Data Audit Visit Report Bhadohi
UTTAR PRADESH

A Report

Submitted to:

GM, M&E, NHM Uttar Pradesh

Submitted by (Data Quality Audit Team):

Team	Members Name	Department	Date of visit	Visiting District
Team 7	Dr. SVP Pankaz DGM-M&E	NHM	26-28 March 2019	Bhadohi
	Mr. Virendra Pratap (ARO, D&E cell)	DGFW		
	Mr. Brijesh Mishra, Div PM, Mirzapur	NHM		
	Dr. Shiva Nand Chauhan, M&E Specialist	UPTSU		

CONTENTS

1 ACKNOWLEDGEMENTS

I am taking this opportunity to thanks the people involved in numerous ways while preparing this report. My sincere thanks to DM Bhadohi, CMO Bhadohi & MoICs for the support to conduct Data Audit.

Thanks to all the officials in Bhadohi district for extending the services and cooperation for the successful completion of the Audit. The inputs and perspective of using the Data Audit information with a view for HMIS and UPHMIS, this information will help in analyzing the information in a better way. Thanks to Mrs. Roli, DPM for addressing the DATA AUDIT related queries on time. She was very helpful in providing all the necessary ground level support. Equal support was also received from the representatives of two Blocks Deegh & Suriyawan and District Combined Hospital.

I would also wish to thank all the officers spending valuable time with us for providing information related two blocks and Districts Hospital for extending unconditional support; without their cooperation data audit and this report would not have been possible.

Finally I wish to thank the entire data audit team who worked continuously throughout the fieldwork period and put in their best efforts to complete the Data audit with their quality outputs.

Surya SV PankaJ

2 Background

As per the H&FW (संख्या- **35/2017/303/पांच-9-2017-9(127)/12**) and MD NHM's letter dated 13 February 2019 a field visit team was prepared for Bhadohi named Team 7 as decided by the state. The key persons and supporting staffs are mentioned on the first page.

After orientation the team moved towards the decided destination on 26th of February and reached one of the pre-decided block named BCHC-Deegh. Next day the team visited District Combined Hospital in the first half and BCHC Suriyawa in the second half and last day feedback meeting was conducted under the chairmanship of CMO.
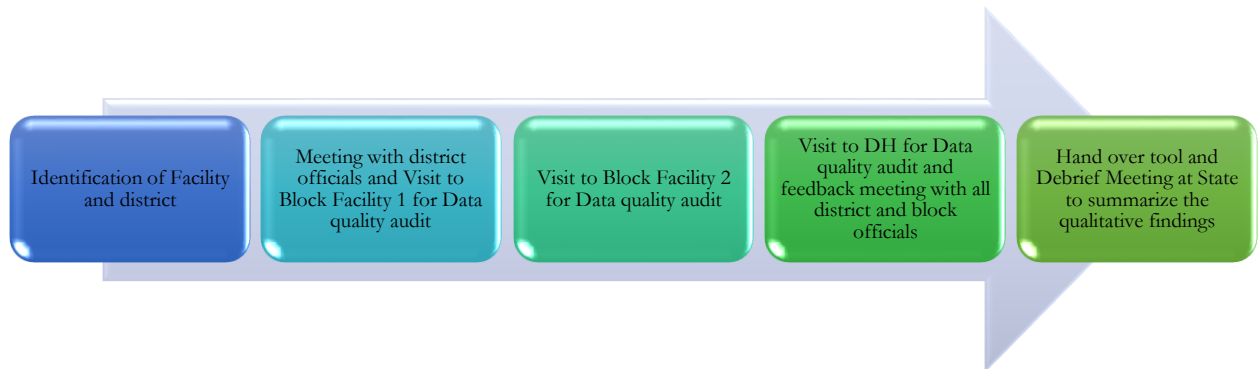
3 Need for the Data Audit

- To validate and improve the data quality of key critical data elements.
- To develop the capacity of district and block facility staff by providing the hand hold support for data quality improvement.

