BAYELSA STATE Q2 2024 DQAs REPORT

INTRODUCTION

Data Quality Assessment (DQA) gives information on how much of reported data can be verified and measures system quality.

Data is generated at Health Facilities daily, weekly and monthly. There is the need to conduct a DQA to verify reported data and measure the system on which these data are generated.

The system quality assessment will identify strengths and gaps in

- **Recording**
- **Reporting**
- **Demographic information**
- **Core outputs**
- **Archiving and**
- **Evidence that data generated are being used for action**

This assessment analyses the strength and weakness in the primary health care system of a Health facility and the LGA with follow up action points to improve the system

OBJECTIVES

GENERAL OBJECTIVES

- ✓ To assess the quality of data generated and the extent to which it reflects program performance from the HF level to the State.
- ✓ To assess the strength of PHC System at the HF level, LGA level and State.

SPECIFIC OBJECTIVES

- ✓ To assess recording procedures in LGAs and Health facilities.
- ✓ To assess the extent to which data is analyzed and used.
- ✓ To assess the quality and safety of services provided.
- ✓ To make recommendations towards system improvement

METHODOLOGY

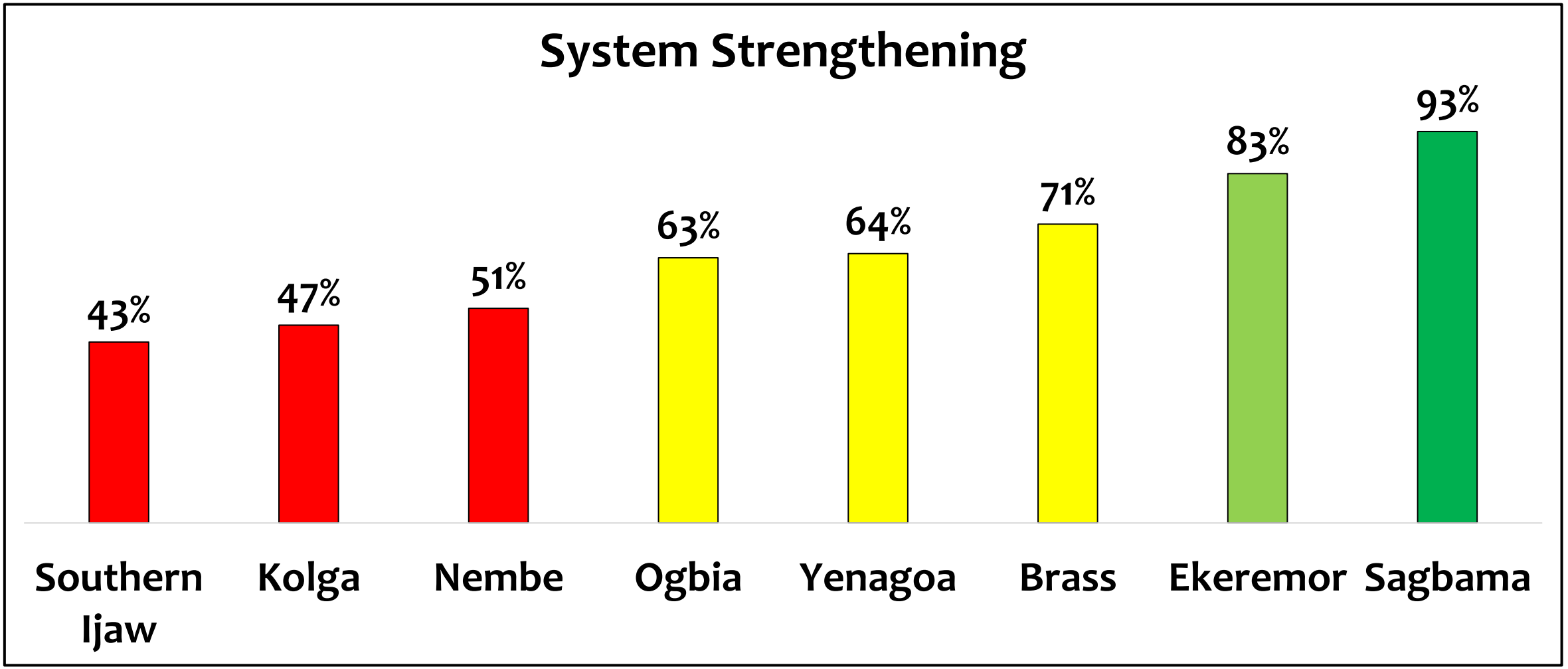
- ✓The method used is the Problem oriented approach. Four health facilities were selected based on best performing, medium performing and poor performing in RI across all LGAs in the state
- ✓The ranking was by scanning through the monthly RI summary data sent to State and LGA by all HFs offering RI, as well as review of Coverage in facilities
- ✓ANC, VIT A, OPV3 & PENTA3 were the antigens assessed over a **7 months** period spanning from **January to July 2024**.
- ✓Child Immunization Register data, ANC Register, GMP Register, NHMIS summary data sent to LGA and then to State (including DHIS reports) were recorded using Excel template.
- ✓A structured questionnaire was used to get information on the monitoring system at both the Health facility and LGA levels from January 2023 to July 2024.

Study Area (List of Facilities Selected)

NAME OF LGAs	GOOD PERFORMING	MEDIUM PERFORMING	LOW PERFORMING
Brass	Sangana PHC	Minibie PHC	Opu-Okumbiri PHC
	Twon Brass PHC	Iseleama Primary Health Care Centre	Egweama Primary Health Care Centre
Ekeremor	Aleibiri Primary Health Care Centre	Norgbene Primary Health Care Centre	Tamogbene Primary Health Centre
	Ekeremor Comprehensive Health Centre	Toru-Ndoro Comprehensive Health Centre	Foutorugbene Primary Health Care Centre
Kolokuma Opokuma	Igbedi Primary Health Centre	Akanyabiri-Opokuma South Comprehensive Health Centre	Agip Primary Health Care Centre
	Kaiama Primary Health Care Centre	Okoloba Comprehensive Health Centre	Odi South Primary Health Centre
Nembe	Tombi Primary Health Care Centre	Ewelesuo Primary Health Care Centre	Otatubo Primary Health Centre
	Nembe Creek Primary Health Care Centre	Agrisaba Primary Health Care Centre	Etiema Primary Health Care Centre
Ogbia	Onuebum Primary Health Centre	Opume Primary Health Centre	Ayakoro Primary Health Centre
	Otakeme Primary Health Centre	Okodi Primary Health Centre	Ibelebiri Primary Health Centre
Sagbama	Agbere Primary Health Centre	Ofoni Comprehensive Health Centre	Tungbo Basic Primary Health Centre
	Bulou-Orua Comprehensive Health Centre	Ebedebiri Comprehensive Health Centre	Trofani Primary Health Centre
Southern Ijaw	Olugbobiri Primary Health Centre	Azuzuama Primary Health Centre	Igebiri Primary Health Centre
	Opuama Primary Health Centre	Amatolo Primary Health Centre	Ikebiri Primary Health Centre
Yenagoa	Yenizue-Gene Primary Health Care Centre	Gbarantoru Primary Health Care Centre	Kalaba Primary Health Centre
	Tombia Primary Health Centre	Egbebiri Primary Health Centre	Akaibiri Primary Health Care Centre

