



health

Department:  
Health  
REPUBLIC OF SOUTH AFRICA



# National VMMC programme | District data verification meeting manual

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# TABLE OF CONTENTS

TABLE OF CONTENTS .....	ii
ACRONYMS.....	iii
1. Background.....	4
2. Purpose.....	4
2.1. District data verification meeting manual.....	4
2.2. VMMC data verification meetings.....	4
3. Intended outcomes.....	5
4. Proposed structure.....	6
4.1. Scope.....	6
4.2. Meeting structure .....	6
5. Proposed attendees .....	8
6. Roles and responsibilities .....	9
Appendix 1: Meeting agenda.....	10
Appendix 2: Meeting presentation.....	11
Appendix 3: Meeting minutes.....	12
Appendix 4: District data meeting quarterly questionnaire .....	13
Appendix 5: Quarterly data verification meeting report.....	14

## List of tables

Table 1: Standing meeting agenda items.....	7
Table 2: Organisation and cadres required at data verification meetings .....	8
Table 3: Cadres required at Monthly District meetings .....	8

## List of figures

Figure 1: District and implementing partner roles and responsibilities.....	9
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## List of boxes

Box 1: Manual Objectives .....	4
Box 2: The two-point scale used to determine low or high priority for implementing data verification meetings .....	6

## ACRONYMS

AOB	Any Other Business
CQI	Continuous Quality Improvement
DHIS	District Health Information System
DoH	Department of Health
ETT	Extended Task Team
GP	General Practitioner
HAST	HIV and AIDS/STI/TB
HI	Health Information
HIS	Health Information System
HMIS	Health Management Information System
M&E	Monitoring and Evaluation
MMC	Medical Male Circumcision
NDoH	National Department of Health
PEPFAR	United States President's Emergency Plan for AIDS Relief
PHC	Primary Health Care
PoE	Portfolio of Evidence
RT35	National Treasury Transversal Contract
STI	Sexually Transmitted Infection
TB	Tuberculosis
TBD	To be determined
VMMC	Voluntary Medical Male Circumcision

# 1. BACKGROUND

The national Voluntary Medical Male Circumcision (VMMC) programme in South Africa is led by the National Department of Health (NDoH) and supported by the United States President's Emergency Plan for AIDS Relief (PEPFAR). PEPFAR, through various implementing partners, supports the implementation of the national programme in 27 districts. The non-PEPFAR supported districts are solely funded through National Treasury service providers called the National Treasury Transversal Contract (RT35). The NDoH utilises the District Health Information System (DHIS) however, PEPFAR partners are also responsible for reporting VMMC numbers to PEPFAR.

The DHIS collects VMMC data from all data sources in the country, including: government facilities; provincially contracted general practitioners (GPs); RT35 implementing partners; and PEPFAR implementing partners. However, occasionally, partners report higher numbers than what reflects in the DHIS indicating that there are existing bottlenecks which hinder some partner reported data from accurately reflecting on the DHIS.

This discrepancy highlights the importance of routine data verification.

# 2. PURPOSE

## 2.1. DISTRICT DATA VERIFICATION MEETING MANUAL

Data verification is a critical part of programme implementation and management. The data verification process allows for data across different data sources to be checked for any inaccuracies and to put in place mitigating measures to ensure the accuracy of the data.

This manual outlines the implementation of district data verification meetings which should be implemented to ensure data verification takes place at the district level, regularly, as part of routine programme monitoring.

1. To outline the process and implementation of district data verification meetings.
2. To document templates used during the implementation of the district data verification meetings.
3. To document tools to evaluate the data verification meetings to effectively track learnings during implementation.

### Box 1: Manual Objectives

## 2.2. VMMC DATA VERIFICATION MEETINGS

Data verification meetings between districts and implementing partners are recommended as a mitigating action to allow for regular and strengthened collaboration at the district level. These meetings are envisioned to assist in resolving VMMC data discrepancies in the future.

### 3. INTENDED OUTCOMES

The district data verification meetings are designed to:

1. Create a platform for strengthened collaboration between district DoH and implementing partners.
2. Support routine data verification to:
  - eliminate data variances between DHIS and partner reported data and;
  - ensure the availability of accurate data for the national programme.

