



Health Information Systems Programme - SA

Strengthening Health Information Systems in South Africa

Case Studies from the Khuphukani Project

HEALTH INFORMATION SYSTEMS PROGRAM SOUTH AFRICA

(HISP-SA) develops and implements a range of tools and approaches to strengthen health information systems, and support the use of data and information management, largely in resource constrained primary health care and hospital settings. We are a member of the global HISP network.

Under the Khuphukani project, funded by PEPFAR through CDC, HISP-SA provides technical and capacity building assistance to the South African National Department of Health (NDoH) and provincial departments of health to strengthen the national health information system (HIS).

A strengthened HIS will help to produce quality, timely and reliable data to catalyze health care responsiveness to the HIV/AIDS epidemic and improve planning, resource allocation, and implementation of health programs.

HISP-SA is currently implementing year three of the five year project, a follow-on from the first five year grant. The case studies in this booklet reflect the hard work and dedication of HISP-SA and National and Provincial Health Department personnel.



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CASE STUDY

Improving South Africa's Monitoring Towards 90-90-90



Summary

90-90-90 is a set of goals adopted by the United Nations to achieve HIV epidemic control. Accurate and reliable data is critical to effectively monitoring progress to achieving these goals. Health Information Systems Program South Africa (HISP-SA) supports the South African National Department of Health (NDoH) to ensure quality data is easily accessible to support and monitor 90-90-90 initiatives.

Challenge

The 90-90-90 goal is that by 2020, 90% of people who are HIV infected will be diagnosed, 90% of people diagnosed will be on antiretroviral treatment, and 90% of those who receive antiretrovirals will be virally suppressed. This should lead to lower HIV incidence.

Accurate and reliable data is needed to monitor the implementation of HIV testing and treatment programs to determine where more intensive focus is needed to meet these goals.

To monitor progress on 90-90-90 related indicators, the NDoH was manually collating and reporting on 90-90-90 targets in excel format. Provinces and districts were manually comparing data from the Thembisa model (an agreed model to estimate how many people are living with HIV in South Africa) with their data and generating graphs and reports, etc. to report on progress.

HISP-SA worked with the NDoH to develop new functionality in the routine district health information system (webDHIS) to automate monitoring of 90-90-90 targets, importing data from other systems, and improving data quality, to provide information in easy to read format in almost real time.

Insights

In order to create an actionable set of graphs and tables, data had to be collected from a variety of different information systems, and standardized into a uniform format for importing. The process of integrating data from different systems, including patient-based data, is a challenge that is currently faced in many countries, and interoperability between different information systems is a key discussion topic globally.

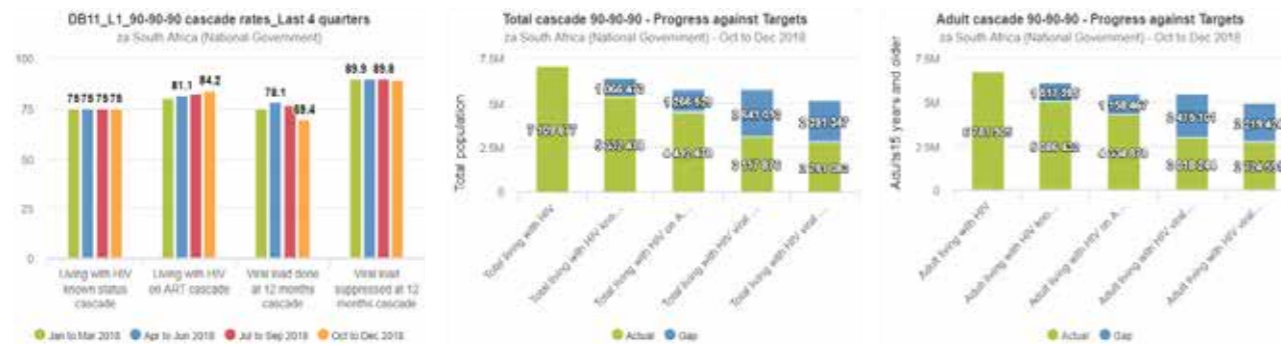
HISP-SA Solutions

90-90-90 cascade graphs

HISP-SA developed functionality in the webDHIS to create data graphs that monitor South Africa's performance on several 90-90-90 related indicators down to the district level. The functionality automatically imports data from several different systems into the webDHIS to populate the graphs. These include data on the number of people living with HIV from the Thembisa model, monthly data on the number of people on ART from the ART cohort database, and pulling data on viral load suppressed at 12 months in the webDHIS database. A means to display complex data graphs was then developed using category combinations.

HIV program managers at all levels of the health system can now create current, automatically generated, user-friendly graphs on 90-90-90 progress down to district level on the webDHIS, almost at the click of a button. This saves provincial and district staff days of work generating the information, as they had to do previously.

It also allows program managers to see at a glance where they are in achieving their 90-90-90 goals, and determine what changes are needed in program planning, resourcing and implementation.



Examples of 90-90-90 cascade graphs

Strengthening interoperability between systems

Establishing interoperability between the ART cohort database and the integrated webDHIS database required considerable work. The ART cohort data had to be converted to the same reporting period as those of the 90-90-90 reports, as the data in this system (which comes from the TIER. Net system) are analysed and presented differently. The challenge therefore was to convert the time period and format of this data to that required for the 90-90-90 reports. The system is now able to combine routine data collected monthly with imported data from other systems.

