प्रेषक,

मिशन निदेशक,
राष्ट्रीय स्वास्थ्य मिशन
उत्तर प्रदेश।

सेवा में,

1. समस्त मण्डलीय अपर निदेशक, चिकित्सा स्वास्थ्य एवं परिवार कल्याण, उत्तर प्रदेश।
2. समस्त मुख्य चिकित्साधिकारी, उत्तर प्रदेश।

पत्रांकः –एस.पी.एम.यू./एन.एच.एम./एम. एण्ड ई./2017–18/25/ 1721-2   दिनांक 25/05/18

विषयः–दिनॉक 19 से 21 अप्रैल 2018 के मध्य प्रदेश में किये गये डाटा आडिट रिपोर्ट का अनुपालन किये जाने के संबंध में।

महोदय/महोदया,

दिनॉक 19 से 21 अप्रैल 2018 के मध्य राज्य स्तरीय 7 टीमों द्वारा प्रदेश के सात जनपदों यथा गोरखपुर, गोण्डा, बस्ती, महोबा, ललितपुर, आजमगढ़ एवं मिर्जापुर में कराये गये डाटा क्वालिटी आडिट की रिपोर्ट पत्र के साथ संलग्न है। डाटा आडिट उपरान्त निम्न बिन्दुओं पर कार्यवाही की जानी अपेक्षित है।

1. एच0एम0आई0एस0/यू0पी0एच0एम0आई0एस0 पोर्टल पर अपलोडेड प्रत्येक ऑकडे के लिए दैनिक स्रोत रजिस्टर एवं मासिक सारांश रजिस्टर की उपलब्धता सुनिश्चित की जानी है। चिकित्सालय के प्रसव कक्ष, प्रसव पूर्व जॉच रजिस्टर, ओ0पी0डी0 रजिस्टर, रेफरल रजिस्टर, स्टॉक रजिस्टर, प्रशिक्षण रजिस्टर, परिवार नियोजन सेवायें आदि के रजिस्टर सेवा देने वाले चिकित्सक/स्टाफ नर्स/ए0एन0एम0/फार्मासिस्ट आदि कर्मियों द्वारा दैनिक आधार पर भरा जाना है। दैनिक रजिस्टरों के आधार पर मासिक सारांश रजिस्टर तैयार किया जाना है।

2. दी गई सेवाओं के ऑकड़ों के संकलन के लिए चिकित्सालय/कार्यालय में संबंधित कर्मी का स्पष्ट उत्तर दायित्व निर्धारित किया जाये। प्रत्येक डेटा को मासिक आधार पर संकलित कर सक्षम स्तर यथा मुख्य चिकित्साधिकारी/मुख्य चिकित्सा अधीक्षक/चिकित्सा अधीक्षक/प्रभारी चिकित्साधिकारी को अवलोकित कराने के उपरान्त ही पोर्टल पर अपलोड किया जाना सुनिश्चित किया जाये।

3. इकाईयों में तैनात समस्त स्वास्थ्य कर्मियों यथा ए0एन0एम0/स्टॉफ नर्स/बी0पी0एम0/फार्मासिस्ट/एल0टी0 आदि की क्षमता वृद्धि के लिए नियमित रूप से डेटा तत्वों की परिभाषा/ऑकड़ों की गिनती/संकलन एवं रिपोर्टिंग के संबंध में प्रशिक्षण जनपदीय टीम द्वारा प्रत्येक माह दिया जाये। प्रशिक्षण/बैठक में मुख्य सूचकांको यथा जनपदीय रैकिंग, नीति आयोग के सूचकांको एवं मुख्य योजनाओं के सूचकांकों पर विशेष ध्यान दिया जाये।

4. प्रत्येक माह मुख्य चिकित्साधिकारी जनपद के खराब प्रदर्शन/रिपोर्टिंग वाले ब्लाकों में नियमित रूप से डाटा आडिट जनपद के डी0पी0एम0/जनपदीय ए0आर0ओ0/डी0डी0ए0ए0 एवं जनपदीय एच0एम0आई0एस0 की टीम बनाकर कराना सुनिश्चित करें। डाटा आडिट टीम पोर्टल पर अपलोडेड ऑकड़ों का मिलान भौतिक रजिस्टरों से करते हुए, ऑकड़ो में भिन्नता के कारणों की पहचान एवं निराकरण करने की कार्यवाही सुनिश्चित करेगी।