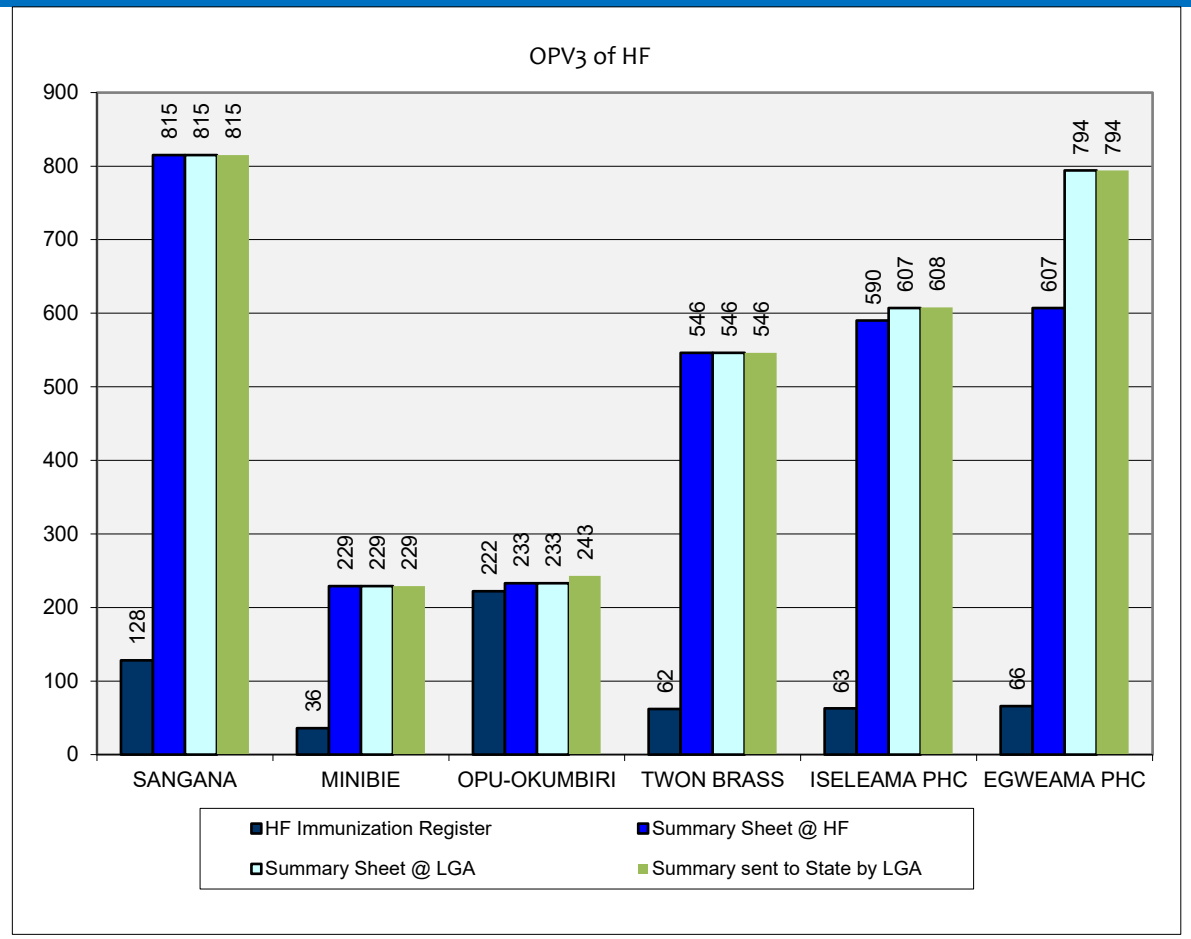
Data Analysis By LGAs

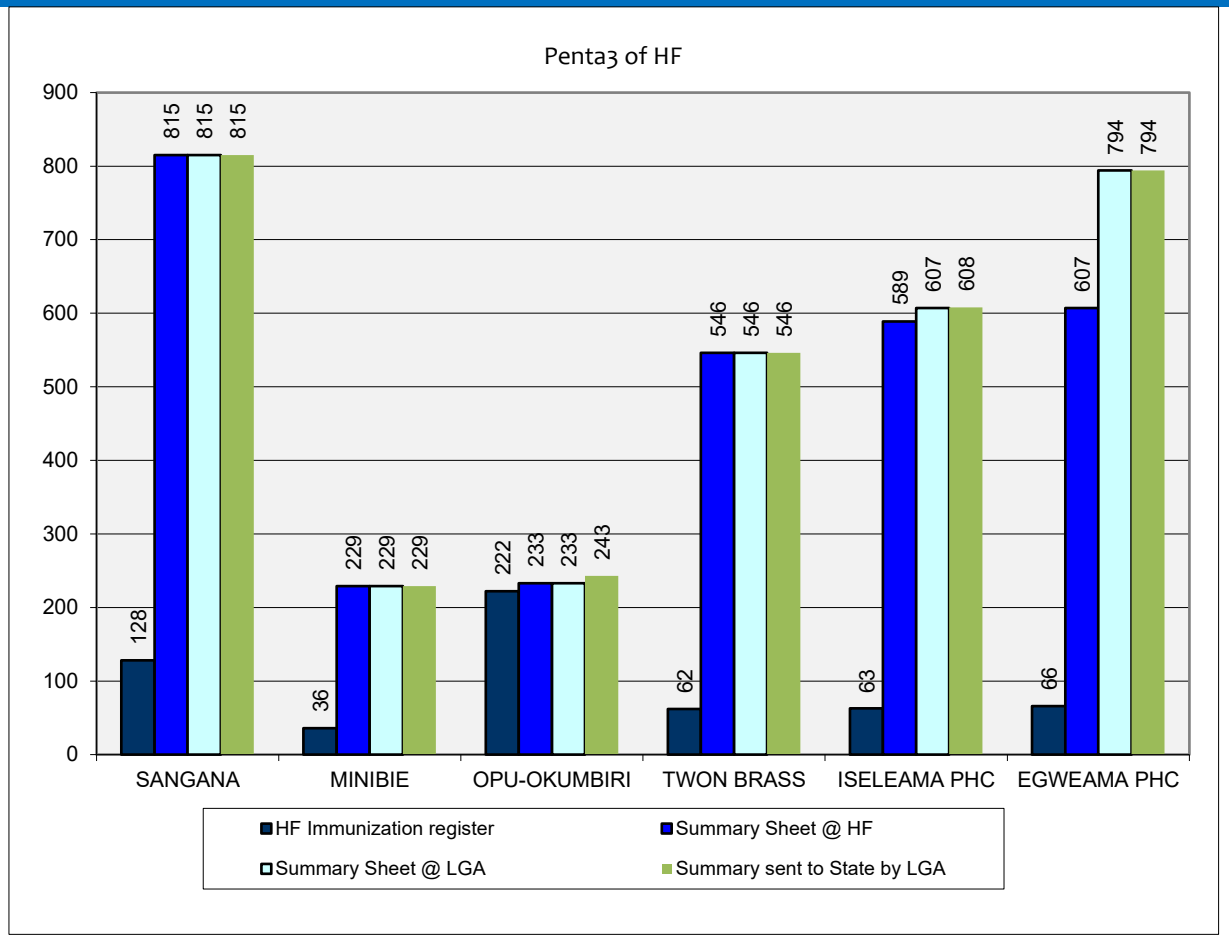
System strengthening by LGAs



1. Data accuracy is number of 100% accuracy ratio/expected
2. System strengthening is the overall % at the LGA level.

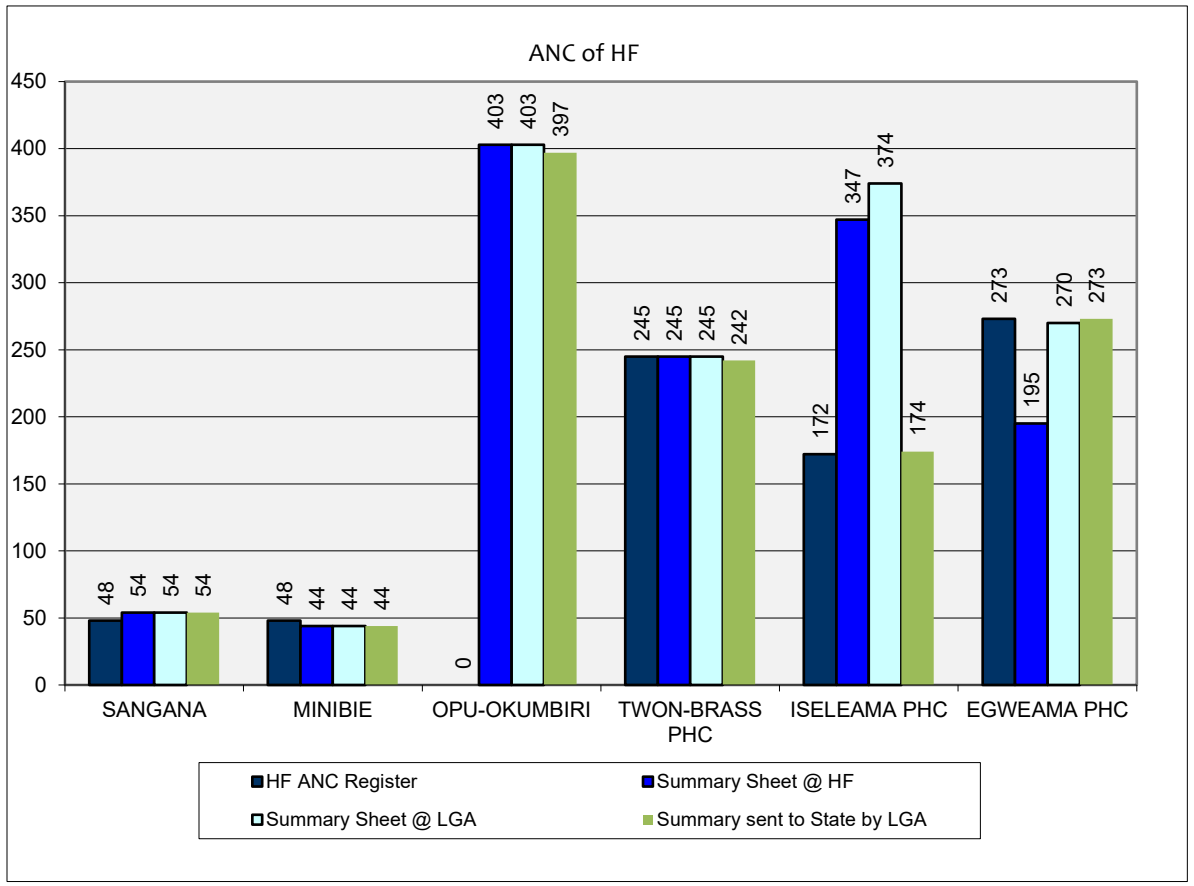
Brass LGA Penta 3 & OPV3 data by facility

