

A long and healthy life for all communities of the North West Province

STANDARD OPERATING PROCEDURE ON RECONCILIATION PROCEDURE

JUNE 2023

INFORMATION MANAGEMENT
DIRECTORATE

Author

Review Date

June 2026

Description

This document defines North West
Department of Health' Standard Operating
Procedure Manual on Reconciliation.

Coverage

This document is applicable to all employees
of North West Department of Health.

SOP Number

I&RM23/SOP02/R26



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Title: Standard Operating Procedure (SOP) on Data Reconciliation

<p>1. Purpose</p> <p>1.1 The purpose of this document is to provide standardized guidelines and procedures within which North West Department of health on how to conduct Data Reconciliation.</p> <p>1.2 Ensure that Data Reconciliation processes are conducted and implemented in an agreed and controlled manner so as to have a positive movement towards clean Audit.</p> <p>1.3 Impart awareness of importance of Data Reconciliation to all employees and, where applicable, to relevant external parties including Non-Government Organization and other stakeholders.</p>	
<p>2. Scope and application of the document</p> <p>2.1 The SOP document shall be applicable to all employees within the North West Department of Health.</p>	
<p>3. Legislative and related prescripts</p> <p>3.1 Treasury Regulation (Act 1 of 1999);</p> <p>3.2 Public Finance Management (Act 2 of 1999);</p> <p>3.3 National Health Act (Act 61 of 2003) and</p> <p>3.4 District Health Management Information System Policy and its SOPs</p>	
<p>4. Definitions/ Glossary of terms</p> <p>4.1 Ante Retroviral Treatment (ART) Cohort: ART Quarterly Cohort Reporting system</p> <p>4.2 Data Reconciliation: It is the process of data verification from the sources against the reported data in the Annual / Quarterly Performance Report (e.g. DHIS)</p> <p>4.3 DHIS: District Health Information System. It is used to collect, visualize and analyze Health Information</p>	

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4.4 **Employee:** Any person employed by the Department in accordance with Public Service Act, 1994 as amended.

4.5 **TB/HIV Information Systems (THIS) - TIER.net**

It is an electronic patient management system that is used for monitoring and evaluation of TB & HIV care and treatment programmes in government health facilities throughout South Africa.

5. Background

5.1 This SOP should be applied in conjunction with the Performance Information Monitoring Procedure Manual and does not overrule the contents thereof.

5.2 Section 40(1)(a) of the Public Finance Management Act states that the accounting officer for a department, trading entity or constitutional institution must keep full and proper records of the financial affairs of the department, trading entity or constitutional institution in accordance with any prescribed norms and standards.

5.3 Planning is the predetermination of objectives and course of action to be taken to achieve defined goals effectively and efficiently.

5.1 For the reporting of pre-determined objectives, the information collected follows a very complex route through different levels within a province.

5.2 Firstly, when Clinicians renders services to clients at facility level, they record all the patient information into a Patient file, and/or update if it already exists or they will open a new file and update.