5. जनपदीय/ब्लाक स्तरीय डाटा वैलिडेशन कमेटी का उत्तरदायित्व निर्धारित करना सुनिश्चित करें। डाटा वैलिडेशन कमेटी को निर्देशित किया जाना चाहिए कि मासिक रिपोर्ट के ऑकड़ों का मिलान स्रोत रजिस्टरों से करने, ऑकड़ों की गुणवत्ता का मासिक आधार पर विश्लेषण एवं सुधारात्मक कार्यवाही सुनिश्चित करें।

आपको निर्देशित किया जाता है कि संलग्न डाटा रिपोर्ट में पाई गई कमियों को दूर करते हुए उपरोक्त बिन्दुओं पर सुधारात्मक कार्यवाही कराना सुनिश्चित करें।

संलग्नकः डाटा आडिट रिपोर्ट।

भवदीय,

(पंकज कुमार)
मिशन निदेशक
तद्दिनांक

पत्रांकः –एस.पी.एम.यू ./एन.एच.एम./एम. एण्ड ई ./2017–18/25/

प्रतिलिपिः निम्नलिखित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित–

1. प्रमुख सचिव, चिकित्सा स्वास्थ्य एवं परिवार कल्याण, उत्तर प्रदेश।
2. महानिदेशक, चिकित्सा एवं स्वास्थ्य, उत्तर प्रदेश।
3. महानिदेशक, परिवार कल्याण, उत्तर प्रदेश।
4. अधिशासी निदेशक, सिफ्सा, उत्तर प्रदेश।
5. अधिशासी निदेशक, टी0एस0यू0, उत्तर प्रदेश।
6. वित्त नियंत्रक, समस्त महाप्रबन्धक/उपमहाप्रबन्धक एन0एच0एम0, उत्तर प्रदेश।
7. समस्त मण्डलीय/जिला कार्यक्रम प्रबंधकों को इस निर्देश के साथ प्रेषित कि डाटा आडिट रिपोर्ट में दिये गये सुधारात्मक बिन्दुओं पर कार्यवाही कराकर अनुपालन आख्या प्रेषित करना सुनिश्चित करें।
8. समस्त मण्डलायुक्त, उत्तर–प्रदेश।
9. समस्त जिलाधिकारी/अध्यक्ष जिला स्वास्थ्य समिति, उत्तर प्रदेश।

(पंकज कुमार)
मिशन निदेशक

प्रेषक,
मिशन निदेशक,
राष्ट्रीय स्वास्थ्य मिशन
उत्तर प्रदेश।

सेवा में,

1. **समस्त मण्डलीय अपर निदेशक,** चिकित्सा स्वास्थ्य एवं परिवार कल्याण, उत्तर प्रदेश।
2. **समस्त मुख्य चिकित्साधिकारी, उत्तर प्रदेश।**

पत्रांकः —एस.पी.एम.यू / एन.एच.एम. / एम. एण्ड ई. / 2017—18 / 25 /   दिनांक 25/05/18

विषयः—दिनॉक 19 से 21 अप्रैल 2018 के मध्य प्रदेश में किये गये डाटा आडिट रिपोर्ट का अनुपालन किये जाने के संबंध में।

महोदय / महोदया,

दिनॉक 19 से 21 अप्रैल 2018 के मध्य राज्य स्तरीय 7 टीमों द्वारा प्रदेश के सात जनपदों यथा गोरखपुर, गोण्डा, बस्ती, महोबा, ललितपुर, आजमगढ़ एवं मिर्जापुर में कराये गये डाटा क्वालिटी आडिट की रिपोर्ट पत्र के साथ संलग्न है। डाटा आडिट उपरान्त निम्न बिन्दुओं पर कार्यवाही की जानी अपेक्षित है।

1. एच0एम0आई0एस0 / यू0पी0एच0एम0आई0एस0 पोर्टल पर अपलोडेड प्रत्येक ऑकडे के लिए दैनिक स्रोत रजिस्टर एवं मासिक सारांश रजिस्टर की उपलब्धता सुनिश्चित की जानी है। चिकित्सालय के प्रसव कक्ष, प्रसव पूर्व जॉच रजिस्टर, ओ0पी0डी0 रजिस्टर, रेफरल रजिस्टर, स्टॉक रजिस्टर, प्रशिक्षण रजिस्टर, परिवार नियोजन सेवायें आदि के रजिस्टर सेवा देने वाले चिकित्सक / स्टाफ नर्स / ए0एन0एम0 / फार्मासिस्ट आदि कर्मियों द्वारा दैनिक आधार पर भरा जाना है। दैनिक रजिस्टरों के आधार पर मासिक सारांश रजिस्टर तैयार किया जाना है।

