

DATA (UPHMIS/HMIS) QUALITY AUDIT REPORT 29-31st January 2018

With reference to the Principal Secretary H & FW letter dated 31st May 2017 (सं. या- 35/2017/303/पांच-9-2017-9(127)/12) and MD NHM letter dated 15th January 2018 for the improvement of data quality of HMIS/UPHMIS, 7 data quality audit team was constituted comprising of members from DGMH, DGFW, NHM and TSU.

All the members of the team were oriented and trained on 25th January 2018 by TSU, in close collaboration with NHM, on data element definition and methodology to conduct a data quality audit. In view of the same, 7 districts were identified (5 on random basis and 1 poor and good performing district each based on district ranking) and each visited by a team (table 1) from 29th to 31st January 2018 to conduct the data quality audit.

This report provides a brief summary of the visit and facility level action plan developed for each of the visited facilities for further improvement of data quality.

Table 1- Data Quality Audit Team

Team	Members Name	Department	Date of visit	Visiting District
Team 1	Dr. Rajesh Kumar (Joint Director)	DGMH	29-31 January	Baghpat
	Dr. Manju Rani	DGFW		
	Dr. Rais Ahmad-Consultant MH	NHM		
	Dr. Benson Thomas	UPTSU		
Team 2	Dr. Anand Agarwal- DGM RKSK	NHM	29-31 January	Badaun
	Mr. Yogendra – SNCU Software Coordinator	NHM		
	Mr. Sharikul Islam	UPTSU		
Team 3	Dr. Arpit Srivastava	NHM	29-31 January	Firozabad
	Ms. Charu Yadav	UPTSU		
Team 4	Mr. Kaushal Bhist (Div PM M&E)	SIFPSA	29-31 January	Pratapgarh
	Md. Azam Khan	NHM		
	Akshay Gupta	UPTSU		
Team 5	Akhilesh Srivastava-PC-FP	NHM	29-31 January	Ambedkar Nagar
	Mr Prahalad	UPTSU		
Team 6	Feroz Alam-RBSK	NHM	29-31 January	Kushinagar
	Mr Venet PC-Ayush	NHM		
	Banoj	UPTSU		
Team 7	Mr. Yogeshwar Dayal	NHM	29-31 January	Hathras
	Nazir Haider	UPTSU		

- Each team visited 2 block facilities and 1 district hospital. In total, 21 facilities were visited (14 block facilities, 7 district hospitals)
- The table 2 below is summarizing the initial analysis based on the checklist filled during data quality audit
- Detailed district and facility wise analysis will be disseminated during de brief meeting.

Table 2: Summary of Data Quality Audit

Definitions:

- **% of blank-** Data elements with no reported numerical value in portal. (Left been blank)
- **% of matched-** Data elements whose reported value is matched with the value recorded in source

Data Element	% of Blank	% of Matched	% of Over Reported	% of Under Reported	% of Not applicable	% of Source document not available
HR	6	65	7	6	11	4
Training	10	35	2	4	0	49
Drugs and Supply	21	58	9	11	0	1
HMIS data elements	10	47	14	7	10	12
Child Health	18	24	3	2	5	48
JSSK program	25	33	9	6	0	27

document.

- **% of over reported-** Reported value of the data element is greater than the value recorded in source document
- **% of under reported-** Reported value of the data element is less than the value recorded in source document
- **% of not applicable-** A few data elements which are not applicable for all type of facilities are defined here as “not applicable”. For example, “availability of blood bank is only applicable for FRU”
- **% of source document not available-** Data elements whose source documents are not available at facility

District Bhagpat

Block- BCHC-Chaprauli

S. No	Identified Issue	Action Plan	Responsibility	Timeline
1	Training Register Not available	Training register prepared and regular update has to be done	BCPM/MOIC	28 th Feb 18
2	Source register of Data elements of Child health not available	Source register to be designed to record the child health information	MO	28 th Feb 18
3	No source register for JSSK Records	Source register to be updated	BPM/MOIC	28 th Feb 18
4	Summary of Services not recorded in Delivery register	Staff nurse to maintain summary every month and BPM/MO should check the summary	MO I/c	Every month
5	No review mechanism followed by Block staff	MOIC to ensure to conduct monthly review meeting and validation committee meeting	MO I/c	Every Month
6	Regular Follow up from District level is not happening	Follow up from district to be done	DPM	Every month