5.3 Secondly, information is entered into daily register as services are rendered by clinicians, and then either daily

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<p>and/or monthly collection tool form is completed which summarizes the figures for the month.</p> <p>5.4 Thirdly, monthly form figures is then either entered into the District Health Information System (DHIS) either daily or monthly.</p> <p>5.5 Then, once the data has been captured on the DHIS as aggregated figures, it is then available stored on a centralized database (Provincial DHIS Instance) and become available online, at all levels (Facility, Sub District, District and Province). These consolidated Provincial figures are then reported as the reported performance against pre-determined objectives for the health sector.</p> <p>5.6 On Monthly basis, it is expected that all facility managers ensures that data reconciliation process is conducted.</p> <p>5.7 Thereafter a file (from Provincial DHIS Instance) is exported and sent to the National Department of Health Instance which imports the nine provincial files to get to a national figure. These consolidated national figures are then reported as the reported performance against pre-determined objectives for the health sector.</p>	<p>6. Procedure for conducting Data Reconciliation</p> <p>6.1 Monthly Data Reconciliation should be done on monthly and/or quarterly basis at the Facility level (Hospitals, Clinics, Mobiles, Health Posts, Satellite Clinics, Private Facilities and Community Health Centres) every 10th day of the New Month, The previous month's data need to be complete on DHIS</p> <p>6.2 Between 11-20th day (All Facility Managers (Hospital Chief Executive Officer) need to conduct Verification of their previous month data (Using the Data Reconciliation forms as Portfolio of evidence</p>
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<p>6.3 Between 20th-25th (Sub-Districts) and 25th-30th day (Districts) need to conduct Quality checks on Data Reconciliation done, and also sign the forms (PROGRAMME 2)</p> <p>6.4 Between 20th-25th day, Quality checks on Data Reconciliation done, must be done at Provincial Level (PROGRAMME 4&5)</p> <p>6.5 On 26-30th day of every Month, all Date Reconciliation forms must be scanned and be submitted to Provincial Information Management unit</p> <p>6.6 All Data Reconciliations forms must be captured in the excel verification template as according to the Data Reconciliation form.</p>	<p>7. Roles and responsibility</p> <p>7.1 Provincial Information Management Directorate</p> <p>7.1.1 May give oversight and support, Collate and store Data reconciliation forms from districts and Sub-District.</p> <p>7.1.2 May identify facilities that do not adhere to ensuring Data Reconciliation is conducted in order to identify data discrepancies, furthermore Provincial Office may escalate such practicality to their superior for interventions needed.</p> <p>7.2 District Management</p> <p>7.2.1 May give oversight and support, Collate and store Data reconciliation forms from districts and Sub-District.</p> <p>7.2.2 May identify facilities that do not adhere to ensuring Data Reconciliation is conducted in order to identify data discrepancies.</p>
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7.2.3 Monitor failure to and/ or late submission of these reports and should treat them as non-compliance, and where necessary consequence management measures be effected.

7.3 Sub District Management

7.3.1 May give oversight and support, Collate and store Data reconciliation forms from districts and Sub-District.

7.3.2 May identify facilities that do not adhere to ensuring Data Reconciliation is conducted in order to identify data discrepancies.

7.3.3 Monitor failure to and/ or late submission of these reports and should treat them as non-compliance, and where necessary consequence management measures be effected.

7.4 Local Area Management

7.4.1 May give oversight and support, Collate and store Data reconciliation forms from districts and Sub-District.

7.4.2 May identify facilities that do not adhere to ensuring Data Reconciliation is conducted in order to identify data discrepancies.

7.4.3 Monitor failure to and/ or late submission of these reports and should treat them as non-compliance, and where necessary consequence management measures be effected.

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<p>7.5 Facility Management</p> <p>7.5.1 Oversee, lead and support effective and efficient data collection, management and use</p> <p>7.5.2 Conduct weekly spot checks – correlation of registers with what has been captured in systems, filling practices for data verification and audits.</p> <p>7.5.3 Conduct internal audits, data quality assessments and patient file reviews and ensure that the Monthly and Quarterly data reconciliation has been conducted.</p> <p>7.5.4 Keep dated and signed records of spot checks.</p> <p>7.5.5 Provide monthly feedback to facility staff with regard to:</p> <p>a) Data quality – timeliness, completeness and accuracy of data and Program-related indicators highlighting good performance and service delivery shortcomings.</p>	<p>8. Monitoring and review</p> <p>8.1 SOP will be implemented and monitored by Information and Records Management Directorate.</p> <p>8.2 The SOP will be reviewed in every three year cycle</p>	<p>9. References</p> <p>9.1 DHMIS Policy and its SOPs of the National Department of Health, 2011.</p> <p>9.2 National Health Act (Act 61 of 2003): Commencement Section 53 of the National Health Act, 2003.</p> <p>9.3 Public Finance Management Act (Act 1 of 1999): Public Finance Management Amendment Act (Act No. 29 of 1999).</p>
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<p>10. Attachments</p>	<p>10.1 Data Reconciliation Excel (Template)</p> <p>10.2 Monthly Tertiary Hospitals Data Reconciliation form</p> <p>10.3 Monthly PHC Data Reconciliation form</p> <p>10.4 Quarterly DS-TB & ART Cohort Data Reconciliation</p> <p>10.5 Quarterly Sub District Data Reconciliation form</p>
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11. SOP APPROVAL:

Recommended/ not recommended


Mr. J. De Beer

Chief Director: Strategy and Systems

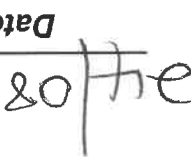
Approved/ not approved


Mr. O. E. Mongale

Head of Department

North West Department of Health


23/08/2023
Date


24/08/2023
Date



Information Management

Data Reconciliation between source (Registers) and DHIS (POE)2023/2024

District:
Sub-District:
Facility Name:
Month:

