




UTTAR PRADESH
TECHNICAL SUPPORT UNIT

DATA QUALITY AUDIT VISIT FEEDBACK MEETING
DISTRICT FEROZABAD


31st January 2018

AGENDA OF MEETING

- * Block wise status of non-blank and non-zero
- * Data quality audit feedback summary
 - * Matching status of critical data element
 - * Status of zero and blank
 - * Major challenges of data quality and possible suggestion
- * Block wise data upload status for the month of Jan 18
- * Preparation of data quality audit plan for rest of the blocks




BLOCK WISE STATUS OF DATA QUALITY INDICATOR



SUMMARY OF FACILITY VISITED

S.no.	Name of facility	Date of Visit	Team Member
1	TUNDLA CHC-FRU	29/1/2018	DR.ARPIT SRIVASTAV MS.CHARU YADAV
2	SIRSAGANJ-CHC	30/1/2018	DR.ARPIT SRIVASTAV MS.CHARU YADAV
3	DCH-SHIKOHABAD	31/1/2018	DR.ARPIT SRIVASTAV MS.CHARU YADAV



Arpit
Dr. Arpit Srivastava
Consultant (RI)

% of non-blank data elements at block facility/district hospital

S.no.	Block Facility/District Hospital Name	% of non blank data element
1	Firozabad sirsaganj	0
2	Firozabad Araon	72
3	Firozabad Jazrana	91
4	Firozabad Narkhi	93
5	Firozabad Tundla	93
6	SNM District Combined Hospital	79
7	RNM, District Combined Hospital	66
8	District Women Hospital	92

% of non-zero data elements at block facility/district hospital

S.no.	Block Facility/District Hospital Name	% of non zero data element
1	Firozabad sirsaganj	100
2	Firozabad Araon	21
3	Firozabad Jazrana	33
4	Firozabad Narkhi	33
5	Firozabad Tundla	36
6	SNM District Combined Hospital	20
7	RNM, District Combined Hospital	23
8	District Women Hospital	37

DATA QUALITY AUDIT VISIT FEEDBACK SUMMARY

MATCHING STATUS OF CRITICAL DATA ELEMENT- BLOCK FACILITY TUNDLA

Particulars	HR	Training	Availability	HMIS Indicator	CH	JSSK	Total
Total data element audited	27	19	23	21	11	14	115
No of data elements value not matched with source documents values	8	5	10	9	9	11	52
No of data elements not matched and corrected on spot on UPHMS and HMIS portal	8	5	10	5	1	5	34
No of data elements not verified due to unavailability of source document	0	0	0	4	8	6	18

MATCHING STATUS OF CRITICAL DATA ELEMENT- BLOCK FACILITY SIRSAGANJ

Particulars	HR	Training	Availability	HMIS Indicator	CH	JSSK
Total data element audited	27	19	23	21	11	14
No of data elements value not matched with source documents values	27	19	23	21	10	14
No of data elements not matched, and corrected on spot on UPHMIS and HMIS portal	27	19	23	21		12
No of data elements not verified due to unavailability of source document	0	0	1	0	10	2

MATCHING STATUS OF CRITICAL DATA ELEMENT- DCH

Particulars	HR	Training	Availability	HMIS Indicator	CH	JSSK	Total
Total data element audited	27	19	23	21	11	14	115
No of data elements value not matched with source documents values	1	2	13	9	11	12	48
No of data elements not matched, and corrected on spot on UPHMIS and HMIS portal	1	2	13	7	0	4	27
No of data elements not verified due to unavailability of source document	0	0	0	2(4anc +FI)	11	8(AM BULA NCE)	21

UPHMIS DATA UPLOAD STATUS FOR THE MONTH OF JAN 18
 all the facility must get entered by 30th of the month

% of facilities which have uploaded UPHMIS data for the month of Jan 18

S.no.	Block Name	% of facility(DEC'17)	% of facility(JAN'18)
1	Aaka	100	0
2	Araon	100	95
3	Pirozabad	97	94
4	Hathwant	100	0
5	Jesrane	100	0
6	Madanpur	96	93
7	Harkhi	100	93
8	Shikohabad	100	100
9	Tundla	100	100
10	dhq	25	25

As on 30th Jan 2018

% of facilities which have imported HMIS data for the month of Jan 18

S.no.	Block Name	% of facility(DEC'17)	% of facility (JAN'18)
1	Aala	100	0
2	Araon	95	0
3	Pirozabad	97	88
4	Hathwari	98	0
5	Jasrani	100	0
6	Madanpur	100	0
7	Narkhi	100	0
8	Shikohabad	96	0
9	Tundla	100	0
10	dhq	89	0

As on 10th Jan 2018


Major challenges of data quality identified during data quality audit visit and possible suggestion:Tundla

Good practices:

- All the records properly maintained in file by BPM.
- On time Data uploading is 100%

CHALLENGES

- HR and training register not available.(BPM)
- Serial no. not correctly mentioned in diet register.(WARD BOY)
- Uphms Filled Format Not Available At Facility(BPM)
- Labour room register not available in standard format(BPM)
- Referral register not maintained properly(STAFF NURSE)
- Pneumonia and diarrhoea cases not identified(CHIEF PHARMACIST)
- IPD Register not maintained(STAFF NURSE)




Major challenges of data quality identified during data quality audit visit and possible suggestion-Madanpur(sirsaganj) chc

Good practices:

- Referral register properly maintained in standard format.