## 4. PROPOSED STRUCTURE

### 4.1. SCOPE

The goal is to implement the data verification meetings in all 52 districts of South Africa. The roll-out of district meetings should be phased due to the uniqueness of each district and the existing challenges which need to be addressed before the introduction of the data verification meetings.

To assess the readiness of each district, a brief situational analysis should be undertaken by the Health Information (HI) manager of each district. This should be done in collaboration with each district manager and the implementing partners in each district to understand the existing VMMC activities and challenges.

Based on the situational analysis mentioned above, the need to implement data verification meetings can then be prioritised using a two-point scale (high and low) as seen in the box below. The scale helps districts identify whether they require data verification meetings or not.

1. Low - There is an existing data verification platform and it has been identified as adequate (no need for an additional meeting).
2. High There is no existing data verification platform OR The existing data verification platform has been identified as inadequate.

**Box 2: The two-point scale used to determine low or high priority for implementing data verification meetings**

### 4.2. MEETING STRUCTURE

The data verification meetings are envisioned to take place monthly, before the broader district meetings (for example: HIV and AIDS, sexually transmitted infections (STI)/tuberculosis (TB) (HAST) unit meetings, and extended task team (ETT) meetings) to prepare for the discussions. Data verification meetings can be conducted as a standalone platform or as part of monthly VMMC implementing partner meetings, where all the cadres associated with service delivery are in attendance. The meeting should take place at the district offices and should be led by the district officials.

Districts and implementing partners will be responsible for preparing data reports/dashboards before these meetings to limit the time spent at the meeting performing verification.

The structure of the meetings is flexible as attendees are encouraged to discuss agenda items which will contribute to effective collaboration and quality data. However, there is a proposed agenda as seen in *Annexure 1*. The agenda should always include the following agenda items:

Table 1: Standing meeting agenda items

Agenda item	Purpose
<b>Performance against targets</b>	To assess the district’s performance (as per DHIS) against the district target. This will allow the district to be aware of over, or under, performance; to document lessons learnt; or to come up with catch up plans.
<b>Data variance</b>	Implementing partners and districts to discuss performance data and verify if the numbers align. All outstanding data is to be captured onto DHIS by district data capturers in time for the next meeting. Implementing partners to share at which facility the data was submitted so that DoH can follow-up.
<b>Planning</b>	To discuss mitigating actions to ensure set targets are met.
<b>Way forward</b>	To confirm discussed plans and assign responsible parties and timelines.

Minutes are to be taken during each meeting and distributed to all attendees within two working days. All parties are responsible for actioning items agreed upon in the meetings by the proposed date to ensure the effectiveness of the data verification meetings.



## 5. PROPOSED ATTENDEES

The data verification meetings need to have the relevant parties present. The proposed attendees are listed in the table below.

**Table 2: Organisation and cadres required at data verification meetings**

Organisation	Cadres
<b>Implementing Partner</b>	Programme Manager (initial district meeting)
	Data Manager/Monitoring and Evaluation (M&E) Manager
<b>District</b>	Data Manager
	VMMC Coordinator

The following cadres are required to attend the broader monthly district meetings:

**Table 3: Cadres required at Monthly District meetings**

Operational Level	Cadre	Responsibility
<b>District Level</b>	District Information Manager	Custodian of the DHIS
	District HAST Manager	Custodian of the VMMC programme
	Administrator	Responsible for supporting the meeting logistics
<b>Sub-district</b>	HAST Mangers	Responsible for the Programme at sub-district level
	Primary Health Care (PHC) Supervisors	Oversee facility activities
	Information Officers	Responsible for the Sub-district data
<b>Site-level</b>	Facility Managers	Responsible for all activities conducted in the facility
	VMMC Champions	Oversee site-level VMMC activities
	Data Capturers	Responsible for capturing data onto the DHIS
<b>Implementing Partners</b>	Programme Managers	Responsible for the VMMC programme
	Information Managers	Responsible for the collection, collation and reporting of data
	Continuous Quality Improvement (QI) Managers	Ensuring overall programme quality as well as data quality
	Site Supervisors	Oversee services at the site-level, (usually also conducts VMMCs at the site)

## 6. ROLES AND RESPONSIBILITIES

The figure below indicates each district official and implementing partner's role in the district verification meetings.