2. दी गई सेवाओं के ऑकड़ों के संकलन के लिए चिकित्सालय / कार्यालय में संबंधित कर्मी का स्पष्ट उत्तर दायित्व निर्धारित किया जाये। प्रत्येक डेटा को मासिक आधार पर संकलित कर सक्षम स्तर यथा मुख्य चिकित्साधिकारी / मुख्य चिकित्सा अधीक्षक / चिकित्सा अधीक्षक / प्रभारी चिकित्साधिकारी को अवलोकित कराने के उपरान्त ही पोर्टल पर अपलोड किया जाना सुनिश्चित किया जाये।

3. इकाईयों में तैनात समस्त स्वास्थ्य कर्मियों यथा ए0एन0एम0 / स्टाफ नर्स / बी0पी0एम0 / फार्मासिस्ट / एल0टी0 आदि की क्षमता वृद्धि के लिए नियमित रूप से डेटा तत्वों की परिभाषा / ऑकड़ों की गिनती / संकलन एवं रिपोर्टिंग के संबंध में प्रशिक्षण जनपदीय टीम द्वारा प्रत्येक माह दिया जाये। प्रशिक्षण / बैठक में मुख्य सूचकांको यथा जनपदीय रैकिंग, नीति आयोग के सूचकांको एवं मुख्य योजनाओं के सूचकांकों पर विशेष ध्यान दिया जाये।

4. प्रत्येक माह मुख्य चिकित्साधिकारी जनपद के खराब प्रदर्शन / रिपोर्टिंग वाले ब्लाकों में नियमित रूप से डाटा आडिट जनपद के डी0पी0एम0 / जनपदीय ए0आर0ओ0 / डी0डी0ए0ओ0 एवं जनपदीय एच0एम0आई0एस0 की टीम बनाकर कराना सुनिश्चित करें। डाटा आडिट टीम पोर्टल पर अपलोडेड ऑकड़ों का मिलान भौतिक रजिस्टरों से करते हुए, ऑकड़ो में भिन्नता के कारणों की पहचान एवं निराकरण करने की कार्यवाही सुनिश्चित करेगी।

5. जनपदीय / ब्लाक स्तरीय डाटा वैलिडेशन कमेटी का उत्तरदायित्व निर्धारित करना सुनिश्चित करें। डाटा वैलिडेशन कमेटी को निर्देशित किया जाना चाहिए कि मासिक रिपोर्ट के ऑकड़ों का मिलान स्रोत रजिस्टरों से करने, ऑकड़ों की गुणवत्ता का मासिक आधार पर विश्लेषण एवं सुधारात्मक कार्यवाही सुनिश्चित करें।

आपको निर्देशित किया जाता है कि संलग्न डाटा रिपोर्ट में पाई गई कमियों को दूर करते हुए उपरोक्त बिन्दुओं पर सुधारात्मक कार्यवाही कराना सुनिश्चित करें।

संलग्नकः डाटा आडिट रिपोर्ट।

भवदीय,

(पंकज कुमार)
मिशन निदेशक
तद्दिनांक

पत्रांकः –एस.पी.एम.यू./एन.एच.एम./एम. एण्ड ई./2017–18/25/ 1721-2(7)

प्रतिलिपिः निम्नलिखित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित–

1. प्रमुख सचिव, चिकित्सा स्वास्थ्य एवं परिवार कल्याण, उत्तर प्रदेश।
2. महानिदेशक, चिकित्सा एवं स्वास्थ्य, उत्तर प्रदेश।
3. महानिदेशक, परिवार कल्याण, उत्तर प्रदेश।
4. अधिशासी निदेशक, सिफ्सा, उत्तर प्रदेश।
5. अधिशासी निदेशक, टी0एस0यू0, उत्तर प्रदेश।
6. वित्त नियंत्रक, समस्त महाप्रबन्धक/उपमहाप्रबन्धक एन0एच0एम0, उत्तर प्रदेश।
7. समस्त मण्डलीय/जिला कार्यक्रम प्रबंधकों को इस निर्देश के साथ प्रेषित कि डाटा आडिट रिपोर्ट में दिये गये सुधारात्मक बिन्दुओं पर कार्यवाही कराकर अनुपालन आख्या प्रेषित करना सुनिश्चित करें।
8. समस्त मण्डलायुक्त, उत्तर-प्रदेश।
9. समस्त जिलाधिकारी/अध्यक्ष जिला स्वास्थ्य समिति, उत्तर-प्रदेश।

