

Data (UPHMIS/HMIS) Quality Audit Report (2nd Round) 19-21st April 2018

With reference to the Principal Secretary H & FW letter dated 31st May 2017(सं० या- 35/2017/303/पांच-9-2017-9(127)/12) and MD NHM letter dated 10th April 2018 for the improvement of data quality of HMIS/UPHMIS, data quality audit teams were constituted comprising of members from DGMH, DGFW, NHM and UPTSU to conduct 2nd round of data audit.

All the members of the team were oriented on data element definitions and methodology to conduct data quality audit on 18th April 2018, the feedback of last audit visits (29-31 Jan 2018) were also shared. Seven districts were identified for data audit where 7 different teams have visited during 19th to 21st April 2018.

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

Table 1: Data Quality Audit Team

Team	Members Name	Department	Visiting District
Team 1	Mr. Arun Srivastava	NHM	Gorakhpur
	Mr. Arvind Pandey, Div PM	SIFPSA/NHM	
	Ms Charu Yadav (M&E)	UPTSU	
Team 2	Dr. A.P. Chaturvedi	DGFW	Gonda
	Md. Azam Khan	NHM	
	Mr. D. Debnath, Div PM	SIFPSA/NHM	
	Mr. Sharikul Islam (M&E)	UPTSU	
Team 3	Dr. Ashwini Garg	DGFW	Basti
	Mr. Kaushal Singh Bhist	SIFPSA/NHM	
	Mr. M.I. Hassan	NHM	
	Dr Prahlad Kumar (M&E)	UPTSU	
Team 4	Dr. Ajay Ghai (Joint Director)	DGMH	Mahoba
	Dr. Arpit Srivastava -Consultant RI	NHM	
	Mr. M. K. Tiwari, Div. A.M.	SIFPSA/NHM	
	Dr. Pradip Gupta (M&E)	UPTSU	
Team 5	Mr. D.K Srivastava	DGFW	Lalitpur
	Mr. Akhilesh Srivastava	NHM	
	Mr. Sunil Sony, Div-AM	SIFPSA/NHM	
	Dr. Benson Thomas (M&E)	UPTSU	
Team 6	Mr. Yogesh Chandra, (ARO, D&E cell)	DGFW	Azamgarh
	Md. Firoz Alam, PC-RBSK	NHM	
	Mr. Arvind Kr. Srivastava, Div .PM	SIFPSA/NHM	
	Dr. Shiva Nand Chauhan, (M&E)	UPTSU	
Team 7	Mr. Sarwan Prasad Srivastava	DGFW	Mirzapur
	Mr. Arvind Singh	NHM	
	Mr. Nazir Haider (M&E)	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

Table 2: Summary of 2nd round Data Quality Audit

Data Element	% of Blank	% of Matched	% of Over Reported	% of Under Reported	% of Source document not available
HR	16	62	6	11	5
Training	4	24	1	3	68
Drugs and Supply	23	46	12	13	6
Maternal Health/FP	21	46	7	14	13
Child Health	9	20	4	1	65
JSSK program	29	19	4	7	41

Table 3- District wise summary of data quality status

District	% of Blank	% of Matched	% of Over Reported	% of Under Reported	% of Source document not available
Gorakhpur	35	25	7	9	24
Lalitpur	13	30	7	14	36
Basti	1	38	6	5	51
Azamgarh	31	40	8	9	13
Gonda	19	40	7	10	23
Mahoba	15	43	4	10	27
Mirzapur	7	62	4	8	20

- **% 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 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 source document not available-** Data elements whose source documents are not available at facility

Suggestive Action Plan for District for overall Data quality improvement

1. **Ensuring availability of source document and monthly summary report for each of the data element-** There should be a source document for each of the data elements available in format. All the required source documents (labour room, ANC register, OPD register, referral register, stock, training, FP services etc) must be available at facility and monthly summary report must be prepared in register before reporting format.
2. **Ensuring availability of designated staff responsible for data compilation and reporting** on monthly basis at each facility and data element wise accountability has to be set by MOIC/CMS and CMO, as per the guideline
3. **Capacity building of staff on data element definition, recording, compilation and reporting-** Capacity building of staff on data element definition, recording, compilation and reporting- Training of facility staff (staff nurse, ANM, BPM, pharmacist etc) on definition of data elements need to be conducted by districts team, on periodic basis and focus should be given on priority indicators (district ranking, NITI aayog ranking, major schemes etc).
4. **Ensuring data audit in facilities with poor data quality –** This includes visit to low performing facilities, matching of reported data with source document, identify the gap and take corrective actions. The audit need to be conducted by DPM, DARO, DDM, and District HMIS operator.
5. **Ascertaining accountability of validation committee-** District and block validation committee should be directed to analyse and review the data quality status on monthly basis and take corrective actions.

