data. They are responsible to produce the complete TB and HIV quarterly export for import into webDHIS. The SDIO is also responsible to provide mentorship and support to the FM to institutionalise the THIS processes; including orientation with regards to Part I of this SOP.

Monthly and quarterly responsibilities:

- Receives and validates monthly TB and HIV data submitted by facilities using the signed-off MDI form in line with the DHMIS Policy timelines.
- Captures information from the MDI forms into webDHIS.
- Once the data have been captured into webDHIS, the MDI form must be filed in accordance with the AGSA requirements.
- Receives monthly data from DCS Management Area Health Managers via the submitted and signed-off MDI form.
- Validates webDHIS data using the WHO Data Quality Tool (WDQT).ⁱ³
- Communicates with the FM where the given data require intervention, or where data have not been submitted.
- Submits communication to the Sub-District Manager (SDM) regarding data verification, and requests SDM approval and sign-off.
- Works closely with the Sub-District HAST Coordinator (SDHC) and SDM (or equivalents) to ensure data submitted are a true reflection of activities and performance.
- Receives and consolidates all the facility TIER.Net dispatches (including the dispatches from DCSⁱ⁴) to produce a complete and up-to-date sub-district TIER.Net database.
- Generates the (sub)district *TIER.Net Management Report* to verify the integrity and completeness of the TIER.Net dispatches received from the facilities. This is the first line of validation prior to data export to webDHIS.
 - » The SDIO should verify the following prior to submitting a copy of the report to the SDHC:
 - Ensures all facilities are reflected, and promptly liaise with the FM of all facilities that have not submitted data.ⁱ⁵
 - Ensure that the relevant date fields occur after the first day of the current reporting period.
 - Verifies that the facility

TIER.Net version reflects the current official version released by the NDOH.

- Compares the programme management related data fields with the columns from the previous quarter's report. Supply this list to the SDHC with a list of all facilities where these data have

deteriorated and the accompanying comparison reports.

- » The SDIO should provide the SDM with the *(Sub)District TIER.Net Management Report* to provide a summary overview of the facility TB and HIV data.

Quarterly reporting into webDHIS using TIER.Net:

- Produces the complete, valid, and up-to-date TIER.Net DS-TB and ART cohort data export for import into webDHIS.
- Following the data import to webDHIS, the SDIO produces a back-up file of the TIER.Net

sub-district database and save this on an external storage device. This must be stored in the SDM's office.

- The SDIO communicates with the SDM that the data have been verified and can be signed off for submission to the next level of health.

Additional responsibilities:

- Engages with the Facility Information Officer (FIO) and FM as well as other sub-district staff with data related problems as they emerge. Support may be telephonic, through email, or in person.
- Conducts facility engagements in support of the THIS processes on a routine basis. The following should be completed during the facility engagement:
 - » Completes the Site Visit Task List (SVTL) to document achievements/areas for improvement as they relate to the THIS processes.
 - » Discusses the completed SVTL and points out any issues to the FM.
 - » Reviews the Implementer Administrator Log Report and User Access Report to ensure that they have been actioned according to the *TIER.Net User Account Management Guidance* and AGSA.
 - » Reviews the integrity of the dispatches/back up files at the facility, ensuring the

external storage device is free of viruses, and that there are no anomalies to the files. The size of the files should typically increase in size over time, unless major data clean-ups or approved merging of data has occurred. It is important that the integrity of the dispatch/back up files are maintained at all times.

- Orientates or trains new facility-level ACs on the TB/HIV Information System.
- In collaboration with the SDHC, provides programmatic feedback on performance data to all facilities to create a culture of data use through routine interrogation, analysis, and discussion.
- Acknowledges receipt of all TB/HIV information system error messages or issues as reported by the facility staff within 24 hours, and provides intervention where needed.
- Engages with IT support, SDHC, or TKIs to resolve issues or escalate where needed.ⁱ⁶

3 Guidance on how to use the WDQT for TB/HIV data validation is available in the TB/HIV reporting schematics on p16-17, with further details available at tbhivinfosys.org.za.

