South Africa Learning Alliance for District Health Systems (SALAD)

Monitoring DHS performance towards UHC: how can we find a pragmatic way forward?

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Speakers:

Keaotshepa Gaeganenwe (Strategic Planning Manager, JTG District, Northern Cape)

Peter Barron (SALAD Consultant)

Noluthando Ndlovu (Programme Manager: Research and Implementation Science, Health Systems Trust)

Respondents:

Karabelo Segwai (Acting Chief Director, District Health Services, Bojanala District, North West)

Zama Kiti (Acting Chief Director District Health Services and Programme 2, Northern Cape)

Link to recording: https://rb.gy/1hwqu9

Introduction

This webinar forms parts of a series of online engagements hosted by the South African Learning Alliance for District Health Systems (SALAD). SALAD is a community of practice which facilitates dialogue between a diverse range of players on key issues in district health systems strengthening.

This webinar was motivated by longstanding conversations on monitoring and evaluation (M&E) within the DHS. Despite significant improvement in M&E processes, the large number of performance indicators, amongst other factors, has placed a significant burden on health managers within the DHS and promoted a culture of compliance over accountability.

To explore this further, we were joined by a varied set of speakers who shared their insights on the current M&E processes in the DHS, challenges and gaps and alternative ways of strengthening M&E to support decision making by health managers.

Monitoring DHS Performance towards UHC: a district perspective

Keaotshepa Gaeganenwe provided an overview of the monitoring and evaluation cycle at a district level, key performance indicators that are monitored and how M&E informs decision making. She concluded by highlighting challenges and proposed recommendations on how monitoring and evaluation processes can be improved.

The DHMIS policy dictates that districts conduct performance reviews on a quarterly basis to determine to what extent a health programme or intervention has met its objectives. Quarterly performance reviews take place on three levels: a) sub-district, b) district and c) stakeholder. The indicators selected for review are informed by the outcomes specified in the District Health Plan and national standards, in addition to the district efficiency indicators (such as workload and ideal clinic measures). During

performance review meetings, these indicators are compared to targets that have been identified by the district as laid out in the Annual District Health Plan.
Keaotshepa flagged challenges at the policy, systems and facility level.

- The DHMIS policy needs to be reviewed with a greater emphasis on the District. The current policy focuses on health facilities.
- Advanced data capturing web-based systems demand stable network connectivity, which is a challenge in rural areas.
- M&E processes are not considered critical and are underprioritized as a day-to-day function at health facilities.

Recommendations:

- The need for a culture of M&E and the significance of routine performance reviews in improving systems and improving outcomes.
- Strengthening digital monitoring and evaluation processes, which have several benefits as opposed to paper-based record keeping.
- Capacitating operational managers and clinicians on how to capture data effectively and creating systems that are user-friendly for these actors.

Proposed quarterly district/sub-district health dashboard for South Africa

Peter Barron critiqued the current M&E systems and argued for tools that are pragmatic, user-friendly and can be practically used by health managers to inform decision making. To that end, he proposed a quarterly performance review tool ('dashboard') comprising 20 indicators. The quarterly district/sub-district health dashboard was constructed from several sources, including the WHO PHC M&E framework and the current DHIS. He noted that as the bulk of provincial health budgets are spent on district hospitals, there needs to be a specific, and greater than current, focus on these facilities.

Peter elaborated on the set of criteria that informed the selection of indicators:

No.	Criteria
1.	Quantitative (no qualitative indicators)
2.	Data readily and regularly available across all districts
3.	Data is likely to be reliable
4.	Indicators have probability of variation on quarterly basis
5.	Do not require special surveys (with one exception)
6.	A priority/important indicator
7.	Indicator is easily understandable (with one exception)
8.	Managers can use the indicator to make decisions
9.	Some indicators better on annual basis (e.g. CHWs per 1000 pop; Ideal Clinic Rate; Functional Clinic Committees) and were therefore excluded

He went on to itemise the performance indicators selected.