Facility level action plan is also developed for each of the visited facility and shared with facility in charge during data audit with timeline for completion of each of the identified gap.

District Gorakhpur

1. Block- Sahjanwa

S. No	Identified Issue	Action Plan	Responsibility	Timeline
1	Training register was not available	Mentioned about the register and suggested the format of register	HEO	25 th April 18
2	Printed ANC register not available and MCP card not provided at facility	Issues escalated to district and directed to make it available	BPM/MOiC	30 th April 18
3	Summary of labor room register not made on monthly basis	Mentored to LMO and SN for same	SN/ LMO	30 th April 18
4	Stock register not maintained properly	Issues escalated to district and advised to maintain standard register	BPM/MOiC	5 th May 18
5	ASHA approved status not available, also 6&7 module training information not available	Directed to BCPM to maintain register	BCPM	23 rd April 18
6	Diet register not available	To make and keep register at facility	SN	25 th April 18
7	SN don't know how to operate Radiant warmer	Training need to be conducted at DWH	MOiC	30 th April 18

2. Block- Khajni

S. No	Identified Issue	Action Plan	Responsibility	Timeline
1	Training register was not available	Oriented about the importance of register and suggested the format to make the same as per HMIS/UPHMIS format.	BPM	25 th April 18
2	ASHA Sangani approved number was not available in any document	Advised BCPM to maintain proper register	BCPM	30 th April 18
3	Summary of labor room register not made on monthly basis	Advised LMO and SNs for the same	SN/ LMO	30 th April 18
4	Insufficient MCP card was there at the facility resulting	BPM will ensure availability of MCP card LMO should start providing MCP card to all PW	BPM/LMO	30 th April 18
5	Still Birth not bifurcated as Fresh or Macerated in Labor room register	SNs were oriented for the same and advised that it should be part of summary in each month.	SN	30 th April 18
6	Discharge date and time of PW not mentioned	Oriented SN for same	SN	23 rd April 18
7	Under 5 data in OPD register not available	Suggested that pediatrician/assistant should bifurcate the data on daily basis and finally summarize at the end of the month	Pediatrician	25 th April 18

S. No	Identified Issue	Action Plan	Responsibility	Timeline
8	Standard Stock Register was not available. Even Sometimes drugs indented from CMSD are not updated in it and directly distributed at facility or to lower facilities.	Suggested that pharmacist should maintain the data and keep record properly	Pharmacist	30 th April 18

3. DWH, Gorakhpur

S. No	Identified Issue	Action Plan	Responsibility	Timeline
1	Training register not updated	Oriented about the importance of register and advised to make the same as per HMIS/UPHMIS format.	Hospital Manager	30 th April 18
2	Full Immunization not clearly mentioned	Advised ANM to write full immunized children in register	ANM	25 th April 18
3	Urine Albumin kit directly indented and not mentioned in main stock register	Advised to maintain in standard stock register	Pharmacist	30 th April 18
4	Summary of labor room register not made on monthly basis	Advised SN for making proper summary in labor room register	SN	25 th April 18
5	Under 5 data in OPD register not available	Mentored for same	Hospital Manager	25 th April 18
6	JSSK record not properly updated. Signing authority for discharging and receiving not mentioned in 102 and 108 register.	To make record and keep register at facility	Hospital Manager	25 th April 18

District Gonda

1. DWH, Gonda (Date of visit- 21/4/2018)

S. No	Identified Issue	Action Plan	Responsibility	Timeline
1	PPIUCD register not up to the mark and summary is not prepared	Discussed with CMS and fixed the accountability for PPIUCD register with the time line	Hospital Manager	30 th April 18
2	Drop Back, IPD/OPD register was wrongly entered	A proper register for drop back services should be maintained by making a point for maintenance. CMS should monitor the same.	108/102 agency in coordination with SN	5 th May 18
3	Diet register was not maintained in proper format	Diet register to be maintained properly with updating of summary part on monthly basis	SN and signed by MOIC	30 th April 18
4	ANC register was not properly maintained	CMO sir ordered to maintain it in proper format	SN	5 th May 18
5	Responsibility was not assigned for each section	Section wise responsibility need to fixed	CMS	23 rd April 18

