

**Track:** D – Operations and Implementation Research  
**Category:** D11: Methods to improve strategic information and data collection to monitor and evaluate prevention, care and treatment programs  
**Title:** **Data Quality Assessment (DQA) at Nokuthela Ngwenya Community Health Centre**  
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**Location:** South Africa  
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**Background:** With increasing numbers of patients in need of HIV/AIDS care and treatment services, facilities that rely on paper-based patient management systems face challenges in identifying and tracking clients through care. For information on deceased patients, some health facilities rely on feedback from relatives. As a result, the exact number of active patients and the cumulative number ever on treatment at such facilities are unknown. The Nokuthela Ngwenya Community Health Centre is situated in Ekurhuleni District, Gauteng Province. In this clinic, patient visits were tracked using multiple non-standardized and unlinked data sources, which created challenges in identifying HIV treatment defaulters. The Elizabeth Glaser Paediatric AIDS Foundation conducted a DQA through file audits.

**Methods:** Files of all patients who attended the antiretroviral therapy (ART) clinic from May 1<sup>st</sup> through June 30<sup>th</sup> 2010 were identified with stickers and excluded from the audit as they were considered active. Patients who had missed their appointments and had identity numbers on their files had their status (alive/deceased) verified through the Department of Home Affairs.

**Results:** 73% (N=3326) of all patients ever initiated on treatment were still actively accessing treatment; 5% were transferred out; 10% were lost to follow-up; 8% had died and 4% were down-referred to local clinics. Discrepancies were noted in the numbers reported to the district: Cumulative total ever on treatment was 3,326 according to the DQA (37% male, 63% female); the facility however, reported 3,740. Whereas the DQA found that there were 5,543 patients current on ART, the facility had reported 3,281. The DQA counted 261 deaths, while the facility had recorded 135.

**Conclusion:** Conducting DQA is necessary to ensure accurate recording and prevent discrepancies in data reporting. A DQA can enable facilities identify treatment defaulters.

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