

## 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

## DATA (UPHMIS/HMIS) QUALITY AUDIT REPORT 29-31<sup>st</sup> January 2018

With reference to the Government Order number 35/2017/303/पांच-9-2017-9(127)/12 dated 31<sup>st</sup> 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 25<sup>th</sup> 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 29<sup>th</sup> to 31<sup>st</sup> 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

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## 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 29<sup>th</sup> to 31<sup>st</sup> 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)

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

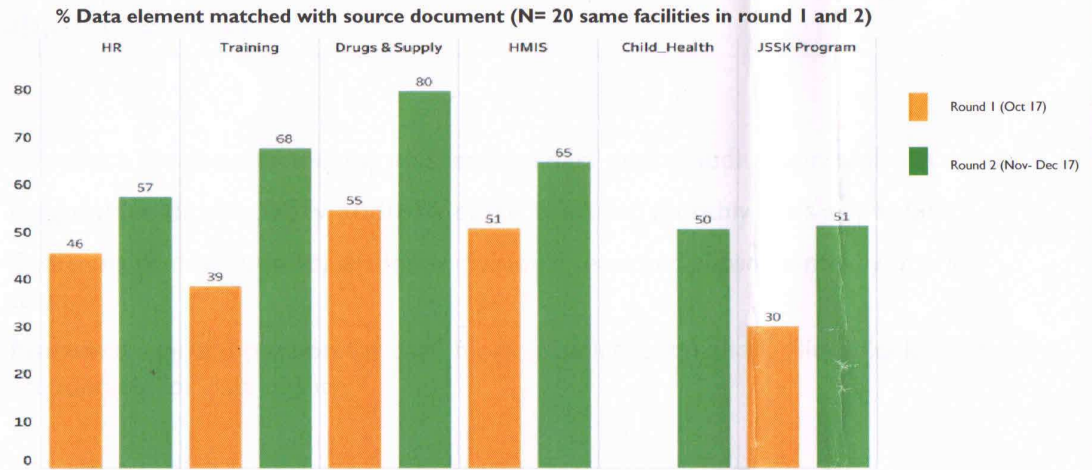
Data Element	% of data elements reported as blank (no value)	% of data elements matched with source document	% of data elements over reported	% of data elements under Reported	% of data elements for which source document not available
Human resource (27)	6	65	7	6	4
Training (19)	10	35	2	4	49
Drugs and 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

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## 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