2. Block – BCHC – Wazeerganj (Date of Visit- 20/4/2018)

S. No	Identified Issue	Action Plan	Responsibility	Timeline
1	AEFI register was not matched with UPHMIS/HMIS	There should be only on source register	ARO	30 th April 18
2	ANC register was not there from district	CMO ordered to collect from district	DPM	21 st April 18
3	Drop back register was not updated by SN/concerned person	Discussed with SN for proper verification and maintenance of Drop back register.	SN	5 th May.18
4	Updated formats of UPHMIS/HMIS was not distributed since last 1 year	Discussed with CMO and DPM to make formats available	DPM	30 th April 18
5	Indexing required in Stock register	Pharmacist assured to maintain it from next month.	Pharmacist	30 th April.18
6	Updated Labor Room register (Summary part) required	A summary as per the required data of HMIS/UPHMIS must be made on daily basis and compiled on monthly basis	SN	5 th May 18
7	Data Validation is required	Discussed with MO/IC and fixed the accountability for validation committee with time line.	MOiC	Next Month onward

3. Block – BCHC Nawabganj (Date of Visit- 19/4/2018)

S. No	Identified Issue	Action Plan	Responsibility	Timeline
1	1/5 of total OPD is counted as child OPD	In OPD age and type of disease (Pneumonia & Diarrhea for U5 children) must be mentioned for each of the beneficiary and summary on daily will help in compiling for monthly report	Chief Pharmacist	23 rd April 18
2	Training of HMIS/UPHMIS was not well organized	With the support of MOIC and BPM this can be reorganized and monitored by district level officials	BPM/ MOI/c	30 th April 18
3	ANC register was not available	CMO ordered to collect from district	MOIC	19 th May 18
4	Training register not available	A register should be maintained at the block facility by name and type of training (with when and where) received	BPM	23 rd April 18
5	No Amoxicillin available since very long time	Discussed with MO/IC and suggested to make a demand on regular basis.	Chief Pharmacist	28 th April 18

District Basti

1. Block- BCHC Harriya (Date of Visit- 19/4/2018)

S. No	Identified Issue	Action Plan	Responsibility	Timeline
1	Attendance Register was not updated	It was Suggested to update HR attendance on daily basis	MO I/c	Every day
2	Training record for all block staff was not found	Training register has to be prepared and suggested to update on regular basis	BCPM/ MO I/c	19th May 18
3	Asha training register for round 1st and 2nd was not available	Training register has to be prepared and regular update has to be done.	BCPM/ MO I/c	19th May 18
4	Stock Register of Pharmacist for drugs and supplies was not updated	It was suggested to maintain the date clearly after every supply of drug and equipment to facility and block and sub centers.	Pharmacist	28 May 2018
5	Data on portal has updated but data elements of Child health was not available as a source register of Child health	Source register to be designed to record the child health information or to Maintain a summary of U5 OPD and IPD on daily and Monthly basis	MO I/c	19th May 18
6	No source register for JSSK related data elements like Diagnosis services, IFT and drop back for Pregnant women and for newborn health	Source register for JSSK for each elements has to be prepared and updated on regular basis	BPM/ MO I/c	19th May 18
7	No review mechanism is followed by Block staff	MOIC to ensure to conduct monthly review meeting and validation committee meeting	MO I/c	Every Month
8	Summary of services not recorded in any register including, ANC Delivery, OPD registers	Every staff including Staff nurse have oriented to maintain summary every day and compilation on monthly basis	SN/BPM/MoIC	Every day and month

2. Block- BPHC-Dubealiya (Date of Visit :- 20/4/2018)

Any record like Attendance Register, Training Register, and JSSK, ANC and delivery register was not found. Facility was just a new PHC and only OPD and IPD services were given. Team has found the OPD register and suggested to correct the mismatch figures of portal and from identified source record.

3. District Combine Hospital – Basti (Date of Visit- 21/4/2018)

S.no	Identified Issue	Action Plan	Responsibility	Timeline
1	Training register not maintained	Training register to be developed and maintained in a given format	CMS	19 May 2018
2	In JSSK, IFT, transported from lower to higher hospital and Drop back for each pregnant women and newborn register was not available. Diet register was not maintained in proper manner	Proper counting of beneficiaries from source register and data to be filled in portal after cross checking A register for each elements has to be prepared and updated on daily and monthly basis by preparing a summary.	CMS Operator/SN/ Clerck	Every month
3	Validation committee meetings are not happening at DCH	CMS was not aware regarding this. Hospital manager was instructed to conduct Validation committee meeting every month.	CMS/HMIS Operator/DPM	Every month