4 The dispatches received from DCS should first be approved by the relevant management area, prior to submission to the (sub)district.

5 The SDIO requires timeous submission of any dispatches that do not meet the date and version conditions listed above. This must be met prior to the export of TB and HIV data to webDHIS; export must be done in line with the DHMIS Policy timelines.

6 For IT related issues, please refer to the *Guidance for Logging of TIER.Net Technical Support Calls*

Reminder: All support tools are available at: tbhivinfosys.org.za.

This includes: The TIER.Net installation instructions and IT support tools, THIS maintenance tools, and training materials including training videos.

» Sub-District HAST Coordinator:

The Sub-District HAST Coordinator (SDHC) is responsible to drive the demand and use of the TB and HIV data, and to institutionalise the THIS processes as part of their support to facilities and the sub-district. This includes engaging with routine monthly and quarterly data from webDHIS to monitor facility-level and sub-district TB and HIV programme performance and review of the patient management data in the *(Sub)District TIER.Net Management Report*.

The SDHC is required to review the monthly and quarterly performance data within webDHIS to inform quality improvement initiatives and programmatic planning. They should use available webDHIS data to inform facility engagement planning and broader strategies for improved service delivery across the SD.

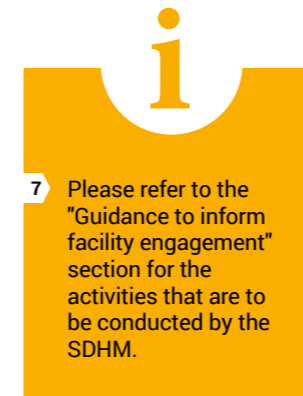
During the facility engagements, the SDHC should support and mentor FMs to use the *Facility Management Report (FMR)* to strengthen facility management on the use of the available line lists and reports within TIER.Net. They should also provide guidance on how to interpret these line lists and reports and orientate the FMs on the action that should be taken with them.

The SDHC should support the ACs who may need additional enabling or orientation to changes to programmatic and clinical guidelines that may impact how they capture and report data.

An essential component of the SDHC's role is to support Data Demand and Utilisation (DDU). DDU includes: data use at facility-level through meaningful data discussions that inform strategic decisions, assisting to resolve data related problems, and overcoming challenges. An important component of DDU is facilitating meaningful data use within the sub-district.

Main responsibilities:

- Uses available monthly data in webDHIS to inform facility engagements, and specifically focus on any challenges observed by the data to inform the selection.
 - Uses the analytics within web-DHIS to review programme performance, provide feedback to facilities, and intervene appropriately where necessary.
 - Requests written feedback from the SDIO on data quality and performance if it has not already been sent.
 - Reviews the last printed and signed FMR in conjunction with
- the line lists and reports filed in the THIS reference file each time during a facility engagement to identify opportunities to strengthen facility management:
- » Within the FMR, generates each report with a warning flag "X" and enquires about the actions put in place to resolve the issue.
 - » If no action is in place, works with the FM to provide remedial action to address the challenges indicated in the report.



- Mentors and provides guidance and support to the FM/OM's regarding the THIS processes during facility engagements.
- Demonstrates how the use of line lists and reports available in TIER.Net can assist the FM/OM to responsively support patient retention efforts and to assist them to manage ACs.
- Orientates the FM/OM to their roles and responsibilities as outlined in the Integrated TB/HIV Data Management SOP Part I: Facility-level.
- Reviews the list of facilities that show a change in the patient management data fields in the *(Sub)District TIER.Net Management Report* compared to the previous quarter.ⁱ⁷

» Sub-District IT (where present):

The (sub)district IT is responsible to ensure that all computers are networked and are functional.

The (sub)district IT office is responsible to maintain the hardware, software, and (sub)district network. With regards to TIER.Net this means facility level, (sub)district office computers are operating optimally and run up to date TIER.net and antivirus software.

