Data Quality

Strengthening Analysis and Use of Routine Facility Data for Maternal, Newborn, Child and Adolescent Health

August 13, 2024

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MOMENTUM A Global Partnership for Health and Resilience

Housekeeping

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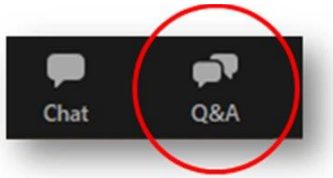
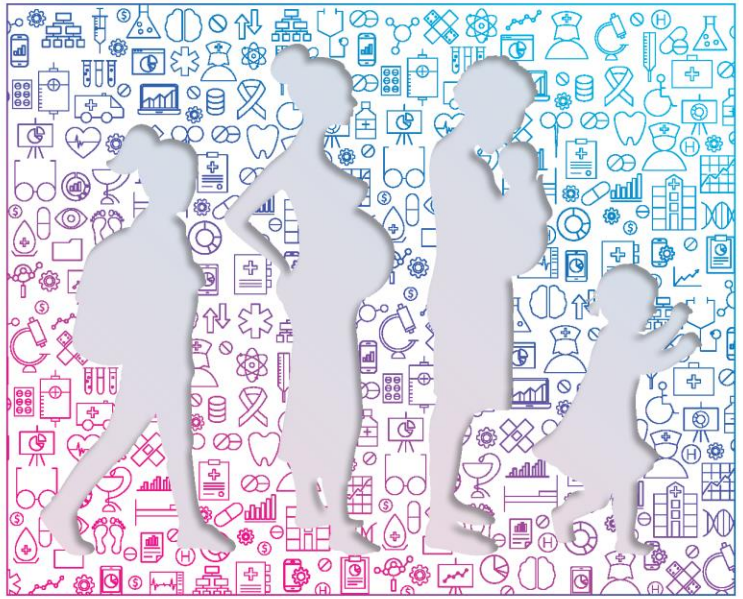
- Please submit your questions for the presenters in the Q&A box. Presenters will either reply to you via text in the Q&A box or will answer your question during the Q&A discussion portion of the webinar.



Series Overview

- Training of trainers (ToT) on strengthening data use and analysis
- Based on WHO guidance *Analysis and use of health facility data: Guidance for maternal, newborn, child and adolescent health programme managers*



unicef
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World Health Organization

Series Overview

Each session in the webinar series will:

- Introduce key concepts related to analysis and use of routine data
- Feature examples from MOMENTUM awards
- Highlight tools and resources to support technical assistance activities

Date	Session
August 1	Introduction to Health Facility Data
August 13	**Data Quality**
September 5	Data Triangulation and Analysis
September 12	Data Interpretation and Use for Decision-Making
September 26	Bonus Session: Data Viz

Today's Presenters

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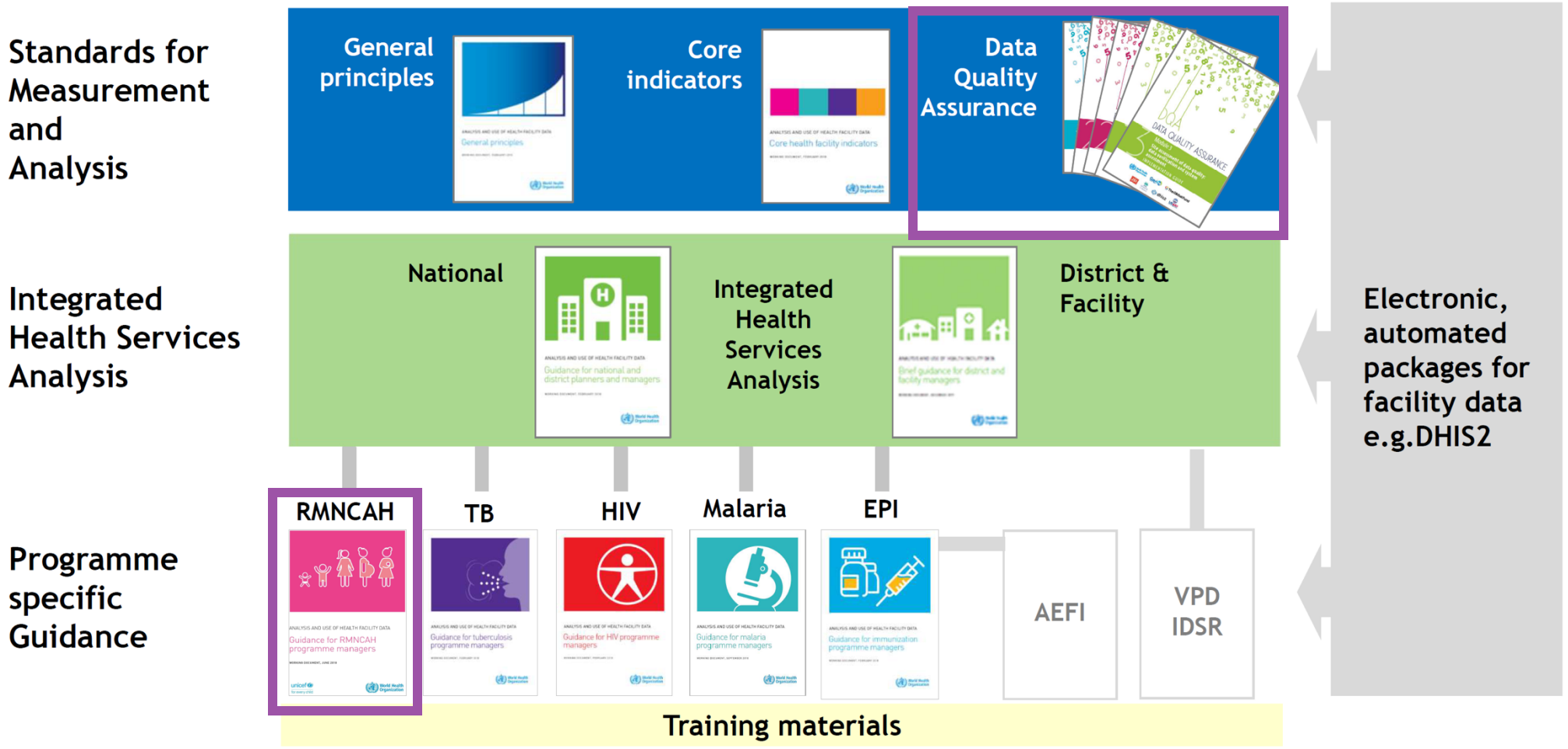
Session Objectives

- Provide an overview of the WHO data quality assurance (DQA) framework and dimensions of data quality
- Outline key tools and resources for supporting work to improve the quality of routine health facility data for maternal, newborn, child, and adolescent health (MNCAH)
- Present and discuss real-world examples of how colleagues with the MOMENTUM Routine Immunization Transformation and Equity (MRITE) and MOMENTUM Private Healthcare Delivery (MPHD) projects worked with the Ministry of Health in India and private sector in Benin, respectively, to improve routine health information systems (RHIS) data quality

WHO Data Quality Assurance Framework

WHO Toolkit for Routine Health Information Systems Data



Adapted from World Health Organization (WHO). (2021). *Analysis and use of routine health information systems (RHIS) data toolkit*

Data Quality Review Methodology

The data quality review (DQR) methodology comprises two separate processes.

1. A desk review – A review of the quality of existing aggregated reported data, using standardized data-quality metrics

- Done as part of routine and regular data quality checks or as a discrete assessment

2. A site assessment – An assessment of data quality that requires visits to health facilities and district offices and includes verification of source data and an assessment of system capabilities to produce quality data

- Done as part of a routine data quality assurance cycle that includes supervision or may be conducted as a discrete assessment

Source: WHO. (2022). Data quality assurance: Module 1. Framework and metrics. Geneva: WHO.

Selecting Indicators to Include in DQRs

Indicators included in a DQR should be:

- **Important** for programme monitoring and evaluation
- **"Tracer" indicators** (i.e., results can be traced from the source to the national level and are indicative of data quality for all indicators within a programme area)
- **Widely available** and expected to be reported from most or all facilities that are offering services for the selected disease/programme area
- **Relatively straightforward** to verify the data quality of the indicators

Source: WHO. (2022). Data quality assurance: Module 1. Framework and metrics. Geneva: WHO.

Dimensions of Data Quality

1. Completeness and timeliness
2. Internal consistency of reported data
3. External comparison/ cross-checks (with other data sources)
4. Consistency of population data

Adapted from WHO. (2023). *Analysis and use of health facility data: Guidance for maternal, newborn, child and adolescent health programme managers*. Geneva: WHO.

Dimension 1: Completeness and Timeliness of Data

"The **completeness of the data** is assessed by measuring whether **all the entities that are supposed to report actually do so**. This applies to health-facility reporting to districts and to district reporting to the regional or provincial levels. **Timeliness of data** is assessed by measuring whether the entities which **submitted reports did so before a predefined deadline**."[1]

Data quality metrics for completeness and timeliness

- Completeness and timeliness of district reporting
- Completeness and timeliness of facility reporting
- Completeness of indicator data (data element)
- Consistency of reporting completeness

[1] WHO. (2022). Data quality assurance: Module 1. Framework and metrics. Geneva: WHO.

Adapted from WHO. (2023). *Analysis and use of health facility data: Guidance for maternal, newborn, child and adolescent health programme managers*. Geneva: WHO.

Dimension 2: Internal Consistency of Reported Data

"**Internal consistency of the data** relates to the **coherence of the data being evaluated**. Internal consistency metrics examine:

1. Coherence between the same data items at different points in time;
2. Coherence between related data items; and
3. Comparison of data in source documents and in aggregated reports."[1]

Data quality metrics for internal consistency of reported data

- Presence of outliers
- Consistency over time
- Consistency between indicators
- Consistency of reported data and original records

[1] WHO. (2022). Data quality assurance: Module 1. Framework and metrics. Geneva: WHO.

Adapted from WHO. (2023). *Analysis and use of health facility data: Guidance for maternal, newborn, child and adolescent health programme managers*. Geneva: WHO.

Dimension 3: External Comparison / Cross-checks

"**External comparison** refers to the assessment of the **level of agreement between two sources of data** measuring the same health indicator."[1]

Data quality metrics for external comparison of data sources

- Consistency between routine data from the health management information system (HMIS) and data from population-based surveys (or other alternative data sources)

[1] WHO. (2022). Data quality assurance: Module 1. Framework and metrics. Geneva: WHO.

Adapted from WHO. (2023). *Analysis and use of health facility data: Guidance for maternal, newborn, child and adolescent health programme managers*. Geneva: WHO.

Dimension 4: Consistency of Population Data

Consistency of population data "involves determining the **adequacy of the population data used** in evaluating the performance of health indicators."[1]

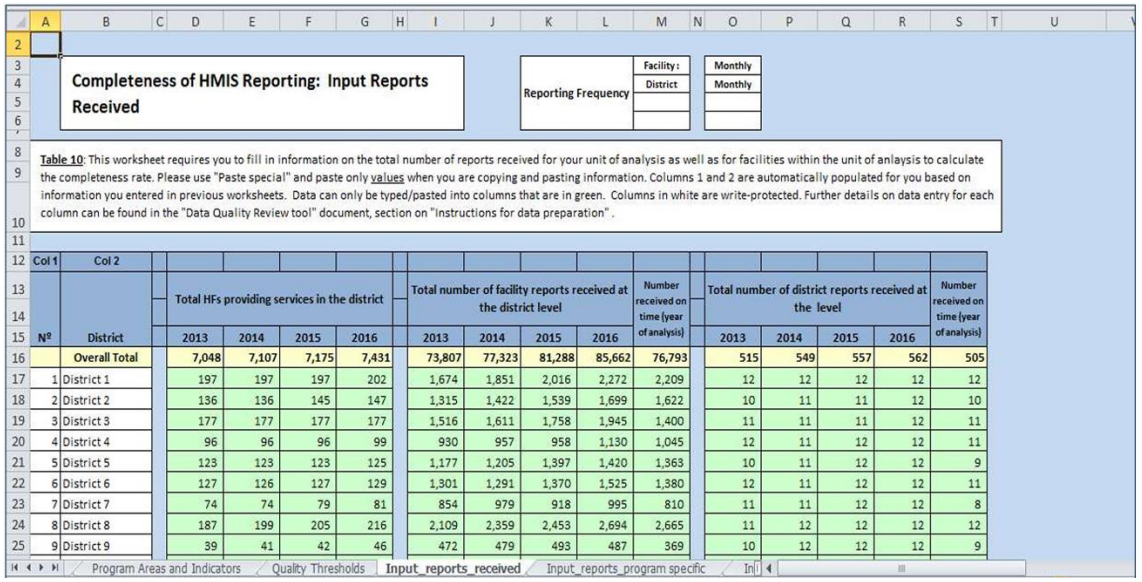
Data quality metrics for consistency of population data

- Consistency of population trends and comparison of related population estimates (i.e., between the population data used for calculating health service coverage and other sources of population estimates)

[1] WHO. (2022). Data quality assurance: Module 1. Framework and metrics. Geneva: WHO.

Adapted from WHO. (2023). *Analysis and use of health facility data: Guidance for maternal, newborn, child and adolescent health programme managers*. Geneva: WHO.

Standardized Data Quality Review Tools



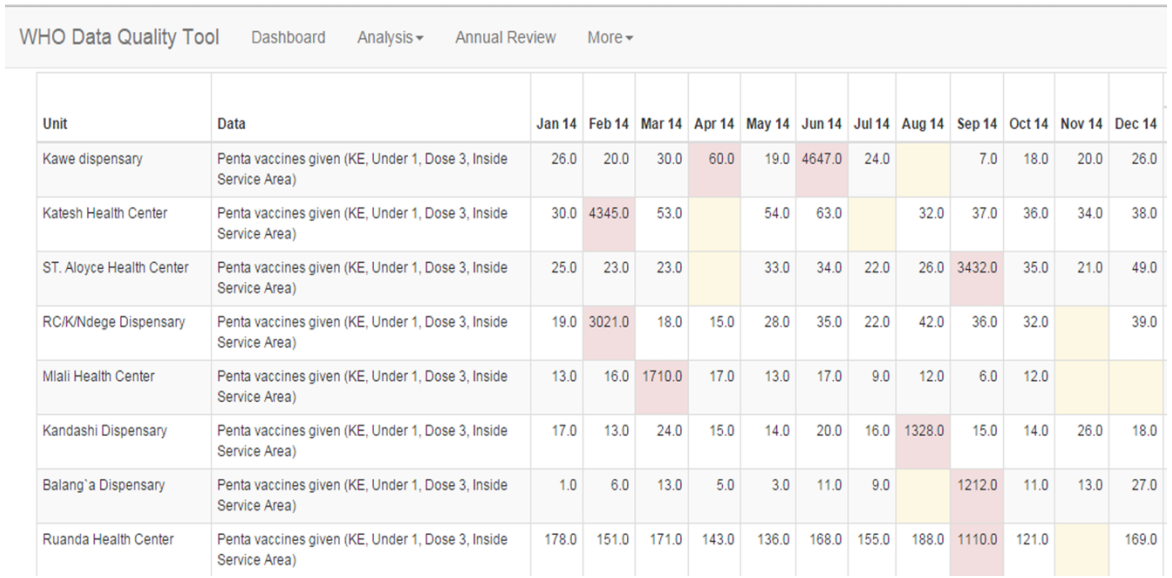
Completeness of HMIS Reporting: Input Reports Received

Reporting Frequency	Facility :	Monthly
	District	Monthly

Table 10: This worksheet requires you to fill in information on the total number of reports received for your unit of analysis as well as for facilities within the unit of anlaysis to calculate the completeness rate. Please use "Paste special" and paste only values when you are copying and pasting information. Columns 1 and 2 are automatically populated for you based on information you entered in previous worksheets. Data can only be typed/pasted into columns that are in green. Columns in white are write-protected. Further details on data entry for each column can be found in the "Data Quality Review tool" document, section on "Instructions for data preparation" .