Block – BCHC - Baghpat

S. No	Identified Issue	Action Plan	Responsibility	Timeline
1	Training Register not available	Training register to be made	Pharmacist	Monthly
2	ANC Services record not available	ANC Register to be maintained	LMO/MOIC/SN	Every month
3	Child health related documents not available	Child health record to be maintained	MO	1 Month
4	JSSK Registers Not maintained	JSSK records to be updated on daily basis	SN/MOIC/BPM/	1 Month
5	No monthly meeting happening	MOIC to ensure to conduct monthly review meeting and validation committee meeting	MO I/c/BPM	Every Month

District Combined Hospital- Baghpat

S. No	Identified Issue	Action Plan	Responsibility	Timeline
1	Training register not available	CMS to ensure the creation of training register of entire hospital staff	Quality manager/CMS	1 month
2	Child health data not available	Assigned MO/SN to bifurcate the data in OPD Register	Quality manager/CMS	1 month
3	Lack of follow up from district	HMIS Operator and DPM should follow up to ensure regular and correct reporting	Quality manager/DPM	Every month
4	No monthly meeting happening	MOIC to ensure to conduct monthly review meeting and validation committee meeting	CMS	1 Month
6	JSSK reporting was found to be faulty	JSSK Register to be made properly and report should be submitted from source register	CMS/Operator/Quality manager	Every month

District Pratapgarh

BCHC-Kunda

S. No	Identified Issue	Action Plan	Responsibility	Timeline
1	Human resource and ASHA Training record not correct	Register to be maintained and regularly updated	BCPM/HS/BPM/MOIC	1 Month
2	Training register not maintained	Training register was made during the visit	BPM/MOIC	Completed
3.	MPR Is still made	MPR to be discontinued with immediate effect	DPM	Every month
4	Under 5 OPD not available	OPD register should contain daily summary	Pharmacist/MOIC/MO/BPM	Every month
5	IPD Records were not reported	Incorrect entries were corrected at the time of visit	MCTS Operator	Every month
6	Validation committee meeting was not happening in a proper manner	DPM should ensure validation committee meeting happen at a regular basis and minutes should be shared with district officials every month	DPM	Every month
7	Payment of FP was done by wrong facility	FP payment to be done by the facility which provides the services	BPM/DPM	Resolved
8	108/102 Register not maintained properly	Register was maintained by 108 staff. Hospital staff too was advised to maintain the register	MOIC/BPM	28 th Feb 2018
9	Complication reporting	Zero complication reporting was there, SN was given reporting format and was requested to submit monthly complication summary to DEO	SN/MOIC	1 month
10	Drugs and logistics	Every record was available	Pharmacist	Every month

BCHC - Raniganj

S. No	Identified Issue	Action Plan	Responsibility	Timeline
1	UPHMIS/HMIS Formats were not found in proper chronological order	DEO was instructed to arrange all the records of the facility in proper manner and submit the report to DPMU	DEO/HEO	1 day

S. No	Identified Issue	Action Plan	Responsibility	Timeline
2	JSSK Records were not found	No data was recorded from source register. It was filled online directly by the operator. BPM and SN to provide all the records to operator so that correct data entry can be done	HEO/DEO/MOIC	1 month
3	No records of family planning services were found	Register to be maintained in a proper manner	BPM/SN	1 month
4	ANC Data not matched	ANC Register was not maintained in a proper manner/ANC data from OPD were not recorded and were missed from reporting. OPD records should be daily summarize for better reporting	MOIC/LMO/SN/BPM	1 Month
5	OPD and Under 5 OPD records were not available	Bifurcation in OPD register in Male/female was done so that proper records can be maintained. All MO should make summary at the end of the OPD	MOIC/MO/BPM/HEO	1 month
6	Printed Delivery register , 108/102 Register were not found at facility	DPM was instructed to print the register and supply to the block	DPM	3 days
7	Complication reporting	Zero complication reporting was there, SN was given reporting format and was requested to submit monthly complication summary to DEO	SN	Every month

District Women Hospital - Pratapgarh

S. No	Identified Issue	Action Plan	Responsibility	Timeline
1	HR records were not found in proper manner	HR records to be taken from attendance register every month and to be cross checked by CMS	CMS/Clerk/Operator	1 month
2	Training register not maintained	Training register to be made during the visit	CMS	Completed
3	JSSK Dropback register not maintained in proper manner	Proper counting of beneficiaries from source register and data to be filled in portal after crosschecking	Operator/SN/CLERK	Every month
4	Validation committee meetings are not happening at DH	CMS was not informed regarding this. Hospital manager is instructed to conduct Validation committee meeting every	HMIS Operator/hospital manager/DPM	Every month