Supporting acceleration of 90-90-90 implementation

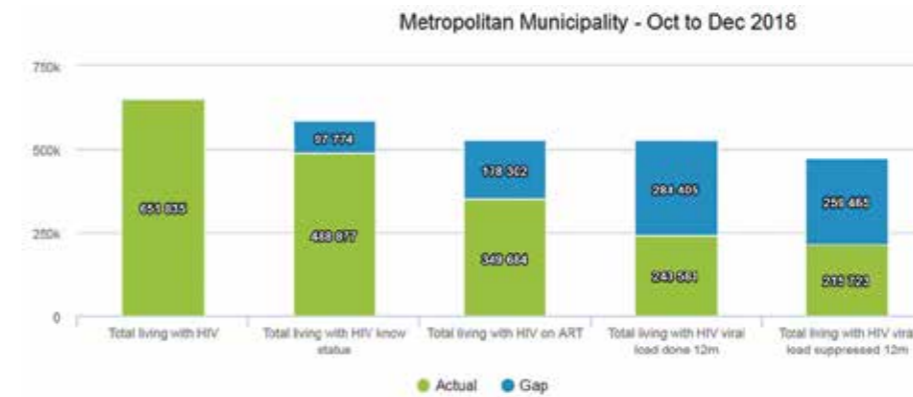
With a focus on accelerating implementation to reach 90-90-90 goals, HISP-SA needed to develop a means to help the NDoH monitor performance down to the sub-district and facility level.

Following the NDoH Standard Operating Procedures, HISP-SA developed a system to rank facilities based on performance and thereby identify and monitor the worst performing facilities. Monitoring these would allow the NDoH to determine where the greatest needs are and therefore where focused interventions would have the biggest impact in reaching the 90-90-90 targets.

Developing these customized reports required considerable consultation with NDoH to determine the best indicators and targets to use and to ensure the importing of data from ART database. There was also a need to generate new data elements to be able to compare the actual data against targets and calculate the gap.

With the implementation of the report functionality, HIV managers can now easily generate 90-90-90 reports at any time, for any level of the health system, and can rank facilities from worst to best performing.

Managers can also rank sub-districts or districts, etc. as the system shows data for up to two levels below the one being looked at. These reports can be generated monthly and quarterly, although only quarterly reports show ART cohort data as this is only available from TIER.Net on a quarterly basis.



Example of 90-90-90 cascade graph showing gap to target

Health sub-District	2017/18 Baseline	2018/19 Target	YTD 2018/19				2018/19 Monthly Target	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19
			Target	Actual	Gap	Progress												
909090_HIV test done	229 691	244 674	224 285	256 704	-32 420	114.5%	20 390	18 752	22 496	26 998	22 075	18 863	22 218	26 997	24 552	19 992	25 449	28 312
909090_HIV test positive	23 212	29 286	26 846	21 061	5 785	78.5%	2 441	1 884	1 959	1 875	2 117	1 810	1 712	2 270	2 070	1 191	1 946	2 227
909090_Total naive start ART	16 006	24 392	22 360	14 799	7 561	66.2%	2 033	1 278	1 316	1 261	1 258	1 398	1 322	1 544	1 284	846	1 593	1 699
909090_Total remain on ART	93 320	120 473	118 210	98 103	20 107	83%	118 210	93 591	94 812	94 914	95 361	96 444	95 867	97 349	101 091	100 181	101 195	98 103

Example of 90-90-90 monitoring dashboard

Capacity building

HISP-SA and the NDoH provided training to all the provinces except the Western Cape on how to generate the reports and develop action plans based on what the data was telling them. This included in-depth training on how the indicators and targets were determined, the Thembisa model, how to generate pivot tables and other data visualizations, and how to identify and improve data quality concerns.

The provinces were very pleased to be able to create these reports and have the ability to quickly and easily see their targets, actual performance and the gaps. The reports provide an excellent way for them to easily identify the districts, sub-districts and facilities with the biggest gaps.

Improving data quality

Having the functionality to produce great reports and graphs is only useful if the data is of the highest quality – i.e. current, timely, accurate, complete and reliable.

Making use of the 90-90-90 reports, HISP-SA is able to work with national, provincial and district staff to identify possible data quality concerns, such as outliers and missing data, and ways to identify their causes and rectify them.

HISP-SA also works with the provinces to do monthly pre-submission reports to look at validation rule violations, and use the WHO data quality app to identify data quality challenges. A specific focus has been on data related to the total number of people starting and remaining on ART, as these are most critical indicators to monitor 90-90-90 progress.

HISP-SA has also placed considerable emphasis ensuring that TIER.Net ART data available from the ART database is of good quality.

Achievements

The 90-90-90 cascade graphs, dashboards and reports now provide standardised, current data on these key indicators in a user-friendly and accessible format.