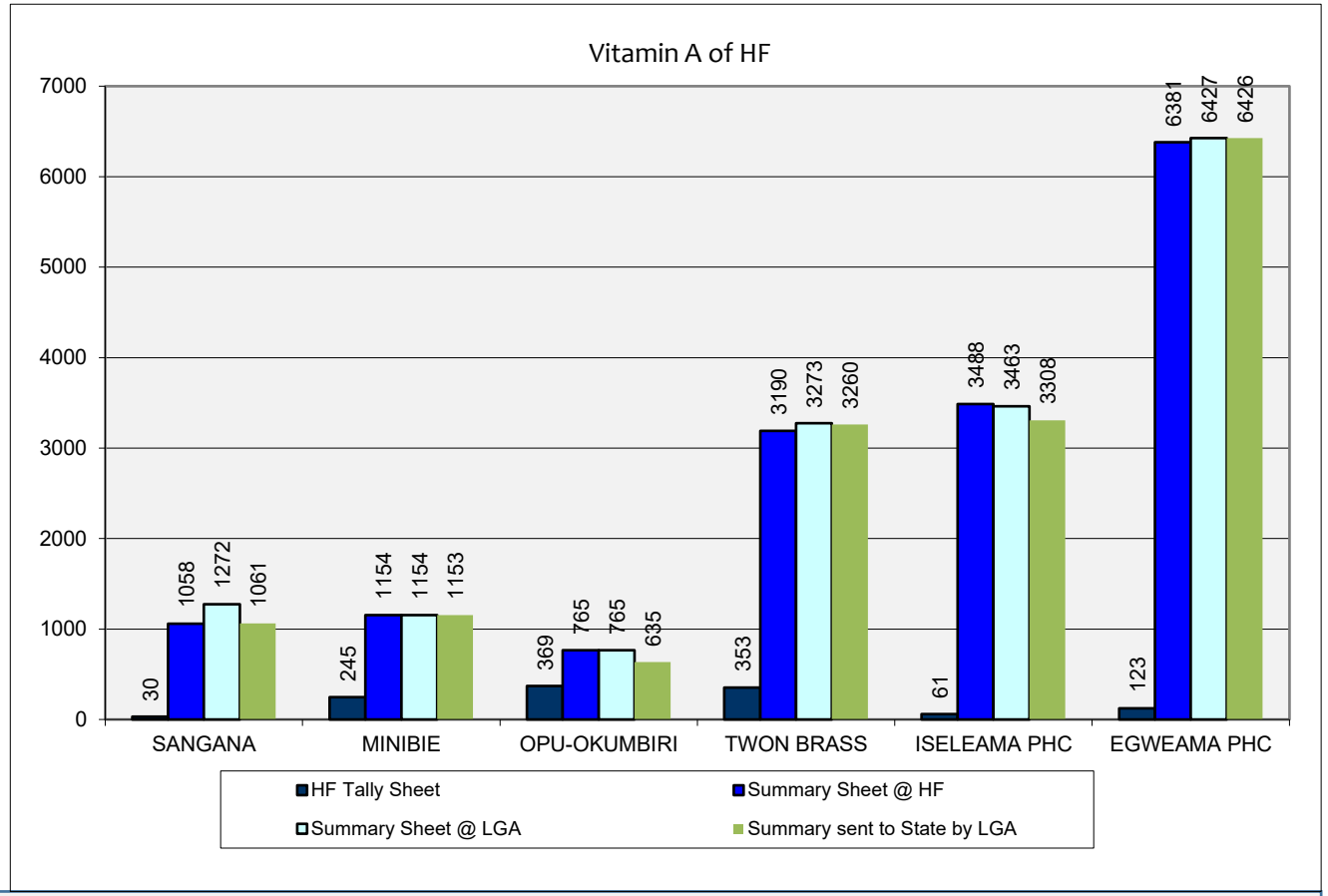




There are data discrepancies in all facilities. Issues with missing data (child heath register < Data transmitted to LGA & State) cut across five facilities. Opu-okumbiri shows good data flow. There is a gap in Summary data at facility and LGA level in Egweama PHC.

Brass LGA ANC & Vit A data by facility

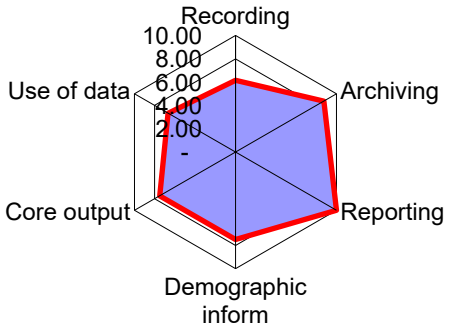




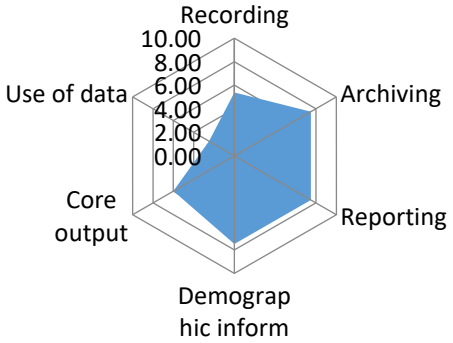
The data Showed inconsistent flow from facility to state level in Egweama ANC records due to missing data in January & February,2024. Major gap in summary sheet at HF & LGA in Iseleama and Opu-okumbiri has no record of ANC in their register but summary sheet at HF has a huge figure submitted to state, while VIT A record is grossly underreported in all six HFs GMP register compared to what was transmitted to LGA and state from January to July, 2024.

Facility Review – Brass LGA

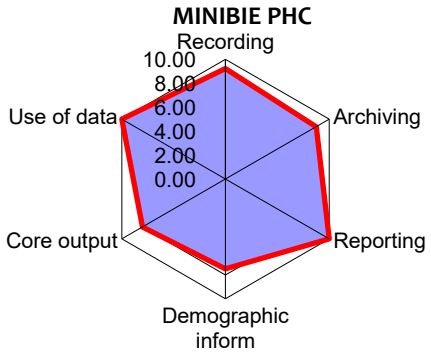
SANGANA PHC



OPU-OKUMBIRI PHC



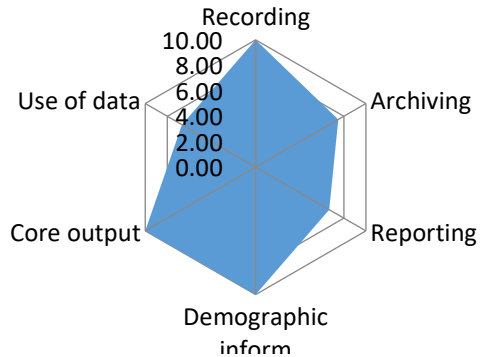
MINIBIE PHC



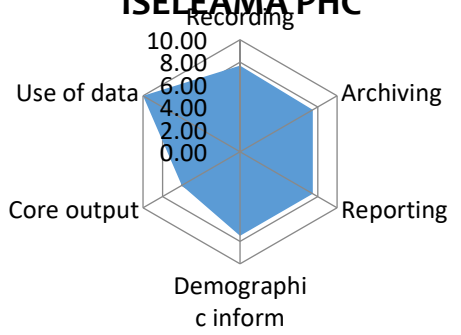
Minibie PHC seemed to be the best performing Facility and Egweama PHC the least performing.

- **Archiving**: Archiving of facilities data are not properly done mostly at Egwema PHC
- **Use of Data for action**: Opu-okumbiri and Egweama PHC performed poorly. WDC meetings are held quarterly but no minutes of meeting seen at the HFs.
- **Demographic Info**: There is no system in place for collection of information about new births. Twon Brass & Egweama PHC performed very well.
- **Recording**: Immunization data are recorded in approved formats in all Health Facilities, although poor recording was noticed especially in Opu-okumbiri and Sangana PHC . Poor usage of VM1A &B in Opu-okumbiri and Sangana PHCs.
- **Reporting:** Reporting is done in all HFs. Endorsement of reports is a standard practice in all HFs. There is awareness of AEFI but inadequate reporting in the HFs.

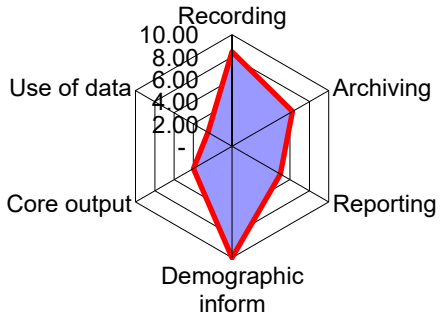
TWON BRASS PHC



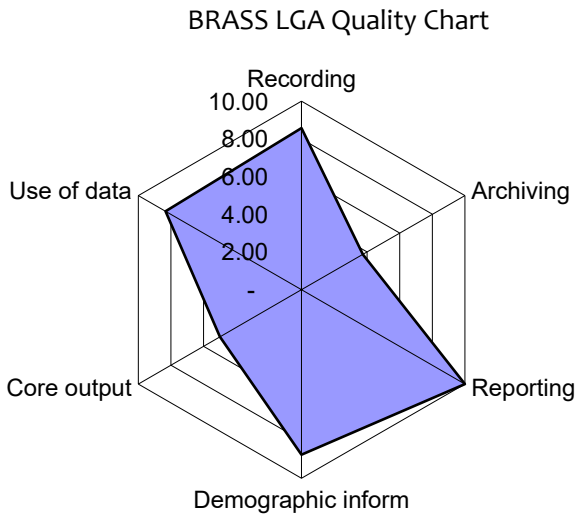
ISELEAMA PHC



EGWEAMA PHC



BRASS LGA Level Review



	Y	N	%
Overall	**96**	**39**	**71%**
Recording	18	3	8.57
Archiving	9	15	3.75
Reporting	18	-	10.00
Demographic inform	21	3	8.75
Core output	15	15	5.00
Use of data	15	3	8.33
	-	-	
	-	-	

Recording: There is significant level of recording at the LGA Level.