Responsibilities:

- Ensures antivirus for non-networked and networked computers are regularly updated.
- Ensures all (sub)district computers are operating the correct operating system, and work processing software is installed and operating correctly.
- During facility engagements, the (sub)district IT completes the SVTL and, where TIER.Net is not the most current version, updates the software.
- Ensures all help desk queries are attended to within one working day.

» Sub-District Manager:



Data validation done at the sub-district verifies that facility-level patient tracing and administrative activities have been done.

The Sub-District Manager (SDM) has overall responsibility for the management of the THIS processes in the sub-district. With respect to data management, the SDM is responsible to ensure complete, correct, and verified data are received at the sub-district office and then submitted into webDHIS in line with the DHMIS Policy timelines.

Relating to data management, the SDM is responsible to oversee the THIS process and ensure that the associated activities are completed in line with the required DHMIS policy timelines and according to the prescripts of this SOP. Furthermore, they are responsible to ensure complete and accurate sub-district webDHIS data are approved before submission to the district office, or to the higher level.

Main responsibilities:

- Ensures that the SDIO receives, collates, and validates all facility-level monthly and quarterly data and that these are verified and loaded to webDHIS in line with the DHMIS policy timelines for monthly and quarterly reporting.
- Ensures any incomplete or incorrect data are addressed by the SDIO, with support from the SDHC, prior to data approval and transmission to the next level.
- Deploys sub-district level staff, particularly SDHC to support patient retention efforts at facilities using the line lists and push button reports generated from TIER.Net and filed at the facility.

Monthly and Quarterly Responsibilities:

- Ensures curation/maintenance of infrastructure to enable digitisation at facility level and collation at sub-district level.
- Ensures data are reviewed and approved in line with the DHMIS monthly and quarterly timelines. The SDIO should demand the (Sub)District TIER.Net Management report to assess the status of the facilities TB and HIV data.
- Responds to and actions any queries received from the District Office in line with the DHMIS policy timelines for data follow up.
- Reviews the monthly and quarterly TB/HIV routine performance data in webDHIS and provide feedback to the facilities, highlighting successes as well as areas for improvement.
- Supports data demand and usage through the interrogation of facility-level data to inform programmatic decision making.
- As per the DHMIS Policy, the SDM ensures that at least each quarter the TB and HIV data for each facility are audited using the ITAT⁹.

⁹ DHMIS Policy (2011) Page 27, section 5.3.5.10. Accuracy. Point (g).

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DISTRICT

8 This SOP refers to the (sub)district, in order to acknowledge the different structures within each province. In the event that SD structures do not exist, it is important to review the sub-district section to ensure there is understanding of all actions that are required to oversee the TB and HIV data management.

The district is responsible to ensure: complete data for the district (e.g. (sub-districts and facilities) are received and interrogated according to the DHMIS Policy timelines, that any data feedback happens in line with these timelines, and information received from the province or NDOH is disseminated within the district.

Where there are no sub-districts, the district is the most proximal level to provide support to the facilities. Where a role or designation described does not exist within the district, the District Manager (DM) may delegate the responsibility, or responsibilities, to another member in the district structure. **i8**

>> District Information Officer/ District M&E Officer:

The District Information Officer (DIO) is the individual responsible for collecting and collating all district information. They are also responsible for ensuring that all data are verified and approved in line with the DHMIS Policy.¹⁰

The DIO is also responsible to coordinate and drive the data feedback loop to and within the sub-district, including the dissemination of feedback from the province.

