

**NURHI Standard Operating Procedure and
Checklist for Data Quality Assurance (DQA)
Review
of
Family Planning Service Data
at
Service Delivery Points**

Draft April, 2012

Background and Objectives

High quality data is paramount in providing progress reports that will offer program managers and decision makers a concise and accurate reflection of whether NURHI programs are “working”. Attention to data quality ensures that target setting and results reporting are informed by valid and sensitive information. In this way, attention to data quality leads to improved program performance and to more efficient resource management.

Regular Data records review and periodic Data Quality Assurance process is a necessary core M & E routine designed to consistently ensure the quality of reported program data before reporting to the next level in the data flow. The aims of the SOP are as follows:

- To serve as a guide on the steps to conducting Data Record review/Data Quality Assurance for **aggregated Family Planning Service Data** from service delivery points including integration points
- To describe how to use the **Family Planning DQA Checklists** in performing Data Quality Assurance and documenting the findings

Users of the SOP

- NURHI Management Staff
- Department of Health M&E focal person (LGAs and State)
- M&E Unit and focal persons
- NURHI Technical/Program Advisors and Officers
- Collaborating Partners
- External consultants

Records to be reviewed

- Daily Family planning Health Facility Register
- Family Planning Integration Monthly Summary form
- General ANC Register
- Referral forms

Structure of the Checklist

The checklist is structured in three (3) parts, which are aligned with the most common types of data quality errors and M&E system dysfunction found at facility level. A brief description of each is provided below:

- *Data Availability* – this is the most fundamental data quality issue, and refers primarily to gaps in data. If fields are missing or records cannot be located, then it is difficult to ascertain whether required services have or have not been delivered, Gaps in data limit the ability to conduct analysis, can result in client and commodity mismanagement and under-reporting of results.
- *Data Consistency* – this deals with a higher level of error - the transference of data from one record or data collection tool to another. In all service delivery points activities, there is a flow of patient/client data between service points and data collection tools, either for aggregation or patient management purposes. This requires careful attention on behalf of health care providers or medical records staff in the transcription of data from one form to another. During a rapid assessment it is not possible to review all possible sources of inconsistency. Therefore, this tool recommends a random selection of specified number

client Identification Numbers from the respective register(s) to give some insight into standards at each facility.

- *Data Validity* – Data validity in this context deals with simple calculation errors, or failing to correctly sum data from registers and lower-level data entry tools into monthly summary forms and the reports sent to the next level on the dataflow. The monthly summary forms are the main source of data used to assess progress in service provision, and feed into government, project and donor reports. It is not feasible to assess all possible errors, so this tool is focusing on verifying a selection of the most important indicators.

Scoring the Checklist

The scoring of the part 1 and 3 of this checklist is based on a simple 'yes/no' assessment procedure for objectively verifiable assessment criteria. The score for a 'yes' answer is indicated underneath the yes column, meaning that assessors have verified that the assessment criteria has been met. A 'no' answer with a score of '0' is assigned for each row in the checklist where the facility is not able to satisfy the criteria. In part 2, the same principle applies, however the score for each row is based on the number of 'yes' responses out of the patient IDs or relevant records randomly selected.

A score is then generated for each sub-total in the three (3) parts of the tool, by adding up the scores obtained/obtainable (maximum) for only the relevant service data areas assessed. Three (3) sub-total scores are entered onto the summary page, and the sum of these three can be used to give an overall score for the facility, which can also be viewed as a percentage. The scores for each part can be used to identify needs for systems strengthening or technical assistance.

Subsection A of part 3 aimed at measuring the level of match between data already reported to NURHI and data contained on the site-copy of the monthly summary forms (MSFs) focusing on a few selected service areas core indicators while subsection B of part 3 looks at matching the reported data with the actual counts from the registers or other source documents. A score of 10 is given when 'yes' answer indicate that they match and 0 when answer is 'no' meaning they do not match.

Standard Procedure for Data Records Review

A. Preparation for the On-site Visit

A.1. Decide Upon Team Composition

Data record review/DQA activities will be undertaken by

- NURHI Technical staff and/or *External Data Quality Auditors* - on unscheduled basis to determine the integrity of Data Management practices produced by service delivery point or facility.

A.2. Review Previous Data

- Review previous Month's Facility Monthly Reporting Summary Forms submitted by the Site M&E focal person
- Note down any issues, discrepancies or outliers on the trend of the Service Data for discussion at the site
- Arrange appointment with site authority for the date of the facility visit

A.3. Organize Team

- Decide upon team leader if more than one person is conducting the assessment
- Get the DQA checklist ready for the exercise

Review checklist with team to ensure familiarity with assessment items

B. Conducting the Visit

B.1. Introduction/briefing with Facility Manager and M&E focal points

- Introduce team, purpose of visit and procedure
- Distribute copy of assessment tool to facility team
- Request active participation of M&E focal point and/or facility manager
- Arrange debriefing with site manager following the DQA assessment

B.2. Obtain Necessary Forms and Registers

- Review the relevant ones as listed out above under the section **records to be reviewed**