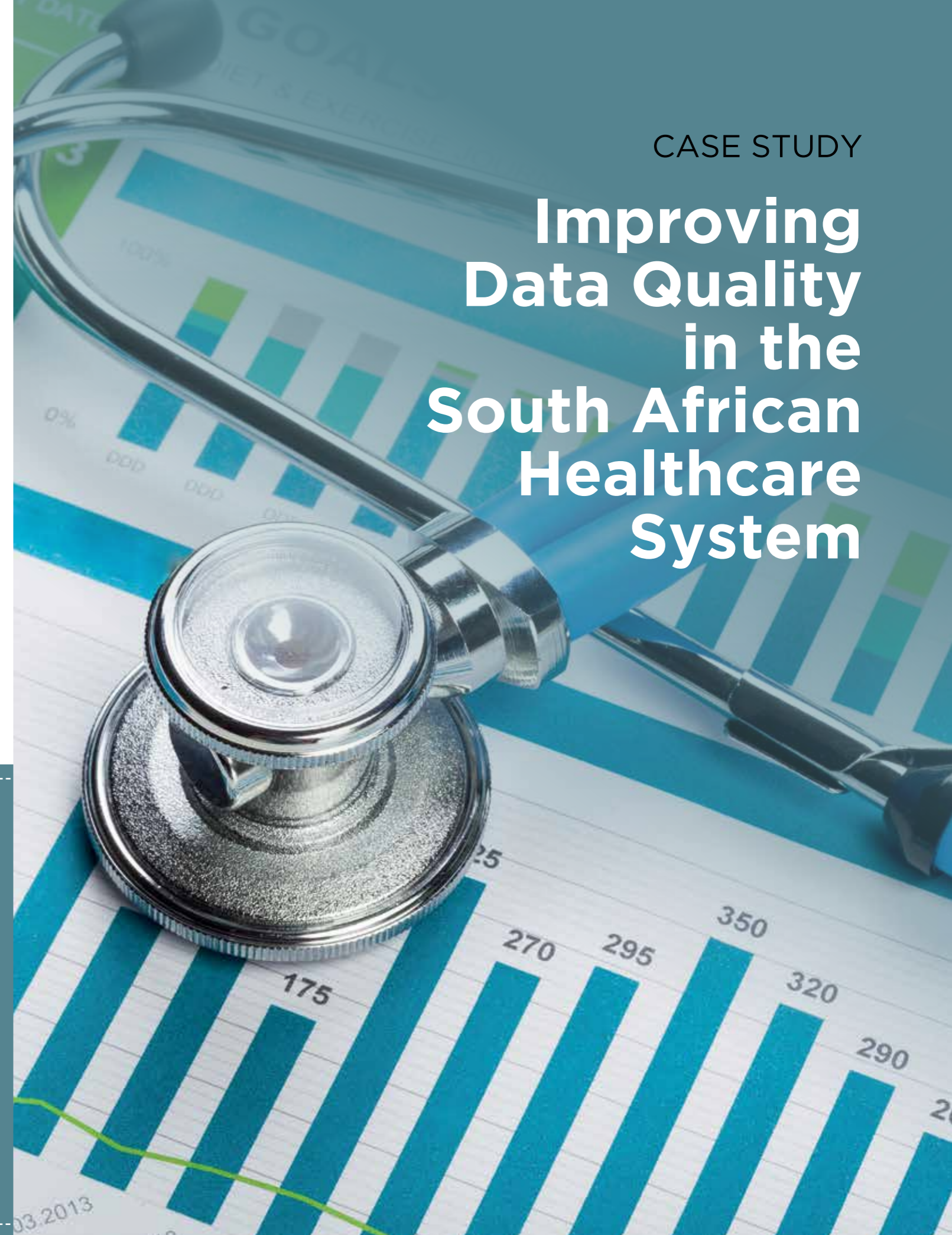
They are significantly helping health program managers to better understand progress on 90-90-90 targets down to the facility level, especially monitoring and improving the numbers retained in care and those virally suppressed.

Established interoperability between the webDHIS and TIER.Net data from the ART cohort database.

Developed a training manual on the 90-90-90 dashboards and indicators for the Evidenced-Based Health Resource Management training ensuring managers are trained on using the dashboard to effectively manage their programs.

CASE STUDY

Improving Data Quality in the South African Healthcare System



Summary

Health Information Systems Program South Africa (HISP-SA) implements a number of solutions to support the South African National Department of Health (NDoH) to improve the timeliness, completeness and relevance of the data in its national routine district health information system (DHIS).

Challenge

Reliable information, and the quality of the underlying data, is critical for health program managers to effectively plan, resource, manage, and monitor the health programs they implement.

Data quality challenges exist within the National Health Information System and the various health information systems that feed into it. Specifically there is a need to improve the completeness and accuracy of data being captured, and the time taken for data to reach the national level and key decision makers.

HISP-SA works with the NDoH to help address these challenges by implementing a number of technical system enhancements to make it easier to identify and limit common data quality challenges. Simultaneously HISP-SA is improving the capacity of staff working with the data and information to be more aware of, and more able to address, data quality issues when they arise.

Insights

The upgrade to the web-based version of the DHIS (webDHIS), development and use of the data quality dashboards and monthly reports, ongoing mentoring support at lower levels and daily data capturing at facility level have considerably helped to improve timeliness and completeness of data to the national level.

Sharing of lessons and good practices across provinces provides peer-to-peer learning and social proof that encourages provinces that are struggling or reluctant to implement data quality improvement initiatives, to move forward with them.

HISP-SA Solutions

HISP-SA implements a holistic approach to data quality improvement, addressing challenges from various perspectives. Our support is focused at national and provincial levels and not directly at data capturing level, although we are implementing a number of initiative to make improvements at this level.

Improving data quality at the national and provincial levels

Our team works with information officers and program managers at the NDoH to address general data quality issues found in the national DHIS database, specifically overarching issues such as timeliness and completeness. The team also looks at how the webDHIS system can support data quality improvement and identifies possible technical solutions to for the DHIS technical team to develop and implement.