Col 1	Col 2	Total HFs providing services in the district				Total number of facility reports received at the district level				Number received on time (year of analysis)	Total number of district reports received at the level				Number received on time (year of analysis)
N°	District	2013	2014	2015	2016	2013	2014	2015	2016		2013	2014	2015	2016	
	Overall Total	7,048	7,107	7,175	7,431	73,807	77,323	81,288	85,662	76,793	515	549	557	562	505
1	District 1	197	197	197	202	1,674	1,851	2,016	2,272	2,209	12	12	12	12	12
2	District 2	136	136	145	147	1,315	1,422	1,539	1,699	1,622	10	11	11	12	10
3	District 3	177	177	177	177	1,516	1,611	1,758	1,945	1,400	11	11	11	12	11
4	District 4	96	96	96	99	930	957	958	1,130	1,045	12	11	12	12	11
5	District 5	123	123	123	125	1,177	1,205	1,397	1,420	1,363	10	11	12	12	9
6	District 6	127	126	127	129	1,301	1,291	1,370	1,525	1,380	12	11	12	12	11
7	District 7	74	74	79	81	854	979	918	995	810	11	11	12	12	8
8	District 8	187	199	205	216	2,109	2,359	2,453	2,694	2,665	11	12	12	12	12
9	District 9	39	41	42	46	472	479	493	487	369	10	12	12	12	9

Program Areas and Indicators | Quality Thresholds | Input_reports_received | Input_reports_program specific



WHO Data Quality Tool | Dashboard | Analysis | Annual Review | More

Unit	Data	Jan 14	Feb 14	Mar 14	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14
Kawe dispensary	Penta vaccines given (KE, Under 1, Dose 3, Inside Service Area)	26.0	20.0	30.0	60.0	19.0	4647.0	24.0		7.0	18.0	20.0	26.0
Katesh Health Center	Penta vaccines given (KE, Under 1, Dose 3, Inside Service Area)	30.0	4345.0	53.0		54.0	63.0		32.0	37.0	36.0	34.0	38.0
ST. Aloyce Health Center	Penta vaccines given (KE, Under 1, Dose 3, Inside Service Area)	25.0	23.0	23.0		33.0	34.0	22.0	26.0	3432.0	35.0	21.0	49.0
RC/K/Ndege Dispensary	Penta vaccines given (KE, Under 1, Dose 3, Inside Service Area)	19.0	3021.0	18.0	15.0	28.0	35.0	22.0	42.0	36.0	32.0		39.0
Mlali Health Center	Penta vaccines given (KE, Under 1, Dose 3, Inside Service Area)	13.0	16.0	1710.0	17.0	13.0	17.0	9.0	12.0	6.0	12.0		
Kandashi Dispensary	Penta vaccines given (KE, Under 1, Dose 3, Inside Service Area)	17.0	13.0	24.0	15.0	14.0	20.0	16.0	1328.0	15.0	14.0	26.0	18.0
Balang`a Dispensary	Penta vaccines given (KE, Under 1, Dose 3, Inside Service Area)	1.0	6.0	13.0	5.0	3.0	11.0	9.0		1212.0	11.0	13.0	27.0
Ruanda Health Center	Penta vaccines given (KE, Under 1, Dose 3, Inside Service Area)	178.0	151.0	171.0	143.0	136.0	168.0	155.0	188.0	1110.0	121.0		169.0

Benchmarks & Cut-offs

Dimension 1: Completeness of reporting

An assessment of each dimension should be conducted for each of the recommended core indicators: antenatal care, immunization, HIV, TB and malaria. Additional indicators can be selected according to the priority and focus of the data quality assessment.

Data quality metric	Definition		
	National level		Subnational level
Completeness of district reporting[1]	% of expected district monthly reports (previous 1 year) that are actually received		Number and % of districts that submitted 100% of expected monthly reports
Timeliness of district reporting	% of submitted district monthly reports (previous 1 year) that are received on time (i.e. by the deadline for reporting)		Number and % of districts that submitted on time at least 75% of the monthly reports received at national level from the district[2]
Completeness of facility reporting[3]	% of expected facility monthly reports (previous 1 year) that are actually received		Number and % of districts with at least 90% of monthly facility reports received
Timeliness of facility reporting	% of submitted facility monthly reports (previous 1 year) that are received on time (i.e. by the deadline for reporting)		Number and % of districts that received on time at least 75% of monthly facility reports that were submitted
Completeness of indicator data (% of data elements that are non-zero values, % of data elements that are non-missing values) Carry out each analysis separately	ANC first visit		Number and % of districts with < 90% 1) non-zero values; 2) non-missing values
	3rd dose DTP-containing vaccine[4]		Number and % of districts with < 90% 1) non-zero values; 2) non-missing values
	Newly on ART		Number and % of districts with < 90% 1) non-zero values; 2) non-missing values[5]
	Notified cases of all forms of TB[6]		Number and % of districts with < 100%[7] 1) non-zero values; 2) non-missing values
	Confirmed malaria cases		Number and % of districts with < 100% 1) non-zero values; 2) non-missing values
Consistency of reporting completeness	Each information system	Evaluate the trend in completeness of reporting from district to national level over the past 3 years	Evaluate the trend in completeness from facility to district level over the past 3 years

Dimension 2: Internal consistency of reported data

Data quality metric	Definition	
	National level	Subnational level
Outliers[1] Complete for each of 5 indicators: - ANC 1st visit - 3rd dose DTP-containing vaccine - ART coverage - Notified cases of all forms	**Extreme:** % of monthly subnational unit values that are extreme outliers (at least 3 SD from the mean)	Number and % of subnational units in which 1 or more of the monthly subnational unit values over the course of 1 year is an extreme outlier
	Moderate: % of subnational unit values that are moderate outliers (± 2–3 SD from the mean or > 3.5 on modified z-score method).	Number and % of subnational units in which 2 or more of the monthly subnational unit values for the indicator over the course of 1 year are moderate outliers
Consistency over time Complete for each of 5 indicators: - ANC 1st visit - 3rd dose DTP-containing vaccine - ART coverage - Notified cases of all forms of TB - Proportion of suspects tested for malaria	Conduct one of the following based on the expected trend of the indicator: 1) comparison of current year to the value predicted from the trend in the 3 preceding years (for indicators or programmes with expected growth); or 2) comparison of current year to the average of the 3 preceding years (for indicators or programmes expected to remain constant)	Number and % of districts whose current ratio of year-to-predicted-value ratio (or current year to the average of the preceding three 3 years) is at least ±33% different from the national ratio
	Graphic depiction of trend to determine plausibility based on programmatic knowledge	
Consistency between related indicators	**Maternal health:** ANC1 – IPT1 or TT1 (should be approximately equal)	Number and % of subnational units where there is an extreme difference (≥ ±10%)
	Immunization: DTP3 dropout rate: (DTP1 – DTP3)/ DTP1 – should not be negative	Number and % of subnational units with the number of DTP3 immunizations higher than DTP1 immunizations (negative dropout)
	HIV: Ratio of # enrolled on treatment: # tested positive in the previous reporting period < 1 in a TREAT ALL setting	Number# and % of subnational units meeting the test of consistency between testing and treatment indicators
	TB: TB cases notified – TB cases put on treatment (in the past year) (should be roughly approximately equal)	Number and % of subnational units where there is an extreme difference (≥ ±10%)
	Malaria. Number of confirmed malaria cases reported >= number of confirmed malaria cases treated with 1st line treatment courses (incl ACT)	Number and % of subnational units where there is an extreme difference (≥ ±10%)
	% agreement between verified counts for selected indicators in sampled facility records, and reported values for the same facilities	Maternal health: ANC 1st visit
Verification of reporting consistency through a site assessment, e.g. facility and district	% agreement between verified counts for selected indicators in sampled facility records, and reported values for the same facilities	Immunization: Penta/DTP 1–3 in children < 1 year
		HIV: Newly on ART
		TB:[2] Notified cases of all forms of TB
		Malaria: Confirmed malaria cases

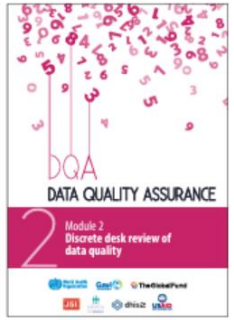
Source: World Health Organization. Data quality assurance. Module 1. Framework and metrics. Geneva: WHO, 2022.

Resource Spotlight

WHO Data Quality Assurance (DQA) Toolkit - LINK

Overall framework and implementation

Desk review of data quality

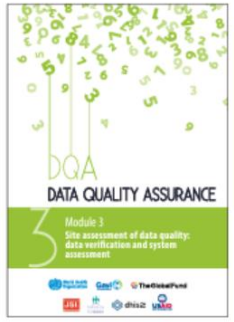


dhis2
DQ app (with user guide)

Training materials for desk review of data quality

WHO Desk review tool in MS Excel (with user guide)

Site assessment of data quality



Data collection tool for discrete site assessment in (MS-Word and CSPro) with a user manual for CSPro application

Training materials for data verification and system assessments

MS Excel analysis tool for facility/district data verification and system assessment (with user guides)

Supervisory checklists in MS Excel (with user guide)

Source: WHO. (2022). Data quality assurance: Module 1. Framework and metrics. Geneva: WHO.

Data Quality Considerations for MNCAH Managers

Analysis and use of health facility data: Guidance for maternal, newborn, child, and adolescent health (MNCAH) programme managers

Presentation materials

1. Health information system: Types and sources of health data
2. Routine health facility data indicators for MNCAH
3. **Data quality considerations for MNCAH managers**
4. Data triangulation: Using multiple sources of MNCAH data together
5. Analysis, visualization, and interpretation of MNCAH data
6. Data communication products for MNCAH
7. Using MNCAH data for decision-making

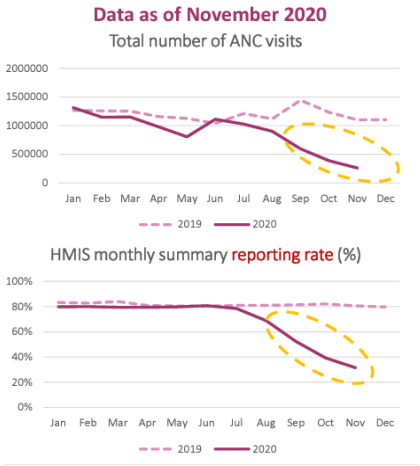
Adapted from WHO. (2023). *Analysis and use of health facility data: Guidance for maternal, newborn, child and adolescent health programme managers*. Geneva: WHO.

Objectives of Presentation #3

- Describe common data quality problems with routine health information system (RHIS) data
- Explain the importance of data quality with respect to using RHIS data on maternal, newborn, child, and adolescent health (MNCAH) for decision-making

Adapted from WHO. (2023). *Analysis and use of health facility data: Guidance for maternal, newborn, child and adolescent health programme managers*. Geneva: WHO.

Interpreting MNCAH Data Through a Data Quality Lens

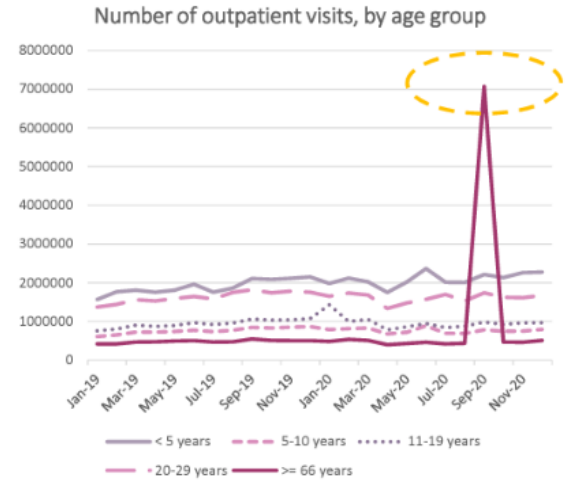


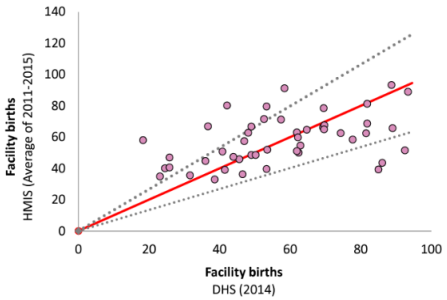
1

Completeness and timeliness

2

Internal consistency of reported data





3

External comparison/ cross-checks (with other data sources)

4

Consistency of population data

District	National Bureau of Statistics (NBS) estimate of surviving infants	Expanded programme on immunization (EPI) estimate of surviving infants	Ratio of NBS to EPI estimates
District 1	12,216	16,248	0.75
District 2	10,824	12,612	0.86
District 3	7,393	8,988	0.82
District 4	5,884	6,204	0.95
District 5	4,567	4,812	0.95
……	……	……	……
…….	…..	….	…..
National	1,553,306	1,678,858	**0.93**

Adapted from WHO. (2023). *Analysis and use of health facility data: Guidance for maternal, newborn, child and adolescent health programme managers*. Geneva: WHO.

Example: Management Process for Addressing Data Quality Issues

Many outliers and errors	• Identified when reviewing data
Errors introduced at district level	• Confirmed through data verification
Regional level not reviewing data	• Discovered during field review
No guidance exists for review	• Found during assessment
Create SOPs for data review	• Actionable

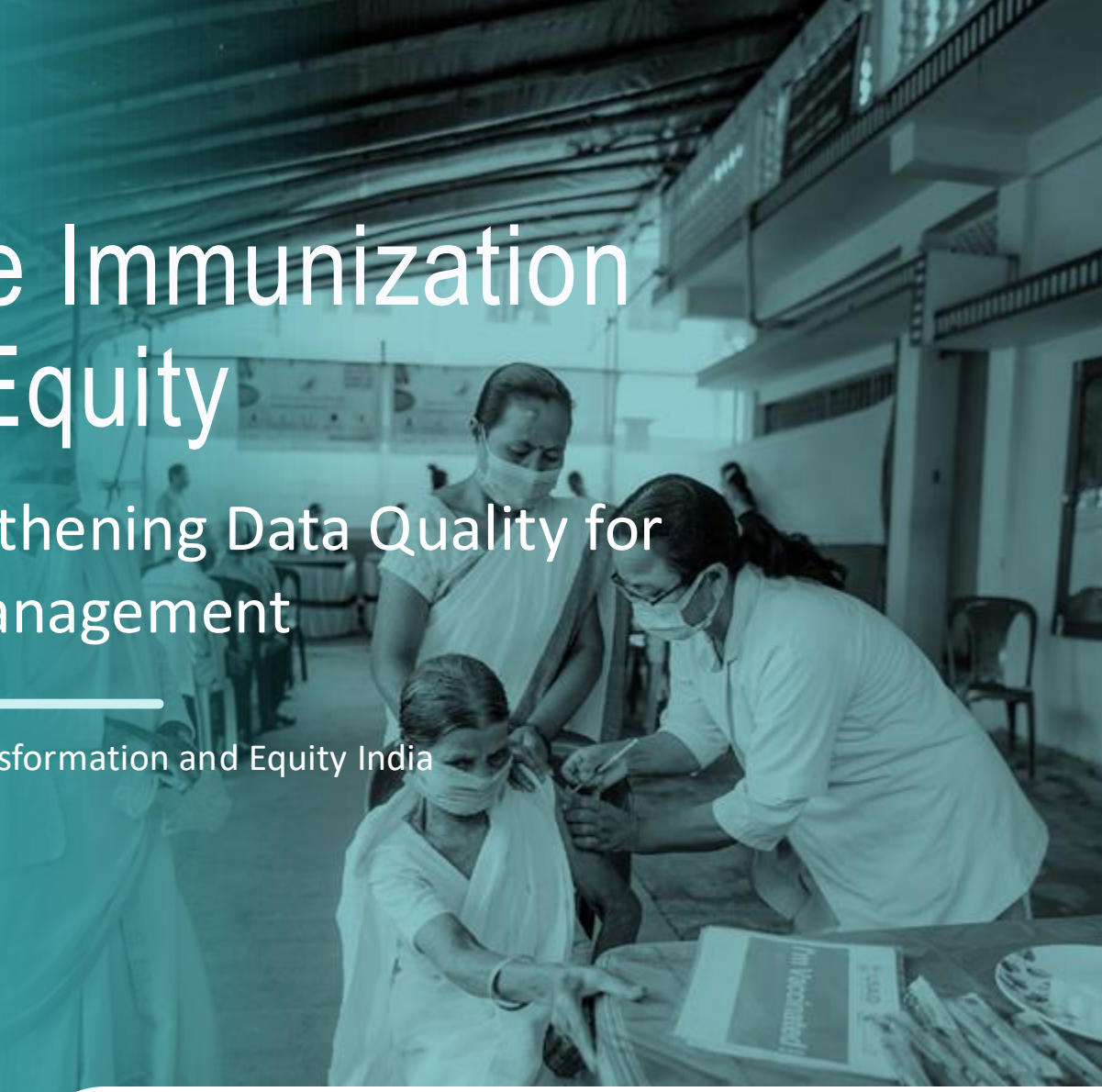
Adapted from WHO. (2023). *Analysis and use of health facility data: Guidance for maternal, newborn, child and adolescent health programme managers*. Geneva: WHO.