Monthly and quarterly responsibilities:

- Verifies that webDHIS is fully populated and all facilities reflect up-to-date ART and TB data. Where TB and HIV data have not yet been uploaded to the web-DHIS, the DIO engages with the SDIO of the respective sub-district to retrieve and import these data to webDHIS.
- Submits verified and validated data to the DM for approval and sign-off.
- Verifies data elements reported in webDHIS and address any gaps.
- Validates all webDHIS data using existing validation protocols.
- Reviews the data using the WDQT to ensure quality.
- Ensures verified and validated data is approved by the DM.
- Timeously responds to any TB/HIV information system error messages or perceived problems reported by the SDIO. **i9**
- If issues or queries emerge that are operational or clinical in nature, they should be escalated to the District HAST Manager (HM) to engage with the SDHC to devise a plan of action to remediate.
- Provides ad-hoc support to the SDIOs if requested or when the data deems it necessary.
- Orientates new district staff working with the TB/HIV information system on: maintaining patient confidentiality, the appropriate handling of patient data, the principles of data management for the TB and HIV programme, TIER.Net software updates, and operational processes.

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- 9** Refer to the following support materials to inform appropriate action, available at tbhivinfosys.org.za:
- >> Guidance for Logging of TIER.Net Technical Support Calls
 - >> The TIER.Net installation instructions and IT support tools
 - >> THIS maintenance tools, training materials and training videos

>> District HAST Manager:

The District HAST Manager (DHM) is responsible to review the monthly and quarterly TB and HIV data to monitor programme performance within the district.

This position refers to managers responsible for the HIV and TB programme. In some provinces this may refer to multiple people, and in other provinces there may be one person responsible for both HIV and TB. Nonetheless, all the responsibilities below refer to both HIV and TB.

¹⁰ DHMIS Policy 2011, Section 5.3.5.2, page 25

Main responsibilities:

- Supports the DIO to ensure the programmatic data from the SDs are validated.
- Supports the SDHC to use available data to inform programme strengthening.
- Works with the DIT to identify bottlenecks or challenges that contribute to poor programme performance. Develops and implements effective interventions for facilities/sub-districts.
- Produces analysis and data comparisons with the sub-districts and facilities. Analysis should include interrogation of facility enrolment and outcome trends.
- Responsively attends to or refer all queries for TB/HIV data management assistance. Support may be on-site, telephonic, or via email. Action or referral should be done within 24 hours.

Monthly and quarterly responsibilities:

- Liaises with SDHCs to ensure the completion of facility TB/HIV engagements at least once a quarter to all facilities.
- Liaises with the DIO to review the TB and HIV quarterly cohort data in webDHIS to review programme performance and outcomes with a programmatic and clinical focus.
- In collaboration with the relevant SD and District staff, organises data feedback discussions to review programmatic performance.
- Conducts the routine TB/HIV clinical record keeping training for clinicians within the District where required.

➤ District Manager:

As per the DHMIS Policy, overall ownership of the DHMIS within the health district resides with the District Manager¹¹.

Responsibilities:

- Ensures all data are reviewed and approved prior to submission to the next level of health.
- Supports the DIO with any issues with late or non-submission of data.
- Ensures timely dissemination of information related to changes in policies, updates to TIER.Net regarding: new releases or new functionality, training materials, guidance documents and other information as it pertains to TB/HIV data management.
- Engages with District HAST Managers where performance data demonstrates any challenges within the sub-district.
- Supports the (sub)districts with capacitation and conducts trainings when required ensuring topics cover data security, patient confidentiality and data management.

¹¹ DHMIS Policy 2011, Section 5.1.1.3, page 18

➤ District PHC Manager:

The PHC Manager is responsible to engage with routine TB and HIV data in webDHIS to identify opportunities to strengthen PHC services.

The PHC Manager will be responsible to engage with the routine TB and HIV data in webDHIS to identify opportunities for programme strengthening. In addition, they are responsible for enabling provincial processes for the curation and ownership of the information system and data.

Responsibilities:

- Liaise with the (sub)district PHC Coordinators and Local Area Managers (LAM) to ensure they engage with data available in webDHIS to identify facilities requiring support.
- Supports PHC Coordinators and LAM to engage with TIER.Net at the health facility in order to leverage available reports to support patient retention and facility support.
- Works with the Community Health Workers (CHW) to ensure they work with the facility to conduct patient recall activities by leveraging the use of the missed appointment line lists.