District Mahoba

1. DWH- Mahoba (Date of Visit- 19/4/2018)

S. no	Identified Issue	Action Plan	Responsibility	Timeline
1	Training register not available	Training register has to be prepared and suggested to update on regular basis	Pharmacist/ CMS	25 th April 18
2	Sources register of ANC, PPIUCD not available	New register as per the format will be made available by CMO and proper filling of all the columns along with monthly summary.	SN	1 st May 18
3	In IPD register, registration includes a separate number for every new born child within the facility	Issues discussed with CMS and resolved. Regular follow up is required.	SN and CMS	25 th April 18
4	Referral registers as per old format are still in use.	Registers as per new format will be made	CMS	31 st May
5	New Case Sheet not available	CMO will provide new case sheet	CMO/ACMO- RCH	10 th May
6	Old temperature log book is in use and not tagged with respective ILR/DF	Issues discussed with CMO and new formats will be provided	VCCM	25 th April 18
7	Summary of Services not recorded in Delivery register.	Staff nurse to maintain summary every day	SN/ CMS	Every day

2. Block – BCHC Panwari (Date of Visit- 20/4/2018)

S. No	Identified Issue	Action Plan	Responsibility	Timeline
1	Training register not available	Training register has to be prepared and suggested to update on regular basis	BPM	Done
2	Stock Book registers maintenance - Two stock book registers are being maintained; one by Pharmacist and other by Health supervisor.	Main stock book register to be maintained by Pharmacist and a sub stock book to be maintained by others (if needed). Proper index labelling to be done in HS stock book.	Pharmacist	25 th April.18
3	ANC Services record not available	ANC Register to be maintained	LMO/MOIC/S N	Every month
4	Child health related documents not available	Child health record to be maintained through OPD register on daily basis and compiled report on monthly basis.	MO/Pharmacist.	1 st May.18
5	JSSK Registers not maintained	JSSK records to be maintained and summarized on monthly basis at one common register	SN/MOIC/BP M/	1 st May 18

S. No	Identified Issue	Action Plan	Responsibility	Timeline
6	Stock mismatch of BCG	Stock register of vaccine back 8 pages to be used for issue of birth doses to labour room and recorded daily.	MO I/c /BPM	Every Month
7	Hemoglobin Meter not in use. Data audit of pathological room, Lab register suggested average of 10.3 HB for last 3 months. It was found that HB strips are in use.	Registers to be updated and corrected value will be recorded. HB<7 to be identified each day. One more Hemoglobin meter was issued by MOIC.	LT/LA	Each day
8	Visit register of refrigerator mechanic not found. Several Repairable cold chain equipment are lying but not repair.	Issues discussed with MOIC and CMO also. A proper visit will plan by VCCM and report to MOIC	VCCM	25 th April

3. Block – BPHC Jaitpur (Date of Visit- 21/4/2018)

S. No	Identified Issue	Action Plan	Responsibility	Timeline
1	Training Register not available	New register will be maintained and updated on monthly basis	BCPM/MoiC	15 Days
2	IPD & OPD registration	Summary will be made and report compilation on a single register.	Pharmacist	7 days
3	ANC Services record not available	ANC Register to be maintained	LMO/MOIC/ SN	Every month
4	OPD-U5 data not found	In register of registration, OPD & IPD the age should be highlighted with type of disease for all U5 children. Source document to be made and updated on regular basis	Pharmacist	24 th April
5	Record for left out children for birth doses not available	In discharge register details of birth doses with date and time should be mentioned and left out can be easily tracked.	SN	1 st May.18
6	JSSK registers not maintained	JSSK records to be updated on daily basis	SN/MOIC	1 st May 18
7	Proper maintenance of all registers along with summary	MOIC should randomly check the registers during hospital round	MOIC	Every Month
8	ANC register is not maintained properly- 4 ANC checkup are not mentioned.	For every ANC case all checkups 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	LMO/ SN/ANM	Every month
9	Data Entry Operator (HMIS Operator) not skilled. Entry doing by another person	Issues discussed with MOIC and CMO also. CMO will take competency test.	MOIC /CMO	

S. No	Identified Issue	Action Plan	Responsibility	Timeline
10	No data segregation for HB<7 in lab register.	Registers to be updated by different color and corrected value will be written. HB<7 to be identified each day.	LT/LA	Each day