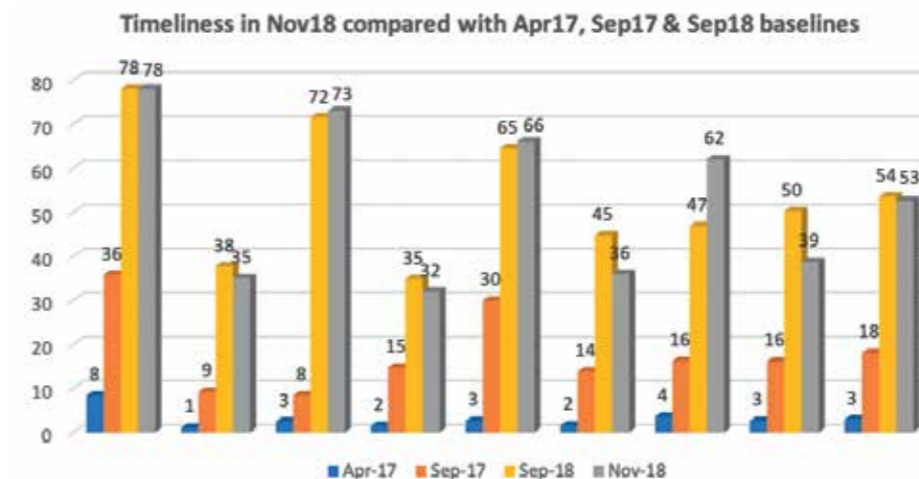
We also work with national health programs, (mainly those focused on achieving the 90-90-90 HIV/AIDS targets), to identify data quality issues specific to their programs, and ways to support the provincial and lower levels of the health system to address these issues early before they reach the national level.

Data analysis and feedback

HISP-SA conducts data analysis and provides data quality feedback reports to national and provincial departments of health.

These reports focus on data timeliness and completeness, facility reporting rates on specific health program indicators relating to 90-90-90, and progress on NDoH data quality improvement and monitoring strategies - the health facility Rapid Internal Performance Data Quality Assessments (RIPDA) and health facility daily data capturing into the DHIS (DDC).

HISP-SA also holds data quality think tank meetings with CDC, NDoH, and PEPFAR implementing partners to discuss ways to improve collaboration, align interventions and ensure all partners are using tools identified and adopted by the NDoH, such as HISP-SA's RIPDA tool.

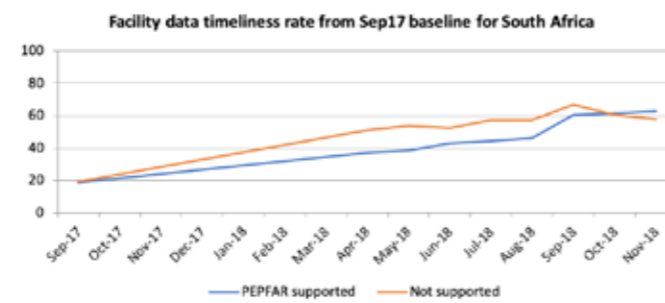


Overall timeliness rates by province and national

Provincial and District support

Support at this level includes providing onsite and remote monitoring and mentoring support focused on improving timeliness and completeness of the National Indicator Data Set data, pre-submission data validation support and follow-up on data quality problems identified in the monthly data quality reports and dashboards.

HISP-SAs Provincial Coordinators and Data Managers also build capacity of managers and information officers to create and use their own data quality dashboards / reports and use of the RIPDA tools and WHO Data Quality App. To support sub-districts and facilities to prepare for Auditor General audits, HISP-SA supports facilities to conduct a pre-audit using the RIPDA tool, and to develop plans to address the gaps and outliers identified.



Example of facility data timeliness monitoring graph

RIPDA and DDC

HISP-SA has provided significant support to the establishment and rollout of the NDoH data quality improvement and monitoring strategies - RIPDA and DDC.

The RIPDA allows for regular internal auditing of facilities in a way that mimics the Auditor General processes. RIPDA measures the accuracy between source data and the data in the webDHIS, verifies the quality of the data, and assesses the system that produces that data. The tools are then used to develop action plans to improve both data quality and the system.

DDC requires capturing of data directly into the webDHIS at the facility level, thereby improving the quality of data through ensuring completeness, timeliness and limiting data transcription and other errors.

HISP-SA has developed databases and various technical solutions to support both RIPDA and DDC. We also provide training and mentoring support, including implementation support, data analysis, and developing and analyzing reports and dashboards from the initiatives to identify data quality challenges and seek solutions.



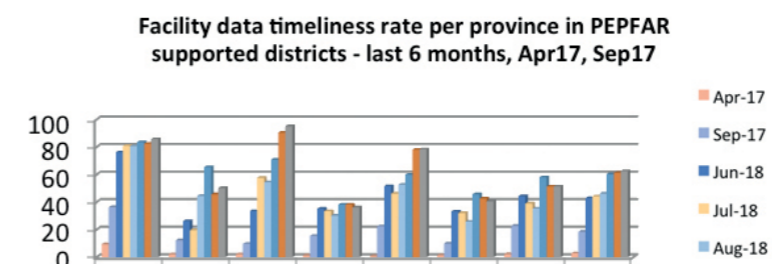
Example RIPDA assessment report

Technical solutions

HISP-SA has developed databases (such as the RIPDA) and upgrades to webDHIS tools to enable users to monitor data quality from data capturing to national levels. These databases and tools are constantly maintained and upgraded as needed.

Specifically, HISP-SA has set up functionality to create the monthly timeliness and completeness data quality dashboards, data quality reports (primarily focused on 90-90-90 and other key program indicators), and ability to monitor the number of facilities doing DDC.

These dashboards, auto-reports and pivot tables are made easily accessible for NDoH information and program managers, allowing them to see where targets aren't being met, and encouraging them to identify related data quality problems.