➤ District IT (where present):

The District IT is responsible to ensure that all computers are networked and are functional.

The District IT office is responsible to maintain the hardware, software, and district network. With regards to TIER.Net this means facility-level, (sub)district and district office computers are operating optimally and run up-to-date TIER.Net and antivirus software.

Responsibilities:

- Ensures antivirus for non-networked and networked computers are regularly updated.
- Ensures all district computers are operating the correct operating system, and word processing software is installed and operating correctly.

PROVINCE

The province is responsible to engage with the available data, work with the (sub)districts to strengthen patient management, retention, and outcomes, and strengthen the data quality and the information management.

The provincial offices for HAST Programmes, PHC, Information Management, and IT are responsible to work together to effectively manage the TB/HIV Information System and use available data in webDHIS to strengthen programme management, patient management, and service delivery.

This section describes the overarching roles and responsibilities required to support the TB and HIV programme, and supporting data management processes. This SOP acknowledges that the designations relating to TB/HIV data management and programme support in the provinces may differ. Therefore it is ultimately the responsibility of the management to assign the roles and responsibilities as outlined below.

The province is responsible to:

- Oversees THIS data management processes. institutionalised, and adherence to NDOH data management guidance maintained.
- Provides complete and accurate datasets to NDOH.
- Ensures that data resources are provided, data-related capacitation and training is conducted and
- Coordinates and drive data feedback with the districts.
- Oversees the governance of the data management principles.

» HAST Chief Directorate:

The TB and HIV/AIDS directorate is responsible to routinely review the TB, HIV, and ART data within webDHIS. Data should be used to inform programming and programme strengthening. The directorate is also responsible to review these data with a view to strengthen the data quality. They are to support the (sub)districts to both strengthen patient management and retention, to ensure appropriate and consistent use of TIER.Net, and finally, to ensure the THIS principles are operationalised through the PIT mechanism, including disseminating training and information received from the NDOH.

» Provincial HAST Manager:

The Provincial HAST manager is responsible for verifying and validating the completed provincial TB and HIV data contained within webDHIS, using the data to support discussions around new innovations and operational and clinical changes, and disseminating information on new changes to policies, updated materials, and other information as it pertains to the TB, HIV and ART programmes.

Responsibilities:

- Reviews the provincial webDHIS data set using the WDQT and available analytics to ensure all data are submitted, complete and valid.
- Each month produces analyses of routine TB and HIV data to inform the HAST Director of the current TB and HIV programmes.
- Each quarter produces analyses using TB and HIV cohort data providing an overview of district, sub-district and facility-level programmatic outcomes.
- Provides leadership to district managers to guide them on strategic roles and opportunities partners can play to strengthen the district monitoring services. Derives mechanisms to measure the impact of partners (for districts with partner support).
- Completes SVTL when conducting facility engagements.
- Accompanies AGSA team when performing audits.
- Determines training needs and organise trainings as required or engage with PIT and (S)DIT Leads to deploy TKIs to conduct ad hoc training if required.

» Provincial Information Management:

The Provincial Information Management (IM) office is responsible to ensure all district data are complete and valid within webDHIS. Per the DHMIS policy, they shall be responsible for validating the integrity of provincial data within webDHIS.

The Provincial IM team is responsible to receive data and translate these data into information to assist the HAST Programme to effectively manage the TB and HIV services.

Responsible to retrieve monthly and quarterly TB and HIV data from webDHIS and to assist the team within the HAST Directorate to use these data to inform programming. Organise routine M&E meetings to discuss the data to inform operational challenges, and identify opportunities to mentor districts. Contribute to district M&E meetings, determine training needs and organise as required.

Responsibilities:

- Reviews the monthly and quarterly webDHIS data for completeness and correctness and ensure data are reported in line with the DHMIS Policy timelines. Submit these data to the HOD for final approval and sign-off.
- Supports the 'THIS' integration processes including the dissemination of and continued adherence to the SOP I and SOP II.
- Supports the districts with capacitation and conduct training when required ensuring topics cover data security, patient confidentiality and data management.
- Informs the NDOH that webDHIS is populated and approved and ready for the national data to be collated.