4 Objectives

- ➢ To validate data from source document.
- ➢ To understand problems of the data filling on portal and to resolve it.

5. Methodology

5 Audit area

Bhadohi

6 Selection Criteria of Facility

➤ The block facilities are identified based on following data quality indicators
  o % of non-blank data element
  o % of non-zero data element
➤ One poor performing block facility and one good performing block facility were selected for the audit.
➤ 1 DH is selected from each of the district (preferably DCH)
➤ This exercise has been already completed by the state and the list is shared.

7 Finding and solution

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

Two blocks namely Deegh and Suriyawa and district combined 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.

SN	Issue	Possible solution	Responsible person
1	Completeness issue-many data elements are left blank in UPHMIS and HMIS formats.	To match portal copy of block facility formats (HMIS/UPHMIS) with filled manual formats by ARO/BPM during validation committee meeting and ensure reporting of each data element in the format.	ARO/BPM/MOIC at block facility. DH Manager/CMS at DH.
2	Use of old HMIS/UPHMIS formats at some facilities. PHCs are not filling HMIS & UPHMIS PHC format.	To ensure the use of correct HMIS and UPHMIS formats at SC, PHC and CHC levels. Validation committee during meeting will examine and ensure the use of correct HMIS/UPHMIS formats in the block.	CMO/MOIC/BPM
3	Training record of facility staff not	-Training record has to be maintained and updated in coordination with all required staff by Hospital Manager.	BPM/ARO/MOIC at Block

SN	Issue	Possible solution	Responsible person
	available, if available, it is not updated.	-In a block the training record is to be maintained in a register with the help of all staff by BPM/ARO. -In order to prepare training record of facility staff (MO MBBS, MO AYUSH, Staff Nurse & ANMs/LHV) a separate register has to be made and updated it monthly so that correct information on training may be filled in monthly UPHMIS facility format.	DH Manager/CMS at DH
4	Understanding issue for some data elements like 4 ANC and stock status as adequate & inadequate not found to be clear.	To inform/explain staff nurse/ANM the correct way of reporting for the data element "Number of PW received 4 or more ANC check-ups". As per HMIS manual if a woman comes for the ANC check-up for the first time, in the late weeks of pregnancy it should NOT be counted as 4th ANC check-up, it would be her 1st ANC check-up. Only those pregnant women who received their 4th or more ANC check-up during the reporting month are to be reported. In case of stock related data in HMIS, if the stock is available for further two months of reporting month will be reported as 'Adequate' else 'Inadequate'.	ARO/BPM
5	MCTS number is missing in ANC & delivery registers.	To ensure updating MCTS number on ANC & delivery registers daily/weekly.	MOIC/MCTS operator
6	Person wise distribution of data elements is missing at the facility.	To separate data elements of HMIS/UPHMIS person wise, orient once and ensure reporting on time	MOIC at block and CMS at DH.
7	Reporting concerns for some sections like child diseases, child health and JSSK are left blank or filled with zero or incomplete.	For ensuring Childhood Diseases reporting in HMIS/UPHMIS all doctors running OPD need to ensure to mark the childhood diseases in OPD register and make the summary each day. MOIC needs to understand and ensure the reporting of JSSK part through concerned person like SN & pharmacist and person	MOIC/Pharmacist/BPM /DH Manager

SN	Issue	Possible solution	Responsible person
		responsible for 102 & 108 record maintenance.	
8	Validation committee is functional but it is not effective.	Validation committee meeting needs to be conducted in effective way. It needs to fix a certain date (between 27, 28 or 29 of every month) for validation committee meeting and follow the following steps– Step 1- Checking use of correct format Step 2- Matching of manual format with portal format Step 3- Audit NITI AYOG & ranking 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

Findings of Data Quality Audit Facility wise

1. Block (Deegh): Block CHC Deegh, Bhadohi **(Date of visit:** 26/02/2019)- First day the team visited BCHC Deegh to audit the January 2019 reported data on UPHMIS portal. The team spent more than 4 hours with block officials to audit the data. The team found out gaps and gave possible solutions to meet out the gaps as soon as. The details of action plan is given below in the table.