Reporting: RI reports are submitted by health facilities using the proper formats. AEFI reporting forms are available with suboptimal reporting (Poor transmission of AEFI reports from Facilities to LGA level)

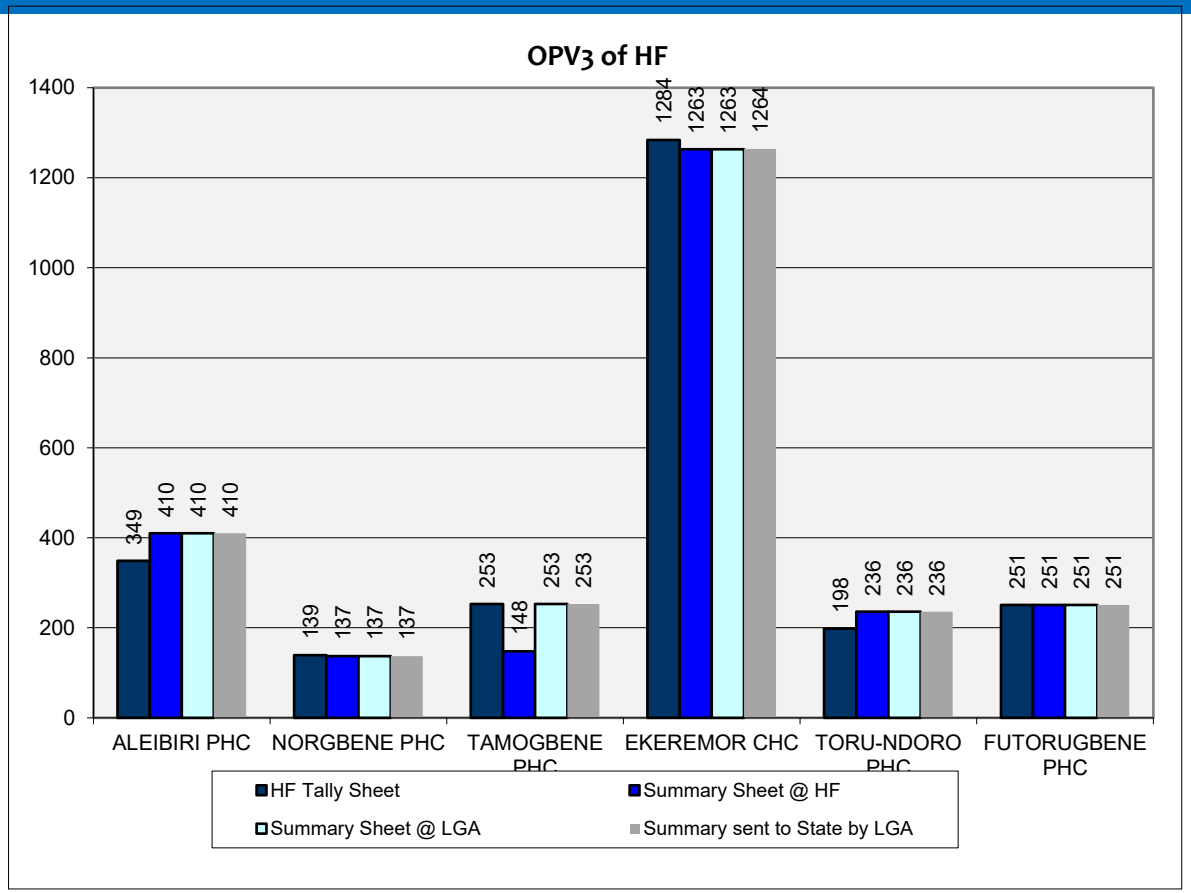
Demographic Information: Map showing demographic information not updated , but target populations of the LGA and Micro plan are all available.

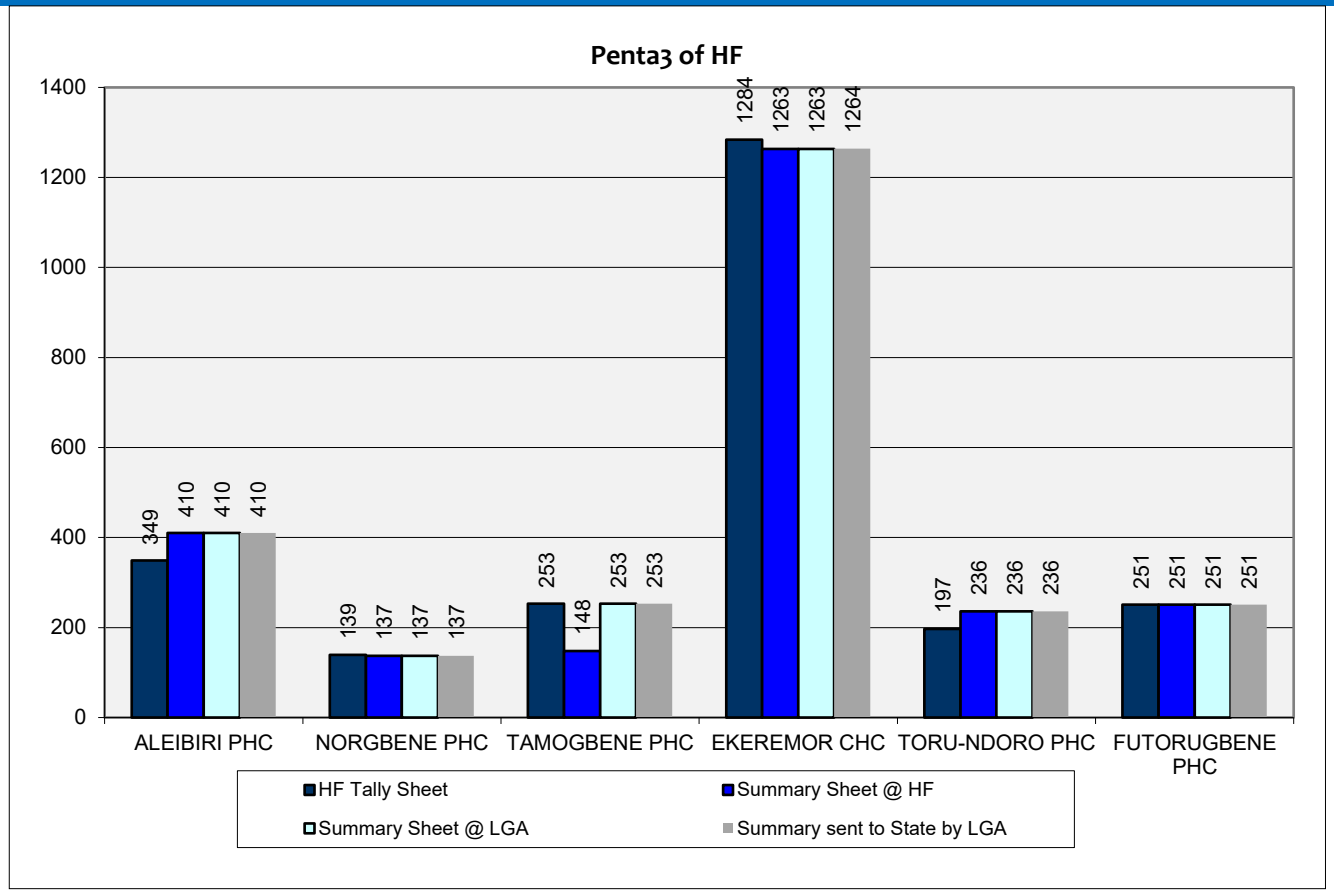
Archiving: Poor archiving in Brass. No individual files for health facility reports at the LGA level. LGA RI data is computerized, but no organized methods of data transfer. There is supervisory plan but no documented supervisory report seen.

Core Output / Analysis Component: Timeliness and completeness charts of data reporting is not available at the LGA level.

Use of data: No hard copy of written feedback to the HFs from the LGA but there is soft copy. No selected indicator for immunization safety.

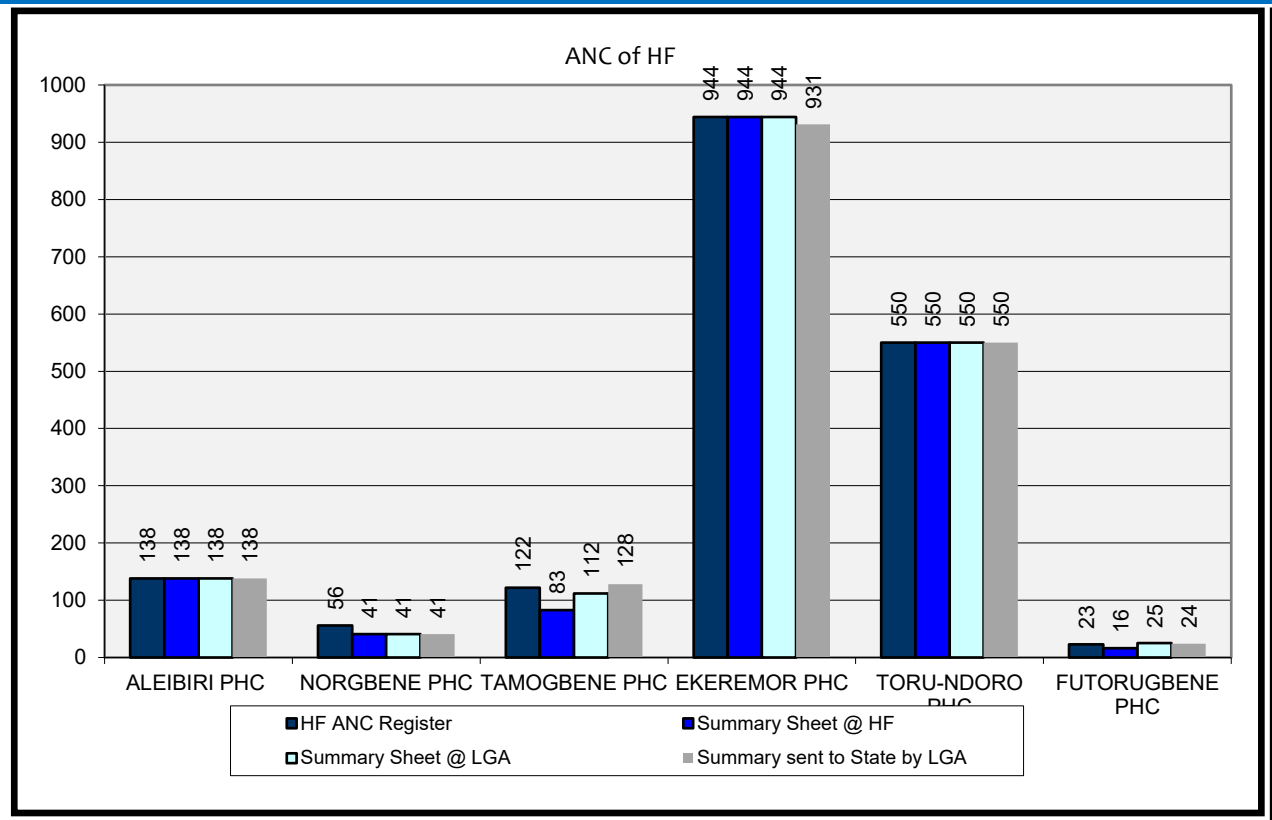
EKEREMOR LGA Penta 3 & OPV3 data by facility

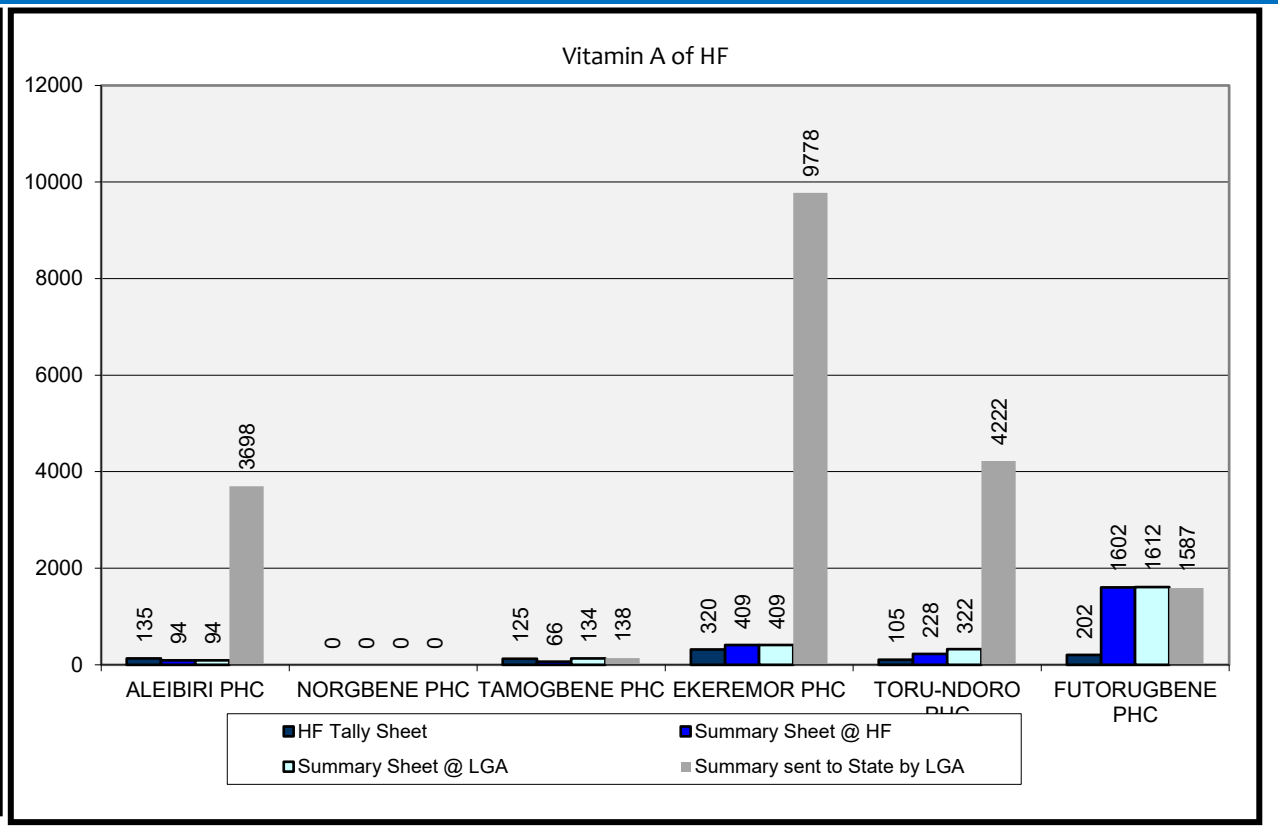




In terms of Data accuracy, Foutorugbene and Norgbene PHCs showed consistency in data flow. In other HFs ,there exist differences between immunization register data to other reports transmitted to the LGA and State with Ekeremor PHC showing a marked increase in the month of March, while Tamogbene had zero HF summary data report for the month of May and June,2024.

EKEREMOR LGA ANC & Vit A data by facility



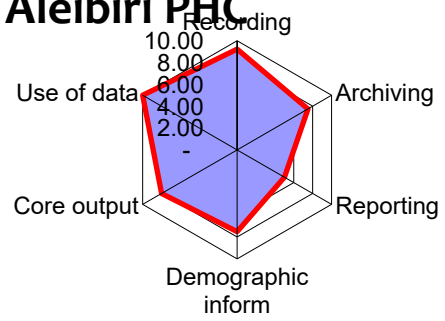


ANC: Aleibiri & Toru-Ndoro PHCs showed consistency in data transmission, While **Ekeremor PHC** had a decline in the February data transmitted to the state**.** Markedly**, Tamogbene and Foutorugbene PHC** had data discrepancies across board(HF-State).

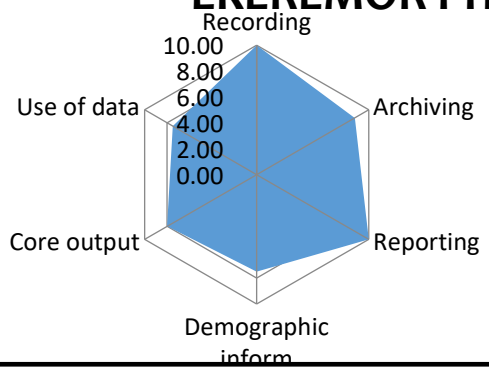
VITAMIN A: There is Marked discrepancies in recording of Vitamin A data in the GMP register. Best being Tamogbene PHC and least is Ekeremor PHC with no report across board. **How was data captured during the MNCHW in June/July 2024?**

Facility Review – EKEREMOR LGA

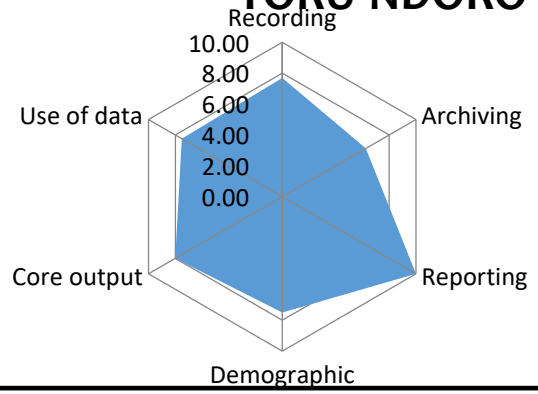
Aleibiri PHC



EKEREMOR PHC



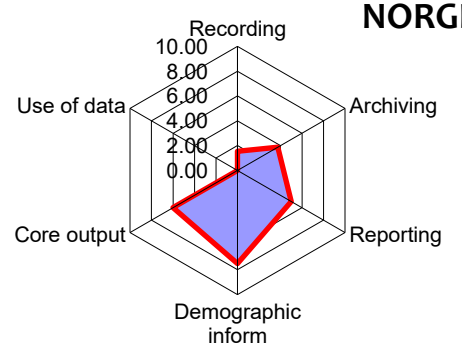
TORU-NDORO PHC



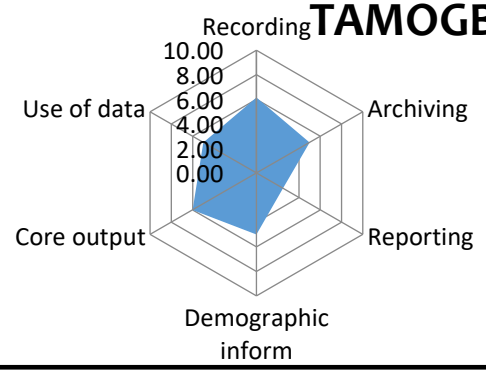
Ekeremor PHC is one of the best performing Facilities in the LGA & **Norgbene PHC** the Least.

- **Archiving:** A major gap across the facilities (Ekeremor been better), with 3 of the 6 HFs performing very poorly.
- **Recording:** Poor recording across 2 HFs (Tamogbene & Norgbene)
- **Use of Data for action:** Some evidence of this seen in the facilities with Aleibiri PHC standing out.
- **Demographic Info:** There was no catchment area map showing target by strategy in all HFs.
- **Core output:** No monitoring chart /Graph for VPD case in all HFs

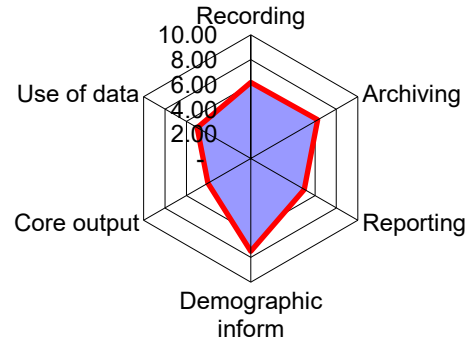
NORGBENE PHC



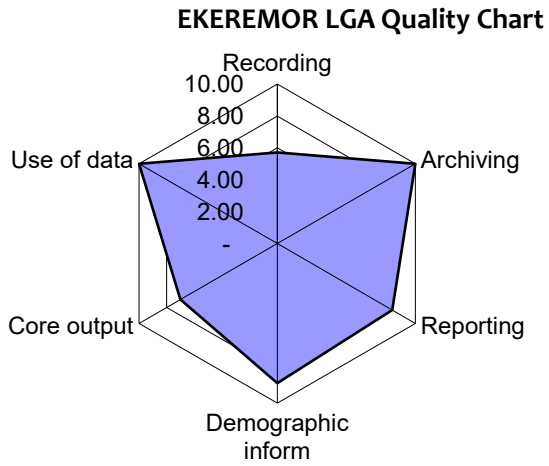
TAMOGBENE PHC



FOUTORUGBENE PHC



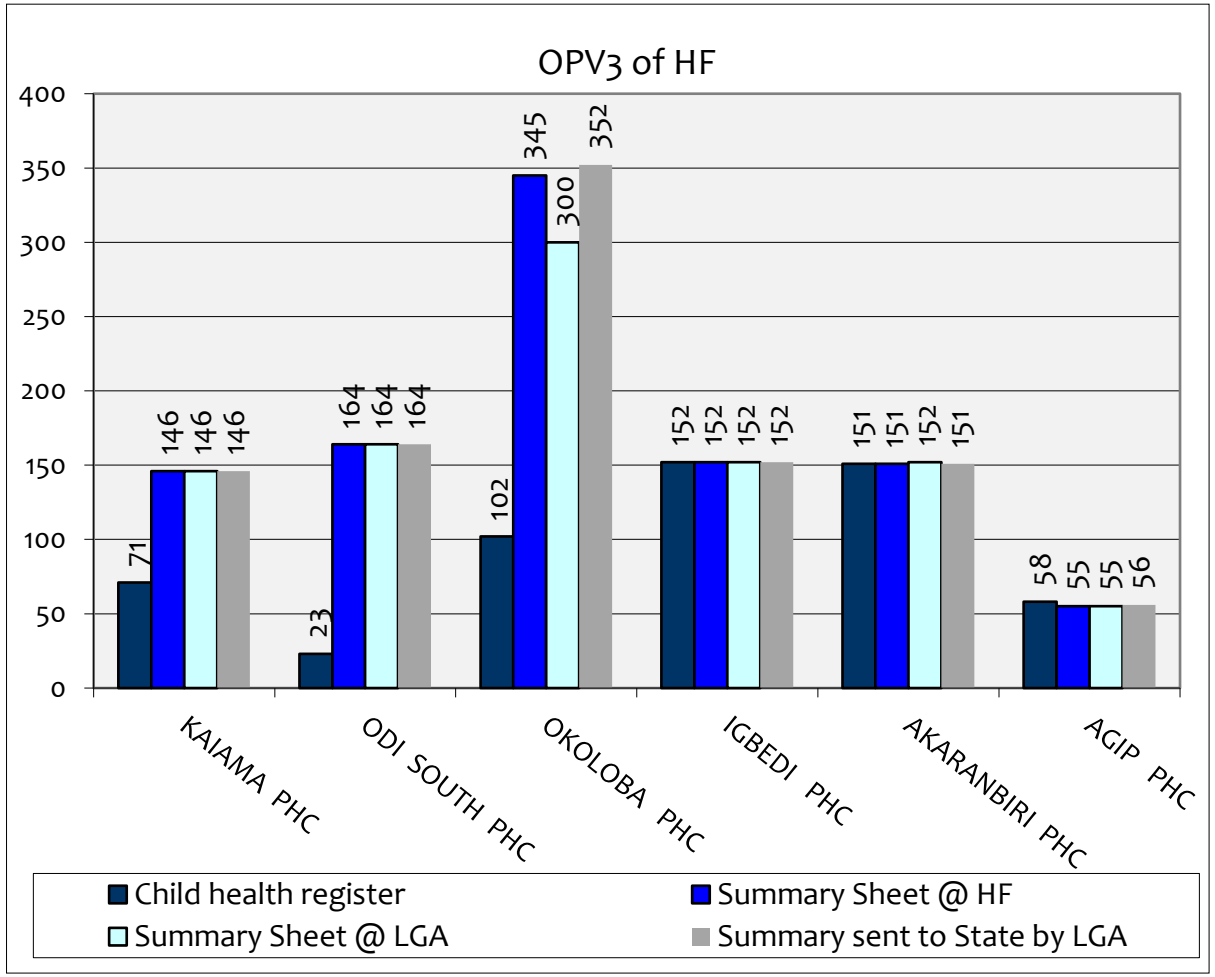
EKEREMOR LGA Level Review

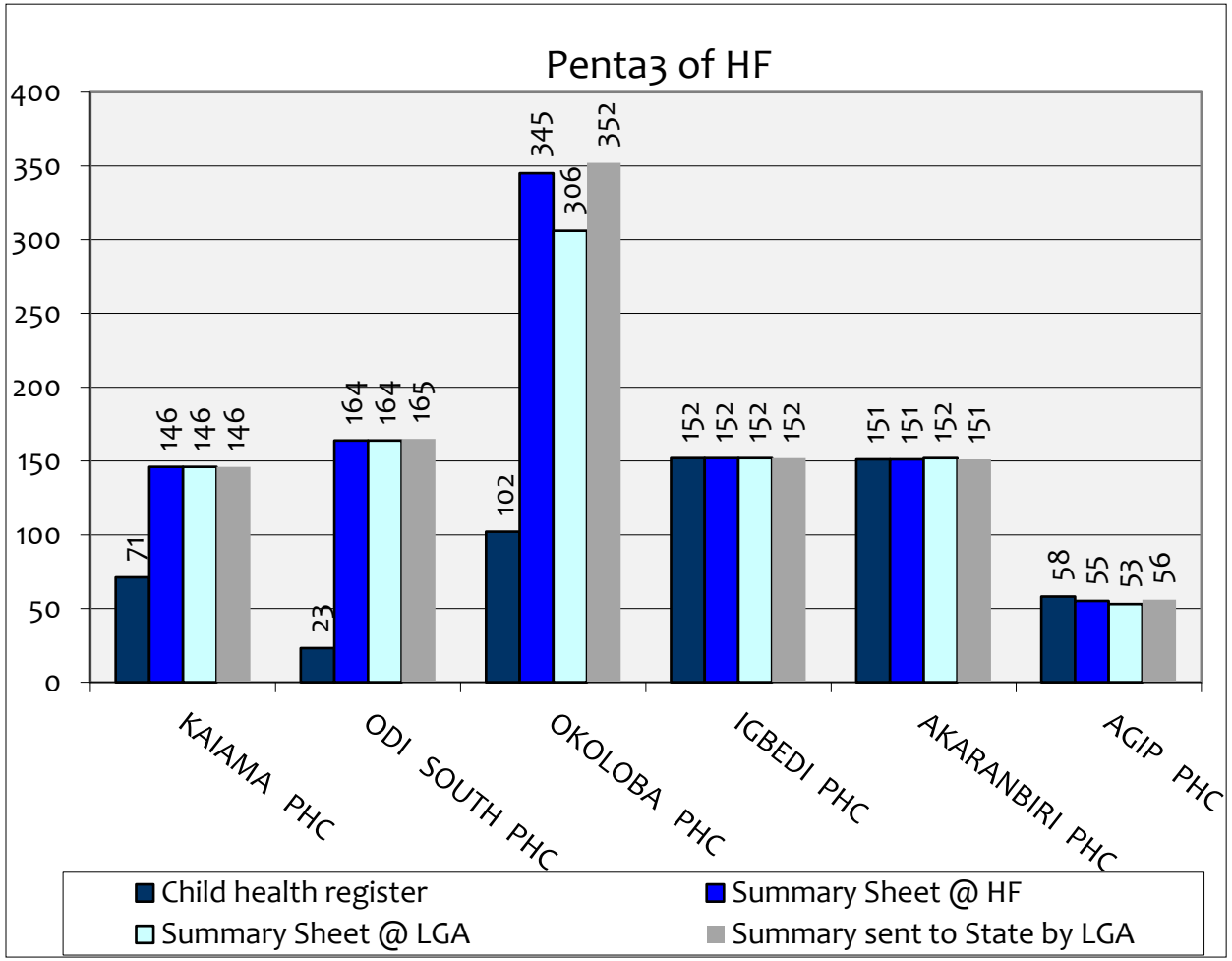


	Y	N	%
Overall	117	24	83%
Recording	12	9	5.71
Archiving	24	-	10.00
Reporting	15	3	8.33
Demographic inform	21	3	8.75
Core output	21	9	7.00
Use of data	24	-	10.00

- **Recording:** All ledger books for antigens, dry stock and data tools are available, but NOT updated recently **(Information were captured on a notebook awaiting to be transferred)**. Also, vaccine Ledgers were not assessed in the health facilities.
- **Reporting**: There is appreciable level of RI data reporting & a functional AEFI Committee. No AEFI kits in the LGA. Copies of AEFI investigation reports were not sited nor map showing trend of diseases.
- **Demographic Information:** LGA map showing demographic information and target populations for present year was available, but implementation strategy was not included neither summary data of total children to be covered by each strategy.
- **Archiving:** No Shelves for archiving health facility reports at the LGA level, However, HF Summary reports are arranged in file jackets and stored in cartons. LGA RI data is computerized.
- **Core Output and Analysis Component:** Timeliness and completeness charts of data reporting is not available at the LGA level.
- **Use of data:** Good use of data for action in the LGA**.** Worthy of note is the electronic supervisory report action tracker developed by the LGA and used as a follow up measure to ensure LGA objectives are met**.**