MOMENTUM Routine Immunization Transformation and Equity

Data Quality Assessment: Strengthening Data Quality for Evidence-based Planning and Management

Vishal Agarwal, MOMENTUM Routine Immunization Transformation and Equity India

August 13, 2024



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Contents

SECTION 1

Context

MOMENTUM Routine Immunization Project Context

- The primary source to measure immunization coverage is data reported from the Health Management Information System (HMIS) portal
- Despite being a valuable resource, the quality of reported data is **seldom systematically assessed** against standard protocols
- This lack of assessment hampers the **identification of barriers** to enhancing immunization coverage and highlights the **critical need for robust data management assessment** within routine immunization programs to ensure their effectiveness and impact
- **Project Goal:** To strengthen data quality for use in effective program management by:
  - Improving data quality
  - Enhancing monitoring and evaluation capabilities
  - Supporting informed decision-making
  - Facilitating capacity building among local stakeholders

Today's Focus: Overview of the **data quality assessment activity**, which focuses on strengthening data reporting processes and ultimately improving data use

SECTION 2

Goals & Objectives of DQA

DQA: Data Quality Assessment

DQA Goal: Strengthen the data recording and reporting system for immunization coverage

DQA Objectives:

To **assess the quality of the data** captured in the immunization records and report for **four main measures:**

1. **Availability -** Physical availability of records and reports were assessed out of the total expected records/reports
2. **Completeness -** Measured whether all the specified immunization related data fields were filled
3. **Agreement -** Measured if two documents that were supposed to have the same data were identical or not
4. **Consistency -** Measured if the reported data follows the logic that is expected from an immunization system

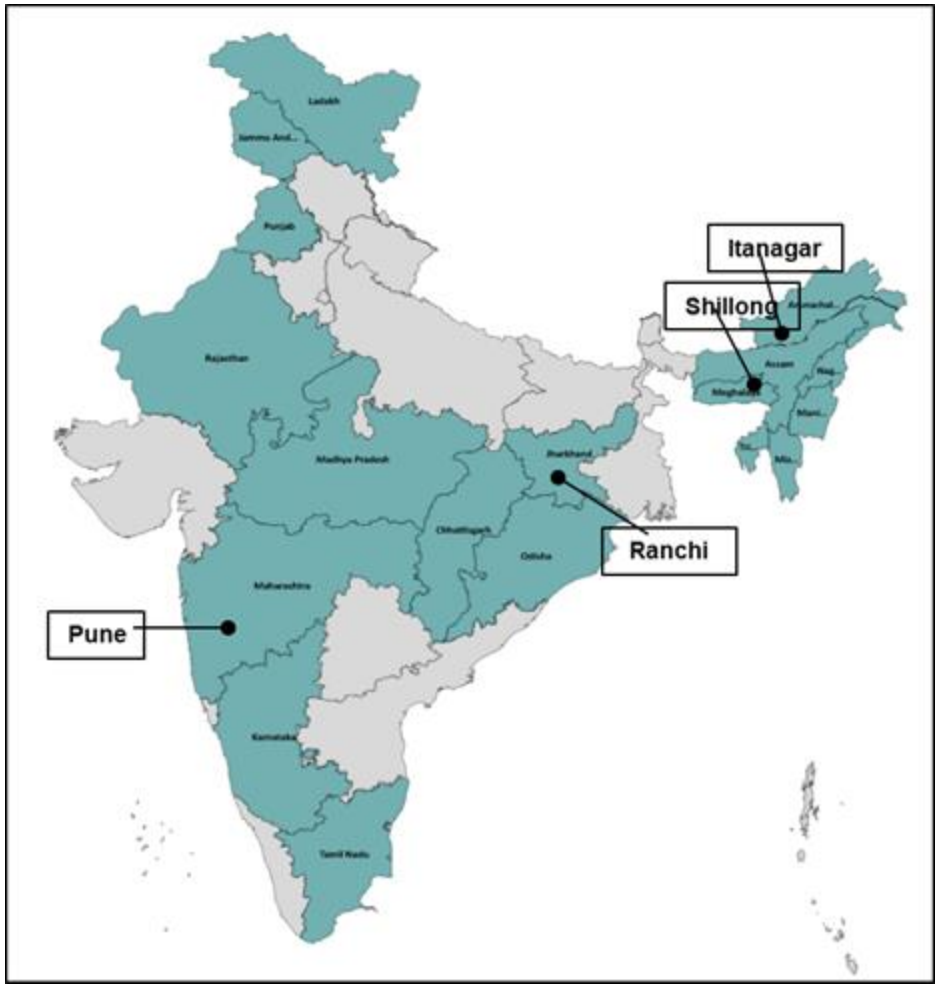
To **understand strengths/weaknesses/opportunities** in the data recording and reporting system

To **develop data quality improvement plans** for addressing barriers in improving the quality of reported data to strengthen existing data systems

SECTION 3

Geography

Geography



What: The DQA reviewed of all routine immunization-related records and reports

Where: Conducted in 4 City Embrace Model (CEM) cities across 4 states; 6 urban primary health centers (UPHC) visited in each CEM city

When: June 2023 to November 2023

How: Data was collected during Feb-May 2024 and analysed using an Excel-based tool; findings were shared with state/district health authorities

SECTION 4

Methodology

Routine Immunization Data Flow in India

Mother and Child Protection (MCP) Card

- Captures individual-level data
- Carried by the caregiver

Tally Sheet

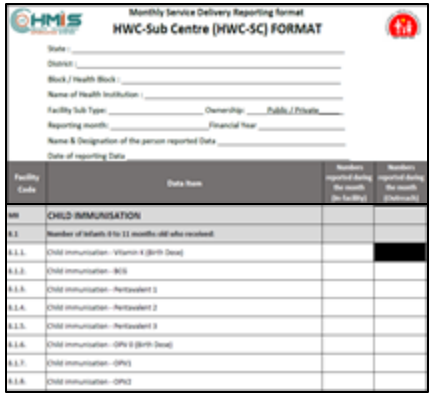
- Captures individual-level data from one single session
- Used by auxiliary nurse member (ANM) at the session site

Reproductive and Child Health (RCH) Register

- Stores individual-level data for all vaccination
- Used by ANM at the session site

Monthly Progress Report (MPR)

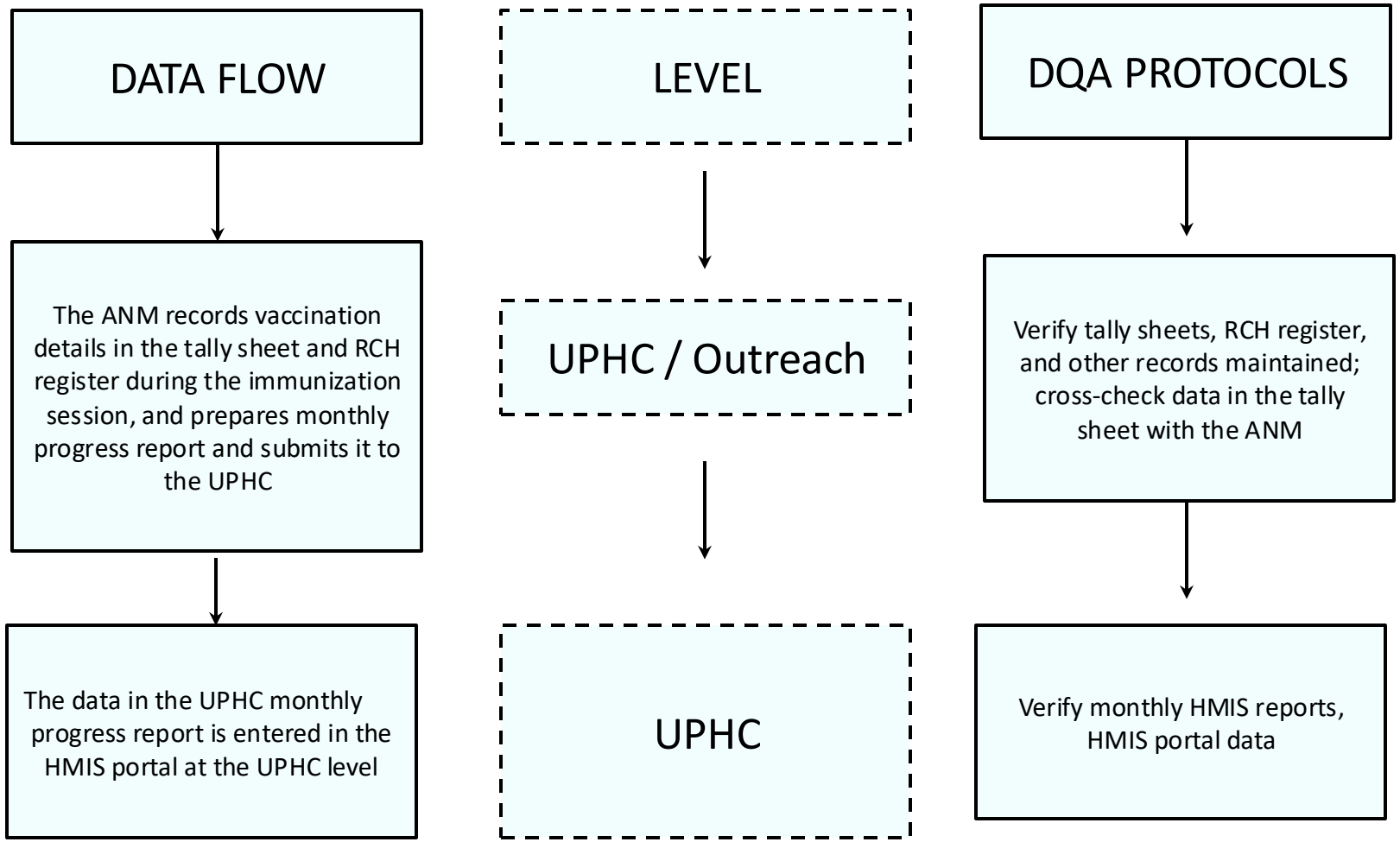
- Stores all compiled antigen-wise data for the urban primary health center (UPHC)



Health Management Information System (HMIS)

- Stores UPHC-level data (antigen-wise) electronically

Conceptual Framework



Methodology

To contextualize methodology for the DQA in the Indian context, methodological approaches adopted by the following organizations were **systematically reviewed**:

- Data Quality Self-Assessment manual (DQA-S) developed by World Health Organization (WHO)
- Immunization Data Quality Assessment-DQA manual developed by Global Alliance on Vaccines and Immunization (GAVI)

The following records and reports generated in the system were assessed **for four main measures of quality**:

1. Tally sheet / Session register
2. RCH register
3. Monthly progress report (MPR) - paper copy
4. MPR e-copy in the HMIS portal

Reference Period for the Assessment

- The records and reports will be verified for a period of 6 months
- These are the 6 months prior to the month of field visit, excluding the month immediately prior to field visit month
- For example, if the team is planning to conduct a DQA in the month of May 2024, the period of assessment will be from October 2023 to March 2024

Field visit conducted in May 2024	
Month & Year	**Included in Assessment (Yes/No)**
May 2024	No
April 2024	No
March 2024	Yes
February 2024	Yes
January 2024	Yes
December 2023	Yes
November 2023	Yes
October 2023	Yes

Assessment Steps

1. **Compilation and verification of the data from the HMIS portal**

   BEFORE THE FIELD VISIT

2. **Compilation and verification of the data from the HMIS portal:**
   - Tally sheets
   - RCH register
   - MPRs
   - Any other paper-based document

   DURING THE FIELD VISIT

3. **Sample validation in the community**

   DURING & AFTER THE FIELD VISIT

DQA Indicator Summary Table

No.	Indicator	Definition
1	Availability	The proportion of records and reports (e.g., tally sheets, MPRs, HMIS portal data) available out of the total expected records/reports
2	Completeness	The proportion of MPRs (paper copies and e-copies) wherein all the specified immunization fields are filled up
3	Consistency	Measurement on whether the reported data follows the logic expected from an immunization system; for example, in a UPHC it is expected that oral polio vaccine (OPV)-1 coverage will be equal to or greater than OPV-3 coverage
4	Agreement	Measurement comparing data between two documents—that are expected to have the same data—on whether the data are identical

Indicator 1: Availability

Data Source Measured	Indicator Definition
Tally sheets	The **proportion of tally sheets physically available** for all immunizations sessions conducted at selected UPHC for the study period
MPRs	The **proportion of MPRs (paper copies) physically available** for all selected UPHCs for the study period
HMIS portal data	The **proportion of MPRs (e-copies) available in the HMIS portal** for all selected UPHCs for the study period

Indicator 2: Completeness

Data Source Measured	Indicator Definition
Tally sheets	N/A - Completeness of tally sheet is not analysed due to the limitation in the design of the format
MPRs	The **proportion of MPRs (paper copies)** with all the specified immunization fields are filled up
HMIS portal data	The **proportion of MPRs (e-copies in the HMIS portal)** with all the specified immunization fields are filled up

Indicator 3: Consistency

Data Source Measured	Indicator Definition	Precise Definition
MPRs	Measurement on whether the reported data in the MPR follows the logic expected from an immunization system Example: In a UPHC it is expected that OPV-1 coverage will be equal to or greater than OPV-3 coverage	**Aggregate data for 6 months** must maintain the following patterns for ensuring data consistency in each data source: OPV 1= > OPV2=> OPV 3 Penta 1=>Penta 2=> Penta 3
HMIS portal data	Measurement of whether reported data in the HMIS portal follows the logic expected from an immunization system Example: In a UPHC it is expected that Penta-1 coverage will be equal to or greater than Penta-3 coverage	

Indicator 4: Agreement

Data Sources Measured	Indicator Definition
Tally sheet aggregate data = MPR data	To ensure data agreement, data from the two data source must match. Data agreement has been checked between two data sources at the following five levels: **1. Aggregate tally sheet - MPR** **2. Tally sheet (one month) - MPR (one month)** **3. MPR data (FIC – one month) – RCH register (FIC – one month)** **4. MPR - HMIS portal data** **5. RCH register data - MCP card data (community validation)**
Tally sheet data (one month) = RCH register data	
MPR data = RCH register data fully immunised child (FIC)	
MPR data = HMIS portal data	
RCH register data = MCP card data	

SECTION 5

Data Collection Tools

Data Collection Tool Summary

Tool	Source	Description
DQA-1	Session tally sheet/Session register (numbers only)	Month-wise data posted by the ANMs in the UPHC during the assessment period
DQA-1.1	Session tally sheet / Session register (name-wise information)	Beneficiary-wise information of all the antigens given on a particular date during the last month of the assessment period
DQA-2	RCH register/Immunization register	Beneficiary-wise information of all the antigens given on a particular date during the last month of assessment period (back tracking of all beneficiaries who have received MCV-1 during the last month of the assessment period)
DQA-3	MPR	Month-wise and antigen-wise aggregate numbers (consolidated data for UPHC)
DQA-4	HMIS portal	Month-wise and antigen-wise aggregate numbers (consolidated data for UPHC)
DQA-5	MCP card (community validation)	Date of all vaccinations (BCG, OPV 1-2-3, Penta 1-2-3, MCV-1) for children received MCV-1 in the last month of the assessment period

Data Collection Tool: DQA-1

SUB-CENTER/UPHC DATA COLLECTION TOOL FROM DUE LIST /TALLY SHEET (Number Only)

FORM : DQA-1

Page 1

District: #N/A | Date of data collection: | Starting Time: | Name of Sub Center / UPHC-1: 0

Block-1: 0 | PHC/CHC-1: 0 | Ending Time: | Name of ANM-1:

Session Tally Sheet | Total No of Children | HMIS data reporting cycle: 01-11-2023 to 30-11-2023

Sr No	Month of Data Collection	Name of session site held	Date of session To be entered (dd-mm-yy)	Duelist / Tallysheet Available (Y/N)	BCG	OPV-1	OPV-2	OPV-3	PENTA-1	PENTA-2	PENTA-3	MR-1
1	Jun-23											
2	Jun-23											
3	Jun-23											
4	Jun-23											
5	Jun-23											
6	Jun-23											
7	Jun-23											
8	Jun-23											
9	Jun-23											
10	Jun-23											
11	Jun-23											
12	Jun-23											
13	Jun-23											
14	Jun-23											
15	Jun-23											
Total	Jun-23	0		0	0	0	0	0	0	0	0	0

- This tool will be used to capture the session-wise numbers from the session tally sheet
- Need to fill for all ANMs posted in the UPHC during the assessment period
- Data should be collected for the specified 6 months
- Source required to fill this tool will be tally sheet/session register in which date-wise antigen numbers are available/any other document in which date-wise information is available

Data Collection Tool: DQA-1.1

SUB CENTER / UPHC NAME WISE DATA COLLECTION TOOL-IMMUNIZATION DATA FROM DUE LIST/ TALLY SHEET — FORM : DQA-1.1

Name of District:		Sub Center/ UPHC-1:	0
Name of Block-1:	0	Starting Time:	
Name of PHC/UCHC-1:	0	Ending Time:	
Name of ANMs:			
Date of data collection:			
Month of Data Collection:	Jan-1900		

Page 1

S.N.	Child Details: Name of child-Father's Name	Child Details: Date of Birth	Source of information	Date of vaccination (dd-mm-yy) — HMIS data reporting cycle: 01-11-2023 to 30-11-2023: BCG	OPV-1	OPV-2	OPV-3	PENTA-1	PENTA-2	PENTA-3	MR-1	
			DUE LST / TS									
			DUE LST / TS									
			DUE LST / TS									
			DUE LST / TS									
			DUE LST / TS									
			DUE LST / TS									
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			DUE LST / TS									
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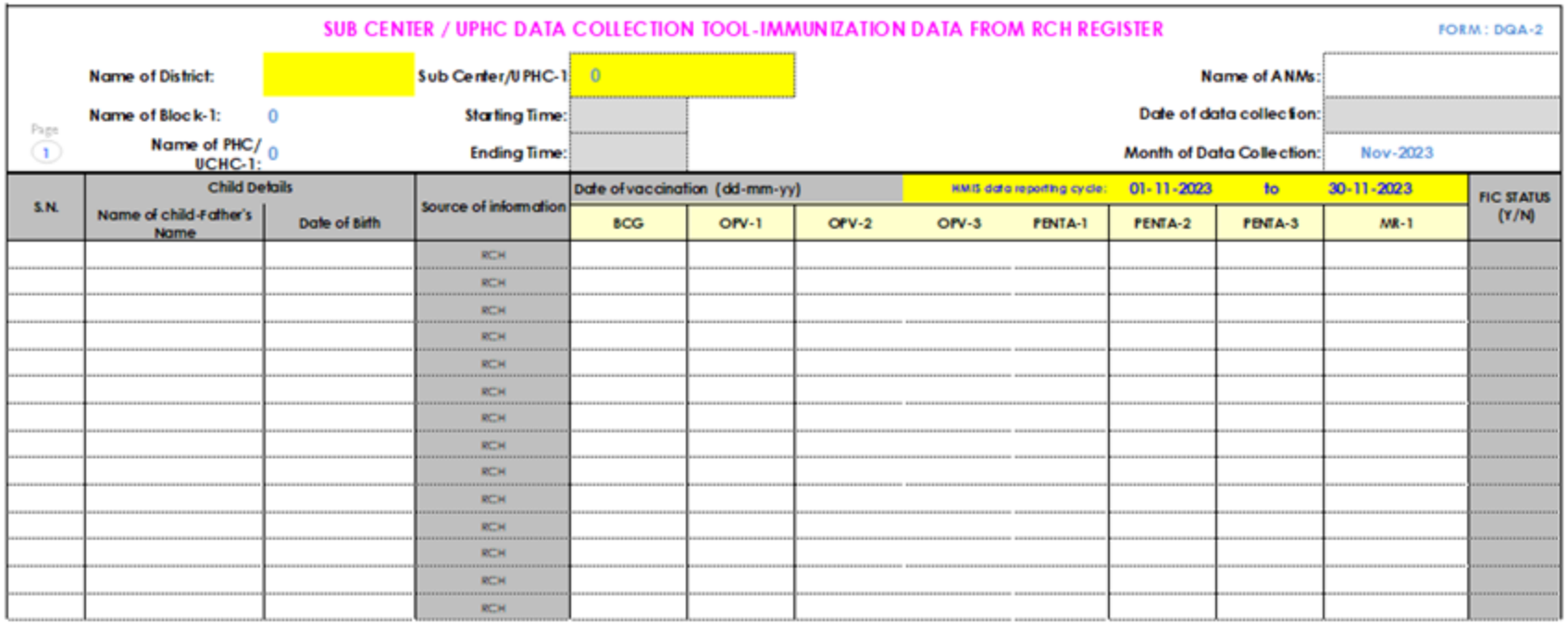
			DUE LST / TS									
			DUE LST / TS									
			DUE LST / TS									
			DUE LST / TS									
			DUE LST / TS									
			DUE LST / TS									

- This tool will be used to capture the name-wise immunization details from the session tally sheet for the last month of the assessment period
- Need to fill for all ANMs posted in the UPHC during the assessment period
- **Write the name of the child with the name of the father to avoid duplication in names; e.g., child-father/mother**
- Source required to fill this tool will be tally sheet/session register in which name-wise information of antigen administered is available
- Source should not be a RCH register or any other register in which tracking of beneficiaries is available

Data Collection Tool: DQA-2



SUB CENTER / UPHC DATA COLLECTION TOOL-IMMUNIZATION DATA FROM RCH REGISTER

FORM : DQA-2

Name of District: | Sub Center/UPHC-1: 0 | Name of ANMs:

Name of Block-1: 0 | Starting Time: | Date of data collection:

Page 1

Name of PHC/ UCHC-1: 0 | Ending Time: | Month of Data Collection: Nov-2023

S.N.	Child Details		Source of information	Date of vaccination (dd-mm-yy)								FIC STATUS (Y/N)
				HMIS data reporting cycle: 01-11-2023 to 30-11-2023								
	Name of child-Father's Name	Date of Birth		BCG	OPV-1	OPV-2	OPV-3	PENTA-1	PENTA-2	PENTA-3	MR-1	
			RCH									
			RCH									
			RCH									
			RCH									
			RCH									
			RCH									
			RCH									
			RCH									
			RCH									
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			RCH									
			RCH									
			RCH									
			RCH									

- This tool will be used to capture the name-wise immunization details from the RCH/immunization register **(try to find all the children recorded in DQA-1.1 and write the name the same in DQA2)**
- Need to fill for all ANMs posted in the UPHC during the assessment period
- **Write the name of the child with the name of the father to avoid duplication in names; e.g., child-father/mother**
- Data should be collected for a single month (last month of the assessment period)
- Source required to fill this tool will be the RCH register or any other register in which tracking of beneficiaries is available
- Source should not be a tally sheet/session register in which name-wise information of antigen administered is available

Data Collection Tool: DQA-3

DQA-3 DATA COLLECTION TOOL - MONTHLY PROGRESS REPORT (MPR) — FORM: DQA-3 (MPR)

STARTING TIME :
ENDING TIME :

District

Month of Data Collection	PHC / CHC	Name of Sub Centre / UPHC	Name of ANM	Monthly Progress Report (MPR)								As per MPR no of RI Session held in the month	As per MPR no of FIC reported in the month
				BCG	OPV-1	OPV-2	OPV-3	PENTA-1	PENTA-2	PENTA-3	MR-1		

- This tool will be used to capture the aggregate antigen-wise numbers by month
- Data should be collected for the specified 6 months
- Source required to fill this tool will be the MPR of the UPHC **(consolidated report of all ANMs)**

Data Collection Tool: DQA-4

DQA-4 DATA COLLECTION TOOL - FROM HMIS — **FORM: DQA-4 (HMIS)**

STARTING TIME :

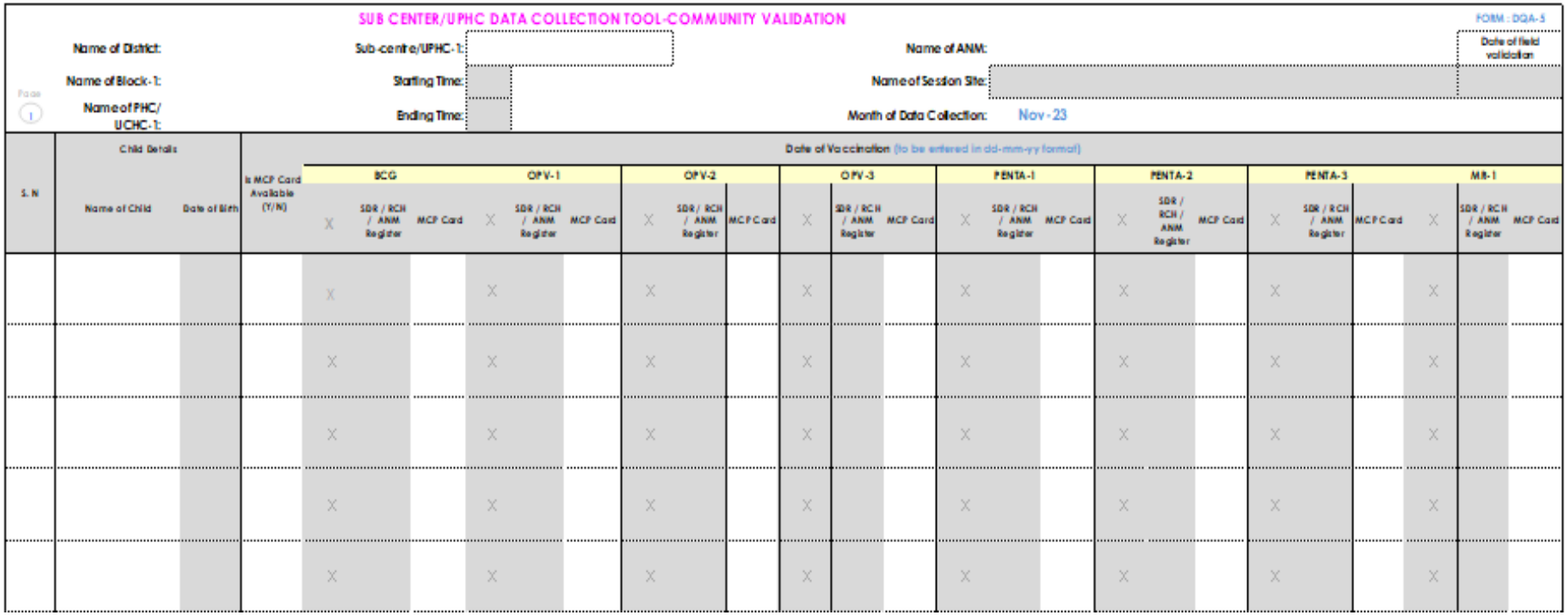
ENDING TIME :

District

Month of Data Collection	PHC / CHC	Name of Sub Centre/ UPHC	Name of ANM	Monthly Progress Report (MPR)								Completeness of HMIS Data (Child Immunisation Section) (Y/N)	As per HMIS no. of RI Session held in the month	As per HMIS no. of FIC reported in the month
				BCG	OPV-1	OPV-2	OPV-3	PENTA-1	PENTA-2	PENTA-3	MR-1			

- This tool will be used to capture the aggregate antigen-wise numbers by month
- Data should be collected for the specified 6 months
- Source required to fill this tool will be the MPR of the UPHC **(e-copies from the HMIS portal)**

Data Collection Tool: DQA-5



SUB CENTER/UPHC DATA COLLECTION TOOL-COMMUNITY VALIDATION

FORM : DQA-5

Name of District:
Sub-centre/UPHC-1:
Name of ANM:
Date of field validation
Name of Block-1:
Starting Time:
Name of Session Site:
Page 1
Name of PHC/ UCHC-1:
Ending Time:
Month of Data Collection: Nov-23

S. N	Child Details		Is MCP Card Available (Y/N)	Date of Vaccination (to be entered in dd-mm-yy format)																					
				BCG			OPV-1			OPV-2			OPV-3			PENTA-1			PENTA-2			PENTA-3			MR-1	
	Name of Child	Date of Birth		X	SDR / RCH / ANM Register	MCP Card	X	SDR / RCH / ANM Register	MCP Card	X	SDR / RCH / ANM Register	MCP Card	X	SDR / RCH / ANM Register	MCP Card	X	SDR / RCH / ANM Register	MCP Card	X	SDR / RCH / ANM Register	MCP Card	X	SDR / RCH / ANM Register	MCP Card	X	SDR / RCH / ANM Register	MCP Card
				X			X			X			X			X			X			X			X		
				X			X			X			X			X			X			X			X		
				X			X			X			X			X			X			X			X		
				X			X			X			X			X			X			X			X		
				X			X			X			X			X			X			X			X		

- This tool will be used to capture the immunization details of identified children from the MCP card
- Use during community validation in the field
- Need to fill for at least 8 to 10 children who have received MCV-1 in the last month of the assessment period
- Need to get all the dates from BCG to MCV-1 from the MCP cards
- **Write the name of the child with the name of the father to avoid duplication in names; e.g., child-father/mother.**

Overview of Data Quality Assessment Processes

Data Forms Assessed	Level of Data Collection/Facility	Type of DQA Conducted
Tally sheet	Contains **individual-level data** from a **single session** and is used by the auxiliary nurse member (ANM) at the **session site**	Availability Agreement
Mother and child protection (MCP) card	Contains **individual-level data** and is **carried by the caregivers** (contains the same individual-level data that is entered into the tally sheet for a given session)	Agreement
Reproductive and child health (RCH) register	Compiles data from the tally sheets and contains **individual-level data** from **multiple sessions at the session-site level**; it is used by the ANM to track child vaccination details and health information	Agreement
Monthly progress report (MPR)	Compilation of data from the tally sheet stored as **aggregated data (antigen-wise) at the UPHC level**	Availability Completeness Consistency Agreement
Health management information system (HMIS)	MPR data entered into the HMIS, which stores **UPHC-level data (antigen-wise) electronically**	Availability Completeness Consistency Agreement

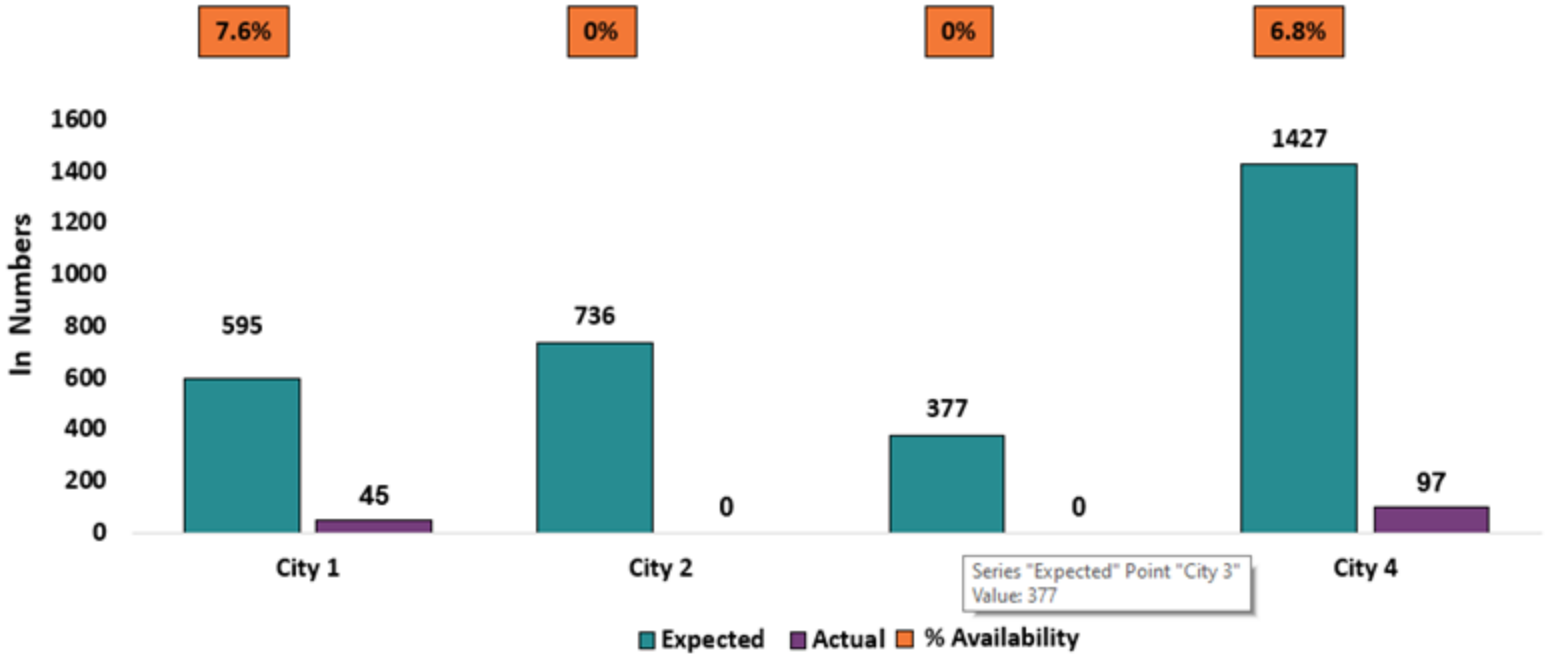
SECTION 6

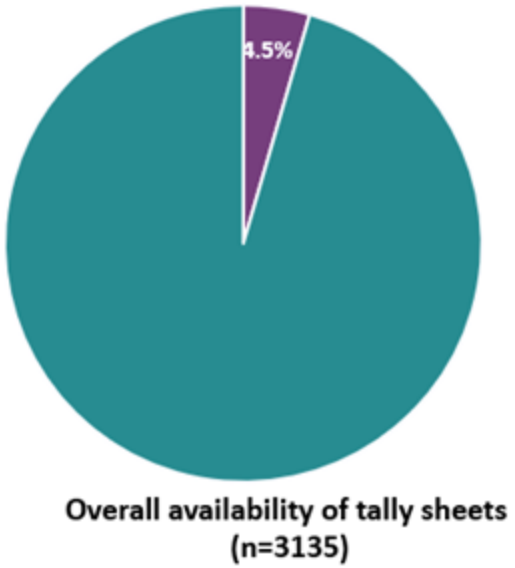
Findings

Indicator 1: Physical Availability of Immunization Records/Reports

- Physical availability of records and reports were assessed out of the total expected records/reports
- Availability was assessed for **tally sheets** and **MPRs** at UPHCs, **HMIS report** (e-copy) for six months

Physical availability of tally sheets used at session sites



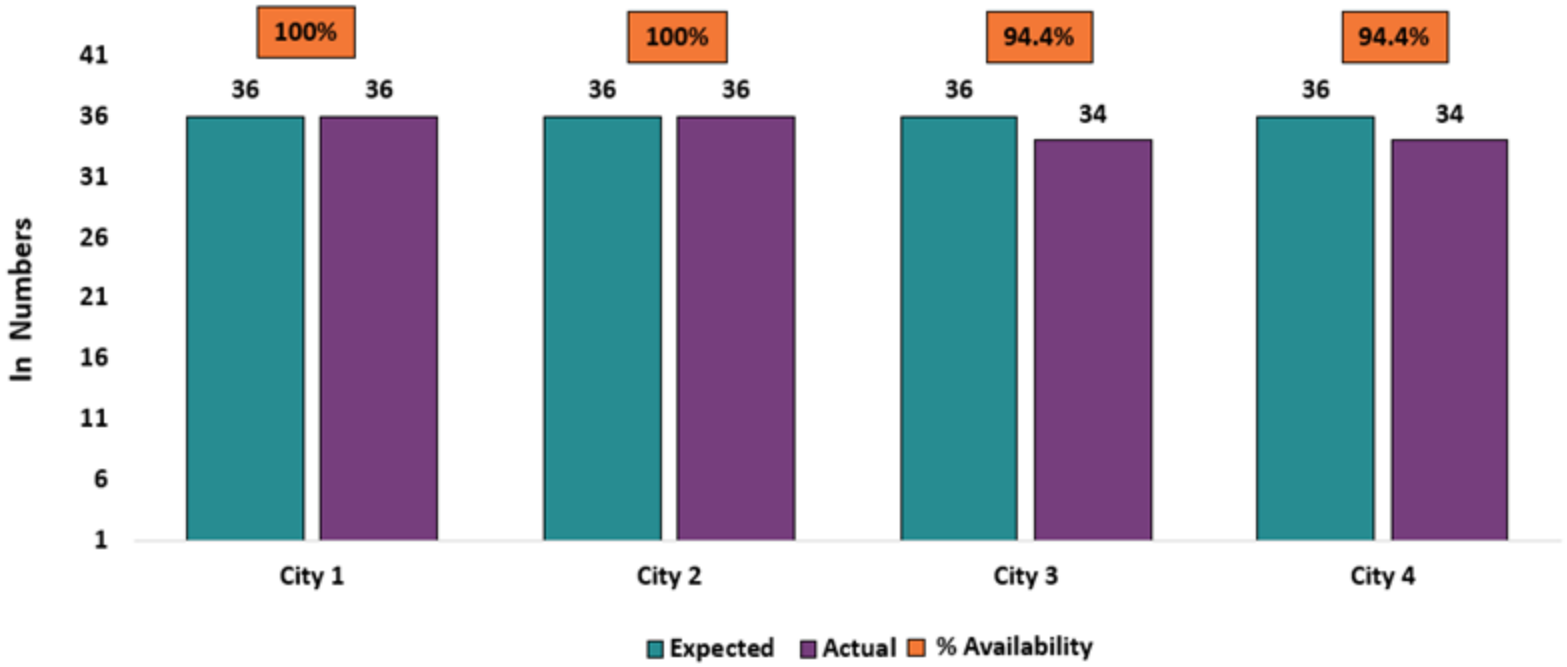


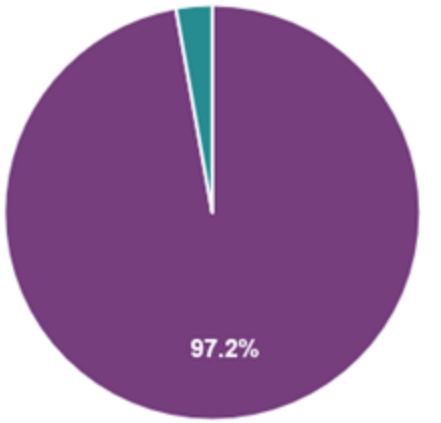
<u>Result</u>: Limited availability of tally sheets observed in the city's reviewed UPHCs

Indicator 1: Availability of Monthly Progress Report (MPR)

- **Availability** of data in the HMIS for the reviewed UPHCs is found to be 100%
- **Availability** of MPRs was assessed for 6 months in each UPHC reviewed

Availability of monthly progress reports





Overall availability of MPR (n=144)

<u>Result</u>: Out of 144 MPRs, 140 (97%) were found to be available at the UPHCs

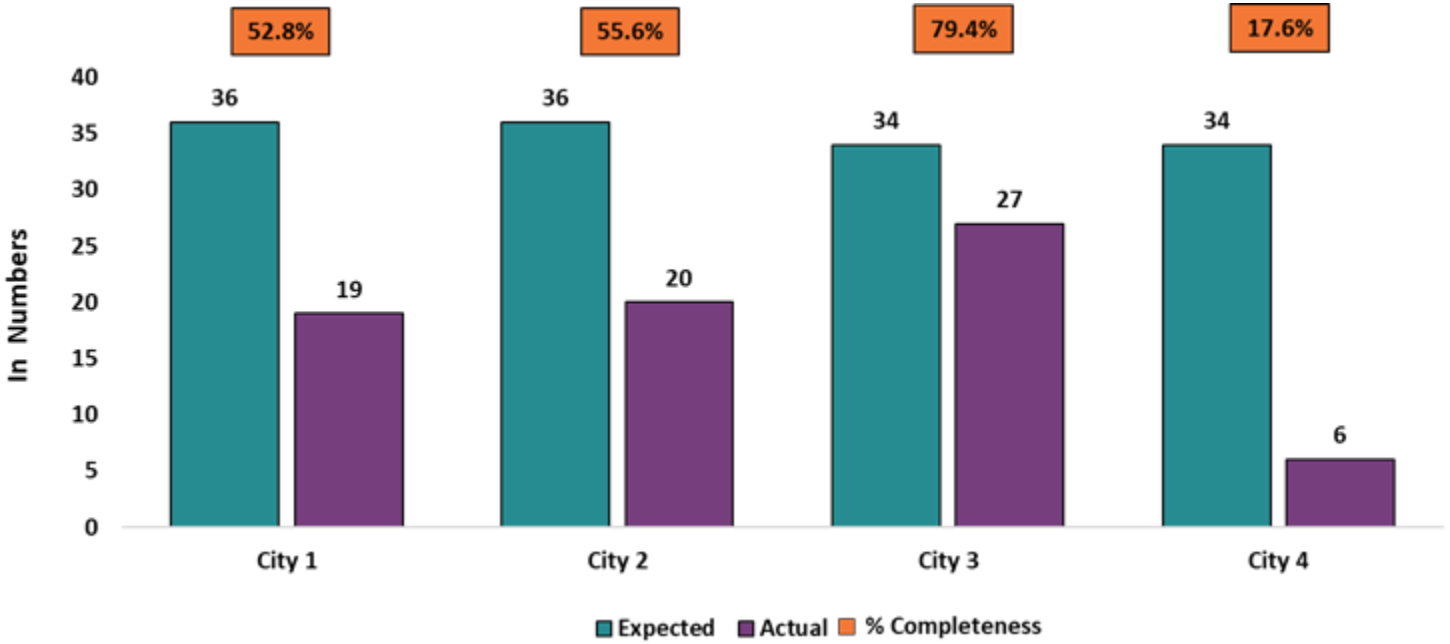
Indicator 2: Completeness

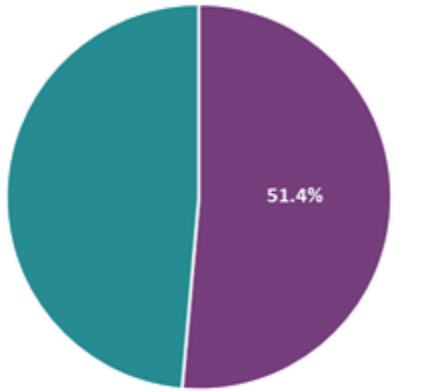
Completeness measures whether all the specified immunization-related data fields were filled.

Completeness was assessed for:

- MPRs at UPHCs
- HMIS reports (e-copy) at the district level
    - District data manager can see/download the data of all district UPHCs from the portal; e-copy refers to the data availability in HMIS web portal

Completeness of monthly progress reports





Overall completeness of MPR (n=140)

Indicator 3: Consistency

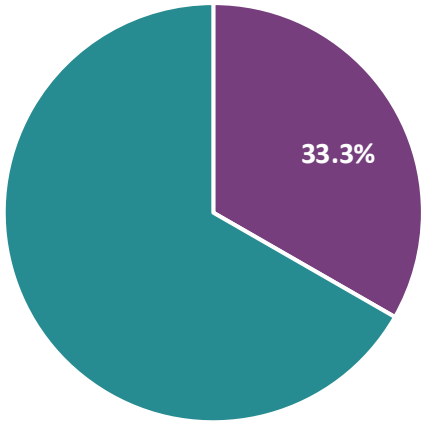
Consistency measures if the reported data follows the logic expected from an immunization system

Example: In a UPHC it is expected that OPV-1 coverage will be equal to or greater than OPV-3 coverage

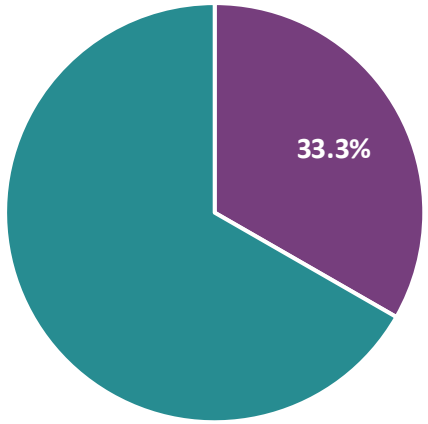
Consistency was assessed for a period of 6 months in MPRs and HMIS reports for:

- OPV1 and OPV3
- Penta 1 and Penta 3

Consistency in monthly progress reports



Consistency of OPV1 ≥OPV3 in MPR (n=24)



Consistency of Penta1 ≥Penta3 in MPR (n=24)

- **8 (33%) out of 24 reviewed UPHCs were found to be consistent for OPV and Penta**
- Same pattern of consistency was observed for HMIS reports (e-copy) in the reviewed UPHCs