SN	Issue	Possible solution	Responsible person	Timeline
1	Training record of facility staff not available.	-In a block the training record is to be maintained in a register with the help of BPM, ARO and MOIC. -In order to prepare training record of facility staff (MO MBBS, MO AYUSH, Staff Nurse & ANMs/LHV) a separate register has to be made and updated it monthly so that correct information on training may be filled in monthly UPHMIS facility format.	BPM/ARO/ MOIC	28 February 2019
2	Child health section in UPHMIS BCHC format is filled with zero	To ensure reporting of child health services.	MOIC/Pediatrician/Medical	March 2019

S N	Issue	Possible solution	Responsible person	Timeline
	showing no service for children aged 0-5 years.	Child health related data elements in HMIS/UPHMIS formats were explained to Pediatrician, pharmacist, BPM and MOIC.	officer/Pharmacist	
3	Understanding issue for some data elements related to transportation from lower to higher, home to hospital and drop back separately for PW and newborn under JSSK section reporting.	To ensure correct reporting. Block officials were explained each data elements under JSSK section.	MOIC/BPM/ARO/The clerk	March 2019
4	Validation committee meeting is functional but not working effectively.	A certain date on 30th was decided to fix for the validation committee meeting and to conduct it in effective way. Need to share meeting minutes to CMO office/DPMU	MOIC/HEO/BPM/MCTS operator as per order SPMU/MIS/2015-16/70/2962 dated 04/08/15	March 2019
5	Two SCs were found using old format of HMIS for reporting.	To ensure the use of correct HMIS and UPHMIS formats at SC, PHC and CHC levels. ANM must be given correct format.	MOIC/BPM	March 2019

2. Block (Suriyawa): Block CHC Suriyawa, Bhadohi **(Date of visit:** 26/02/2019)- The audit team visited block CHC Suriyawa on the second of the visit. Gaps were identified during the audit and possible solutions were discussed. The detail action plan of the block is given below:

S N	Issue	Possible solution	Responsible person	Timeline
1	Correct CHC HMIS format was not used for reporting. PHCs are not filling HMIS & UPHMIS PHC format. Use of old SC UPHMIS format in the block.	To ensure the use of correct HMIS and UPHMIS formats at SC, PHC and CHC levels.	MOIC/BPM	March 2019

| S N	Issue	Possible solution	Responsible person	Timeline
2	Training record is available but not updated.	To update training record monthly.	BPM	March 2019
3	Summary of delivery information in the delivery register for Jan 2019 is missing.	To ensure preparing a summary of required information at the end of reporting duration.	SN for delivery information	February 2019
4	Validation committee is partly functional.	A certain date on 29th was fixed for the validation committee meeting and to conduct it in effective way, detailed in district summary. Need to share meeting minutes to CMO office/DPMU	MOIC/HEO/BPM/MCTS operator as per order SPMU/MIS/2015-16/70/2962 dated 04/08/15	March 2019
5	Child health related summary is not prepared in OPD register by doctors.	To explain doctors child health data elements and stick the elements on the table of pediatrician/medical officers. To ensure preparing summary for child health related data elements per day in OPD register to ensure reporting.	MOIC/Pediatrician/Medical officer/Pharmacist	March 2019
6	JSSK recording issue- not clear about source document to report required information especially for transportation.	To ensure reporting of transportation for pregnant women and newborn under JSSK section. Each element under JSSK was explained to the block officials.	MOIC/BPM/ARO/The clerk	March 2019
7	Person wise distribution of data elements of HMIS/UPHMIS is missing.	To segregate elements of HMIS/UPHMIS as per reporting person. Each reporting person prepare monthly summary and submit to BPMU on 21st.	MOIC & BPM	March 2019

3. DHQ: District combined hospital Maharaja Chet Singh, Bhadohi **(Date of visit:** 27/02/2019)-
The team visited the DCH in the first half of second day of the visit. The audit was performed with
the help of DH Manager, Pharmacist and the clerk. The action plan of DCH is detailed in the below
table.