Example graph showing facility data timeliness rates

Built in data validation rules help to identify missing data and outliers, and the WHO data quality app was integrated to track outliers. HISP-SA is currently developing a DHIS app that will produce a consolidated report on all dimensions of data quality (instead of having several different reports and manually consolidating them). Through this app, all the metrics will be weighted to give an overall data quality score where results can be ranked from best to worst and one can more easily identify where most support is required.

Capacity building

HISP-SA has conducted training and mentoring support to data capturers, information officers, line and program managers and PEPFAR implementing partners at all levels in data quality improvement, with an emphasis on using webDHIS tools to monitor data quality.

This training covers the general principles and aspects of data quality improvement, as well as the use of the RIPDA tools, DDC, and how to create customized data quality and program specific reports and dashboards, and how to interpret and use these to identify data quality challenges.

Achievements

Facility Data Timeliness at 10 days after end of reporting month increased from 10% in September 17 to 51% by September 18.

Facility Data Completeness at 30 days after end of reporting month increased from 72% in September 17 to 76% in September 2018.

By September 2018, 1020 facilities (31%) nationwide were capturing data directly into webDHIS as an effective means of improving data quality.

783 data capturers, information officers and managers trained in data quality improvement, including DDC, the use of webDHIS and data quality improvement tools such as the RIPDA.

Provinces are more self-reliant and taking up pre-submission report reviews, and RIPDA trainings and site visits themselves after being trained HISP-SA.

Provinces are also increasingly acting on data quality challenges themselves, with anecdotal evidence showing around 70% improvement in preparations for the Auditor General audits.

HUMAN RESOURCES INFORMATION SYSTEM CASE STUDY

Developing the Community Service and Internship Placement Portal



Summary

Health Information Systems Program South Africa (HISP-SA) developed the Internship and Community Service Placement Program portal (ICSPOnline) as a first step to supporting the South African National Department of Health to develop an integrated human resources information systems (iHRIS). This HRIS will facilitate comprehensive assessment and management of human resources to strengthen the impact of the HIV / AIDS epidemic response.

Challenge

In South Africa no integrated online human resource (HR) system existed to track the placements of medical students completing their community service and internships in the public health sector. Paper-based and isolated systems do exist, but these are fragmented and fraught with data quality issues. Furthermore there is no one source of truth to answer pertinent questions on HR placements that often arise within the NDoH, or from parliament or other sectors.

HISP-SA supported the South African National Department of Health (NDoH) to develop an online system to integrate data from fragmented systems and better manage the overall HR process. The ICSPOnline system digitizes the process of application, allocation, and placement of interns and community service professionals in South Africa's public health facilities.

It provides a pipeline of staffing needs and posts being filled, including allocations for specialized facilities like the National Health Laboratory Services (NHLS). It also helps to track the filling of posts to support the country's attainment of 90-90-90 HIV /AIDS targets.

Insights

Setting up a system of this nature is very complex and requires good communication, clear expectations and buy-in from all stakeholders. Clear lines of communication needed to be established, champions in the provinces and partners identified, and senior level staff engaged to continuously promote and clarify project requirements and progress.

Applicants, provinces and stakeholders needed considerable support as the system was rolled out. Support systems such as roadshows, a call center, an information portal, and pre-registering applicants, helped to improve acceptance, confidence in, and use of, the system, as well as data quality.

HISP-SA Solution

The ICSP system was developed to support the placement of medical students doing their community service and internships within the public health system. Development of the system was an iterative process, with improvements made at every stage.

Developing and piloting the ICSP system

To set up the system, data had to be collated from provinces (which posts are available and where), from universities and colleges (students graduating and doing community service or internships), and from statutory councils, such as the Health Professions Council of South Africa (HPCSA) (to triangulate data and improve data quality). Data was also integrated from other HR systems such as the PERSAL HR payment system. The process of collating this data allowed HISP-SA to foster strong relationships with these stakeholders, and get them to buy-in to the system.

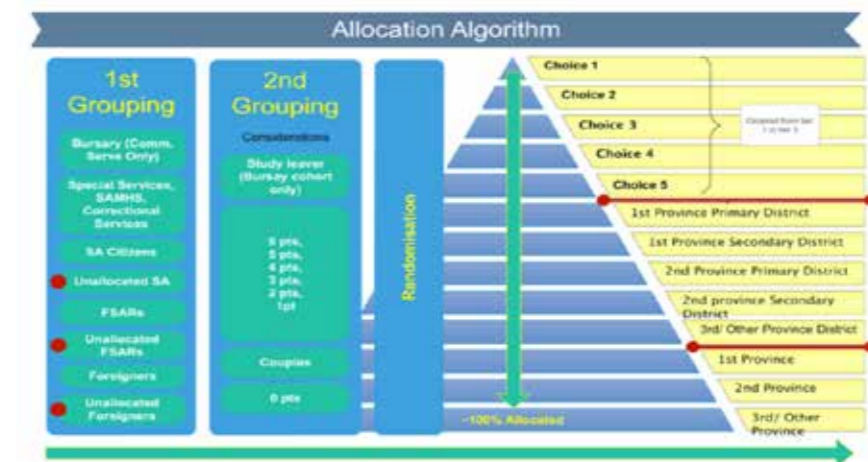
The prototype and first iteration of the ICSP system was developed in 2016 and piloted during the 2017 annual and mid-year placement cycles. Many lessons were learned during this pilot phase, with aspects of the system changed and updated as the requirements for the system became more clear.