Area	Performance indicator	Area	Performance indicator
Finance related	1. Per Capita Expenditure (non-Hospital) PHC 2. % of monthly expenditure spent in relation to monthly budget	Reproductive Health	12. Couple year protection rate
Leadership	3. Average waiting times (requires some kind of survey/record review)	HIV	13. Antiretroviral (ART) effective coverage 14. Proportion of adults (children) on ART
Medicines	4. Stock out of medicines 5. Proportion of patients on chronic medicines getting access outside of clinic	TB	15. Drug sensitive TB loss to follow up rate 16. Drug sensitive TB treatment success rate
Community Involvement	6. Community health worker (CHW) activity/workload	Sexually Transmitted Infections	17. Male Condom distribution rate
Maternal and Child Health	7. Ante natal visits before 20 weeks 8. Immunisation coverage under 1 year 9. DTaP-IPV/Hib 3 - Measles 1st dose drop-out rate 10. Children PCR positive at around 10 weeks	District Hospitals	18. Caesarean Section Rate 19. Children under 5 severe acute malnutrition (SAM) case fatality rate 20. Bed utilisation rate (BUR)
Access	11. Per Capita PHC utilisation		

Respondent I: Karabelo Segwai

Karabelo brought to the fore the challenges associated with M&E based on his experiences overseeing district health services in Bojanala District, North West. He noted the lack of integration of M&E tools such as WebDHS, HPRS and Tier.net, as well as the continuing use of manual patient records, adding that monitoring systems can strengthened by using electronic records. Karabelo strongly emphasised the need for greater participation of communities in performance reviews and that it is critical for performance information to be shared with communities and other government structures such as ward committee members, ward councilors and organised labour. He also supported the integration of data between private and public health sectors adding that Bojanala district is able to integrate data with the mines to view ART indicators. Lastly, target setting must be tailored to specific performance levels and not standardised across all geographic areas.

Respondent II: Zama Kiti

Zama Kiti supported the sentiments expressed by Keaotshepa on the need to capacitate operational managers and clinicians on monitoring and evaluation processes. She agreed with Karabelo's remarks on the limits of blanket targets for indicators. With respect to stakeholder engagement, the Northern Cape Department of Health has taken on a multisectoral approach and meets with other sectors such as Home Affairs, StatsSA etc in order to acquire a more realistic assessment of performance. She is also in favour of increased involvement with the private sector to achieve interoperability of M&E tools, in addition to skills transfer - where the private sector can guide operational management on management skills. Finally, she expressed support for the proposed quarterly dashboard shared by Peter Barron.

Noluthando Ndlovu

Representing the Health Systems Trust, Noluthando Ndlovu provided a brief overview of the newly developed HST District Health Barometer Dashboard. The DHS Dashboard is an accessible and interactive way of engaging with the data from the District Health Barometer. It is categorised according to the following sections: a) reproductive maternity and child health, b) infectious disease control, c) non-communicable diseases, d) and service capacity and access. Data can be filtered according to: different the various sections, a specific indicator, the year, and geographical region (province and the district). Users can compare performance between provinces and districts. Data is supported with visualisations and insights which provide further information. One can also view the DHB and download DHB data files for national, provincial and district level.

Open discussion

Jeanette Hunter, DDG Primary Health Care reiterated the importance of managers being skilled in monitoring and evaluation and expressed the need for universities to provide these courses. She supported the quarterly dashboard developed by Peter, in addition to the indicators selected. She noted that despite the gaps in data for NCDs, there also gaps for infectious diseases such as HIV and TB. These were identified when calculating the UHC coverage indicator.

All participants shared their insights and experiences with M&E processes, many in agreement with the sentiments expressed by speakers. These included a) the challenges associated with manual record keeping, b) the need for ongoing capacitation of operational managers and clinicians as well as formal training via higher education institutions. Participants also brought new perspectives to the fore including how to transform performance review meetings into learning spaces, the need for both qualitative and quantitative forms of data to inform decision making, the use of participatory models when engaging with communities, the limitations of a narrowed set of indicators, the risks associated with public-private partnerships (draining human resources and RWOPs), novel capacity building methods such as work-place based training and the need for clinicians to become more involved in data generation and data analysis.

Summary of lessons for strengthening M&E from the webinar:

1) Focus on strengthening capacity of information users (not just HIS teams), and design systems that are user friendly
2) Performance reviews are an important space for making information meaningful and for learning, including with other stakeholders
3) Targets need to be tailored to local realities
4) Generate information that reflects community experience and engage communities - PCAT surveys and Ritshidze provide opportunities
5) There are emerging experiences in engaging others in gathering and making meaning with data, including private providers (e.g. mining companies) - HPRS and web DHIS are opportunities to engage other groups
6) We need to stand back from the mountain of data collected and think about what are the data priorities for DHS managers - the DHS monitoring dashboard is one proposal based on global guidance
7) Dashboards provide visual representations that make information accessible
8) The DHIS policy needs updating

NB. Our next webinar, *Capitation based financing for primary care: learning lessons from the ground-up to strengthen the NHI,* will take place on 2 October 2024. We will share more information regarding this engagement, including how you can register in the weeks to come.