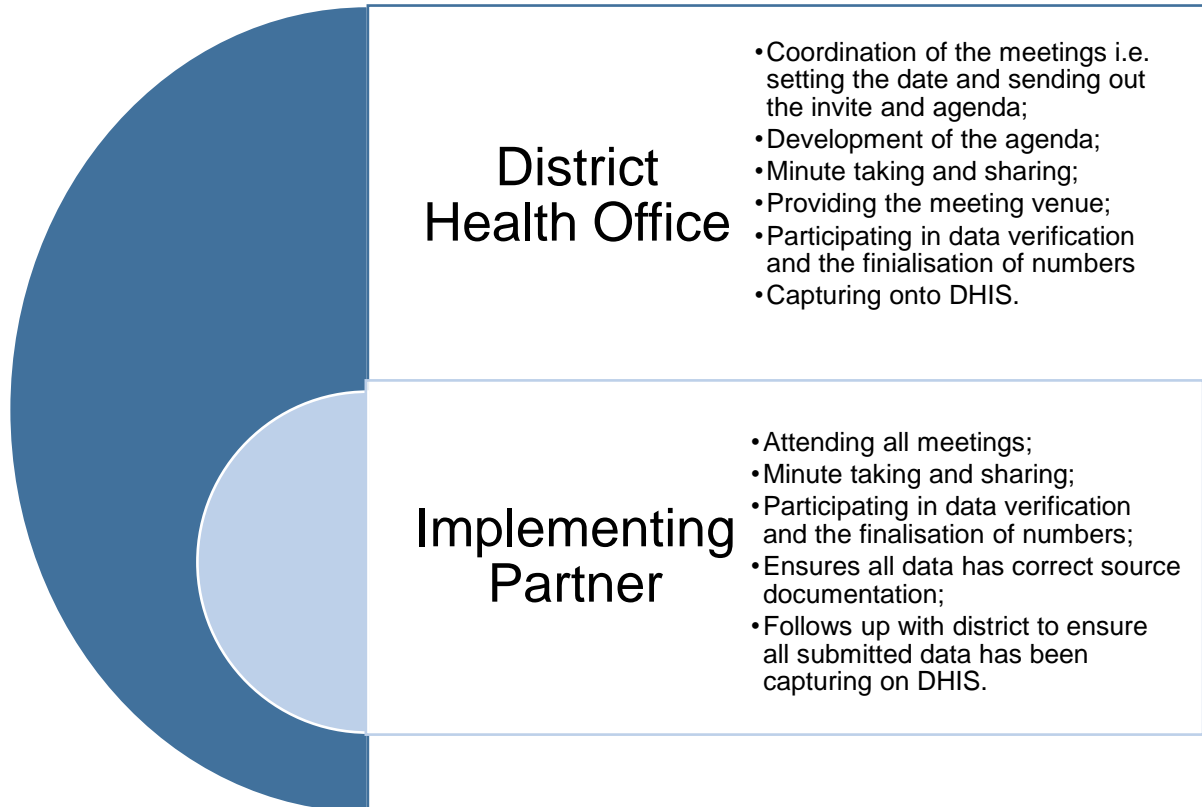


Figure 1: District and implementing partner roles and responsibilities

## APPENDIX 1: MEETING AGENDA

*The purpose of the agenda is to prepare all district officials and implementing partners for the discussion. This should be prepared and shared by DoH in advance for every meeting.*

Programme: Voluntary Medical Male Circumcision (VMMC)

Meeting: Monthly Data Verification Meeting

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Venue: \_\_\_\_\_

Required attendance: District, Implementing Partners

Purpose:

- To raise and address data challenges;
- To discuss and document lessons learned and best practices concerning data;
- To ensure effective VMMC programme planning and use of available VMMC data.

Agenda Item	Facilitator
<b>Welcome and Introductions</b>	District
<b>Performance against Targets</b>	TBD
<b>Data Variance</b>	TBD
<b>Planning</b>	TBD
<b>Way Forward</b>	TBD
<b>AOB</b>	TBD
<b>Closure</b>	District

## APPENDIX 2: MEETING PRESENTATION

The purpose of the presentation is to guide the discussion using visuals to help with understanding.

