



Title: Standard Operating Procedures (SOP) for Routine Registry Operations- Implementation, Establishment and Maintenance of Mother& Child Health (MCH) Registry

Sub-title: Monitoring of Optimal Use of MCH e Registry, Evaluation and Action Plans

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Aims

The aims of the SOP for monitoring of the MCH eRegistry are to:

- Ensure standardization of the routine monitoring procedures.
- Conduct routine short term and long term evaluations for the use of Registry.
- Document identified problems and feedback from the Primary Health Care Centers (PHCs) systematically.
- Act upon the identified problems to secure optimal use of the system.

Tools

1. Monitoring Dashboard in the District Health Information Software (DHIS2)
2. JIRA tickets reporting system: an online licensed ticketing system for tracking problems or any issues as received from clinics using the MCH e Registry (**Appendix 1**) and documented as tickets in the system to then perform the needed action which can be corrective action, preventive action, fixes bugs, etc. this tickets reporting system would include:
 - 2.1 Analyzing and prioritizing the tickets that comes from the clinics using the MCH e Registry and users to mitigate the risk of performance issues related to the registry.
 - 2.1 Tracking critical cases that might affect the system's credibility and usability such as wrong calculation, validation issues, etc.

Description of process

MCH e Registry staff (Health systems officer at PNIPH) should do the followings:

- Check JIRA tickets Monday of every week.
- Identify selected indicators that would measure the performance of the MCH e Registry (**Appendix 2**).
- Establish threshold for each selected indicator per clinic by looking at 2016 data extracted from MCH eRegistry.
- Check the DHIS2 dashboard Monday of every week. (see Dashboard app → M&E Clinics Using MCH e Registry)
- Send monthly routine report to the MCH e Registry team (PNIPH, MOH and NIPH).
- If any of the PHCs fall under the threshold of any indicator (table 1 and 2 in Appendix 2):
 1. Call MCH supervisor of the health directorate where that PHC located on a clinic working day during the same week (as monitoring) to assess why they do not perform according to expected. If clinic cannot be reached, call the next day.

2. Excel sheets were developed by the Registry team (Health systems officer at PNIPH) to be used as Data monitoring_ documentation and reporting tool to monitor regularly the performance of the MCH e Registry (**Appendix 3**).
3. Data monitoring_ documentation and reporting tool to be filled by the Registry team (Health system officer at PNIPH, Registry Administrator at MOH) to indicate name of clinic (English) and district, and according to the indicator being monitored.
According to this tool received issues/ complains/ problems per each clinic will be categorized into: Internet interruptions, electricity interruptions, no new Antenatal care (ANC) visits, do not want to use the system and why, others (specify).
4. Action plan was developed by the Registry team (Health systems officer at PNIPH) clarifying the proposed steps and procedures that have to be followed and implemented according to the problem to be dealt with (**Appendix 4**).
Registry team (Registry Administrator at MOH) Should follow and implement the steps mentioned in the action plan according to the identified problem. And document actions taken in the Data monitoring_ documentation and reporting tool (**Appendix 3**).

Action Plan

The Registry team (Health system officer at PNIPH, Registry Administrator at MOH) should use the Data monitoring_ documentation and reporting tool regularly as main reference of documentation for any Registry's Performance problems related interventions and history log for all documentation.

The followings are general instructions for the data should be entered regularly in this log:

- Date of Regular Check
- Clinic Name
- District
- Reasons of not using system
- Date of calling MCH Supervisor

The followings are detailed steps that the Registry team (Health system officer at PNIPH, Registry Administrator at MOH) has to do when conducting Regular and Routine Monitoring and Evaluation of MCH eRegistry:

1. Login into the MCH eRegistry and go to Report App, then click on Analytics screen to get the updated statistics
2. Go to Dashboard from app section and select (M&E intention site) dashboard