(पंकज कुमार)
मिशन निदेशक

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(**सं   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 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	25th 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	1st 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	25th April 18
4	Referral registers as per old format are still in use.l	Registers as per new format will be made	CMS	31st May
5	New Case Sheet not available	CMO will provide new case sheet	CMO/ACMO-RCH	10th 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	25th 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	25th April.18
3	ANC Services record not available	ANC Register to be maintained	LMO/MOIC/SN	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.	1st May.18
5	JSSK Registers not maintained	JSSK records to be maintained and summarized on monthly basis at one common register	SN/MOIC/BPM/	1st 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	25th 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	24th 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	1st May.18
6	JSSK registers not maintained	JSSK records to be updated on daily basis	SN/MOIC	1st 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

UTTAR PRADESH
TECHNICAL SUPPORT UNIT

DATA QUALITY AUDIT VISIT FEEDBACK MEETING

DISTRICT- MAHOBA

21st April 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

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

S.no.	Block Facility/District Hospital Name	% of non blank data element	S.no.	Block Facility/District Hospital Name	% of non blank
1	DWH	100	11		
2	Panwari	98	12		
3	Jaitpur	96	13		
4	Kabrai	95	14		
5	Charkhari	98	15		
6			16		
7			17		
8			18		
9			19		
10			20		

Source- Mar 2018

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

S.no.	Block Facility/District Hospital Name	% of non zero data element	S.no.	Block Facility/District Hospital Name	% of non zero data element
1	DWH	47	11		
2	Panwari	42	12		
3	Jaitpur	30	13		
4	Kabari	37	14		
5	Charkhari	39	15		
6			16		
7			17		
8			18		
9			19		
10			20		

Source- March 2018

5

DATA QUALITY AUDIT VISIT FEEDBACK SUMMARY

SUMMARY OF FACILITY VISITED

S.no.	Name of facility	Date of Visit	Team Member
1	DWH	19-04-18	Dr. Ajay Ghai, Dr. Arpit Srivastava Dr. Pradip Gupta Mr. M K Tiwari DPM & DDM
2	Panwari	20-04-18	
3	Jaitpur	20-04-18`	

7

MATCHING STATUS OF CRITICAL DATA ELEMENT- BLOCK JAITPUR

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	4	0	10	6	0	0	20
No of data elements not matched and corrected on spot on UPHMIS and HMIS portal	0	0	0	0	0	0	0
No of data elements not verified due to unavailability of source document	0	18	0	1	0	11	30

Out of total 115 Data element 50 did not match that is 43% mismatching found in Jaitpur block facility. Data Operator and BPM not skilled so that data not corrected on spot.

MATCHING STATUS OF CRITICAL DATA ELEMENT- BLOCK PANWARI

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	1	12	0	0	0	14
No of data elements not matched and corrected on spot on UPHMIS and HMIS portal	1	1	12	0	0	0	14
No of data elements not verified due to unavailability of source document	0	15	0	4	11	6	25

Out of total 115 Data element 39 did not match that is 34% mismatching found in Jaitpur block facility.

MATCHING STATUS OF CRITICAL DATA ELEMENT- DWH

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	3	1	2	5	0	2	13
No of data elements not matched and corrected on spot on UPHMIS and HMIS portal	3	1	2	0	0	2	8
No of data elements not verified due to unavailability of source document	0	18	0	2	11	10	41

STATUS OF ZERO AND BLANK- BLOCK-JAITPUR

Format wise Major Section	Total # of Data element in BPHC/ CHC	Before audit		After audit	
		No. of data elements with only zero (%)	No. of blank Data element (%)	No. of data elements with only zero (%)	No. of blank Data element (%)
Section A : Human Resource	65	26	48		
Section B : Training	33	51	33		
Section C : Availability of RMNCH+A drugs and supplies	103	27	25		
Section D : Performance indicator	233	75	9		
Section E : Process Indicator	31	26	71		
Total	465	53	24		

STATUS OF ZERO AND BLANK- BLOCK- PANWARI

Format wise Major Section	Total # of Data element in BPHC/CHC	Before audit		After audit	
		No. of data elements with only zero (%)	No. of blank Data element (%)	No. of data elements with only zero (%)	No. of blank Data element (%)
Section A : Human Resource	65	58	0	60	0
Section B : Training	33	61	0	61	0
Section C : Availability of RMNCH+A drugs and supplies	103	23	0	23	0
Section D : Performance indicator	233	81	0	80	0
Section E : Process Indicator	31	43	0	43	0
Total	465	61	0	62	0

STATUS OF ZERO AND BLANK- DWH

Format wise Major Section	Total # of Data element in BPHC/CHC	Before audit		After audit	
		No. of data elements with only zero (%)	No. of blank Data element (%)	No. of data elements with only zero (%)	No. of blank Data element (%)
Section A : Human Resource	65	73	3		
Section B : Training	33	59	0		
Section C : Availability of RMNCH+A drugs and supplies	103	27	0		
Section D : Performance indicator	233	69	0		
Section E : Process Indicator	31	31	0		
Total	465				