 <p><b>health</b> Department: Health REPUBLIC OF SOUTH AFRICA</p>	<MONTH> MMC data report for <PROVINCE> <Date of meeting>
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**Are we reaching our targets?** 😊

<b>National</b>	<b>Circumcisions to date</b>	<Insert number and adjust bar size>	<b>Total target</b>
<b>KwaZulu-Natal</b>	<b>Progress</b>	<Insert number and adjust bar size>	<b>Total</b>
<b>iLembe</b>	<b>Progress</b>	<Insert number and adjust bar size>	<b>Total</b>

**Are we operating safely?** 😞

**Are we testing for HIV?** 😞

<b>Mild adverse events</b> <Insert number and adjust bar size>		<b>HIV tests conducted</b> <Insert number and adjust bar size>	
<b>Moderate adverse events</b> <Insert number and adjust bar size>		<b>Positive HIV tests</b> <Insert number and adjust bar size>	
<b>Severe adverse events</b> <Insert number and adjust bar size>		<b>Positive HIV cases linked to care</b> <Insert number and adjust bar size>	

**Is our data up to date?** 😊

<b>Data variance:</b> <insert variance for the month based on data submitted ahead of the meeting>	😊	<b>Key</b>
<b>Discrepancies, facilities, etc.</b>	😊	Same or better than last month!
	😞	Worse than last month

## APPENDIX 3: MEETING MINUTES

*The purpose of the meeting minutes is to capture all discussions held (as per the headings in the agenda) and action items discussed. It assists all attendees to be accountable for the developments.*

*Minutes are to be captured at all meetings by the nominated party (can revolve) and shared to all who attended 48 hours after the discussion.*

Programme: Voluntary Medical Male Circumcision (VMMC)

Meeting: Monthly Data Verification Meeting

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Venue: \_\_\_\_\_

Attendees: \_\_\_\_\_

Apologies: \_\_\_\_\_

**Performance against targets:**

**Data variance:**

**Planning:**

**Way forward:**

**Any Other Business (AOB):**

**Action Items:**

Items	Person Responsible	Due date

**Date of Next Meeting:**

## APPENDIX 4: DISTRICT DATA MEETING QUARTERLY QUESTIONNAIRE

*A quarterly qualitative questionnaire has been developed to assess the effectiveness of these meetings and their ability to meet the objectives.*

*This questionnaire should be printed out and completed at every third data verification meeting (one per quarter) by all attendees and analysed quarterly to document lessons learned and improve the meetings.*

### DISTRICT DATA MEETING QUARTERLY QUESTIONNAIRE

#### **Objective 1: Create a platform for strengthened collaboration between district DoH and implementing partners**

1. Do all the relevant district officials and implementing partners always attend the monthly meetings?
  - a. Please provide suggestions for ensuring all district officials and implementing partners attend if this is a challenge OR lessons on how to get all district officials and implementing partners to attend if this has been a success.
2. Do the relevant district officials and implementing partners prepare their data and points for discussion before the meeting?
  - a. How can preparation for the meetings be more effective?
3. How is the meeting creating an effective platform for collaboration with all district officials and implementing partners?
  - a. What is currently working well during the meetings?
  - b. What are the current challenges experienced during the running of the meetings?

#### **Objective 2: Support routine data verification**

1. How can the meetings be used more effectively for data verification?
2. Are all district officials and implementing partners aware of their role in data verification and how have they been able to provide required inputs?
3. How are the identified challenges dealt with effectively?
4. Can you share any lessons for solving data issues which can be documented as lessons learned?
5. How have the meetings helped decrease the variance between DHIS and partner reported data this quarter?

## APPENDIX 5: QUARTERLY DATA VERIFICATION MEETING REPORT

*This report is envisioned to be a summary of the feedback from all district officials and implementing partners, the key audience is the district officials and implementing partners attending the data verification meeting. One report should be compiled with all district learnings and the responses disseminated, within two weeks of collecting the questionnaire, for knowledge sharing purposes.*

*The report outline is detailed below:*

**Cover Page:**

**Acronyms:**

**Background:**

**Purpose:**

**Findings:**

**Objective 1: Create a platform for strengthened collaboration between district DoH and implementing partners.**

Challenges:

Successes:

**Objective 2: Support routine data verification.**

Challenges:

Successes:

Recommendations/Way forward: