

## Data Audit Visit Report , District- Gautam Budhha Nagar

**30<sup>th</sup> Oct to 1<sup>st</sup> Nov 2018**

With reference to the Principal Secretary H & FW letter dated 31<sup>st</sup> May 2017(संख्या- 35/2017/303/पांच-9-2017-9(127)/12) and MD NHM letter No. SPMU/NHM/M&E/25, dated 27<sup>th</sup> Oct 2018 for the improvement of data quality of HMIS/UPHMIS, data quality audit team were constituted comprising of members from DGMH, DGFW, NHM and TSU.

All the members of the team were oriented on data element definitions and methodology to conduct a data quality audit on 29<sup>th</sup> Oct 2018, and feedback of last audit visits were shared. In this 4<sup>th</sup> round 7 districts in Uttar Pradesh were identified for data audit. Further, one poor and one good performing blocks along with district combined hospital or District Women Hospital were selected for the visit. The team visited from 30<sup>th</sup> to 1<sup>st</sup> Nov 2018 to conduct the data quality audit in the district (details in Table 1).

The report provides brief findings of the visit and facility level action plan developed for each of the visited facilities for further improvement of data quality.

### Data Audit Team

Team	Members Name	Department	Visiting District
Team 1	Dr. Rajesh Kumar, JD	DGMH	Gautam Buddha Nagar
	Dr. Rais Ahmed, Consultant-Maternal Health	NHM	
	Mr. DK Srivastava, (ARO, D&E cell)	DGFW	
	Mr. Nazir Haider, M&E Specialist	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 below is summarizing the initial analysis based on the checklist filled during data quality audit

### District- Gautam Budhha Nagar

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

Two blocks namely Bishrakh BPCH, Dadha CHC (Dankaur block) and District Combined Hospital (DCH) 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	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 DCH Noida. -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	MOIC//BPM/BCP M/HEO/HM/NM

		monthly UPHMIS facility format.	
2	Responsibility of data collection, compilation, validation, and uploading on time	In the district no AROs & BPM and Hospital Manager at DCH has to own responsibility for data quality including timely collection, compilation, validation etc.	HM/BPM/ARO
3	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
4	Old type Delivery Register is being used at DCH	-It was talked with DPM and CMO in the meeting that the new version of delivery register should be introduced in DCH so that data on complications of mother & NB are taken and also other data can be captured.	DPM/HM/SN
5	Clarification of data elements is missing at the facility.	-Need an orientation of all concerned staff at blocks/facility and DCH.	MOIC at block and HM at DCH.
6	Not capturing JSSK data	-A register is required to be made and data elements required as per format must be recorded in coordination with pharmacist, LT, SNs/ANMs. HM in DCH and BPM in block has to be given responsibility.	HM/BPM
7	Online data uploading	-In most of the facilities HMIS/UPHMIS data is uploading online resulting discrepancies in data of previous months. In this regard it was suggested to prepare offline data of each facility and then can excel imported.	DPM/BPM/DEO
8	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. BlockPHC Bishrakh, GB Nagar (Date of visit: 30/10/2018):-** In this block lack of coordination among staff like, BPM, ARO, Pharm, HEO was found. The whole burden was with DEO but he has his limited understanding, hence BPM/ARO has to take lead role under the supervision of MOI/c for proper timely data collection, compilation and uploading.

S. No	Identified Issue	Action Plan/Taken	Responsibility	Timeline
1	Maintaining and updating of Training register.	The data of ASHA training was in soft copy but not of other staff, needed to update in a register for all.	ARO/HEO	1 <sup>st</sup> Nov 2018




2	Improper maintenance of ANC-4 and children full immunization records	Correct report need to be recoded for ANC-4 and full immunization.	BPM/ANM/ Dental Hyg	20 <sup>th</sup> Nov 2018
3	Summary of each record in the facility is not properly maintained.	Summary in Delivery register was made but not of all data elements as required in HMIS/ UPHMIS. But summary need to be prepared for all including ANC, Lab test, immunization etc.	Dental Hyg/SN/ANM /ARO	From next reporting onwards
4	Data elements not filled blank in format but incorrect	It was suggested to give orientation to all staff concerned for reporting to fill all the formats properly and should be checked by ARO/BMO under the supervision of MOI/c	MOI/c & BPM	30 <sup>th</sup> Nov 2018
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.	MOI/c, BPM & Pharm	From next month
6	Role distribution of data elements for data collection is missing	To ensure distribution of data elements of HMIS/UPHMIS formats to concerned persons	MOIC & ARO/BPM with concerned in-charge	By 15 <sup>th</sup> Nov 2018
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	30 <sup>th</sup> Nov 2018
8.	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/BP M	20 <sup>th</sup> Nov 2018

**3. District Combined Hospital, Noida (Date of visit: 01/11/2018):-** This facility combined hospital for both male and female. Hospital Magar is in place but data is being managed by 2 data entry operators resulting many data elements left blank or zero in spite of services are available and provided. In the Labor Room maternity register was being used as delivery register. No new delivery register has been introduced so far due to this record of many data elements like maternal and NB complications were missing.

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	7 <sup>th</sup> Nov 2018
2	Training on HMIS/UPHMIS of HM, SN, Pharm, DEO, LT etc.	It was suggested to organize a training of all concerned staff	DPM/DARO/HM	30 <sup>th</sup> Nov 2018u
3	Summary of each record in the facility is missing.	Need to prepare summary of each record as per reporting requirement at the end of reporting period	Each concerned person	From next reporting onwards
4	Arrival of PW and maternal & NB complication data was not computed properly	In Admission/Delivery register summary of each complication either of PW or NB should be recorded properly and fill in the format.	HM/SN	From Nov 18 onwards
5	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 Nov 18 onwards
6	Role distribution of data elements for data collection is missing	To ensure distribution of data elements of HMIS/UPHMIS formats to concerned persons	Hospital Manager/Pharmacist/DEO	From Nov 18 onwards
7	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 Nov 18 onwards

Submitted by-

Members Name	Department	Signature
Dr. Rajesh Kumar, JD	DGMH	
Dr. Rais Ahmed, Consultant-Maternal Health	NHM	
Mr. DK Srivastava, (ARO, D&E cell)	DGFW	
Mr. Nazir Haider, M&E Specialist	UPTSU	