S. No	Identified Issue	Action Plan	Responsibility	Timeline
		month and HMIS operator to visit DH frequently		
5	Complications were not reported	SN nurse was made to understand the complication section by TSU team and regular reporting was to be ensured the by Matron	Matron/SN/Hospital manager	Every month
6	OPD and IPD was reported as zero by DH	Problem was resolved and now every month proper reporting will be done with the help of Pharmacist and hospital manager and DEO will be given data after verification	Pharmacist/CM S	Every month
7	108/102 Register not maintained in a proper manner	Importance of those registers was explained and Matron was instructed to ensure that the details are filled by on duty staff and not by the ambulance staff	Matron	Every Month
8	ANC record not available	ANC Record to be made available, and register to be maintained	ANM	Every month
8	No MCTS Data entry after 2 June/ MCTS operator does PFMS entry	Operator was warned not to do PFMS entry and focus on main work which is HMIS/UPHMIS/MCTS	MCTS Operator/HMIS Operator	Every month

District Ambedkar Nagar

Block- Katehari

S. No	Identified Issue	Action Plan	Responsibility	Timeline
1	Data validation committee was not functional	Data must be uploaded only after the verification and sign of data validation committee members	Data Validation Committee members	Every month by 25 th .
2	Training record was not available at Block	Training register was made and was guided to be updated regularly	BCPM/MOIC	30.1.2018
3	Inaccurate ASHA record was uploaded in UPHMIS Format	ASHA database to be updated and correction to be done on portal	MCTS Operator/BCP M	Every month
4	Reported inaccurate drugs and stocks details	Pharmacist should provide correct closing stock to the MCTS operator	Pharmacist/BP M/HEO/ARO	Every month
5	Many of the data elements had no data source	Data to be filled from source register only	BPM/MOIC	31/1/2018

Block-Jalalpur

S. No	Identified Issue	Action Plan	Responsibility	Timeline
1	Data validation committee is not functional	Data must be uploaded only after the verification and sign of data validation committee members	Data Validation Committee members	Every month by 25 th .
2	Training record is not available at Block	Training register was made and was guided to be updated regularly	BCPM/MOIC	30.1.2018
3	HR Record was wrongly reported	HR record should be taken from Attendance register every month	MCTS Operator/BPM/MOIC	Every Month
4	Many of the data elements had no data source	Data to be filled from the source register only	BPM/MOIC	31/1/2018
5	Drop back under JSSK is reported as zero while it was reported as 43 in source register	MOIC/BPM should provide correct data to the HMIS operator	ARO/MOIC/BPM	Every month

District Combined Hospital- Ambedkar Nagar

S. No	Identified Issue	Action Plan	Responsibility	Timeline
1	Data validation committee is not functional	Data must be uploaded only after the verification and sign of data validation committee members	Data Validation Committee members	Every month by 25 th .
2	Training record is not available at Block	Training register was made and was guided to be updated regularly	Hospital manager	30.1.2018
3	Data source was not available at many data elements and zero reporting was observed at many places	Data to be recorded from data source. HMIS Data entry operator should be provided with the correct information	Hospital manager/CMS	Every month
4	Errors in reporting of PPIUCD and Dropback, Similarly female sterilization was recorded wrongly recorded	Responsibility should be assigned for every section and correct report from source register should be captured every month .	HMIS Operator/CMS/ Hospital manager/Staff Nurse	Every Month

District Hathras

Facility Visited

- 1.Sikandrao
- 2.Mursan
3. DWH

S. No	Identified Issue	Action Plan	Responsibility	Timeline
1	Source Register for training	A register should be made at all facilities with the name of all staff and type of training received with details of time and place of training being included	BMP/Manager	31st January 2018
2	ANC register is not maintained properly- 4 ANC check up are not mentioned anywhere	For every ANC case all check ups should be mentioned separately. If 4 ANC is completed and mentioned in the register then only it can be considered as 4 ANC check- up	BPM/LMO/SN/ANM	Every month
3	U5 OPD data is difficult to compute	In OPD and IPD register, the age, along with the type of disease they are suffering from, should be mentioned and on daily basis a summary of total OPD, under 5 children with type of disease should be mentioned so that at the end of the month it can be computed easily.	BPM/Pharmacist	Every Month
4	No proper documentation for Data on child health and JSSK	A separate register must be made by mentioning all related data elements	BPM/Pharmacist	Every Month
5	Formation and functioning of data validation committee – No data is being checked/validated before being forwarded/uploaded	Data validation committee meetings should be held on every month to check/verify/validate the data with source register(s) Nodal officer in DWH and MOIC at CHC/PHC should own the responsibility for timely data computation, off-line feeding, data validation and timely uploading	DDM/BPM/MOIC/CMS	Every month
6	Data element clarification	BMP/Manager and SNs of CHC/PHC and DWH should be oriented to clarify data elements and how to fill in proper way	DPM	When required