Consulting Room: All

No	APP: Indicators and Data Elements	Source (Daily Register)	DHIS	Source-DHIS Dev (Differences)	Agreed data Changes or corrections	Amended DHIS value	COMMENT (For any differences)
1.	Complaints Resolution Rate						
1.1	Complaint resolved						
1.2	Complaint received						
2	Complaints resolution within 25 working days rate						
2.1	Complaint resolved within 25 working days						
3.	Average length of stay						
3.1	Inpatient days						
3.2	Day Patients						

Facility Data Capturer: _____

Date: _____

Signature: _____

Recount on Registers done by: _____

Date: _____

Signature: _____

Is Clinical Audit done? Y / N

Not Approved / Approved: _____

Date: _____

Signature: _____

(Chief Executive Officer/Acting)

For Official Use at Provincial Office:

• Is data corrected on DHIS: Y / N

Provincial – Verified on DHIS by: _____

Date: _____

Signature: _____

A copy of a complete form must be kept and filled at each Level (facility, Sub/District Office) for Audit purposes



Information Management

District:
Sub-District:
Facility Name:
Month:

Consulting Room: All

No	APP: Data Elements	Source (Daily Register)	DHIS	Source-DHIS Dev (Differences)	Agreed data Changes or corrections	Amended DHIS value	COMMENT (For any differences)
4.	Expenditure per Patient Day Equivalent (PDE)						
4.1	Expenditure – total						
4.2	OPD headcount follow-up						
4.3	OPD headcount not referred new						
4.4	OPD headcount referred new						
4.5	Accident and Emergency (Casualty) and Trauma unit headcount Emergency						
4.6	Accident and Emergency (Casualty) unit headcount - non-Emergency						
5.	Inpatient crude death rate						
5.1	Inpatient death						
5.2	Inpatient discharge						
5.3	Inpatient transfer out						
6.	Delivery by Caesarean Section rate						
6.1	Delivery by caesarean section						
6.2	Delivery 10-14 years in facility						
6.3	Delivery 15-19 years in facility						
6.4	Delivery 20 years and older in facility						
7	Mother postnatal visit within 6 days rate						
7.1	Mother postnatal visit within 6 days after delivery						
8.	Neonatal death in facility rate						
8.1	Live birth in facility						
8.2	Death in facility 0-6 days						
8.3	Death in facility 7-28 days						

District:
Sub-District:
Facility Name:
Month:

Consulting Room: All

No	APP: Data Elements	Source (Daily Register)	DHIS	Source-DHIS Dev (Differences)	Agreed data Changes or corrections	Amended DHIS value	COMMENT (For any differences)
9.	Severity assessment code (SAC) 1 incident reported within 24 hours rate						
9.1	Severity assessment code (SAC) 1 incidents reported within 24 hours						
9.2	Severity assessment code (SAC) 1 incident reported						
10.	Patient safety incident (PSI) case closure rate						
10.1	Patient Safety Incident (PSI) case closed						
10.2	Patient Safety Incident (PSI) case reported						
11.	Maternal mortality in facility ratio						
11.1	Maternal death in facility						
11.2	Born Alive Before Arrival						
12.	Couple year protection rate						
12.1	IUCD inserted						
12.2	Medroxyprogesterone injection						
12.3	Norethisterone enanthate injection						
12.4	Oral pill cycle						
12.5	Sub-dermal implant inserted						
12.6	Sterilisation - Female						
12.7	Sterilisation - Male						
13.	Child under 5 years diarrhoea case fatality rate						
13.1	Diarrhoea death under 5 years						
13.2	Diarrhoea separation under 5 years						
14.	Child under 5 years pneumonia case fatality rate						
14.1	Pneumonia death under 5 years						
14.2	Pneumonia separation under 5 years						

District:
Sub-District:
Facility Name:
Month:

