

## Data (UPHMIS/HMIS) Quality Audit Report (5<sup>th</sup> Round),

26<sup>th</sup> Feb to 1<sup>st</sup> March 2018

### 4- District- Maunathbhanjan

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

Two blocks namely Mohammadabad BCHC, Fatehpur Mandaw BCHC and District Women Hospital (DWH) 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 N	Issue	Possible solution	Responsible person
1	Training record of facility staff not available in any of the visited facilities.	-Training record has to be maintained and updated in coordination with Hospital Manager, Computer operator and SNs in DWH Maunathbhanjan. -In blocks these records are to be maintained in a register with the help of HEO/BPM/SNs and ARO. -To prepare training record of facility staff (MO MBBS, MO AYUSH, Staff Nurse & ANMs/LHV) a separate register has to be made updated it monthly so that correct information on training may be filled in monthly UPHMIS facility format.	MOIC//BPM/BCPM /HEO/HM/NM
2	Summary on each record in the facility is missing.	Need to prepare a summary of required information at the end of reporting duration.	Each concerned person
3	Non printed registers for Delivery, ANC, PPIUCD, Ambulance are present at facilities with no uniformity	-It was communicated to CMO Mau to provide the printed registers from the district level so that the data can be captured in a uniform formats of registers. The prototypes of registers are available with district administration.	CMO/DPM
4	Not capturing JSSK data for drugs and consumable, Ambulance and Diet	-A register is required to be made and data elements required as per format must be recorded in coordination with pharmacist, SNs/ANMs. HM in DCH and BPM in block has to be given responsibility.	HM/BPM
5	Validation committee not functional at all	Need to fix a certain date (between 26 & 28 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

**1. Block PHC Mohammadabad, Maunathbhanjan (Date of visit: 27/2/2019):-** In this block lack of coordination among staff like, BPM, ARO, Pharm, HEO was found. Facility level UPHMIS and HMIS formats are not distributed to staffs at facility, BPM/ARO are not taking interest in reporting data collection, compilation and uploading.

S. No	Identified Issue	Action Plan/Taken	Responsibility	Timeline
1	Training register was not available at the facility.	A separate register of training was made on the day of visit and suggested them to update.	BPM/ HEO	27 <sup>th</sup> March 2019
2	Improper maintenance of ANC-4 and children full immunization records	Advised to take history of PW visiting for ANC for proper recording of ANC and also Advised ANM to maintain record of fully immunized children.	BPM/ANM/L MO	27 <sup>th</sup> March 2019
3	Summary of each record such as delivery register, ANC, Ambulance in the facility is not properly maintained.	Need to prepare summary of each record as per reporting requirement at the end of reporting period in proper way and reported accordingly.	SN/ MOIC	From next reporting onwards
4	Record registers such as PPIUCD, Ambulance, and ANC registers was locked	It was advised to handover the registers to the Staff Nurse on duty	MOIC & BPM	Immediately
5	Data elements of Child health section was not available at all.	To ensure daily summary of required elements related to HMIS/UPHMIS in OPD total and also for children up to 5 yrs by doctors on daily basis and then compiled by the pharmacist. BPM must ensure the same. Details of medicine given to children for diarrhea and pneumonia should be mentioned and entered in portal.	MOIC, BPM & Pharm	From next month
6	UPHMIS and HMIS CHC format in hardcopy was not distributed to concern staffs	To ensure distribution of data elements of HMIS/UPHMIS formats to concerned persons and collection of formats at the end of reporting month	MOIC & ARO/BPM with concerned in-charge	By 21 <sup>st</sup> March 2019
7	Validation committee not functional at all.	26 <sup>th</sup> /27 <sup>th</sup> of the month was proposed for the validation committee meeting. Need to share meeting minutes to CMO office/DPMU	MOIC/BPM/ MCTS operator at block facility	27 <sup>th</sup> March 2019
8.	Diet register was updated for the month of January only two PW are updated in the register given diet	Diet register to be maintained for every PW admitted in the facility if diet provided.	SN/BPM	Immediately

**2. BCHC Fatehpur Mandaw (Date of visit: 28/02/2019).** This facility was selected for the Supportive supervision. The coordination between the staffs of the facility is very poor. BPM was not taking any responsibility for UPHMIS and HMIS reporting. Facility level formats for UPHMIS and HMIS was not filled in the hardcopy.

