

Drowning in registers: Task-oriented job analysis of rural health nurses in Zimbabwe in the era of Option B+

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Background

- HIV prevalence in ANC is 15.9% in Zimbabwe.¹
- Since the start of Zimbabwe's PMTCT program in 2001 ART treatment guidelines for HIV positive pregnant women have changed 4 times.
- Increased integration of programs and changing guidelines have seen increasingly complex paper-based registers used to capture patient data.
- All HIV positive women presenting in ANC are currently initiated on lifelong ART (Option B+).²
- Human resource limitations has resulted in nurse-led ART initiation being the norm at majority of rural health facilities in Zimbabwe.
- Rural nurses are responsible for clinical and administrative tasks of rural health sites: providing and documenting patient care, as well as reporting, stock management and other administrative tasks.

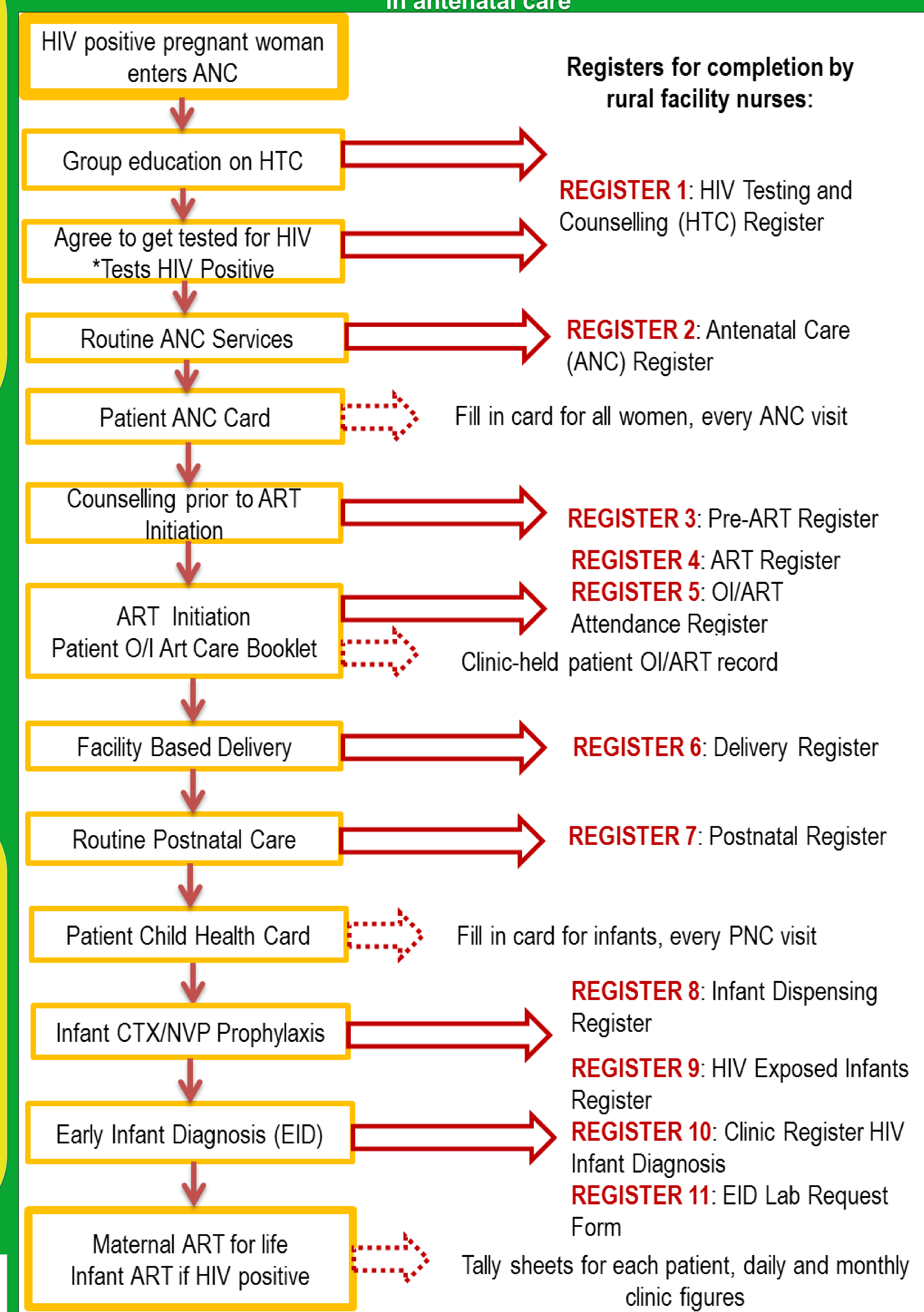


Healthcare workers conducting data verification of registers at health site in Mashonaland East Province, Zimbabwe.

Description

- In January 2014, OPHID Trust conducted a task-oriented job analysis to map out the administrative tasks and responsibilities that nurses undertake to capture services provided to a single pregnant woman identified as HIV positive in the era of Option B+.
- Analysis specifically looked at the number and complexity of paper-based registers requiring completion by health care workers to document care provided for each HIV positive woman who presents for ANC booking.
- Services documented were those along the PMTCT cascade - all services a woman must receive to effectively prevent mother to child transmission of HIV.

Figure 1. Paper-based register flowchart, services received by HIV positive women in antenatal care



Results

- Over 10 registers are completed for a single HIV positive woman during the course of care received for PMTCT (Figure 1).
- Some registers have more than 25 fields requiring completion, with the largest registers being A3 (11.7 X 16.5 inches) in size before opening and weigh more than one kilogram.
- It takes ±30 minutes for a nurse to complete the registers plus hand held card for one woman during a single visit, with total patient waiting time adding ±2 hours from arrival at clinic for care to leaving, range dependent on site patient volume.
- Register and form completion is conducted during and in between multiple additional tasks including patient consults, medicine dispensing, performing select laboratory tests (i.e., CD4 POC), attending to any deliveries, receiving postnatal patients, among others.



A portion of the registers currently being used in the PMTCT program

Conclusions

- Increased task-shifting required under Option B+ sees rural health care workers simultaneously faced with increased clinical and administrative duties.
- The administratively taxing, operationally inefficient existing paper-based data capture provides limited value for reporting individual patient outcomes.
- Complexity of data capture requirements under 'test and treat for life' guidelines indicates need to support the Zimbabwean Ministry of Health and Child Care to implement the rapid roll-out of a single, comprehensive electronic data capture system.
- Rural health care workers require support to improve task systems for high quality data management and increased time for patient care.

Literature cited

- ¹Zimbabwe Ministry of Health and Child Care. National Survey of HIV and Syphilis Prevalence among Women attending Antenatal Clinics in Zimbabwe 2012. Harare: MOHCC; 2013.
²WHO Consolidated guidelines on general HIV care and the use of antiretroviral drugs for treating and preventing HIV infection: recommendations for a public health approach. Geneva: WHO; 2013.

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