Consulting Room: All

No	APP: Data Elements	Source (Daily Register)	DHIS	Source-DHIS Dev (Differences)	Agreed data Changes or corrections	Amended DHIS value	COMMENT (For any differences)
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15.	Child under 5 years severe acute malnutrition case fatality rate						
15.1	Severe acute malnutrition death under 5 years						
15.2	Severe acute malnutrition inpatient separation under 5 years						
16.	Death in facility under 5 years						
16.1	Death in facility 0-6 days						
16.2	Death in facility 12-59 months						
16.3	Death in facility 29 days - 11 months						
16.4	Death in facility 7-28 days						
17.	Patient Experience of Care satisfaction rate						
17.1	Patient experience of care survey satisfied responses						
17.2	Patient experience of care survey total responses						
18	Antenatal 1st visit before 20 weeks rate						
18.1	Antenatal 1st visit 20 weeks or later						
18.2	Antenatal 1st visit before 20 weeks						
19.	Live birth under 2500g in facility rate						
19.1	Live birth under 2500g in facility						
20	Infant PCR test positive around 6 months rate						
20.1	Infant PCR test positive around 6 months						
20.2	Infant PCR test around 6 months						
21.	HIV test positive around 18 months rate						
21.1	HIV test positive around 18 months						
21.2	HIV test done around 18 months						
22	Immunisation under 1 year coverage						
22.1	Immunised fully under 1 year new						

Initials:

District:

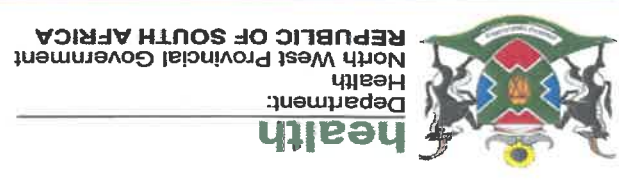
District/Regional/Tertiary Hospital Reconciliation 2023-24

Sub-District:
Facility Name:
Month:

Consulting Room: All

No	APP: Data Elements	Source (Daily Register)	DHIS	Source-DHIS Dev (Differences)	Agreed data Changes or corrections	Amended DHIS value	COMMENT (For any differences)
11	Measles 2 nd dose 1 year coverage						
11.1	Measles 2nd dose						
12	Vitamin A dose 12 – 59 months coverage						
12.1	Vitamin A dose 12 – 59 months						
12.2	COS Vitamin A dose 12 -59 months						
13	HIV positive 15 – 24 years (excl ANC) rate						
13.1	HIV positive 15-24 years female (excl ANC)						
13.2	HIV positive 15-24 years male						
13.3	HIV test 15-24 years female (excl ANC)						
13.4	HIV test 15-24 years male						

Initials:



Information Management

Data Reconciliation between source (Registers) and DHIS (POE)2023/2024
District:
Sub-District:
Facility Name:
Month:

Consulting Room: All

No	APP: Data Elements	Source (Daily Register)	DHIS	Source-DHIS Dev (Differences)	Agreed data Changes or corrections	Amended DHIS value	COMMENT
1.	Complaints Resolution Rate						
1.1	Complaint resolved						
1.2	Complaint received						
2	Complaints resolution within 25 working days rate						
2.1	Complaint resolved within 25 working days						
3.	Average length of stay						
3.1	Inpatient days						
4.	Inpatient (usable) bed utilisation rate						
4.1	Inpatient beds usable						

Facility Data Capturer: _____ Date: _____ Signature: _____

(Recount on Daily Registers) done by: _____ Date: _____ Signature: _____

Not Approved / Approved: _____ Date: _____ Signature: _____
(Facility Manager/Acting)

For Official Use at Sub - District Office & District Office:

- Is data corrected on Monthly Input Form (Use color pen): Y / N
- Is data corrected on DHIS: Y / N

Sub District – Verified on DHIS by: _____ Date: _____ Signature: _____

Identify data that were not Corrected or Updated on DHIS (circle the number): 0 , 1 , 2 , 3 , 4 , 5 , 6 , 7 , 8 , 9

When is RPPA Scheduled to Audit the data & sample files – Date: _____
(will be done by Sub-District or District)

Verify that Data RECON is DONE by (District Office): _____ Date: _____ Signature: _____

A copy of a complete form must be kept and filled at each Level (Facility, Sub / District Office) for Audit purposes