District Lalitpur

1. Block – BCHC Talbehat (Date of Visit- 19/4/2018)

S. No	Identified Issue	Action Plan	Responsibility	Timeline
1	Training register not available	Training register has been prepared and suggested for regular updating.	BCPM and HEO	25 th April 18
2	Data Validation Committee meeting are being organized but verification of data is not done	Validation Committee members will verify the data, thereafter data will be uploaded in portal.	MO I/c /BPM	Every 25 th of the month
3	ANC Service record was not available and record of medicine are available but portal entry was zero.	Data reporting errors on portal was corrected	HMIS Operator	Every 25 th of the month
4	In HR section, contractual staff reported zero. Nobody was given responsibility to compile data from data sources.	A nodal person has been designated and assigned to compile the data from the data source and the same will be uploaded in portal	MOIC	25 th April 18
5	JSSK data are reporting as zero in portal and sources registers also not updated.	A summary should be made as per the services given on daily basis. Record of 102/108 should be maintain and kept at facility.	MOIC/MO	25 th April 18
6	Reporting for the month of March was done from data of 21 st Feb. to 25 th March	HMIS Operator has been suggested to correct the errors on portal and follow the appropriate the timeline 21 st to 20 th for every month, but for March it should be up to 31 st March.	HMIS Operator	Every Month
7	Diet, PPIUCD and Neo Natal death not recorded in a register.	SN has been suggested to enter the data just after the services provided.	SN	Daily
8	Proper printed register for diet are not maintained	Proper maintenance of diet register by SN must be ensured	SN/MoiC	Daily

2. Block – BCHC Mandwara (Date of Visit- 20/4/2018)

S. No	Identified Issue	Action Plan	Responsibility	Timeline
1	Training Register not available	Training register has been prepared and suggested for regular updating.	BCPM	25 th April 18
2	Data Validation Committee meeting are being organized but verification of data is not done	Validation Committee members will verify the data, thereafter data will be uploaded in portal.	MOIc/BPM	Every 25 th of the month

S. No	Identified Issue	Action Plan	Responsibility	Timeline
3	Medicine are available but reported as zero in portal	Data reporting errors on portal was corrected	HMIS Operator	Every 25 th of the month
4	Most of the data like ANC services, Diet, ASHA sanctioned post have reported zero by the HMIS Operator.	Data should be verified before uploading in portal.	MOIC	Every 25 th of the month
5	OPD-U5 data not found.	In register of registration, OPD & IPD the age should be highlighted with type of disease for all U5 children. Source document to be made and updated on regular basis	MO	Daily
6	JSSK data are reporting as zero in portal and sources registers also not update.	A summary should be made in OPD register on daily basis. Record of 102/108 should be maintained at facility.	MOIC/MO	Till 25 th April 18
7	Diet, PPIUCD and Neo Natal death not recorded in Deliver register	SN has been suggested to enter the data just after the services provided.	SN	Daily
8	Proper printed diet register are not maintained	Proper maintains of diet register by SN	SN/MoiC	Daily

3. DWH, Lalitpur (Date of Visit- 21/4/2018)

S.no.	Identified Issues	Action Plan	Responsibility	Timeline
1	Training Register not available	Training register has been prepared and suggested to update every month.	BCPM	Till 25 th April 18 and updating after training.
2	Data Validation Committee are organized but verification of data is not done	Data Validation Committee should be activated and needful data correction is required for every month	SIC/Hosp Manger	Every 25 th of the month
3	Medicine are available but reported as zero in portal	Data reporting errors on portal was corrected	HMIS Operator	Every 25 th of the month
4	Case Sheet and other sources documents are not updated like PPIUCD has reported 356 but in record it was 416.	Capacity building of responsible staff and data should be verified before uploading in portal.	SIC	Every 25 th of the month
5	Reporting for the month of March was done from data of 21 st Feb. to 25 th March	HMIS Operator has been suggested to correct the errors on portal and follow the given timeline 21 st to 20 th	Hosp Manager/ HMIS Operator	Every Month

S.no.	Identified Issues	Action Plan	Responsibility	Timeline
		for every month, but for March it up to 31 st March.		
6	Diet register was not duly signed by the in charge and register also was not updated.	SN has been suggested to enter the data just after the services provided and get it verified daily by the concerned authority.	SIC	Till 25 th April 18
7	Referral for higher facility was 38 but reported 23 on portal. Nobody has assigned for compiling the data from data source.	A person has been assigned to compile the data from the data source and the some'll be reviewed by the same.	SIC	Daily

District-Azamgarh

Major challenges of data quality identified during data quality audit visit and possible suggestions

Two blocks namely Palhani and Lalganj and district women hospital were visited by the team for data quality audit. There are some major challenges of data quality found during the visit. Major data quality challenges, possible solution and responsible designation are given below in the table.