Algorithms and additional features

In 2018, more features and upgrades were added to the system. An algorithm was introduced to manage the allocation and placement process in a fair and transparent manner. The algorithm takes into account the types of applicants and restricts them to certain posts in order to fill posts where there is the greatest need. It works on probability, making use of a well-known binomial concept.

The use of the algorithm significantly improved the ability of the system to fairly and transparently fill traditionally hard-to-fill posts, while at the same time ensuring the majority of applicants were placed in posts they requested. This should help to improve staff retention rates and reduce staff movements.

Another feature added was to pre-register applicants. This helped to avoid the challenges from the previous cycle such as duplicate applications and records (created by applicants to improve their chances), and ineligible applications. This has helped to significantly improve the data quality and make the application process easier.

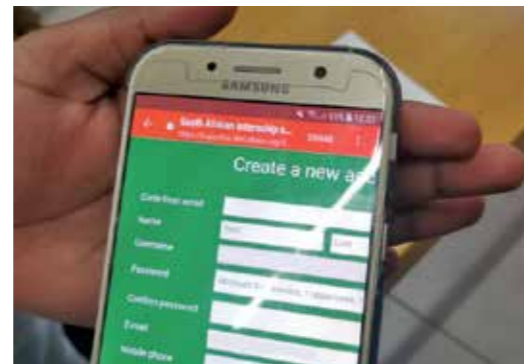


ICSP placement algorithm



An appeals and swops process also added a further dimension to the system. The swops process allows applicants to use the system to swop posts they have been allocated with other applicants, after reaching agreement amongst themselves, which is then finalised and approved through the system. This allows applicants to get the posts they want, and the NDoH to fill critical posts, and alleviates the administrative burden on the NDoH and the placement system.

The appeals process lets applicants appeal allocated posts for a number of pre-listed circumstances (such as personal considerations), only if these were not taken into consideration in the original allocation process. This process is governed by a special committee and is only for serious applicant concerns, but helps to make the entire placement process smoother.



The ICSPOnline system on a mobile phone.

Supportive process

Various initiatives have been put in place to improve the placement process, the ICSPOnline system, and data quality. These include holding an in-depth review after the annual placement cycle to discuss challenges, lessons and successes; doing provincial roadshows; building capacity on the system; and setting up a call center and an information web portal.

ICSP roadshows and capacity building

HISP-SA and representatives from the NDoH carried out a number of provincial roadshows to present the system to clients and train Provincial Coordinators and college staff to assist applicants to use ICSPOnline. A feedback meeting was also held with the provinces to get information on their user experiences, leading to improvements to the system.

These roadshows helped to improve applicants uptake of the system and allowed HISP-SA to gather outstanding additional information on posts from the provinces.



Applicants at a provincial training using their mobile phones to verify their details and apply for posts on the ICSPOnline system .

Call centre and ICSP info website

A call centre was established to provide on demand support and information. Data capturers originally hired to capture data on the system were trained as data managers and call centre operators, their in-depth knowledge of the system making them ideally placed to help with queries.

They are also able to help with data quality improvement since they interact with all parts of the system including data input and output and are responsible for developing reports from the system.

Data quality improvement

Various systems were set up to help improve data quality, including developing templates to ensure the correct data is collected, and in the correct format. A review app was created where provinces can review and make changes to their data and communicate any data concerns with the ICSP team. HISP-SA data managers also work closely with provinces to verify the data and the call centre staff also play a significant role in helping to catch data quality issues.

Achievements

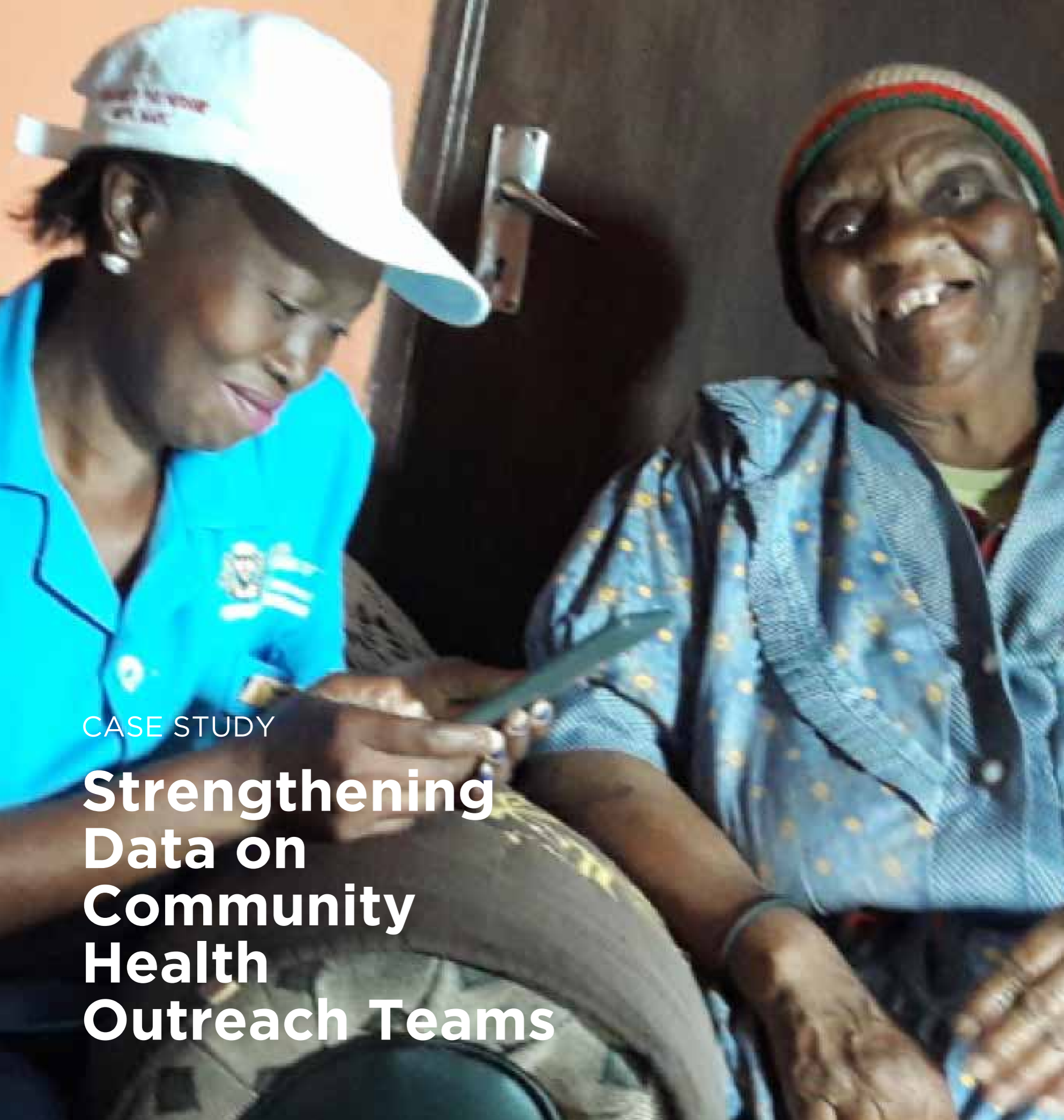
9,565 professionals were allocated to prioritized facilities in the 2018 annual cycle alone.