No	APP: Data Elements	Source (Daily Register)	DHIS	Source-DHIS Dev (Differences)	Agreed data Changes or corrections	Amended DHIS value	COMMENT
5.	Expenditure per Patient Day Equivalent (PDE)						
5.1	Expenditure - total						
5.2	OPD headcount follow-up						
5.3	OPD headcount not referred new						
5.4	OPD headcount referred new						
6.	Inpatient crude death rate						
6.1	Inpatient death						
6.2	Inpatient discharge						
6.3	Inpatient transfer out						
7.	Mental health involuntary admission rate						
7.1	Mental health involuntary admission						
7.2	Mental health separations 18 years and older						
7.3	Mental health separations under 18 years						
8.	Patient Experience of Care satisfaction rate						
8.1	Patient Experience of Care survey satisfied responses						
8.2	Patient Experience of Care survey total responses						
9.	Severity assessment code (SAC) 1 incident reported within 24 hours rate						
9.1	Severity assessment code (SAC) 1 incidents reported within 24 hours						
9.2	Severity assessment code (SAC) 1 incident reported						

Data Reconciliation between source (Registers) and DHIS (POE)2023/2024
 District:
 Sub-District:
 Facility Name:
 Month:

Consulting Room: All

Information Management

No	APP: Data Elements	Source (Daily Register)	DHIS	Source-DHIS Dev (Differences)	Agreed data Changes or corrections	Amended DHIS value	COMMENT
10.	Patient safety incident (PSI) case closure rate						
10.1	Patient Safety Incident (PSI) case closed						
10.2	Patient Safety Incident (PSI) case reported						
11.	HIV positive 15-24 years female (excl ANC)						
12.	HIV positive 15-24 years male						
13.	HIV test 15-24 years female (excl ANC)						
14.	HIV test 15-24 years male						

Data Reconciliation between source (Registers) and DHIS (POE)2023/2024
 District:
 Sub-District:
 Facility Name:
 Month:

Consulting Room: All

Information Management



Information Management

Data Reconciliation between source (Registers) and DHIS (POE)2023/2024

District:

Sub-District:

Sub-District Office name:

Month:

Sub-District Office

No	APP: Indicators and Data Elements	Source (Daily Register)	DHIS	Source-DHIS Dev (Differences)	Agreed data Changes or corrections	Amended DHIS value	COMMENT (For any differences)
1.	Condoms Distributed						
1.1	Male condoms distributed						
1.2	Female condoms distributed						

Facility Data Capturer:

Date:

Signature:

Recount on Registers done by:

Date:

Signature:

Is Clinical Audit done? Y / N

Not Approved / Approved:

Date:

Signature:

(Sub District Manager /Acting)

For Official Use at Provincial Office:

- Is data corrected on DHIS: Y / N

Sub-District _ Verified on DHIS by:

Date:

Signature:

Verify that Data Recon is by (District Office):

Date:

Signature:

A copy of a complete form must be kept and filled at each Level (facility, Sub/District Office) for Audit purposes



INFORMATION MANAGEMENT

Data Reconciliation between source (Registers) and DHIS (POE) 2023/2024

District Name :
Sub-District :
Facility Name :
Month :
Consulting Room: All

No	App: Indicators and Data Elements	Source (Daily Register)	DHIS	Source-DHIS Dev (Differences)	Amended DHIS value	COMMENT (For any differences)
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1	Couple year protection rate					
1.1	IUCD inserted					
1.2	Medroxyprogesterone injection					
1.3	Norethisterone enanthate injection					
1.4	Oral pill cycle					
1.5	Sub-dermal implant inserted					
1.6	Sterilisation - Female					
1.7	Sterilisation - Male					

Facility Data Capturer: _____ Date: _____ Signature: _____

Recount on Registers done by: _____ Date: _____ Signature: _____

Not Approved / Approved: _____ Date: _____ Signature: _____
(Facility Manager/Local Area Manager)

For Official Use at Sub - District Office & District Office:
• Is data corrected on DHIS: Y / N

Sub District – Verified on DHIS by: _____ Date: _____ Signature: _____

Is Clinical audit done? – Y / N (will be done by Sub-District or District)

Verify that Data RECON is DONE by (District Office): _____ Date: _____ Signature: _____

INFORMATION MANAGEMENT

Data Reconciliation between source (Registers) and DHIS (POE) 2023/2024

District Name :
Sub-District :
Facility Name :
Month :