3. Navigate the defined indicators where there are two type of indicators:
 - 3.1 Bar chart: (Aggregated indicators) show the total number of new registered women in each district for the last three months separately.
 - 3.2 Table: (Detailed Indicators) show the number of new registered women in each clinic where the table show all registered women per clinic for the last three months.
 - 3.3 Use the link for M&E Dashboard <https://dhis.hrhr-pal.ps/dhis-web-dashboard-integration/index.action>
4. Use the Data monitoring_documentation and reporting tool to document the action's result as follow:
 - 4.1 Check number of new registered cases and decide if it's normal or not, if not then call the clinic and understand the reason of not entering cases as usual.
 - 4.2 Write the reason as categorized in the Data monitoring_documentation and reporting tool"
 - A. Problems with internet
 - B. Problems with Electricity
 - C. Care providers/ clinics do not want to use the system
 - D. Problems with guidelines, bugs in software
 - E. Other probems
 - 4.3 Follow the steps/ Procedures mentioned in the Action plan according to the category of the reason/ problem
 - A. Steps/ Procedures to be followed if the category of the reason/problem is:**
 - Problem with Internet**
 1. Document the cause, duration and frequency of interne problem and follow the related action as follow:
 1. 1 Router: If the problem related to the router then give the clinic an oral instructions and tips to solve the problem, if doesn't work;
 - 1.2 Inform the clinic to send the router to MOH IT unit to fix it and replace it with 2G data sim.
 2. Unpaid bills:
 - 2.1 Give them 2G data sim. Contact IT Unit to send it during the coming 24 hours.
 - 2.2 Contact IT Unit Manager to clarify the situation and ask him to call the care provider to reconnect the clinic.
 - 2.3 Ask him to connect the clinic during the same business day
 - 2.4 Document the date of unpaid bills and frequency of this issue.

B. Steps/ Procedures to be followed if the category of the reason/problem is:

Problems with Electricity

1. Document duration over the past week (Initials) by using the following options:
 - 15- 30 minutes
 - 30 minutes- 1 hour
 - More than 1 hour
2. Document frequency over the past week (Initials) by using the following options:
 - Once
 - 2- 3 times
 - > 3 times
3. Follow up the SOP related to Paper back-up files.

C. Steps/ Procedures to be followed if the category of the reason/problem is:

Care providers or clinics do not want to use the system

1. Document reason (Initials) by including the options:
 - Difficult to use
 - Require more training
 - Other, please specify
 - 1.1 if one or more of the reasons mentioned above were mentioned by user/ clinic then conduct field visits and onsite training as needed.
2. Document the result of action in the " trial 1_data monitoring file"

D. Steps/ Procedures to be followed if the category of the reason/problem is:

Problems with guidelines, bugs in software

1. Add ticket in JIRA system and specify the system problem i.e. bug, enhancement, new feature , tec..
2. If the problem resolved, then no further action,
3. If the problem not resolved, then follow-up with Oslo team to explain the issue and make sure that they understand the issue and get the deadline for solving the problem,
4. Reflect the deadline for solving the problem into JIRA system as a feedback for the source of issue i.e. clinic, IT district, IT central team, etc...

Interventions needed to be done If any of the PHCs Indicator reached to its Threshold:

Reaching to the threshold of any PHCs indicators means a significant problem in the infrastructure requires either of the following interventions to be taken by the the Registry team (Health system officer at PNIPH, Registry Administrator at MOH)

- **Corrective Action** : are taken when the performance has deviated from the planned scope and quality requirements. It is intended to bring the performance back into alignment with the agreed-upon level of work.
Example: If router works poorly, then you have to replace it directly according to Project communication plan.
- **Preventive Action**: are proactive and intended to ensure the performance is aligned to target.
Example: When Antivirus is expired you have to update the licence to mitigate the risk of infected Pcs.
- **Defect Repairs**: are implemented when the MCH eRegistry does not meet the needed and expected level of performance.

Evaluation measures of the new MCH e- Registry users

To evaluate the users perspectives toward the newly introduced MCH e Registry, the MCH e Registry team (Health systems officer & Public health officer at PNIPH) should:

- Modify the questionnaire using Monkey survey tool to assess/ evaluate the perspectives of new users of MCH eRegistry (**appendix 5**)
- Send questionnaires through the e Registry.
- Follow-up users responses within deadline.
- Export data as excel and .csv file format.
- Analyse the exported data for evaluation purposes and feedback if needed.

Appendixes attached

- Appendix 1: Clinics with MCH eRegistry
- Appendix 2: Selected Indicators & Threshold to measure the performance of the MCH e Registry
- Appendix 3: Data monitoring_ documentation and reporting tool
- Appendix 4: Action plan
- Appendix 5: New users' perspectives toward the newly introduced MCH e Registry Questionnaires