B.3. Administer the Checklist

- If large team, allocate different people for different sections of DQA tool
- Obtain the necessary records and go through the checklist and for each item on the checklist, tick yes or no
- Where necessary records are missing, allocate 'no' for each checklist item referring to that record
- Write comments in "comments" column if necessary (when follow up issues are noted, to recognize good practices, when score allocation is unclear)
- When completing each section, add together the number of 'yes' scores and enter the total score where indicated

C. Wrapping up the Assessment

- The summary page at the front of the tool is the historical record of the DQA assessment. One summary page should be generated for each visit
- Transfer the summary scores from each section of the tool to the summary page
- Transfer significant comments to *follow up recommendations* on the summary page. If a number of issues were noted, the team leader should decide on the main issues which need to be transferred to this page
- Conduct a debriefing with the Facility Management and Site M&E focal person on the findings of the assessment (it is not necessary to discuss or share the scores)
- For each recommendation on the summary page, develop an implementation plan together with the Facility Management and M&E focal person on how to address the deficiencies including resources/support needed, responsibilities and timeline
- File the summary report, enter the scores into a database and follow up during prior recommendations during subsequent visits
- Facilitate quality improvement by provide ongoing support to the facility Manager in order to address the deficiencies.

NURHI FP/RH Service Data Quality Assurance Review - summary sheet

State: _____ LGA: _____ Facility name: _____

Month _____ Year _____

Program/Service data reviewed: *(Tick as applicable)* FP Unit FP-ANC FP-HIV FP-PAC FP-Delivery

| Sub-category | Program/Service Areas & Sub-section | Scored | Max | Follow up actions recommended | Resources/ support needed | Responsible person(s) | Expected completion date |
|----------------------|-------------------------------------|--------|-----|-------------------------------|---------------------------|-----------------------|--------------------------|
| 1. Data Availability | FP Unit | | | | | | |
| | FP-ANC | | | | | | |
| | FP-HIV | | | | | | |
| | FP-PAC | | | | | | |
| | FP-Delivery | | | | | | |
| Subtotal | | | | | | | |
| 2. Data Consistency | FP Unit | | | | | | |
| | FP-ANC | | | | | | |
| | FP-HIV | | | | | | |
| | FP-PAC | | | | | | |
| | FP-Delivery | | | | | | |
| Subtotal | | | | | | | |

| | | | | | | | |
|--|---|--|--|--|--|--|--|
| 3. Data Validity | <i>Site-MSF data versus Reported data</i> | | | | | | |
| Subtotal | | | | | | | |
| Total Score (add all 3 subtotals) | | | | | | | |

Completed by Name _____ Designation: _____ Signature: _____ Date: _____

M&E Officer Name _____ Designation: _____ Signature: _____ Date: _____

PART 1: Data Availability

| 1A. FP Unit | Score | | Comments |
|---|-------|----|---------------------------|
| | Yes | No | |
| FP Integration monthly summary form (FPMSF) | | | |
| a. Last month Site-copy of FP Integration Monthly Summary Form available? | 2 | 0 | |
| b. Last month Site-copy of the FP Integration Monthly Summary Form duly signed? | 2 | 0 | |
| c. All the data fields in FP Integration Monthly Summary Form completely filled out? | 2 | 0 | |
| Daily Family Planning Health Facility registers (FPHFR) | | | |
| d. Daily FPHFR available? | 2 | 0 | |
| e. All the FPHF Registers were duly signed? | 2 | 0 | |
| f. Were all date entries within the month of reporting? | 2 | 0 | |
| g. Does each month start on a fresh page in the cohort register? | 2 | 0 | |
| h. All the data fields were completely and correctly filled out? | 2 | 0 | |
| HMIS Referral Form | | | |
| i. Booklet of the HMIS referral form available? | 2 | 0 | |
| j. The entire data fields correctly filled? | 2 | 0 | |
| k. Forms duly signed? | 2 | 0 | |
| l. Referral box available? | 2 | 0 | |
| | Yes | No | |
| Total Score | | | Maximum Score = 24 |
| 1B. FP-ANC Services | Score | | Comments |
| | Yes | No | |
| FP Integration monthly summary form (FPMSF) | | | |
| m. Last month Site-copy of FP Integration Monthly Summary Form available? | 2 | 0 | |
| n. Last month Site-copy of the FP Integration Monthly Summary Form duly signed? | 2 | 0 | |
| o. All the data fields in FP Integration Monthly Summary Form completely filled out? | 2 | 0 | |
| General ANC client registers | | | |
| p. Pages for the ANC clients registered for last month available? | 2 | 0 | |
| q. Single check for the column of FP counseling? | 2 | | |
| r. All the data fields were completely filled out up to the FP counseling column? | 2 | 0 | |
| s. Total new ANC attendees (or first ANC visit) on the general ANC register is greater than or equals to the total number of pregnant women counseled for FP? | 2 | 0 | |
| t. | | | |