Challenges:

- Data for December month not uploaded on portal (BPM)
- In OPD register U-S identification not done.(CHIEF PHARMACIST)
- Pneumonia and diarrhoea cases not identified(CHIEF PHARMACIST)
- In labour register summary is not maintained(STAFF NURSE)
- For JSK- Ambulance register do not have serial number, heading and summary.(STAFF NURSE)
- Training register not available.(BPM)
- UPHMS Filled format not available.(BPM)




Major challenges of data quality identified during data quality audit visit and possible suggestion-DCH

Good practices:

- HR and training record properly maintained
- UPHMS Filled format was available
- Data operator had all the reports properly maintained in the file

Challenges:

- Reporting period 19-20 being followed in labour room(staff nurse)
- In ambulance register (108/102) (di-up back), dates are not properly mentioned also serial number is not mentioned (staff nurse)
- Child health data(OPD/IPD/PNEUMONIA/DIARRHOEA) is not reported due to unavailability of document.(MO)
- HBP Record not available due to which reporting in portal is not correct.(LT)
- PW Diagnosis is not separately mentioned in pathology (LT)
- In NBSU Register all the newborns are mentioned (NBSU Staff Nurse)



THANK YOU



District Firozabad

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

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

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

With reference to the Government Order number 35/2017/303/पांच-9-2017-9(127)/12 dated 31st May 2017 and subsequently instruction from NHM vide letter number एस.पी.एम.यू./एन.एच.एम./एम० एण्ड ई०/2017-18/25/10539-2 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 Veneet 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 document.

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

- **% 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



राज्य स्वास्थ्य मिशन



UTTAR PRADESH
TECHNICAL SUPPORT UNIT

DATA QUALITY AUDIT FINDINGS

29-31 JAN 2018

Background

- 7 data audit teams were constituted comprising members from DG MH, DG FW, NHM and TSU
- Teams conducted audit in following 7 randomly selected districts from 29th to 31st January 2018
 - Kushinagar
 - Budaun
 - Baghpat
 - Pratapgarh
 - Firozabad
 - Ambedkarnagar
 - Hathras
- Each team have been visited 2 block facilities and 1 district hospital. Total 21 facilities were visited (14 block facilities, 7 district hospitals)
- Facility action plan is developed for each of the visited facility/district



Participation status of officials as per MD NHM's letter

Team	District	# of participants expected to participate	# of participants visited districts	Not participated
1	Baghpat	4	4	None
2	Budaun	3	3	None
3	Firozabad	3	2	Dr. Ajai Ghai, JD MCH
4	Pratapgarh	4	3	Dr. Ashwini Garg (ARO, D&E cell)
5	Ambednagar	3	2	Mr. D.K. Srivastava (ARO, D&E cell)
6	Kushinagar	4	3	Mr. Yogesh Kumar (ARO, D&E cell)
7	Hathras	3	2	Mr. A.K. Sharma (ARO, D&E cell)

3

92

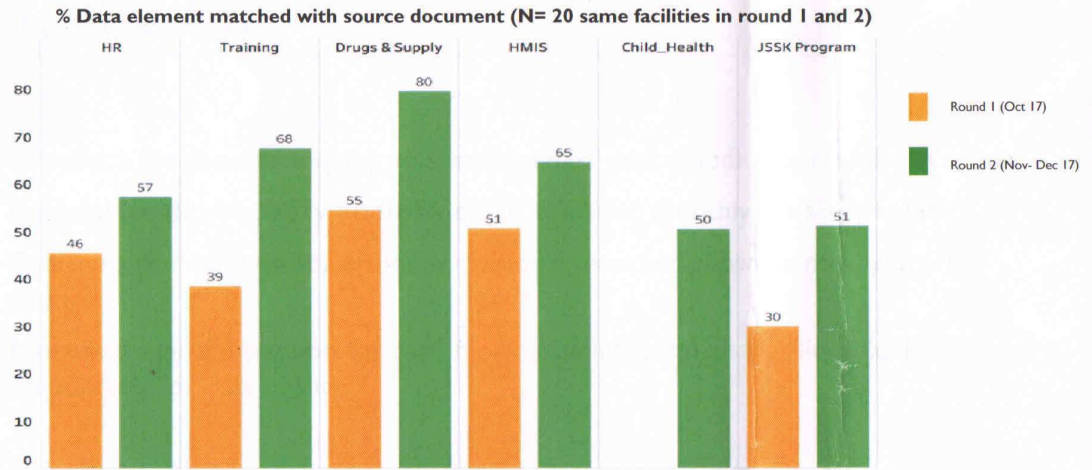
Data quality audit findings (N= 21 facilities , data element= 115)

Data Element	% of data elements reported as blank (no value)	% of data elements matched with source document	% of data elements over reported	% of data elements under Reported	% of data elements for which source document not available
Human resource (27)	6	65	7	6	4
Training (19)	10	35	2	4	49
Drugs and Supply (23)	21	58	9	11	1
Maternal health & FP (21)	10	47	14	7	12
Child Health (11)	18	24	3	2	48
JSSK program (14)	25	33	9	6	27

Data quality audit findings- DH vs Block facility

Data Element	% of data elements matched with source document		% of data elements for which source document not available	
	District Hospital (7)	Block facility (14)	District Hospital (7)	Block facility (14)
Human resource (27)	58	69	0	7
Training (19)	50	28	43	53
Drugs and Supply (23)	65	54	4	0
Maternal health & FP (21)	63	39	8	15
Child Health (11)	29	21	43	51
JSSK program (14)	37	31	17	31

Demonstration of effectiveness of data quality audit



UPTSU have conducted a pilot in 25 HPDs to assess the effectiveness of data quality audit

Support required

- **Conduct feedback meeting** to share the data quality audit findings/observations
- **Regularize data quality audit by state team** on monthly basis as per GO
- **Scale up of data quality audit** by divisional team and subsequently by district team
- **Nominate nodal person** for each block (district team) and facility (block team) accountable for data quality