S.no.	Identified Issues	Possible solution
1	Old format use of HMIS	Need to ensure the availability of updated HMIS/UPHMIS format at blocks in sufficient quantity
2	No training record	Need to ensure a register for staff training status
3	Validation committee not functional at all	Need to fix a certain date (25 th of every month) for validation committee meeting – Step 1- Checking use of correct format Step 2- Matching of manual format with portal format Step 3- Audit data elements with record Step 4- Auditing some SC records with format data Step 5- Ensure correction on portal by importing off line excel data
4	Role distribution for data collection is missing.	Data elements from HMIS/UPHMIS need to be segregated for concern person to report on time. Such as all HR related elements will be collected clerk, drug supply related elements will be collected from pharmacist, etc.
5	Filled format at facility	All filled HMIS/UPHMIS formats must be at facility.

1. Block: Block PHC Palhani, Azamgarh (Date of visit- 19/04/2018)

S. No	Identified Issues	Action Plan/Taken	Responsibility	Timeline
1	Use of old SC HMIS format in the block	To ensure use of correct format use by ANM in the block by providing print formats.	MOIC/BPM	May 2018
2	There was no manual filled CHC format available.	To ensure, first, compiling of all section records in one hard copy of format, second, prepare offline excel & then importing on portal.	MOIC/BPM	April 2018
3	There is PHC UPHMIS format for data entry on portal rather than Block PHC format which includes additional data elements of the block.	The issue conveyed to the developer of the portal and got corrected the format.	Audit team	20 April 2018

S. No	Identified Issues	Action Plan/Taken	Responsibility	Timeline
4	Data elements of Child health section not available as required summary is not prepared by doctors.	To ensure daily summary of required elements in OPD register	MOIC	April-May 18
5	Data elements of JSSK section missing at all. However, source registers for diagnosis services, IFT and drop back for Pregnant women and for newborn were available.	To assign a person collect JSSK related information from different service points.	MOIC/BPM	April 18
6	Validation committee is not functional.	Twenty fifth of the month was fixed for the validation committee meeting.	MOIC/ARO/BPM	April 2018
7	Role distribution for all data elements in HMIS is missing leading poor reporting of information in the format.	Distribution of data elements with related designation in excel was given to MOIC to assign the staff for timely reporting.	MOIC	April 2018

2. Block: Block CHC Lalganj, Azamgarh (Date of visit: 20/04/2018)

S. No	Identified Issues	Action Plan/Taken	Responsibility	Timeline
1	Use of old SC HMIS format in the block	To ensure use of correct format use by ANM in the block by providing print formats.	MOIC/BPM	May 2018
2	There was no training record of MO MBBS, MO AYUSH, SN and ANM which require to update each month in HMIS monthly format.	Sample was shown to prepare the record of training status for the required staff.	MOIC/HEO	April 2018
3	There was no record for 4 ANC and full immunization.	To ensure fourth ANC column in manual ANC record and recording it. At the same time, ensuring correct counting of full immunized children for reporting.	MOIC/BPM/ANM	April-May 2018
4	Data elements of Child health section not available as required summary is not prepared by doctors.	To ensure daily summary of required elements in OPD register	MOIC	April-May 18
5	HMIS data for March month was not imported on UPHMIS portal, and March month filled formats were not available at the facility as BPM was absent on the day with format.	To ensure importing of March month HMIS data on UPHMIS portal, and filled format must be at the facility.	MOIC/BPM	April 2018
6	Validation committee is not functional.	Twenty fifth of the month was fixed for the validation committee meeting.	MOIC/ARO/BPM	April 2018

S. No	Identified Issues	Action Plan/Taken	Responsibility	Timeline
7	Role distribution for all data elements in HMIS is missing leading poor reporting of information in the format.	Distribution of data elements with related designation in excel was given to MOIC to assign the staff for timely reporting.	MOIC	April 2018

3. District women hospital, Azamgarh (Date of visit- 21/04/2018)

S. No	Identified Issues	Action Plan/Taken	Responsibility	Timeline
1	HR record was not updated.	The record was updated with the help of CMS and asked the DEP to update on the portal.	CMS/Data entry operator	April 2018
2	Source document for 4 ANC missing.	To ensure fourth ANC reporting in the record.	CMS/ANM	April-May 2018
3	There is no referral out status of mother and newborn which is required to report in HMIS on third day.	The column of referral out status was made and suggested CMS to assign a staff to get the status (survive/dead) of the referral out on third day and ensure the reporting.	CMS	April-May 2018
4	Some elements of Child health section not available as required summary is not prepared by doctors.	To ensure daily summary of required elements in OPD register.	CMS/Doctors	April-May 18
5	Validation committee is not functional.	Twenty fifth of the month was fixed for the validation committee meeting.	CMS/nodal assigned by CMS/DEO	April 2018
6	Role distribution for all data elements in HMIS is missing.	Distribution of data elements with related designation in excel was given to CMS to assign the staff for timely reporting.	MOIC	April-May 2018