S. No	Identified Issue	Action Plan/Taken	Responsibility	Timeline
1	Reporting period for Jan month is of 20 days.	To ensure correct reporting for December 2018 and January 2019.	CMS and DH manager	March 2019
2	HR and stock sections in the format is incomplete.	Ensure to complete the HR and stock sections.	DH Manager	March 2019
3	Many sections in UPHMIS BCHC format like child health, JSSK & process indicators are left blank.	To ensure reporting of the data as per the availability. To explain doctors child health data elements and stick the elements on the table of pediatrician/medical officers. To ensure segregation of women and newborn transportation to ensure reporting under JSSK section.	MOIC/BPM	30th Nov 2018
4	Validation committee is not formed at the DCH.	GO was shared to make the committee, process of the meeting was described and 28th of each month was fixed for the meeting.	CMS, Pharmacist & hospital manager	March 2019
5	No operator at DCH.	HMIS operator will come at the hospital for few hours for monthly data entry.	DH Manager & DPM	March 2019
6	Person wise distribution of data elements of HMIS/UPHMIS is missing.	To segregate elements of HMIS/UPHMIS as per reporting person. Each reporting person prepare monthly summary and submit to DH manager on 21st.	CMS, Pharmacist & DH manager	March 2019

S. No	Identified Issue	Action Plan/Taken	Responsibility	Timeline
7	Recording of 4 ANC is not taking place.	To ensure recording of 4 ANC by MO and ANM at the facility.	CMS/DH manager/MO/ ANM	March 2019

Annexure 1: Picture 1: Feedback meeting on data quality audit findings at CMO office on February 28, 2018
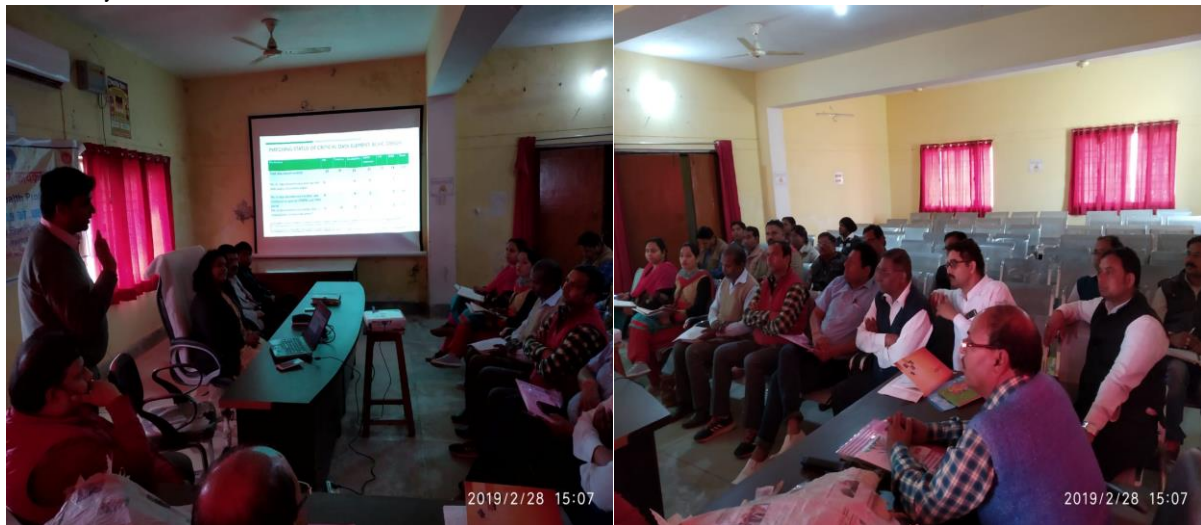
Picture 2: Audit team with block officials at BCHC Deegh and BCHC Suriyawa, Bhadohi on February 26 & 27, 2018