- Ensures TIER.Net is used optimally to support data management and patient management.
- Organises routine PIT meetings to review the data, discuss operational challenges, engage with districts, interrogate the results of the quarterly programmatic outcome report, and disseminate information pertinent to the 'THIS' integration processes using the THIS Portal. Aims to attend the DITs
- in the districts where data demonstrates support is more greatly required.
- Timeously responds to all queries and requests for assistance from the districts and refers to the appropriate individual if they are unable to assist themselves.
- Liaises with the NDOH to ensure data quality is sustained and follow up with the districts if any issues are raised.

➤ Provincial IT:

The provincial IT is responsible to ensure that all computers within the province are networked and are functional.

The Provincial IT office is responsible to maintain the hardware, software and (sub)district network. With regards to TIER.Net this means facility-level, (sub)district office computers are operating optimally and run up-to-date TIER.Net and antivirus software.

Responsibilities:

- Ensures that antivirus for non-networked computers are regularly updated.
- Ensures all (sub)district computers are operating the correct operating system, the correct operating system, and work processing software are installed and operating correctly.
- During facility engagements, the district IT completes the SVTL and, where TIER.Net is not the most current version, updates the software.
- Ensures all help desk queries are attended to within one working day.



NATIONAL

➤ Branches

Health Systems Governance and Human Resources for Health

Responsible for curation and inter-operability of health information for the South African health system.

Communicable Diseases, Non-Communicable Diseases, Prevention, Treatment, Rehabilitation

Review the performance data of HAST Programmes. Make recommendations to sub national counterparts, advise on interventions to address programmatic improvements.

Primary Health Care

Responsible for in-facility processes and operations that support improved clinical governance and health services.



»» THIS governing structures

»» (Sub)District Integration Team:

The (Sub)District Integration Team (SDIT/DIT) is an interdisciplinary team of (sub)district-based health services staff, including government and development partners as well as correctional services staff. The SDIT/DIT serves as the operational centre and coordinating body to oversee the in-facility implementation and sustained management and use of the TB and HIV monitoring data to improve clinical governance and service delivery. This team is responsible to ensure facilities have sufficient tools, staff, training, and equipment to function optimally. Where any of this is lacking, they should coordinate the resources to remediate the situation.

»» (Sub)District Integration Team Lead:

The SDIT Lead is responsible for the (sub)district wide project management of the TB/HIV Information System integration and maintenance. The SDIT chairs the relevant THIS meetings and are the link between the facilities and the (sub)districts. Their responsibilities include ensuring human resources and IT equipment relating to the optimal performance of the THIS initiative. Where specified, the DIT leads are to liaise with the PIT leads and disseminate relevant THIS guidance materials and other key information as it relates to TB/HIV.

Responsibilities include:

- Ensures human resources are in place and trained to fulfil their role and function.
- Ensures IT equipment is in place and functioning and maintained, including running up-to-date antivirus software.
- Liaises with relevant stakeholders within the district to ensure the TB/HIV Information System is operating optimally and data are flowing into webDHIS. This includes engaging with relevant correctional services staff, government and development partners.
- Attends the district/provincial data feedback meetings coordinated by the SDM.

»» Provincial Integration Team:

Provincial Integration Team (PIT) is an interdisciplinary team of provincial and district-based health services staff, including government and development partners as well as correctional services staff. They serve as the provincial coordinating body to drive the TB/HIV Information System integration and are responsible to ensure the human resources, equipment, and training are in place and the (sub)districts are optimally driving and managing the 'THIS' integration processes.

»» Provincial Integration Team Lead:

The PIT lead is responsible for the province-wide project management of the TB/HIV Information System integration and maintenance. This includes ensuring human resources and IT equipment are available. Coordinating with TKIs to conduct district level trainings when required, ensuring maintenance of TIER.Net and user profiles, attending DITs, and disseminating information to DIT Leads.