District Mirzapur

Two blocks namely Kachwan and Sikhar and district women hospital were visited by the team for data quality audit. There are some major challenges of data quality found during the visit. Major data quality challenges, possible solution and responsible designation are given below in the table.

S.no.	Identified Issues	Possible solution	Responsible person
1.	No designated DEO in DWH	One DEO should be placed at DWH for supporting Hospital Manager for collection of reports and timely entry	CMO/DPM/CMS (F)
2.	Reporting Period (21 st to 20 th) Reporting period is not being followed as review of programme at AD level is still based MPR not on HMIS/UPHMIS monthly data.	A direction from CMO should go to blocks to follow the time as per the GO and MOIC has to ensure the implementation. Review should be on HMIS/UPHMIS data on every month at every level.	CMO/DPM/MOIC
3.	Position of BPM is vacant in all the blocks	The process should be expedite for their placement.	CMO/DPM
4.	Data on child health is a big concern at all facilities.	At OPD age and type of disease must be mentioned and on daily basis summary will help to compile monthly report	CMS (M/F)/Hospital Manager/MOIC
5.	Validation committee not functional	Need to fix a date (25 th /26 th of every month) for validation committee meeting – Step 1- Checking use of correct format Step 2- Matching of manual format with portal format Step 3- Audit data elements with record Step 4- Auditing some SC records with format data Step 5- Ensure correction on portal by importing off line excel data	Validation committee (MOIC/ARO/HEO/BPM/MCTS operator) at block facility (CMO/ACMO RCH/DARO/DPM/HMIS operator) at district level - Need to share meeting minutes to CMO office/DPMU
6.	Role distribution for data collection is missing.	Data elements from HMIS/UPHMIS need to be segregated for concern person to report on time. Such as all HR related elements will be collected by clerk, drug supply related elements will be collected from pharmacist, etc.	MOIC at block and CMS at DH.
7.	Filled in format at facility	All filled in HMIS/UPHMIS formats must be available at facility as a record.	MOIC
8.	Active involvement of AROs	AROs at DHQ and blocks should be made responsible for all data related matter and DEO may work under his/her supervision	CMO/DPM
9.	Involvement of DPMU	DPM has to take a lead role for all data related matter in the district so that timely and quality wise data may be ensured.	CMO/DPM

1. Facility- DWH Mirzapur (Date of visit- 21/4/2018)

S. No	Identified Issues	Action Plan/Taken	Responsibility	Timeline
1	Data Validation Committee is not formed in district Hospital	Data validation committee should be formed at the earliest so that data quality can be ensured. DM&E and NM in DWH of TSU will support in the meeting	CMS/Hospital Manager	31 st May
2	Data element understanding issue of SNs of LR and other reporting persons of DWH	An orientation on data elements of HMIS/UPHMIS under the guidance of CMS(F) for SNs, pharmacist, LA/LT, DEO and ANMs/LHV has to be organized with the support of DM&E and NM.	CMS/Hospital Manager/NM	31 st May
3	Responsible person for data management and timely reporting in HMIS/UPHMIS	Hospital manager should be made responsible for reporting and he is capable enough to do this job.	CMS/Hospital Manager	31 st May
4	JSSK Record not properly maintained (No register is there to see JSSK reports. They just count manually from LR Register)	JSSK Register should be maintained as per the information required in the HMIS/UPHMIS format and get it printed in order to improve data quality in this report	Staff Nurse / Hospital Manager	31 st May
5	Maintenance of Referral register and mechanism for follow up.	Since DWH is among the high delivery load facility, the SNs in duty are not able to maintain referral register for mothers and Newborn and also their follow up, hence 2 SNs who are good in understanding of data elements and proper reporting should be oriented and made responsible for the same.	CMS/SN/Hospital Manager	31 st May
6	Complications not reported	Staff nurse should be encouraged and made responsible to report the complications. Monthly review should be done by CMS for proper complications reporting in validation meeting	CMS/SN/Hospital Manager	20 th May
7	Untimely reporting	Due to vacant position of operator timely reporting is not done. Training coordinator from SIFPSA has been given responsibility for time being for reporting, but he has some other engagement leads to delay or incomplete reporting. There should be a permanent solution for DWH.	CMO/CMS/DPM	31 st May
8	Involvement of DPMU	Proper and timely reporting in HMIS/UPHMIS portal is one of the main responsibility of DPMU, hence handhold support and time-to-time (at least 2 times in a month) monitoring by DPMU staff has to be ensured for data	CMO/DPM	30 th June