95% of posts in priority 1 facilities (rural facilities) were filled in the 2018 placement cycle

The ICSPOnline system has changed the landscape for how community service practitioners are deployed to national priority areas. This is helping to staff hard to fill posts and will positively impact health targets, including 90-90-90.

The ICSPOnline system has laid the foundation for the development of the HRH Registry by providing accurate data on a large section of the public health workforce. Setting up of the system also helped HISP-SA to establish excellent relationships with stakeholders, critical to improving data quality and interoperability between systems.

The information portal received almost 142,000 hits and the call center addressed over 129,000 calls and over 21,000 tickets in the 2017/18 placement cycle.



CASE STUDY

Strengthening Data on Community Health Outreach Teams

Summary

Community Health Workers (CHWs) play a vital role in providing quality health services directly to the communities that need it most, and can significantly impact 90-90-90 HIV/AIDS goals. Health Information Systems Program South Africa (HISP-SA) supports the South African National Department of Health (NDoH) to ensure quality data on the reach and impact of CHW services is readily available to help strengthen this valuable program.

Challenge

In South Africa, Ward-based Primary Health Care Outreach Teams (WBPHCOTs), as first line health care providers, can contribute significantly to the realization of all aspects of the 90-90-90 strategy. Currently, the WBPHCOTs capture household registration and client assessment data through paper-based data collection tools and mobile systems that are not linked to the routine district health information system (DHIS).

This method is costly, time intensive, and leads to fragmented data management and delays in getting data into the national DHIS. Yet, this data can help track the scope of HIV testing, referrals and monitoring CD4 counts, and levels of ARV treatment initiation and adherence.

HISP-SA has implemented a number of interventions to support the collection, collation, analysis and accessibility of data on the WBPHCOT program. These include developing a mobile data capturing application to improve data collection by CHWs, monitoring of service delivery, and CHW performance, and establishing systems to better manage and access aggregated WBPHCOT data at the national level.

Insights

The CHW mobile application was adapted from the one successfully used to support data capture and analysis for the national Human Papillomavirus vaccination campaign that reached 400,000 girls. Learning from the implementation of that project helped to streamline the adaptation and implementation of the app for the WBPHCOT program, saving time and resources.

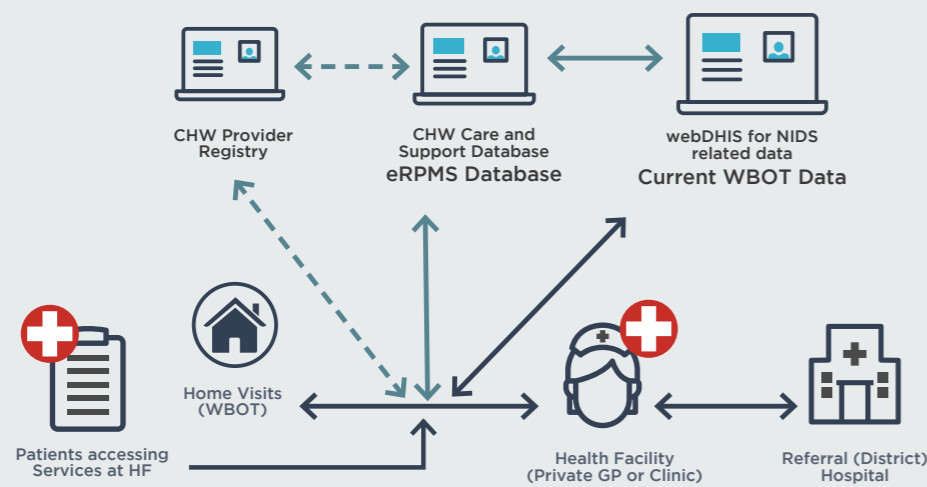
HISP-SA Solutions

CHW tracker app

To improve data collection, monitor service delivery and improve performance in the WBPHCOT program, HISP-SA develop a mobile technical solution, the CHW tracker tool.