»» National THIS Integration Team:

The National Integration Team (NIT) is responsible for managing the National THIS strategy and processes. They are responsible to coordinate capacitation and training and to drive feedback to provinces, provide technical guidance, and support to national and provincial teams. They are the custodians of the National TB/HIV data set.

» Data demand and usage

To support data demand and utilisation (DDU), each quarter the (sub) District staff should interrogate approved data available in webDHIS. They should work with facilities to foster frequent engagement with the information system to inform opportunities for the strengthening of patient management and patient retention. The quarterly engagement with the data through review of the *(Sub)District TIER.Net Management Report* is an opportunity to routinely engage with challenges identified on this report.

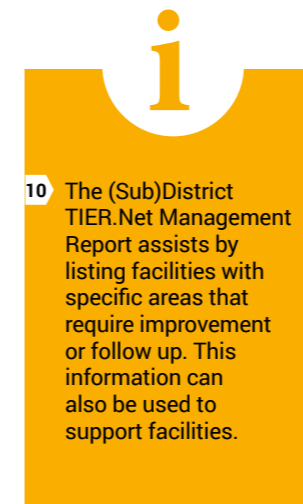
Further DDU includes incorporating meaningful data use into existing (Sub) District forums. This may be an DIT or PIT meeting, or other forums which include programme and data management staff.

An important component of the DDU is to present facility-level analyses of monthly and quarterly performance data as well as results from the *(Sub) District TIER.Net Management Report*, ITAT, and SVTL to the attendees. In addition, the participants in the forum should use the data to interrogate challenges, highlight best practices, and use the discussion to address systemic or persistent challenges occurring at the facilities.

The SDHC should work with the SDIO to lead the discussions to collectively identify bottlenecks or challenges that contribute to poor programme performance and work together to implement interventions at the facility-level. They should also identify best practices from facilities within the (Sub) District and share these with all health facilities.

- Representatives should include: all (sub)district programme and information managers, facility managers, clinicians and facility data staff. and identify areas to learn from or where improvement is required or where something is being done well and this practice could be shared.
- Suggested content for discussion includes:
 - » The results from facility ITAT(s) should be collated to present the facilities alongside one another to inform discussion
 - » Results from the *(Sub)District TIER.Net Management Report*, with specific focus on challenges, especially persistent ones that have been observed. This is a good opportunity to discuss systemic issues.

» Guidance to inform facility engagements



Before conducting a facility engagement, review the previous SVTL and ITAT, *(Sub)District TIER.Net Management Report*, FMR and performance data in webDHIS. ⁱ¹⁰

When at the facility, the team should review the TB and HIV monthly reports filed in the THIS lever arch file. This will provide a further overview of TB and HIV services. They should confirm that the most recent, and previous months', signed electronic data submission forms, and the printed reports are stored in chronological order in the THIS lever arch file. Storage of these reports is an AGSA requirement. They should also review the previous three months of line lists in the THIS lever arch file and verify they have been reviewed, and if corrective action has been implemented. During the engagement, confirm that any data challenges with reporting are addressed in a timely manner.

To help guide the facility management, a SVTL should be completed. The SVTL provides a structured overview of the key components of the THIS. This allows the reviewer to rapidly identify where there may be challenges with patient or data management. Individuals leveraging TIER.Net and its allied materials should liaise with the SDIO to be orientated or trained on these materials.

The SDHC should use data within webDHIS to inform selection for facility engagements. During an engagement, the SDHC should complete a SVTL in collaboration with the FM and other key staff.

The findings of the SVTL should be discussed with the FM and other key staff at the end of the visit in order to address the challenges identified. The signed copy of the form with any remedial actions documented is to be placed in the THIS lever arch file.

The SDHC should engage with the facilities that show a decline in the patient management data fields to address and improve this over the next quarter.

Once per quarter, and in line with the DHMIS Policy, the SDHC should conduct the ITAT to audit the data and assess the implementation of the THIS processes.

