Abstract of Master's Dissertation

Course	MSc	Name	RAJPHO Vilaysone

Thesis Title	Investigation of challenges to ensure the quality of Voluntary Counseling and Testing (VCT) data on District Health Information Software 2 (DHIS2) among pregnant women in Vientiane capital, Lao PDR

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Introduction: In 2020, an estimated 37.7 million cases of Human Immunodeficiency Virus (HIV) infection occurred worldwide. This infection has become a manageable, and risk of its transmission can be minimized by applying highly-active anti-retroviral therapy (HAART). Therefore, well running information systems with periodic data reporting structures is necessary. However, the quality of data (accuracy and consistency) is questionable in Lao PDR. This study will aims to investigate barrier of integration on Voluntary Counseling and Testing (VCT) data among pregnant women at Antenatal care (ANC) services in Vientiane capital, Lao.

Method: The study was conducted by quantitative and qualitative parts. The research sites are three central hospitals, namely Mahosot, Sethathirath, and Mittaphap hospitals in the Vientiane capital. In the quantitative part, we use all data related to VCT among pregnant women from the DHIS2 software to compare the data in the paper-based reports. Discrepancies in the datasets was described. In addition, utilisation of ARV services was evaluated. In-depth interview sessions with key informants from the three hospitals were conducted as a qualitative part. Purposive selection the informants was made by using interview guide that could explore difficulties and challenges in data registration on VCT among pregnant women management. Thematic analysis was conducted using Microsoft Excel software.

* The abstract, containing background, objectives, methods, results and conclusion should not exceed 300-500words and printed double sided on A4 paper)

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Result

In summary from the quantitative part, there was high percentage of discrepancies in paper-based registrations and the DHIS2 report in the central level; and more than half of HIV positive women were not confirmed as a user of the ARV services. Qualitative findings provided plenty of reasons that hampers data registration process and utilisation of ARV services. These were categorised as (1) workload /shortage of staff, (2) incomplete/ incorrect data from information source, (3) technical and logistic issues, and (4) non-regular refresher training.

Conclusion

Reasons of incompleteness in the data registrations both in paper-based and in the DHIS2 were very similar to previous experiences in African and other countries. Therefore, it would be said that lessons, especially negative ones, have not well shared nor considered in the implementation process of the DHIS2 in Lao PDR. Stigma could still play an important role in the ARV utilisation that should be revisited and reconsidered.