| Total Score | | | | Maximum Score = 14 |
|--|--|--------------|-----------|--------------------------|
| 1C. FP-HIV | | Score | | Comments |
| FP Integration monthly summary form (FPMSF) | | Yes | No | |
| a. Last month Site-copy of FP Integration Monthly Summary Form available? | | 2 | 0 | |
| b. Last month Site-copy of the FP Integration Monthly Summary Form duly signed? | | 2 | 0 | |
| c. All the data fields in FP Integration Monthly Summary Form completely filled out? | | 2 | 0 | |
| Daily Family Planning Health Facility registers (FPHFR) | | Yes | No | |
| d. All FPHF Registers for last 12 months available? | | 2 | 0 | |
| e. All the FPHF Registers were duly signed? | | 2 | 0 | |
| f. Were all date entries within the month of reporting? | | 2 | 0 | |
| g. Does each month start on a fresh page in the cohort register? | | 2 | 0 | |
| h. All the data fields were completely and correctly filled out? | | 2 | 0 | |
| Total Score | | | | Maximum Score: 16 |
| 1D. FP-PAC Services | | Score | | Comments |
| FP Integration monthly summary form (FPMSF) | | Yes | No | |
| a. Last month Site-copy of FP Integration Monthly Summary Form available? | | 2 | 0 | |
| b. Last month Site-copy of the FP Integration Monthly Summary Form duly signed? | | 2 | 0 | |
| c. All the data fields in FP Integration Monthly Summary Form completely filled out? | | 2 | 0 | |
| Daily Family Planning Health Facility registers (FPHFR) | | Yes | No | |
| d. All FPHF Registers for last 12 months available? | | 2 | 0 | |
| e. All the FPHF Registers were duly signed? | | 2 | 0 | |
| f. Were all date entries within the month of reporting? | | 2 | 0 | |
| g. Does each month start on a fresh page in the cohort register? | | 2 | 0 | |
| h. All the data fields were completely and correctly filled out? | | 2 | 0 | |
| Total Score | | | | Maximum Score: 16 |
| 1E. FP- Labour and Delivery Services | | Score | | Comments |
| FP Integration monthly summary form (FPMSF) | | Yes | No | |

| | | | |
|--|------------|-----------|--------------------------|
| a. Last month Site-copy of FP Integration Monthly Summary Form available? | 2 | 0 | |
| b. Last month Site-copy of the FP Integration Monthly Summary Form duly signed? | 2 | 0 | |
| c. All the data fields in FP Integration Monthly Summary Form completely filled out? | 2 | 0 | |
| Daily Family Planning Health Facility registers (FPHFR) | Yes | No | |
| d. All FPHF Registers for last 12 months available? | 2 | 0 | |
| e. All the FPHF Registers were duly signed? | 2 | 0 | |
| f. Were all date entries within the month of reporting? | 2 | 0 | |
| g. Does each month start on a fresh page in the cohort register? | 2 | 0 | |
| h. All the data fields were completely and correctly filled out? | 2 | 0 | |
| Total Score | | | Maximum Score =16 |
| | | | |

PART 2: Data Consistency

| 2. FP Unit | Score | | | | Comments |
|---|-------|---|---|---|--------------------|
| Results of checks on 3 randomly selected ANC client number from the general ANC register (refer to the FP register) | 0 | 1 | 2 | 3 | |
| a. How many of the 3 have the FP Client Card available? | 0 | 1 | 2 | 3 | |
| u. How many of the 3 have the FP Client Card data fields completely filled out? | 0 | 1 | 2 | 3 | |
| v. How many of the 3 have the Age on the FP client card consistently transcribed into the Daily FP Registers? | 0 | 1 | 2 | 3 | |
| w. How many of the 3 have the FP method provided on the FP client card consistently transcribed into the Daily FP Registers? | 0 | 1 | 2 | 3 | |
| x. How many of the 3 randomly selected FP client numbers (who accepted FP method) have the data fields completely filled out? | 0 | 1 | 2 | 3 | |
| Total Score | | | | | Maximum Score = 15 |

PART 3: Data Validity

| 3.A. COMPARISON OF SITE MSF WITH DATA REPORTED | Scores | | Comments |
|--|------------|-----------|---------------------------|
| Indicator 1: New Acceptors for FP methods – Total | Yes | No | |
| a. Does the total number of New Acceptors for FP methods on the site copy of FP MSF equal the total reported by the state/zonal office for the same reporting month? | 10 | 0 | |
| Indicator 2: Revisit Clients- Total | Yes | No | |
| b. Does the total number of Revisit for FP methods on the site copy of FP MSF equal the total reported by the state/zonal office for the same reporting month? | 10 | 0 | |
| Indicator 3: New Acceptors at PAC – Total | Yes | No | |
| b. Does the total number of New Acceptors for FP methods on the site copy of FP MSF equal the total reported by the state/zonal office for the same reporting month? | 10 | 0 | |
| Indicator 3: New Acceptors at Labour and Delivery – Total | Yes | No | |
| b. Does the total number of New Acceptors for FP methods on the site copy of FP MSF equal the total reported by the state/zonal office for the same reporting month? | 10 | 0 | |
| Total Score SECTION B | | | Maximum Score = 40 |