The CHW tracker, or the electronic Reporting and Performance Management System (eRPMS), is a mobile-based tracking tool that enables CHWs to capture data on national health indicators during household visits. It also allows for capturing human resource data such as the CHW demographic information, geographical data on where they work (using GPS) and how well CHWs complete their specified scope of work.

Segment architecture for the WBPHCOT program app.



This data then feeds into the DHIS database where the system can provide reports for CHWs, team leaders and program managers on:

- The number of CHWs across the country
- Where they are working - to identify HRH gaps in communities
- What they are doing - to monitor full implementation of the CHW scope of work
- How well they are doing it - to infer an impact they have in health improvement

This mobile app was adapted from the one successfully used to support data capture and analysis for the national Human Papillomavirus vaccination campaign that reached 400,000 girls, posting data directly into DHIS, thereby providing facility and program managers with real time data in user friendly dashboards, leading to improved use of data for decision-making.

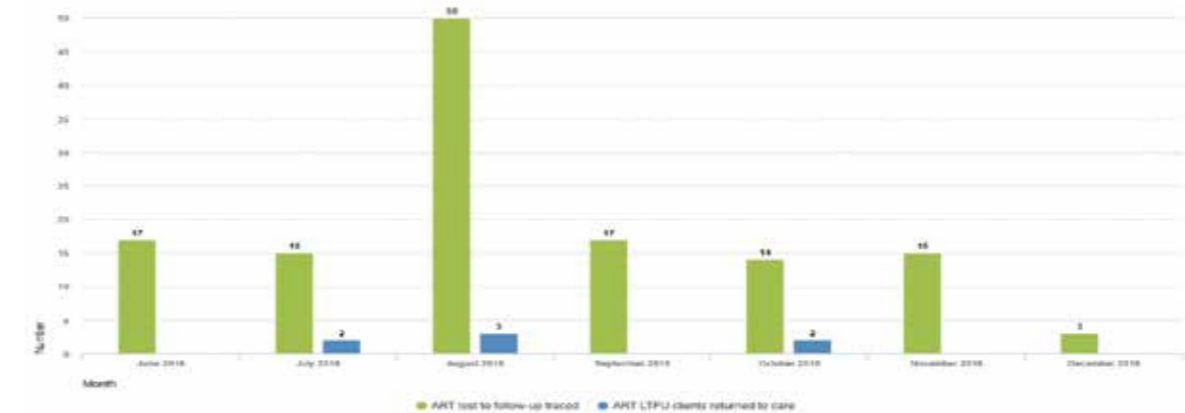
The WBPHCOT app is aimed at improving the quality and timeliness of data on HIV testing, referral for CD4 count testing, and adherence (among other data), so managers can assess if services offered by CHWs are addressing the WBPHCOT policy and impacting the 90-90-90 strategy.

It provides a central data collection point, and since the data is posted directly into the DHIS and is automatically aggregated and available, it removes the need for third party databases, thereby improving data accuracy and timeliness.

The app digitized household registration, referral and other paper-based forms, and CHWs in the pilot site (Thabo Mofutsanyane District) were provided with tablets or mobile devices to capture data. Remote support is provided to assist with technical challenges and the system allows for remote access to reports via the device.

Tracing patients lost to follow up

A crucial feature of the app is a system to identify and trace patients lost to follow up. This allows the NDoH to close the gap on data relating to patients returned to treatment, and goes a long way to helping the country reach the 90-90-90 goals of retaining people in treatment and getting 90% of HIV positive clients virally suppressed. A referral and back referral form was designed on the app that traces patients who are referred by CHWs to the facility to ensure their links to care are properly monitored and recorded. A target setting functionality was also configured which allows team leaders to pull a list of ART and TB clients that are lost to follow up and defaulting treatment and assign them to relevant CHWs to trace them. Facility health care workers note the patients that are found and returned to care and update the data in the ART and TB databases, ensuring they can be monitored and counted.



ART clients lost to follow up who were traced and returned to care

Strengthening WBPHCOT aggregated data

HISP-SA also supports the NDoH to help improve the quality of the WBPHCOT data at the national level to ensure more evidence-based programming. This support includes sharing pre-data submission reports with provinces and national so they can verify the data is accurate and identify any challenges, before the data is finalized in the national database. HISP-SA provincial coordinators also work closely with provincial and district staff to review WBPHCOT data dashboards and address data quality concerns. HISP-SA further supported the NDoH to define the new national data indicator sets for the WBPHCOT program. A monitoring and evaluation framework for the WBPHCOT program was developed that includes the new indicators and will be used to measure outputs, outcomes and impact of the program, and ensure it is implemented in accordance with the WBPHCOT policy. The NDoH are currently orienting provinces on the framework to ensure it is accepted and rolled out across the country.

Achievements

Successful digitization of the WBPHCOT data collection tools is showing significant improvements in data collection time and data quality.

There was a 64% decrease in WBPHCOT validation rule violations from February to August 2018 during the pilot phase of the eRPMS system.

More than 50% of the clients lost to follow-up and traced were returned to care during the pilot phase.

Use of the app showed that the majority of household visits focused more on adherence support (54.7%) which led to an upward trend in the client referral rate and a correlating upward trend of HIV tests done in Mphohadi clinic where the pilot is being implemented.



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