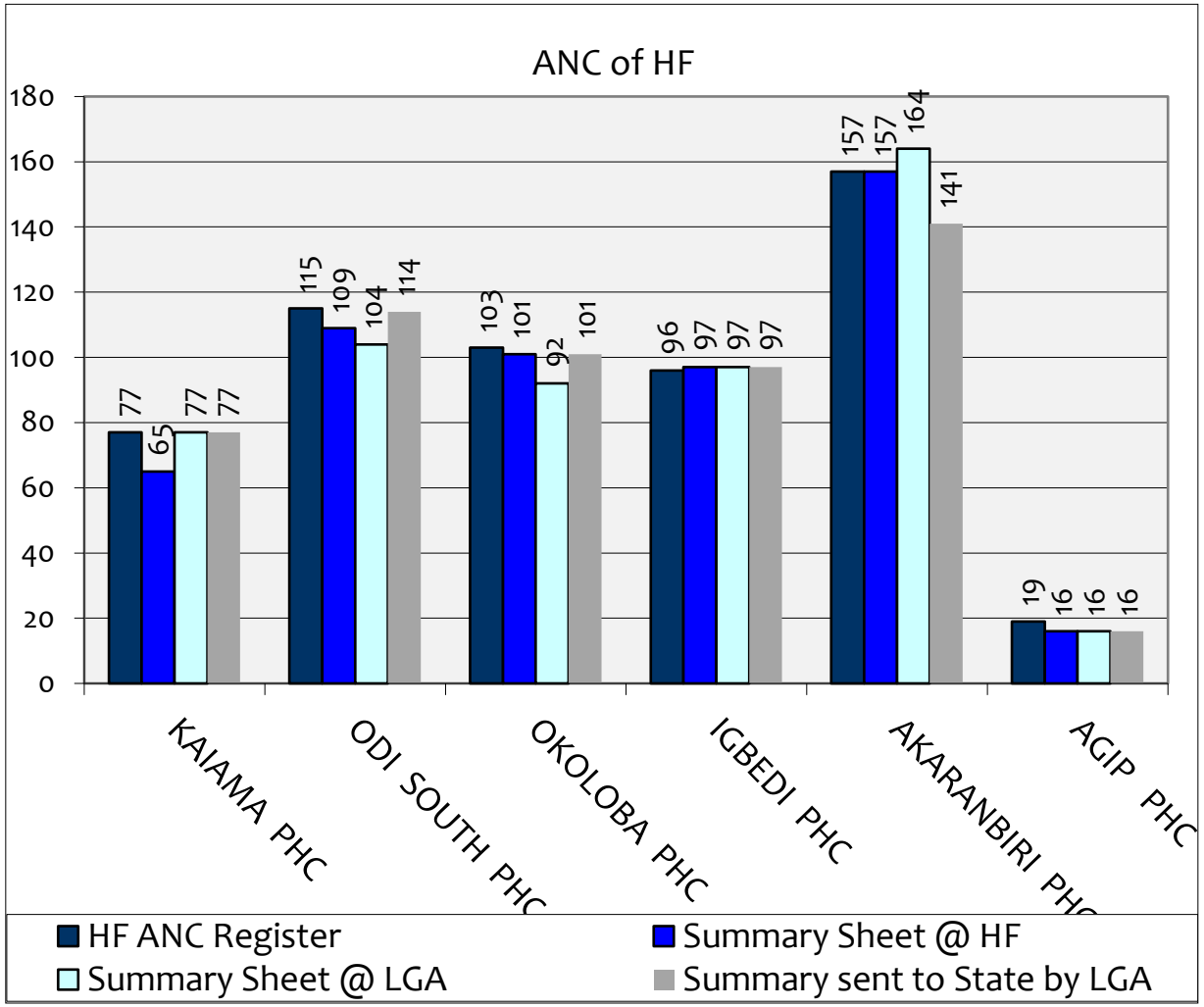
Kolokuma Opokuma LGA Penta 3 & OPV3 data by facility

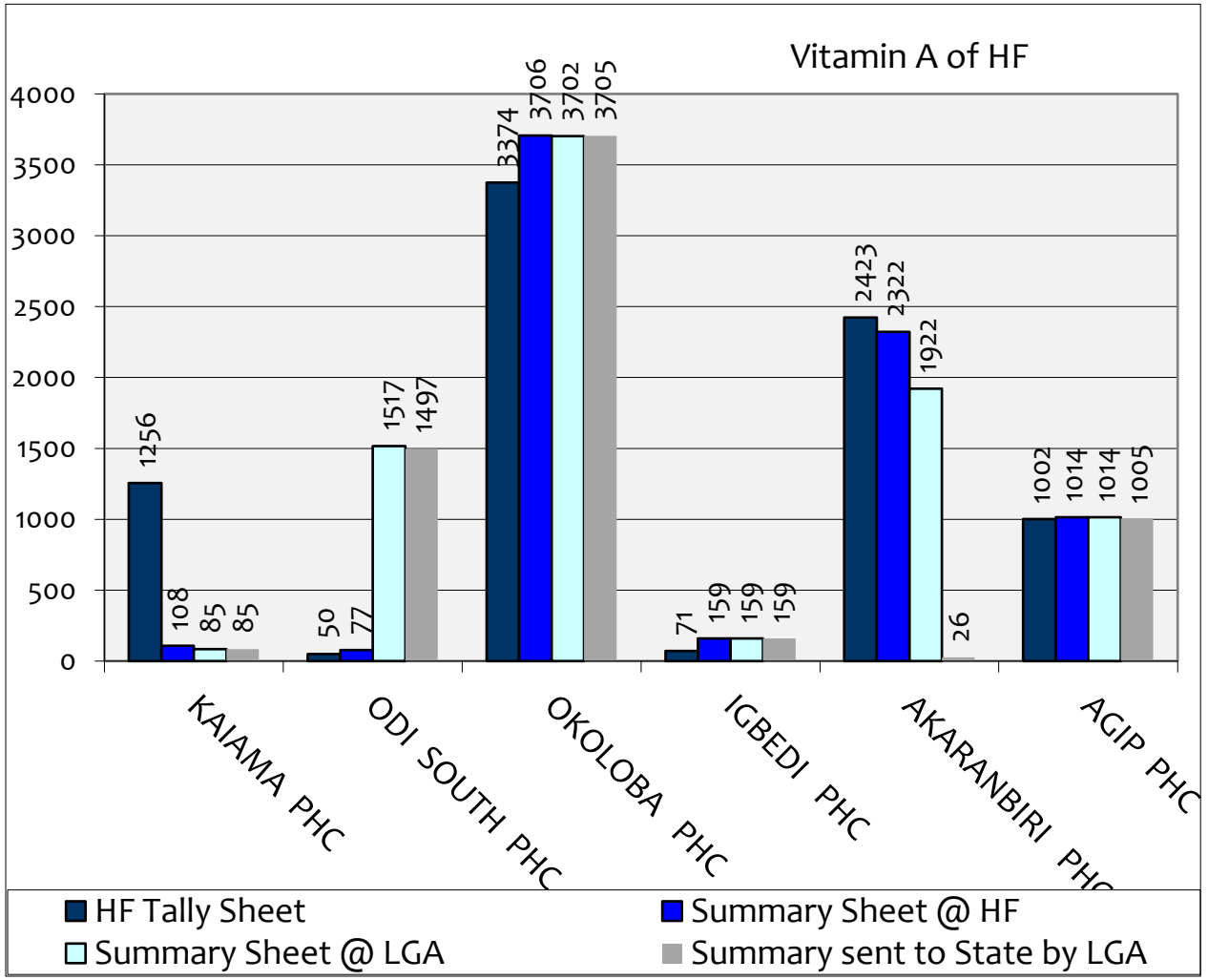




Igbedi and Akaranbiri health facilities shows consistency in Data accuracy on OPV3 and Penta3 records at all Levels (Child health register and summary sheets) while Odi south, Kaiama & Okoloba PHC recorded poorly on data inconsistency on Child health register and the summary sheet. Why are children not captured on Immunization registers in facilities? Lack of proper documentation.