Indicator 4: Agreement of Immunization-Related Records/Reports

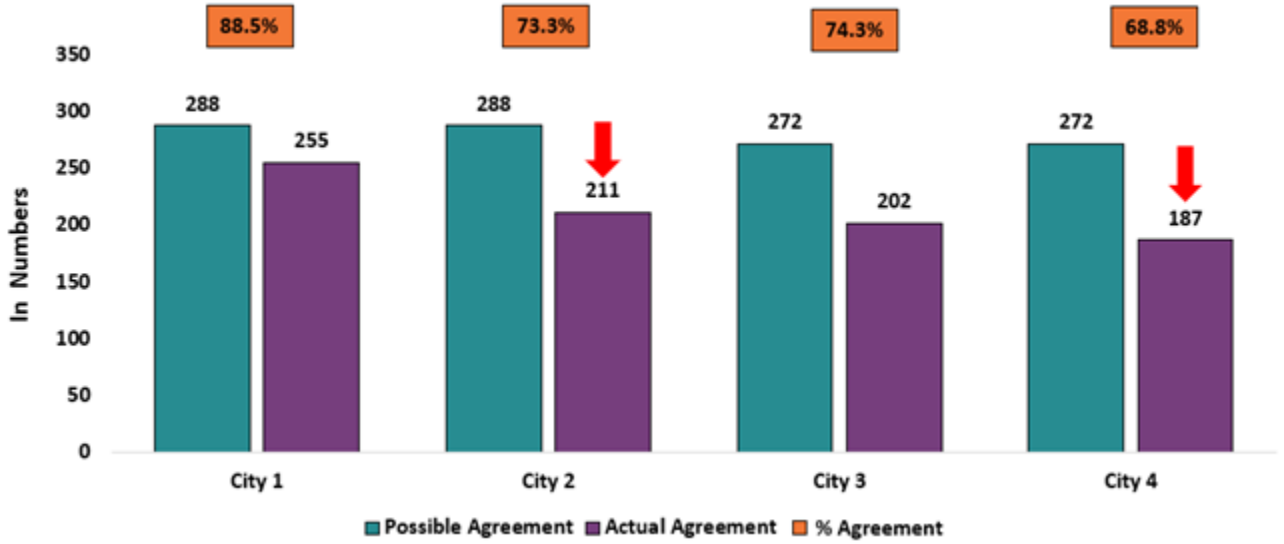
Agreement measures **if two documents that are supposed to have the same data are identical**

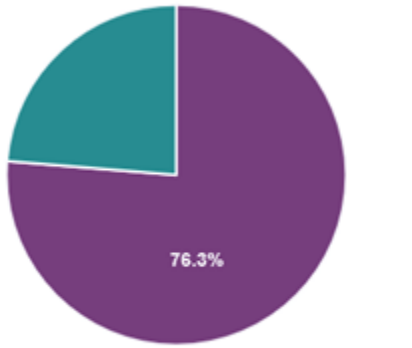
Agreement was assessed between:

- MPRs and the HMIS
- Reproductive and child health (RCH) register and mother and child protection (MCP) card
- MPRs and the RCH register

Agreement between MPRs and the HMIS

Agreement between available MPRs and HMIS (e-copy) reports was assessed for 8 selected antigens (BCG, OPV 123, Penta 123, MR1)

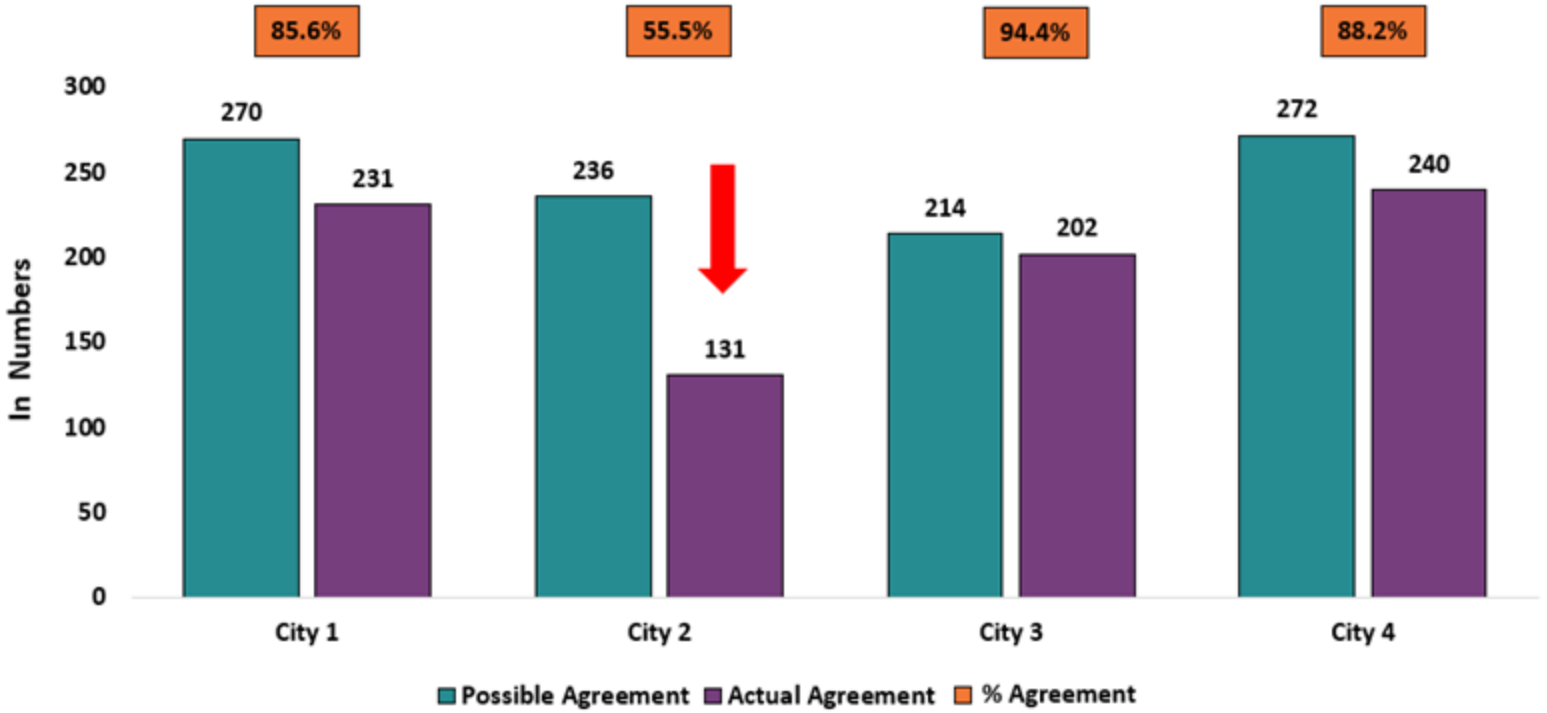


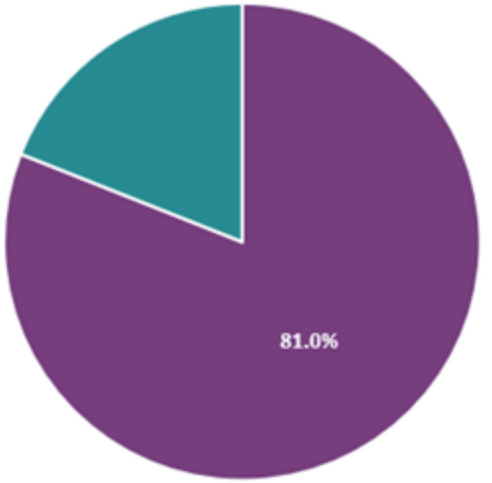


Overall Agreement between MPR & HMIS Reports (e-copy) (n=1120)

Indicator 4: Agreement between the Reproductive and Child Health (RCH) Register and the Maternal and Child Protection (MCP) Card

Agreement was assessed for 8 selected antigens (BCG, OPV 123, Penta 123, MR1) by matching the date of administration recorded in the RCH register (recorded by the ANM) and the MCP cards (through community assessment)





Overall Agreement between RCH register & MCP card (n=992)

SECTION 7

Observations and Recommendations

Observations and Recommendations

Overall, engagement of all relevant government stakeholders from each level was the key element that helped the team successfully assess the data capture process from the field.

Challenges	Recommendations	Key Action Points	Status
Lack of tally sheet in the UPHCs	Develop tally sheet and share a printed copy with the UPHCs	Develop uniform tally sheet and support rollout in all UPHCs (MRITE)	In process
Incomplete MPR observed at the UPHC	Ensure review of the MPR during field visits at the UPHC	Build capacity of data handlers and health workers on recording and reporting formats (MRITE)	Completed
Inadequate data review and analytics at the UPHC level	Ensure timely data analysis	Regularly review data system and tools from the district level each month and analyze data (MOHFW)	In process
Issue of agreement observed between various tools (MPR and HMIS, RCH register and MCP card)	Conduct frequent cross validation of records and reports	Further build the capacity of state/district officials on how to conduct a DQA (MRITE) Advocacy of DQA of state and district health authorities (MRITE)	In process In process

Data Quality

Routine Data Quality Assessment (RDQA) in MOMENTUM Private Healthcare Delivery Centers: Practice & Usage

Carmel TOUPE

August 13, 2024

USAID FROM THE AMERICAN PEOPLE

MOMENTUM A Global Partnership for Health and Resilience

Plan

SECTION 1

Overview

Involvement with Partner Centers

SECTION 2

Practices and Lessons Learned

1. RDQA methodology and procedure
2. Results
3. Lessons learned

SECTION 3

Data Usage

1. Appropriate bodies to use the data
2. Data usage challenges

APPENDIX

1. Problem-solving plan
2. Recommendation monitoring plan
3. Consumer data protection sheet

SECTION 1

Overview

Overview

- Information system role: Data collection, processing, and analysis for informed decision-making
- Statistical reports must be exhaustive and reliable
- Consistency between data collected in health facilities and those in the DHIS2 MIS database
- Purpose: To improve the completeness, promptness, reliability, and use of data

Involvement with Partner Centers

- Written agreement between two parties: Partner center and ABMS
- Rewarding the best centers based on performance
- Training in FP/MNI, including collection tools
- Care providers sign the consumer data protection sheet (see appendix 3)

SECTION 2

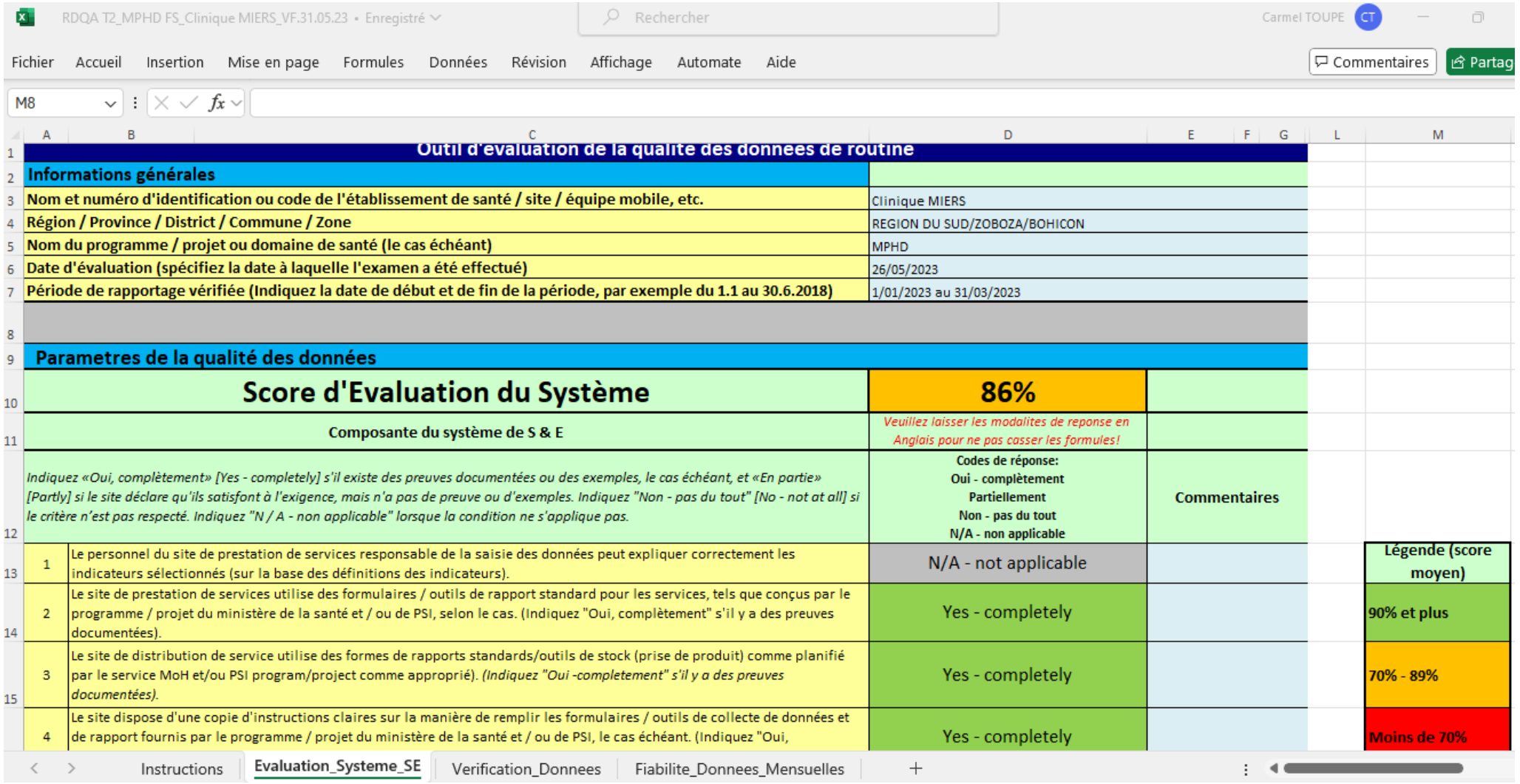
Practice and Lessons Learned

Routine Data Quality Assessment (RDQA) Methodology and Procedure

Aim of RDQA: To improve the quality of data collected for evidence-based decision-making

- **Preparatory phase:** Identify **indicators**; select **supported health centers**; define **collection period;** identify **team members**
- **Execution phase:** Use the RDQA Tool Template file to check completeness and promptness of report transmission; check quality of input
- **Feedback phase:** Train providers on minimum PSI standards; make recommendations to stakeholders to improve data quality

RDQA Tool Template: SE System Assessment



RDQA T2_MPHD FS_Clinique MIERS_VF.31.05.23 • Enregistré

Rechercher

Carmel TOUPE CT

Fichier Accueil Insertion Mise en page Formules Données Révision Affichage Automate Aide