Consulting Room: All

No	APP: Indicators and Data Elements	Source (Daily Register)	DHIS	Source-DHIS Dev (Differences)	Amended DHIS value	COMMENT (For any differences)
2	Delivery 10 – 19 years in facility rate					
2.1	Delivery 10-14 years in facility					
2.2	Delivery 15-19 years in facility					
2.3	Delivery 20 years and older in facility					
3	Antenatal 1st visit before 20 weeks rate					
3.1	Antenatal 1st visit 20 weeks or later					
3.2	Antenatal 1st visit before 20 weeks					
4	Maternal Mortality in facility Ratio					
4.1	Maternal death in facility					
4.2	Live birth in facility					
4.3	Born alive before arrival at facility					
5	Live birth under 2500g in facility rate					
5.1	Live birth under 2500g in facility					
6	Mother post-natal visit within 6 days rate					
6.1	Mother post-natal visit within 6 days after delivery					
7	Neonatal death in facility rate					
7.1	Death in facility 0-6 days					
7.2	Death in facility 7-28 days					
8	Infant PCR test positive around 6 months rate					
8.1	Infant PCR test positive around 6 months					
8.2	Infant PCR test around 6 months					



INFORMATION MANAGEMENT

Data Reconciliation between source (Registers) and DHIS (POE) 2023/2024

District Name
Sub-District
Facility Name
Month

:
:
:
:

Consulting Room: All

No	APP: Indicators and Data Elements	Source (Daily Register)	DHIS	Source-DHIS Dev (Differences)	Amended DHIS value	COMMENT (For any differences)
9	HIV test positive around 18 months rate					
9.1	HIV test positive around 18 months					
9.2	HIV test done around 18 months					
10	Immunisation under 1 year coverage					
10.1	Immunised fully under 1 year new					
11	Measles 2 nd dose 1 year coverage					
11.1	Measles 2 nd dose					
12	Vitamin A dose 12 – 59 months coverage					
12.1	Vitamin A dose 12 – 59 months					
12.2	COS Vitamin A dose 12 -59 months					
13	HIV positive 15 – 24 years (excl ANC) rate					
13.1	HIV positive 15-24 years female (excl ANC)					
13.2	HIV positive 15-24 years male					
13.3	HIV test 15-24 years female (excl ANC)					
13.4	HIV test 15-24 years male					
14	Severity assessment code (SAC) incident reported within 24 hours rate					
14.1	Severity assessment code (SAC) 1 incident reported					
14.2	Severity assessment code (SAC) 1 incident reported within 24 hours					
15	Patient safety incident (PSI) case closure rate					
15.1	Patient Safety Incident (PSI) case closed					
15.2	Patient Safety Incident (PSI) case reported					

Initials:





Information Management

Data Reconciliation between source (Registers) and DHIS

(POE)2023/2024

District:
Sub-District:
Facility Name:
Month:

Consulting Room: All

No	APP & Customised: Data Elements	Source (Daily Register)	DHIS	Source-DHIS Dev (Differences)	Agreed data Changes or corrections	Amended DHIS value	COMMENT
1	ART adult remain in care rate (12 months)						
1.1	ART adult on first-line regimen						
1.2	ART adult on second-line regimen						
1.3	ART adult on third-line regimen						
1.4	ART adult naive star						
1.5	ART adult cumulative transfer out						
1.6	ART adult stop treatment						
2	ART child remain in care rate (12 months)						
2.1	ART child on first-line regimen						
2.2	ART child on second-line regimen						
2.3	ART child on third-line regimen						
2.4	ART child under 15 years naive start						
2.5	ART child cumulative transfer out						
2.6	ART child stop treatment						

Facility Data Capturer:

Date:

Signature:

(Recount on Daily Registers) done by:

Date:

Signature:

Not Approved / Approved:

Date:

Signature:

(Facility Manager/Acting)

For Official Use at District Office & Provincial Office:

- Is data corrected on Monthly Input Form (Use color pen): Y / N
- Is data corrected on DHIS: Y / N

District/Provincial – Verified on DHIS by:

Date:

Signature:

Identify data that were not Corrected or Updated on DHIS (circle the number): 0 , 1 , 2 , 3 , 4 , 5 , 6 , 7 , 8 , 9

Verify that Data RECON is DONE by (District/Province Office):

Date:

Signature:

A copy of a complete form must be kept and filled at each Level (facility, Sub/District Office) for Audit purposes

[illegible]

Month:

Facility Name:

Sub-District:

District:

Information Management



health
Department:
North West Provincial Government
REPUBLIC OF SOUTH AFRICA