		quality. DPM role and involvement in this regard will be very important.		
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2. Block CHC – Kachwan (Block Majhwan) (Date of visit- 19/4/2018)

S.no.	Identified Issues	Action Plan	Responsibility	Timeline
1	Reporting Period (21 st to 20 th) is not followed	This matter was discussed in the feedback meeting held under the chairmanship of CMO that in blocks the reporting period as per GO (21 st to 20 th) has to be followed at each reporting facilities. There should not be as per their convenience. MOI/c of the block was also	MO I/c / BARO	20 th May
2	Training Register not available	In that facility training status was maintained at the personal dairy of ARO. The proper training register has to be maintained at the facility by mentioning name of staff and type of training received when and where.	BARO	31 st May
3	No proper maintenance of ANC, Discharge and Immunization Register	Registers are there but need to be maintained properly.	LMO/SN/ANM	31 st May
4	JSSK and Child Health Registers Not maintained	JSSK records to be updated on daily basis and monthly report should be made on the summary of daily report. For child health data in OPD the details like age and type of disease must be mentioned and summary on daily basis.	Pharmacist/SN/B ARO	31 st May
5	Record from lab for Hb tested and treated is not maintained	Registers for PW identified as Hb<7 to be updated on each day and recorded.	LT/LA/BARO	30 th Apr
6.	OPD data in HMIS and UPHMIS is same.	The OPD data in UPHMIS Should be of new cases and in HMIS it should be of all cases (New and old cases)	Pharmacist/BARO	20 th May
7.	Data element understanding issue of SNs, Phar, BARO, DEO, BCPM	An orientation on data elements of HMIS/UPHMIS under the guidance of MOI/c	MOIc/BARO/N M	31 st May

3. Block PHC Sikhar (Date of visit- 20/4/2018)

S.no.	Identified Issues	Action Plan	Responsibility	Timeline
1	Reporting Period (21 st to 20 th) is not followed	This matter was discussed in the feedback meeting held under the chairmanship of CMO that in blocks the reporting period as per GO (21 st to 20 th) has to be followed at each reporting facilities. There should not be as per their convenience. MOI/c of the block was also	MOIc/ BCPM	20 th May
2	Training Register not available and even no record anywhere.	Training register has to be maintained at the facility by mentioning name of staff	BCPM	31 st May

S.no.	Identified Issues	Action Plan	Responsibility	Timeline
1	Reporting Period (21 st to 20 th) is not followed	This matter was discussed in the feedback meeting held under the chairmanship of CMO that in blocks the reporting period as per GO (21 st to 20 th) has to be followed at each reporting facilities. There should not be as per their convenience. MOI/c of the block was also	MOIc/ BCPM	20 th May
		and type of training received when and where.		
3	No ANC, Discharge and Immunization Register	Registers are to be maintained for all the given services.	LHV/ANM	31 st May
4	No proper record for OPD and IPD information	The record should be maintained for OPD (new and old) on daily basis and also there should be IPD register	Pharmacist/BCP M	31 st May
5	No data related to Child Health is maintained as no specification of age in the register.	In OPD register age should be mentioned against each of the OPD clients and also type of disease especially of children under 5.	MO/Pharmacist	31 st May
6	No JSSK Registers or related data	JSSK records to be updated on daily basis and monthly report should be made on the summary of daily report.	Pharmacist/SN/ BCPM	31 st May
7	Record from lab for Hb tested and treated is not maintained	Registers for PW identified as Hb<7 to be updated on each day and recorded.	LT/LA/BCPM	30 th Apr
8	Data element understanding issue of SNs, Pharm, BARO, DEO, BCPM	An orientation on data elements of HMIS/UPHMIS under the guidance of MOI/c	MOIc/BARO/ NM	31 st May
9	Improper/no record maintenance	A person like ARO/BCPM should be made responsible who can collect, compile, validate and facilitate for timely entering and uploading at the portal. The MOI/c has to take lead role for monitoring for data maintenance and uploading.	MOIc/BARO/S N	31 st May