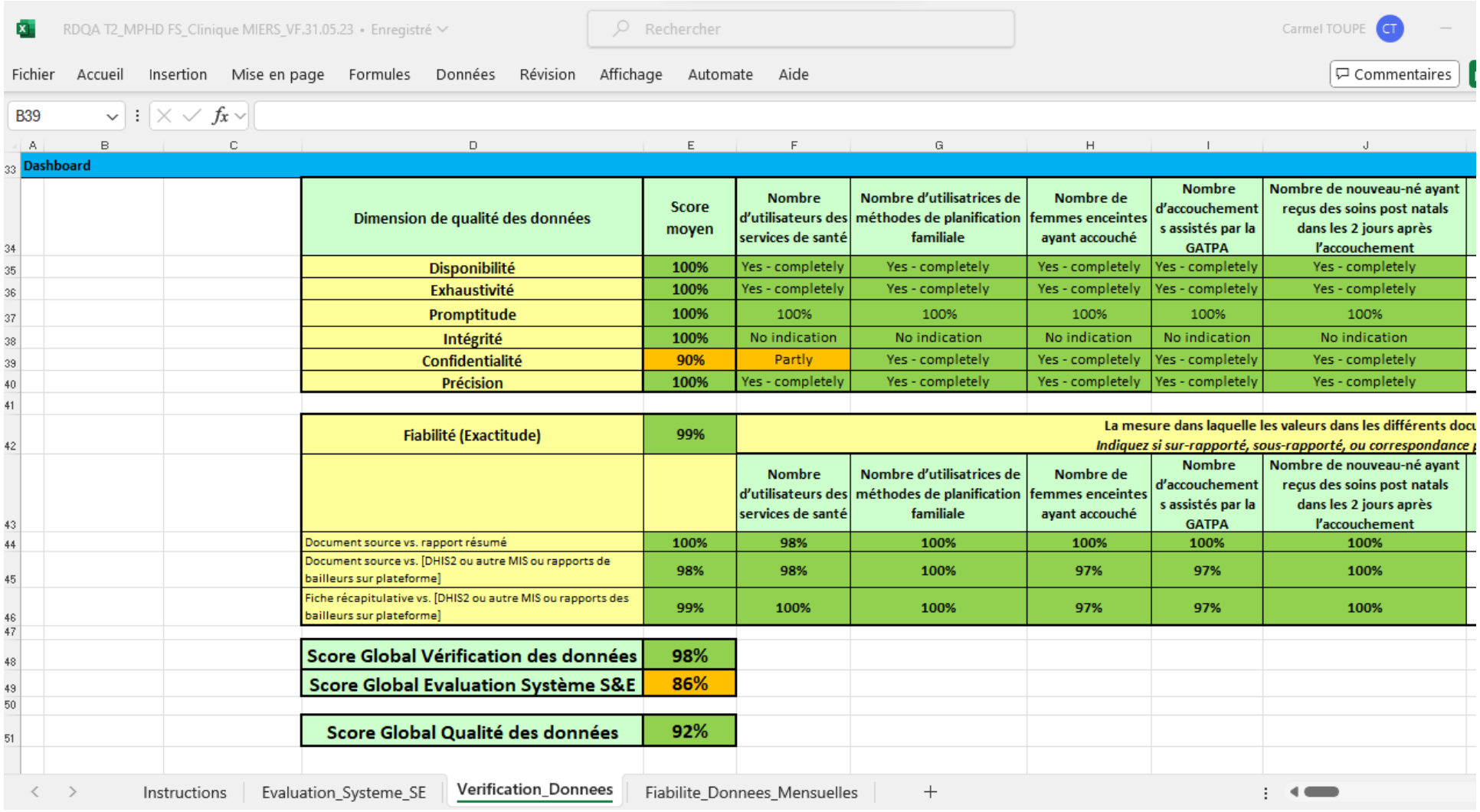
Commentaires Partag

M8

1		Outil d'évaluation de la qualité des données de routine			
2		**Informations générales**			
3		**Nom et numéro d'identification ou code de l'établissement de santé / site / équipe mobile, etc.**	Clinique MIERS		
4		**Région / Province / District / Commune / Zone**	REGION DU SUD/ZOBOZA/BOHICON		
5		**Nom du programme / projet ou domaine de santé (le cas échéant)**	MPHD		
6		**Date d'évaluation (spécifiez la date à laquelle l'examen a été effectué)**	26/05/2023		
7		**Période de rapportage vérifiée (Indiquez la date de début et de fin de la période, par exemple du 1.1 au 30.6.2018)**	1/01/2023 au 31/03/2023		
8					
9		**Parametres de la qualité des données**			
10		**Score d'Evaluation du Système**	**86%**		
11		**Composante du système de S & E**	*Veuillez laisser les modalites de reponse en Anglais pour ne pas casser les formules!*		
12		*Indiquez «Oui, complètement» [Yes - completely] s'il existe des preuves documentées ou des exemples, le cas échéant, et «En partie» [Partly] si le site déclare qu'ils satisfont à l'exigence, mais n'a pas de preuve ou d'exemples. Indiquez "Non - pas du tout" [No - not at all] si le critère n'est pas respecté. Indiquez "N / A - non applicable" lorsque la condition ne s'applique pas.*	**Codes de réponse:** **Oui - complètement** **Partiellement** **Non - pas du tout** **N/A - non applicable**	**Commentaires**	
13	1	Le personnel du site de prestation de services responsable de la saisie des données peut expliquer correctement les indicateurs sélectionnés (sur la base des définitions des indicateurs).	N/A - not applicable		**Légende (score moyen)**
14	2	Le site de prestation de services utilise des formulaires / outils de rapport standard pour les services, tels que conçus par le programme / projet du ministère de la santé et / ou de PSI, selon le cas. (Indiquez "Oui, complètement" s'il y a des preuves documentées).	Yes - completely		**90% et plus**
15	3	Le site de distribution de service utilise des formes de rapports standards/outils de stock (prise de produit) comme planifié par le service MoH et/ou PSI program/project comme approprié). *(Indiquez "Oui -completement" s'il y a des preuves documentées).*	Yes - completely		**70% - 89%**
	4	Le site dispose d'une copie d'instructions claires sur la manière de remplir les formulaires / outils de collecte de données et de rapport fournis par le programme / projet du ministère de la santé et / ou de PSI, le cas échéant. (Indiquez "Oui,	Yes - completely		**Moins de 70%**

Instructions | Evaluation_Systeme_SE | Verification_Donnees | Fiabilite_Donnees_Mensuelles

RDQA Tool Template: Data Check



RDQA T2_MPHD FS_Clinique MIERS_VF.31.05.23 • Enregistré

Rechercher

Carmel TOUPE CT

Fichier Accueil Insertion Mise en page Formules Données Révision Affichage Automate Aide

Commentaires

B39

Dashboard

Dimension de qualité des données	Score moyen	Nombre d'utilisateurs des services de santé	Nombre d'utilisatrices de méthodes de planification familiale	Nombre de femmes enceintes ayant accouché	Nombre d'accouchements assistés par la GATPA	Nombre de nouveau-né ayant reçus des soins post natals dans les 2 jours après l'accouchement
Disponibilité	100%	Yes - completely	Yes - completely	Yes - completely	Yes - completely	Yes - completely
Exhaustivité	100%	Yes - completely	Yes - completely	Yes - completely	Yes - completely	Yes - completely
Promptitude	100%	100%	100%	100%	100%	100%
Intégrité	100%	No indication	No indication	No indication	No indication	No indication
Confidentialité	90%	Partly	Yes - completely	Yes - completely	Yes - completely	Yes - completely
Précision	100%	Yes - completely	Yes - completely	Yes - completely	Yes - completely	Yes - completely

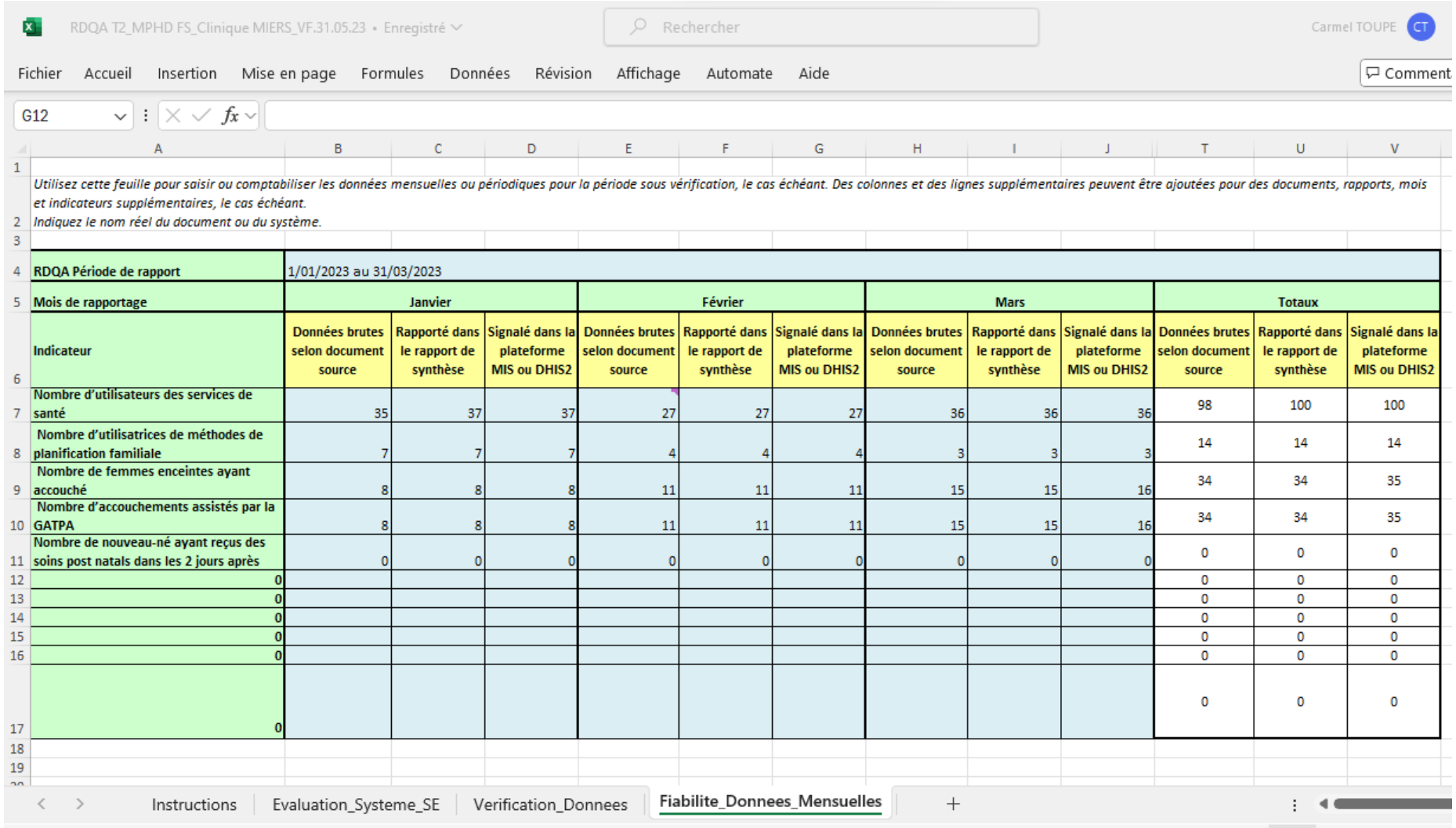
Fiabilité (Exactitude)	99%	La mesure dans laquelle les valeurs dans les différents docu *Indiquez si sur-rapporté, sous-rapporté, ou correspondance*

		Nombre d'utilisateurs des services de santé	Nombre d'utilisatrices de méthodes de planification familiale	Nombre de femmes enceintes ayant accouché	Nombre d'accouchements assistés par la GATPA	Nombre de nouveau-né ayant reçus des soins post natals dans les 2 jours après l'accouchement
Document source vs. rapport résumé	100%	98%	100%	100%	100%	100%
Document source vs. [DHIS2 ou autre MIS ou rapports de bailleurs sur plateforme]	98%	98%	100%	97%	97%	100%
Fiche récapitulative vs. [DHIS2 ou autre MIS ou rapports des bailleurs sur plateforme]	99%	100%	100%	97%	97%	100%

Score Global Vérification des données	98%
Score Global Evaluation Système S&E	86%
Score Global Qualité des données	92%

Instructions Evaluation_Systeme_SE Verification_Donnees Fiabilite_Donnees_Mensuelles

RDQA Tool Template: Data Reliability



RDQA T2_MPHD FS_Clinique MIERS_VF.31.05.23 • Enregistré

Rechercher

Carmel TOUPE

Fichier Accueil Insertion Mise en page Formules Données Révision Affichage Automate Aide

Comment

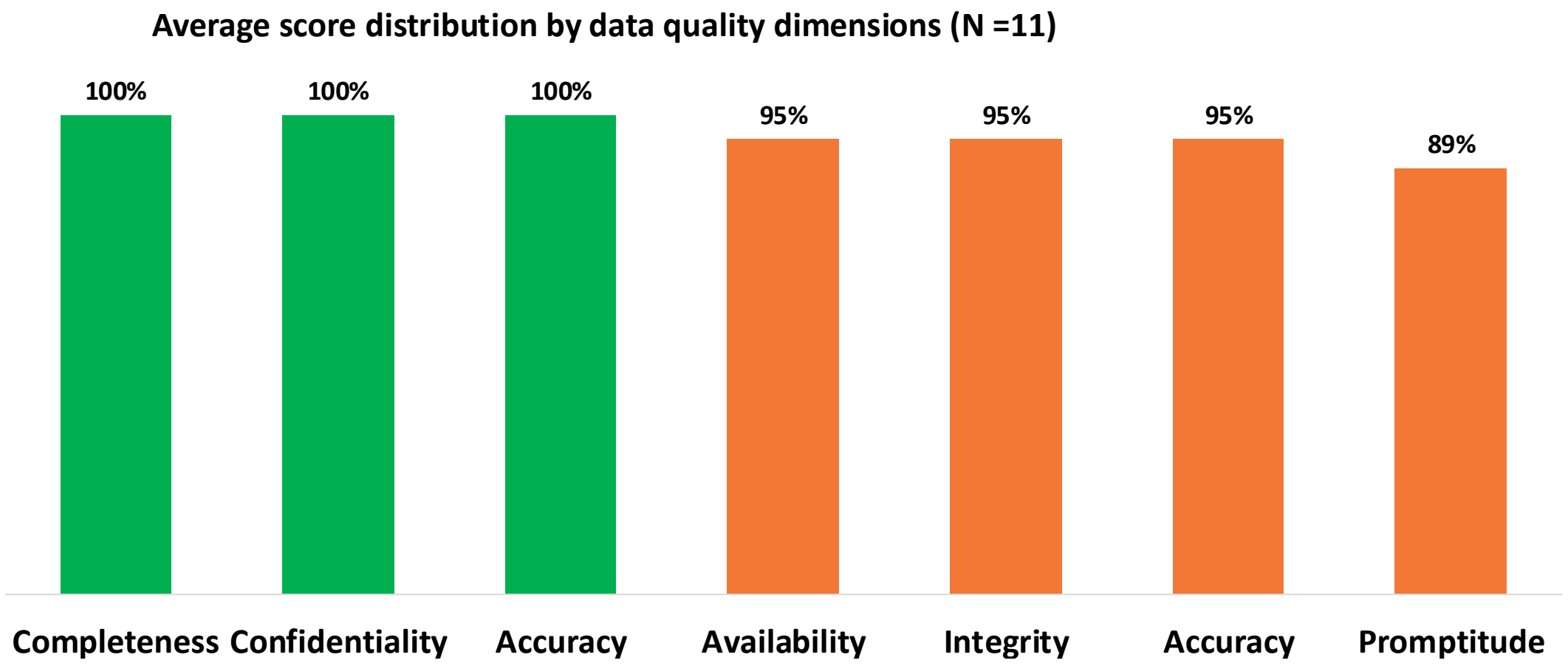
G12

Utilisez cette feuille pour saisir ou comptabiliser les données mensuelles ou périodiques pour la période sous vérification, le cas échéant. Des colonnes et des lignes supplémentaires peuvent être ajoutées pour des documents, rapports, mois et indicateurs supplémentaires, le cas échéant.
Indiquez le nom réel du document ou du système.