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

S. No	Identified Issue	Action Plan	Responsibility	Timeline
1	Training Register Not available	Training register prepared and is to be updated regularly.	Pharmacist/ CMS	25th April 18
2	Sources register of ANC, PPIUCD not found	New format register to be made available by CMO and proper filling in all the columns along with monthly summarization.	SN	1st 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	SN and CMS	25th April 18
4	Old format registers are still in use like referral	New format registers will be made	CMS	One Month
5	New Case Sheet not available	CMO will provide new case sheet	CMO/ACMO-RCH	Within the 15 days
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	25th April 18
7	Summary of Services not recorded in Delivery register.	Staff nurse to maintain summary every day	SC/ CMS	Every day

Major challenges of data quality identified during data quality audit visit and possible suggestion- PCHC, Panwari

S. No	Identified Issue	Action Plan	Responsibility	Timeline
1	Training Register not available	Training register to be made and updated regularly.	BPM	Done
2	Stock Book registers maintenance	1. Two stock book register maintained one by Pharmacist and other by Health Supervisor. Action- Main stock book register to be maintained by Pharmacist and a sub stock book to be maintained by others (if needed). 2. Proper Index labeling to be done in stock book maintained by Health Superviser.	Pharmacist	25th April.18
3	ANC services record not available	ANC Register to be maintained	LMO/MOIC/SN	Every month
4	Child health related documents not available	Child health record to be maintained	MO	1st May.18
5	JSSK Registers Not maintained	JSSK records to be updated on daily basis	SN/MOIC/BPM/	1st May 18
6	Stock Mismatch of BCG	Stock register of vaccine back 8 pages to be used for issue of birth doses to labor room and recorded daily.	MOiC/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 update and corrected value will be written. HB<7 to be identified each day. One more Hemoglobin Meter 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	25th April

Major challenges of data quality identified during data quality audit visit and possible suggestion- PHC, Jaitpur

S. No	Identified Issue	Action Plan	Responsibility	Timeline
1	Training Register not available	New register will be maintain and updated on monthly basis	BCPM/MOiC	15 Days
2	IPD & OPD registration	Summary will be formed and report compilation on 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	Registration, OPD & IPD register will be highlighted to record data related to U5 children.	Pharmacist	24th April
5	Left out children for birth doses. Record not available	Strengthen mechanism and recheck daily discharge.	SN	1st May.18
6	Registers related to JSSK are not maintained properly.	JSSK records to be updated on daily basis	SN/MOIC	1st May 18
7	Proper maintenance of registers along with summary	MOiC will randomly check the registers during the month.	MOiC	Every Month
8	ANC register is not maintained properly- 4 ANC checkup are not mentioned.	ANC registers to be maintained as per new format. Proper recording along with summarization.	LMO/ SN/ANM	Every month
9	Data Entry Operator (HMIS Operator) not skilled. Entry being done by another person	Issues discussed with MOiC and CMO also. CMO will take competency test.	MOiC /CMO	3 months
	No data segregation for HB<7 in lab register.	Registers to be update by different color and corrected value will be written. HB<7 to be identified each day.	LT/LA	Each day

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

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

S.no.	Block Name	% of facility	S.no.	Block Name	% of facility
1	DWH Mahoba	100	11		
2	DMH	0	12		
3	Panwari- CHC	100	13		
4	Charkhari- CHC	100	14		
5	Kulphar- CHC	100	15		
6	Kabari- CHC	100	16		
7	Panwari- PHC	100	17		
8	Charkhari- PHC	100	18		
9	Kulphar- PHC	100	19		
10	Kabari- PHC	100	20		

18

As on 19th Apr 2018

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

S.no.	Block Name	% of facility	S.no.	Block Name	% of facility >
1	DWH Mahoba	100	11		
2	DMH	100	12		
3	Panwari- CHC	100	13		
4	Charkhari- CHC	100	14		
5	Kulphar- CHC	100	15		
6	Kabari- CHC	100	16		
7	Panwari- PHC	100	17		
8	Charkhari- PHC	100	18		
9	Kulphar- PHC	100	19		
10	Kabari- PHC	100	20		

19

As on 19th Apr 2018

District level formats which are not uploaded for the month of mar 18

District	HPDs	Expected number of reports to be uploaded	No of reports entered for district level formats	% of reports entered for district level formats
			Mar-18	Mar-18
Mahoba	Non HPD	28	1	4

As on 19th Apr 2018

THANK YOU