S. No	Identified Issue	Action Plan/Taken	Responsibility	Timeline
1	Maintaining and updating of Training register.	A separate register of training was made on the day of visit and suggested them to update.	HEO/SN	21 <sup>st</sup> March 2019
2	Improper maintenance of ANC-4 and children full immunization records	Advised to take history of PW visiting for ANC for proper recording of ANC and also Advised ANM to maintain record of fully immunized children.	BPM/ANM/MOIC	28 <sup>th</sup> March 2019
3	Summary of each record in the facility is not properly maintained.	Summary in delivery registers are not maintained at the facility due to which the data discrepancy was very high in labor room data	MOIC /SN/ANM/AR O	From next reporting onwards
4	Ambulance register not available at the facility	It was advised to maintain the registers for ambulance to record the data of Drop back, Home to hospital and hospital to hospital patients	MOIC & BPM	28 <sup>th</sup> March 2019
5	Data elements of Child health section was incomplete.	To ensure daily summary of required elements related to HMIS/UPHMIS in OPD total and also for children up to 5 yrs by doctors on daily basis and then compiled by the pharmacist. BPM must ensure the same. Details of medicine given to children for diarrhea and pneumonia should be mentioned and entered in portal.	MOIC, BPM & Pharm	From next month
6	Validation committee not functional at all.	26 <sup>th</sup> /27 <sup>th</sup> of the month was proposed for the validation committee meeting. Need to share meeting minutes to CMO office/DPMU	MOIC/BPM/MCTS operator at block facility	28 <sup>th</sup> March 2019
7	Improper JSSK Reporting-most of the data elements were left blank	Need to maintain the record of JSSK related data in a register in coordination with SNs, Ambulance in-charge, Pharm, LT etc.	Pharm/SN/BPM	28 <sup>th</sup> March 2019

**3. District Women Hospital, Noida (Date of visit: 01/03/2019):-** The responsibility not assigned to the staff posted at the DCH for reporting of UPHMIS and HMIS. Report of the facility are being uploaded from the CMO office due to vacant position of DEO at the facility.

S. No	Identified Issue	Action Plan/Taken	Responsibility	Timeline
1	Training register was not available.	A separate register of training was made on the day of visit and suggested them to update.	Hospital Manager/DEO	28 <sup>th</sup> March 2019
2	Improper JSSK Reporting-most of the data elements were left blank or wrongly reported	Need to maintain the record of JSSK related data in a register in coordination with SNs, Ambulance in-charge, Pharm, Nutritionist, LT etc.	Pharm/SN/ Nutritionist	From March 19 onwards
3	Summary was not maintained in the SNCU register about the inborn and out born cases	It was advised to maintain the summary at the end of the reporting month.	SN at SNCU	From March 19 onwards
4	Improper maintenance of ANC-4 and children full immunization records	Advised to take history of PW visiting for ANC for proper recording of ANC and also Advised ANM to maintain record of fully immunized children.	BPM/ANM/LMO	From March 19 onwards
5	Role distribution of data elements for data collection is missing	To ensure distribution of data elements of HMIS/UPHMIS formats to concerned persons and collection at the end of the reporting period.	Hospital Manager/ Pharmacist/DEO	From March 19 onwards
6	Validation committee is not functional.	Need to make it functional (26 <sup>th</sup> /27 <sup>th</sup> of each month)	Hospital Manager and concern record keeping in-charge	From March 19 onwards