District Budaun

Facilities visited

1. DWH
2. BCHC Dataganj,
3. BPHC Dahagwan

S. No	Identified Issue	Action Plan	Responsibility	Timeline
1	Training register was not available	Training register was made at the time of visit	BPM/MO I/c	28 th February
2	Responsibility is not fixed	Section wise responsibility was fixed for reporting	MO I/c	28 th February
3	Validation committee meeting was not happening	MOIC and CMS should ensure to conduct the validation committee meetings regularly	Validation committee members	Every Month
4	IPD Register was not available in BPHC Dahagwan	Register to be maintained	MOIC	Every month
5	Understanding issue regarding child health data element	BPM oriented on data element	NA	NA
6	Mismatch in summary register and source document at DWH	Fix responsibility to correctly count and match the source and summary register	CMS	31 st Jan 2018

DISTRICT – KUSHINAGAR

Facilities visited

1. Motichak
2. Dudahi
3. DWH

S. No	Identified Issue	Action Plan	Responsibility	Timeline
1	Timeline for HMIS and UPHMIS data entry is not followed	All MOICs are directed by the CMO in the feedback meeting to ensure timeline for data uploading by block DEOs	MOICs/BPM/ Hospital manager	Every month
2	Source document such as labour room register and ANC register not available with SN and LMO in Motichak block	Pharmacist to indent for these registers to District CMSD and make it available to the Staff nurse and LMO.	Pharmacist	10 th Feb 2018
3	Different columns for LR register to be filled correctly by the Staff nurse	MOIC to cross check the L R register for ensuring its accuracy on weekly basis.	Staff Nurse	28 th Feb 2018
4	The pharmacist is not providing complete data for the medicine stock to the DEO	The pharmacist has to provide complete drug status as on 20 th of month to DEO by 24 th of month	Pharmacist	24 th of month
5	No data segregation for diarrhoea and pneumonia for children under 5years	All MOs have to write the diagnosis for children under 5 years in OPD register so that it can be reported at the end.	MOs	
6	Source document for training of clinical staff is not available with BPMUs	CMO has directed all MOICs to prepare the register as per the format shared by the data audit team	MOICs	5 th Feb 2018

District Ferozabad

Block Tundla

S. No	Identified Issue	Action Plan	Responsibility	Timeline
1	Good Practice- All the records were kept in good condition by BPM	Continue the good work	BPM	Every month
2	HR and training Register were not available	HR and Training register to be made and updated regularly	BPM	20 th Feb 2018
3	Serial no. not correctly mentioned in the diet register	To be corrected with immediate effect	Ward boy	31 st January 2018
4	UPHMIS filled format Not Available At Facility(BPM)	BPM to maintain filled records on monthly basis	BPM	10 th Feb 2018
5	Labor room register not available in standard format	To be printed at block or district level	BPM/DPM	28 th Feb 2018
6	Referral register not maintained properly	Referral register to be maintained properly	Staff nurse	Every month
7	Pneumonia and diarrhoea cases not identified	Proper bifurcation of Child OPD to be done	Pharmacist	1 Month

Block – CHC Sirsaganj

S. No	Identified Issue	Action Plan	Responsibility	Timeline
1	Data for December month not uploaded on portal	It was uploaded at the time of visit	BPM/MCTS Operator	Every month
2	In OPD register, U-5 identification not done	Bifurcation at the time of registration to be done for proper record maintenance	Chief Pharmacist	Daily
3	In labour register, summary was not maintained	It has to be maintained by the SN on regular basis	Staff nurse	Monthly
4	For JSSK- Ambulance register dis not have serial number, heading and summary	108/102 Ambulance register to be made and record should be updated on daily basis and summary should be done	Staff nurse	Daily

DCH- FIROZABAD

S. No	Identified Issue	Action Plan	Responsibility	Timeline
1	Reporting period of 19-20 was followed	Reporting period to be done as 21-20 with immediate effect	Staff Nurse	28 th Feb 2018
2	Drop Back register not maintained properly	Drop back with proper filling of all columns to be done and it should be checked by the hospital staff before submitting the report	Staff Nurse	28 th Feb 2018
3	Child OPD not reported	Source document not available , source document to be made and updated on regular basis	MOIC/BPM/P harmacist	28 th Feb 2018
4	Difficult to count the number of pregnant women who went under laboratory testing	Special marking for ANC to be done so that they can be tracked and counted properly	LT	Every month