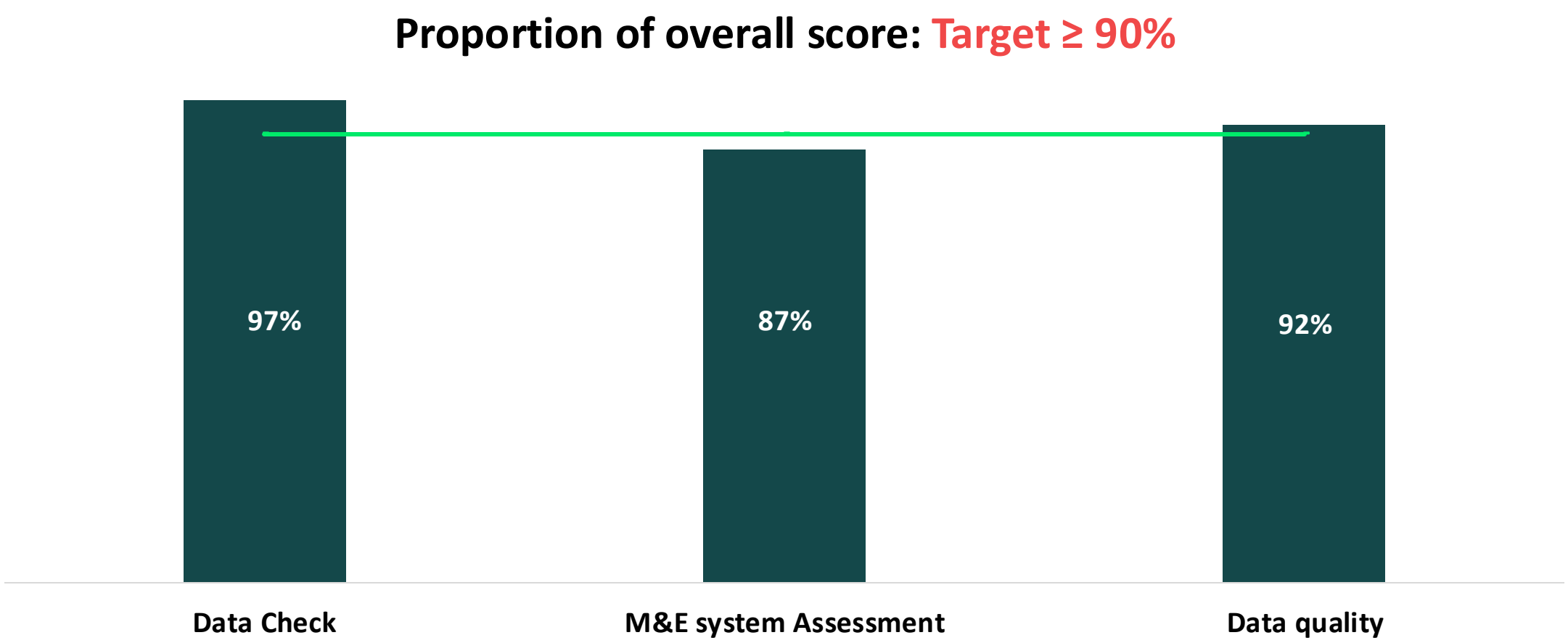
RDQA Période de rapport	1/01/2023 au 31/03/2023											
Mois de rapportage	Janvier			Février			Mars			Totaux		
Indicateur	Données brutes selon document source	Rapporté dans le rapport de synthèse	Signalé dans la plateforme MIS ou DHIS2	Données brutes selon document source	Rapporté dans le rapport de synthèse	Signalé dans la plateforme MIS ou DHIS2	Données brutes selon document source	Rapporté dans le rapport de synthèse	Signalé dans la plateforme MIS ou DHIS2	Données brutes selon document source	Rapporté dans le rapport de synthèse	Signalé dans la plateforme MIS ou DHIS2
Nombre d'utilisateurs des services de santé	35	37	37	27	27	27	36	36	36	98	100	100
Nombre d'utilisatrices de méthodes de planification familiale	7	7	7	4	4	4	3	3	3	14	14	14
Nombre de femmes enceintes ayant accouché	8	8	8	11	11	11	15	15	16	34	34	35
Nombre d'accouchements assistés par la GATPA	8	8	8	11	11	11	15	15	16	34	34	35
Nombre de nouveau-né ayant reçus des soins post natals dans les 2 jours après	0	0	0	0	0	0	0	0	0	0	0	0
0										0	0	0
0										0	0	0
0										0	0	0
0										0	0	0
0										0	0	0
0										0	0	0

Instructions | Evaluation_Systeme_SE | Verification_Donnees | Fiabilite_Donnees_Mensuelles

Results from 11 MPHD-supported Health Centers Visited during the RDQA



Results from 11 MPHD-supported Health Centers Visited during the RDQA



Lessons Learned

- Strong involvement of health zone statisticians → strengthening the integration of providers
- Rigorous follow-up of recommendations → Challenges faced up
- Sharing RDQA results → improving the monitoring-evaluation system

SECTION 3

Data Usage

Using Data to Inform the Project

RDQA results are used to inform the project at the following feedback meetings:

- Organization of the data-to-action (D2A) session
- Learning workshop on project implementation
- Capacity building for health care providers
- Direct feedback
    - During RDQA missions
    - Supervision of RDQA recommendations

Challenges

RDQAs are subject to two major challenges:

1. Using RDQA apps

2. Assessing a higher number of health facilities (40% on average)

Questions?

Next Session

Data Triangulation and Analysis

September 5, 8:00 - 9:30AM EDT

THANK YOU

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Appendix

Problem-solving Plan (Example)

Problem-solving Plan			
Problems Identified	**Actions to be Implemented**	**Officer**	**Timeframe**
Promptness problems in some clinics	Ensure timely transmission of reports	Clinical service provider	Permanent
Integrity problems in some clinics	Ensure compliance with data handling standards	Clinical service provider	Permanent
Non-documentation of services (childbirth, newborn care, family planning) in some clinics	Ensure documentation of specific services	Clinical service provider	Permanent

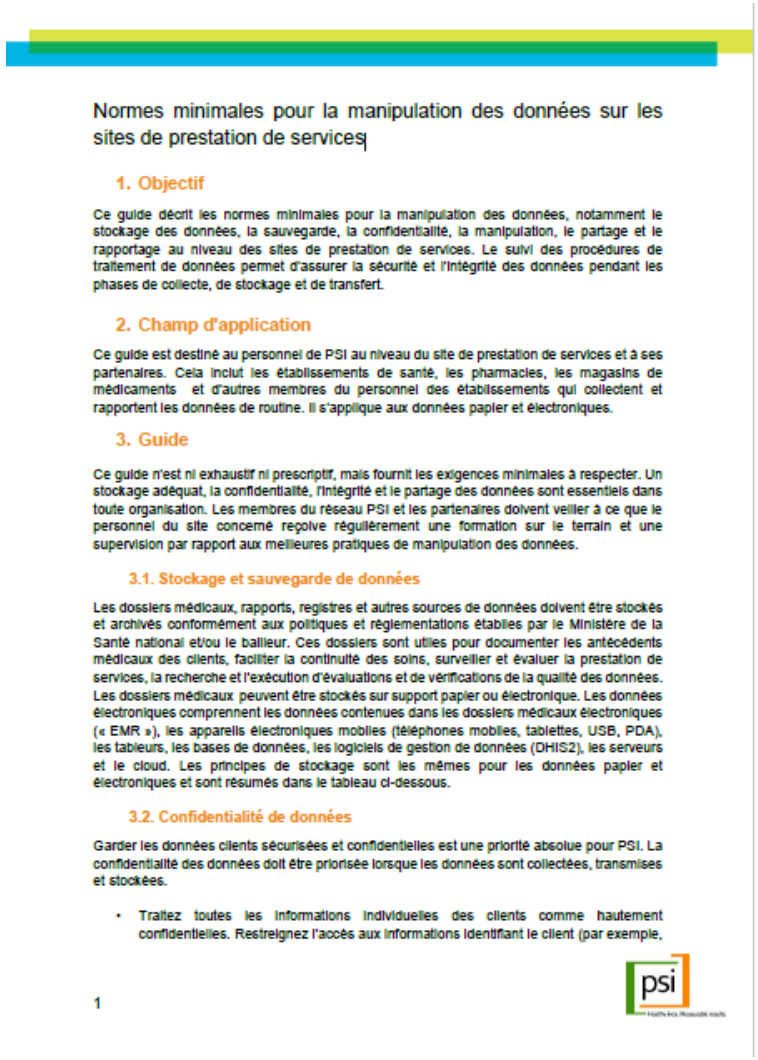
Recommendation Monitoring Plan (Example)

RDQA 2023 Recommendation Monitoring					
Sanitary Zones	Clinics	Recommendations	Status	Score	Time frame
ZOBOZA	CMCA Zakpota Clinic	Make sure you fill in the MIS files in accordance with the input guide, respecting the chronology of dates	Conducted	100%	N/A
		Ensure that the C6 report matches the MIS register	Conducted		N/A
		Document delivery and newborn care services	Conducted		N/A
	CJAV Bohicon	Please ensure that the MIS registers are filled in accordance with the input guide, especially for the section “consultation reason”	Conducted	67%	N/A
		Ensure a good match between MIS register figures and SNIGS tools (CDV, C6/C15) by using MIS for SNIGS aggregates	Not conducted		March 2024
		Contact the zone office with the C15 report (SRAJ) to replace C6	Conducted		N/A

Recommendation Monitoring Plan (Example)

RDQA 2023 Recommendation Monitoring					
Sanitary Zones	Clinics	Recommendations	Status	Score	Timeframe
	Clinique Déo Gratias	Ensure correct application of data handling standards (especially concerning confidentiality)	Conducted	67%	N/A
		Ensure that the figures in the MIS register match those in the C6 report by documenting all family planning and delivery services in the MIS register	Not conducted		March 2024
		Respect the correct chronology of dates when filling in MIS sheets	Conducted		N/A
	Mother & Child Clinic	Now document delivery, AMTSL, newborn care, and diarrhea services	Conducted	67%	N/A
		Please ensure that the MIS forms are filled in correctly, in accordance with the input guide	Conducted		N/A
		Ensure that the MIS register and C6 report match (use MIS and register to aggregate C6 figures)	In progress		March 2024

Consumer Data Protection Sheet (1/2)



Normes minimales pour la manipulation des données sur les sites de prestation de services

1. Objectif

Ce guide décrit les normes minimales pour la manipulation des données, notamment le stockage des données, la sauvegarde, la confidentialité, la manipulation, le partage et le rapportage au niveau des sites de prestation de services. Le suivi des procédures de traitement de données permet d'assurer la sécurité et l'intégrité des données pendant les phases de collecte, de stockage et de transfert.

2. Champ d'application

Ce guide est destiné au personnel de PSI au niveau du site de prestation de services et à ses partenaires. Cela inclut les établissements de santé, les pharmacies, les magasins de médicaments et d'autres membres du personnel des établissements qui collectent et rapportent les données de routine. Il s'applique aux données papier et électroniques.

3. Guide

Ce guide n'est ni exhaustif ni prescriptif, mais fournit les exigences minimales à respecter. Un stockage adéquat, la confidentialité, l'intégrité et le partage des données sont essentiels dans toute organisation. Les membres du réseau PSI et les partenaires doivent veiller à ce que le personnel du site concerné reçoive régulièrement une formation sur le terrain et une supervision par rapport aux meilleures pratiques de manipulation des données.

3.1. Stockage et sauvegarde de données

Les dossiers médicaux, rapports, registres et autres sources de données doivent être stockés et archivés conformément aux politiques et réglementations établies par le Ministère de la Santé national et/ou le bailleur. Ces dossiers sont utiles pour documenter les antécédents médicaux des clients, faciliter la continuité des soins, surveiller et évaluer la prestation de services, la recherche et l'exécution d'évaluations et de vérifications de la qualité des données. Les dossiers médicaux peuvent être stockés sur support papier ou électronique. Les données électroniques comprennent les données contenues dans les dossiers médicaux électroniques (« EMR »), les appareils électroniques mobiles (téléphones mobiles, tablettes, USB, PDA), les tableurs, les bases de données, les logiciels de gestion de données (DHIS2), les serveurs et le cloud. Les principes de stockage sont les mêmes pour les données papier et électroniques et sont résumés dans le tableau ci-dessous.

3.2. Confidentialité de données

Garder les données clients sécurisées et confidentielles est une priorité absolue pour PSI. La confidentialité des données doit être priorisée lorsque les données sont collectées, transmises et stockées.

- Traitez toutes les informations individuelles des clients comme hautement confidentielles. Restreignez l'accès aux informations identifiant le client (par exemple, nom, numéro de téléphone, âge, lieu de résidence, etc.) uniquement au personnel autorisé directement responsable de la prestation des services.
- Ne collectez que le minimum d'informations personnelles nécessaires pour conduire des activités de santé publique.
- Transmettez uniquement des données agrégées. Désidentifiez (supprimez les informations personnelles identifiant un client) avant qu'elles ne soient transmises, diffusées ou utilisées pour l'analyse. Créez et utilisez des codes d'identification uniques (UIC) qui identifient de manière unique un client.
- Lorsque des données client sont nécessaires, les enregistrements doivent être bien protégés et des protocoles spécifiques doivent être maintenus pour garantir la confidentialité des données.
- Un accord de confidentialité doit être signé et renouvelé chaque année par tous les membres du personnel qui ont besoin d'accéder à des documents confidentiels. L'accord doit clairement identifier les conditions dans lesquelles les documents peuvent être consultés.

Résumé des normes minimales pour le stockage et la confidentialité des données

Données papier	Données électroniques
• Stockez les fiches clients dans des armoires verrouillées dans une zone sécurisée. • Restreignez l'accès aux armoires uniquement aux employés autorisés. • Créez et maintenez des systèmes de classement pour les dossiers papier afin de faciliter leur récupération. • Conservez les fiches clients sur le site conformément aux directives nationales / du Ministère de la Santé ou des bailleurs. • Limitez les zones où les enregistrements papier peuvent être déplacés.	• Protégez les enregistrements électroniques par un mot de passe - chaque fichier et chaque ordinateur. • Restreignez l'accès aux mots de passe uniquement au personnel autorisé. • Utilisez des règles de dénomination standard dans les enregistrements de données pour faciliter leur récupération. • Maintenez des sauvegardes régulières et des plans de récupération à jour du système d'information. • Maintenez une protection antivirus efficace et à jour, le cas échéant. • Stockez et transférez les données client sous forme cryptée.

3.3. Intégrité de données

Maintenir et assurer l'exactitude et la fiabilité des données est d'une importance vitale. Les données doivent représenter fidèlement les services fournis aux clients. Des mesures doivent être mises en place pour protéger les données contre les changements non autorisés, c'est-à-dire l'insertion, la modification ou la destruction accidentelle ou délibérée de données. De telles étapes doivent inclure des vérifications rétrospectives ou des preuves documentées de tout changement qui a été apporté aux enregistrements de données.

- Les enregistrements de données ne doivent pas être faussement ajoutés, supprimés ou modifiés.

Consumer Data Protection Sheet (2/2)

- Les modifications apportées aux dossiers clients et aux rapports sommaires doivent être approuvées, signées et datées. Les enregistrements électroniques doivent avoir un journal d'audit des données pour conserver un enregistrement des modifications apportées sur eux.

3.4. Partage de données

Les procédures appropriées doivent être mises en place pour définir clairement quelles données peuvent être partagées, quand, à qui et dans quel format.

- Partagez les données avec des personnes autorisées uniquement pour le programme ou le projet spécifique.
- Partagez des données par des méthodes sécurisées, c'est-à-dire des protocoles, des systèmes et des outils approuvés.
- Les informations identifiant le client doivent être conservées au niveau de l'établissement. Ne partagez que des données agrégées autant que possible.
- Les données conservées sous format électronique doivent être rendues accessibles au personnel concerné sur le site (par exemple via un réseau ou une plate-forme partagée) avec des restrictions d'affichage et de modification, le cas échéant.
- Les données doivent être examinées et approuvées par des personnes autorisées avant le rapportage. Les examens de données doivent être documentés et signés sur des documents de synthèse ou de rapport (par exemple, indiquez «Révisé par» avec signature et date).
- Partagez les données avec les niveaux de rapports pertinents en temps opportun avec des mécanismes de suivi du temps établis pour la compilation et / ou la réception. Cela devrait être intégré dans les outils de rapportage lorsque cela est possible (par exemple, une disposition pour indiquer ou estampiller la date de réception des rapports).

Ce guide est conçu pour aider à renforcer la manipulation des données par le personnel sur les sites de prestation de services. Le personnel doit être formé et supervisé régulièrement sur les meilleures pratiques de manipulation des données. Après la formation, le personnel doit lire et signer ce guide comme un engagement à respecter ces normes.

Nom de l'agent	
Signature de l'agent	
Nom du réseau ou du partenaire PSI	
Région / district	
Nom du formateur / superviseur PSI	
Signature du formateur / superviseur PSI	
Titre du formateur / superviseur	
Date de formation	