Kolokuma Opokuma LGA ANC & Vit A data by facility

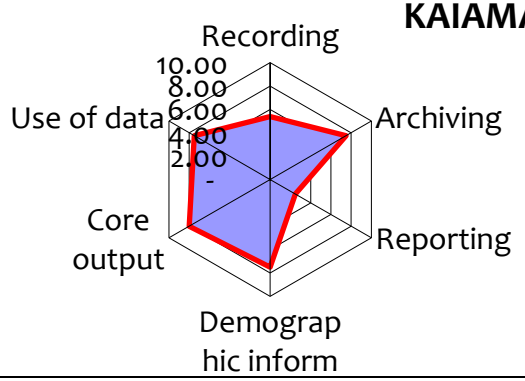




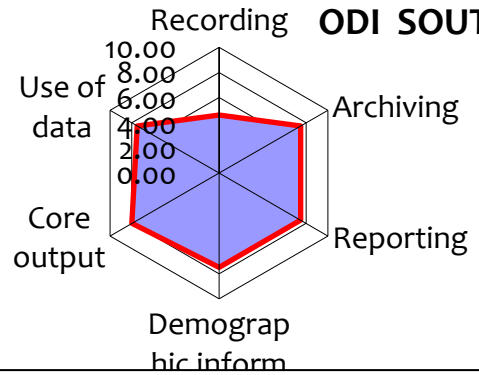
Across the various facilities, ANC Data is relatively transmitted better from facility to LGA level & State level. A major worry is the use of the Vit A summary and Registers at the facility level especially in Kaiama and Odi South PHC

Facility Level Review - Kolokuma Opokuma LGA

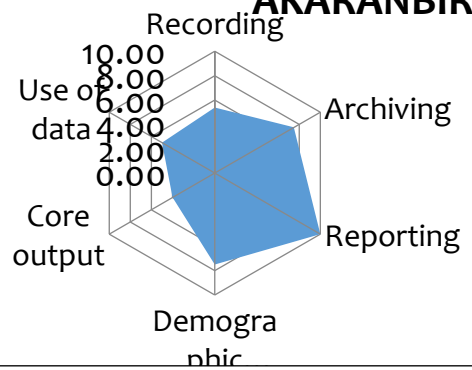
KAIAMA PHC



ODI SOUTH PHC

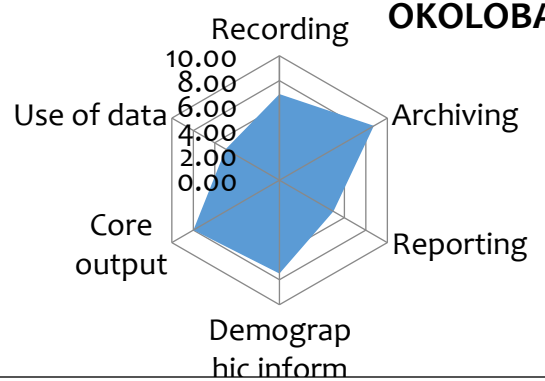


AKARANBIRI PHC

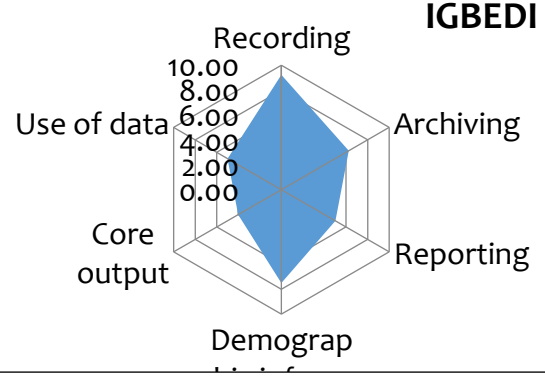


- **Reporting:** Majority of health facilities lack reporting and major gap excluding Akaranbiri PHC
- **Use of data:** poor use of data recorded in Agip, Igbedi, Okoloba and Akaranbiri PHCs showed suboptimal use of data.
- **Archiving;** most health facility performed better in data archiving with the HFs registers properly filled except Agip PHC
- **Core output** is considerably good in 4 HFs except Igbedi and Akaranbiri PHCs which is the poorest.
- **Demographics:** all HFs have optimal use for demographics excluding Agip PHC

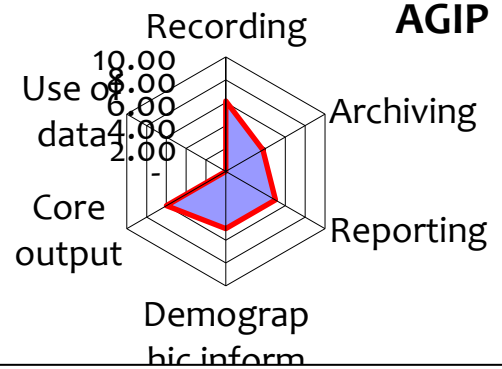
OKOLOBA PHC



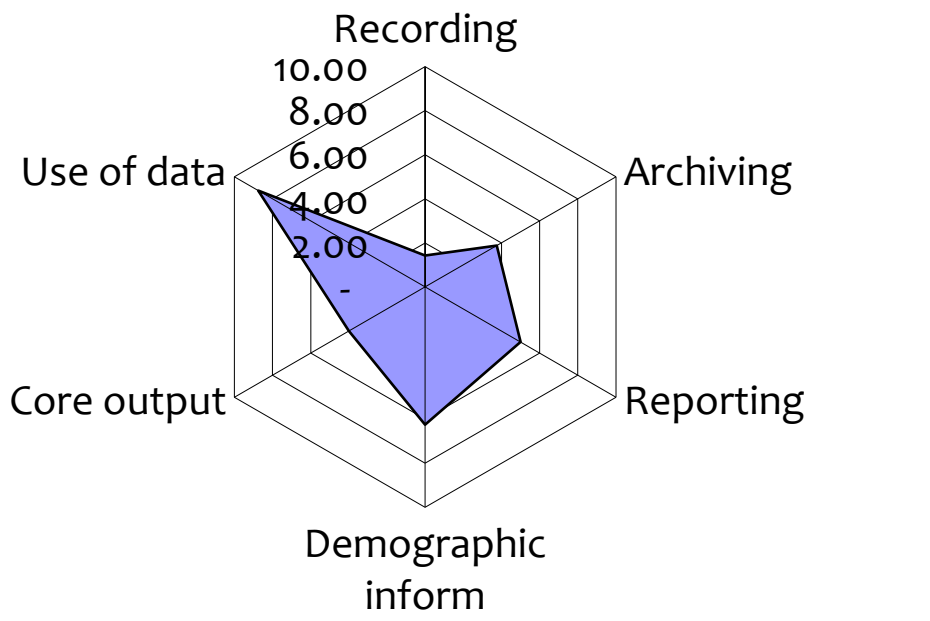
IGBEDI PHC



AGIP PHC



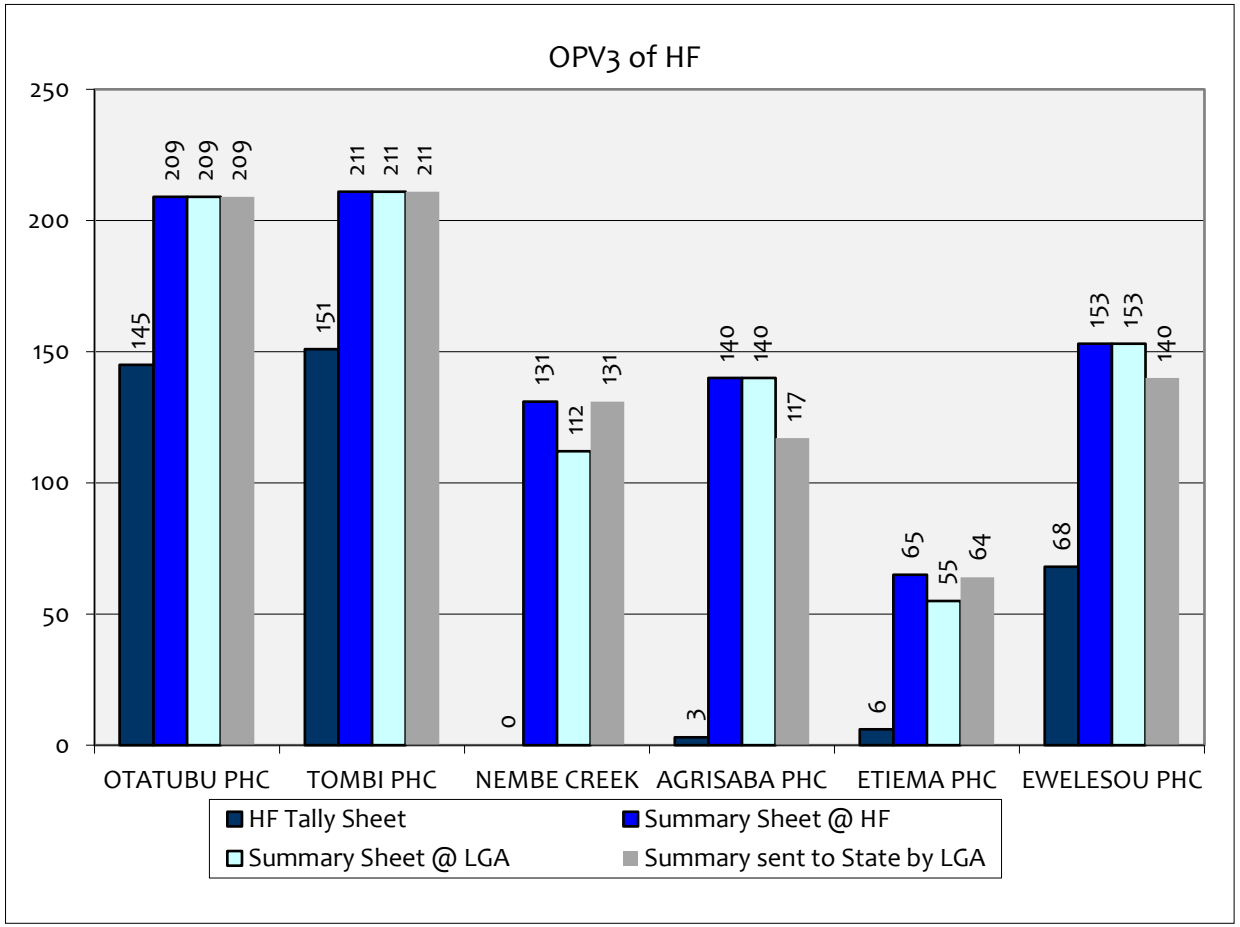
Kolokuma Opokuma LGA Level Review

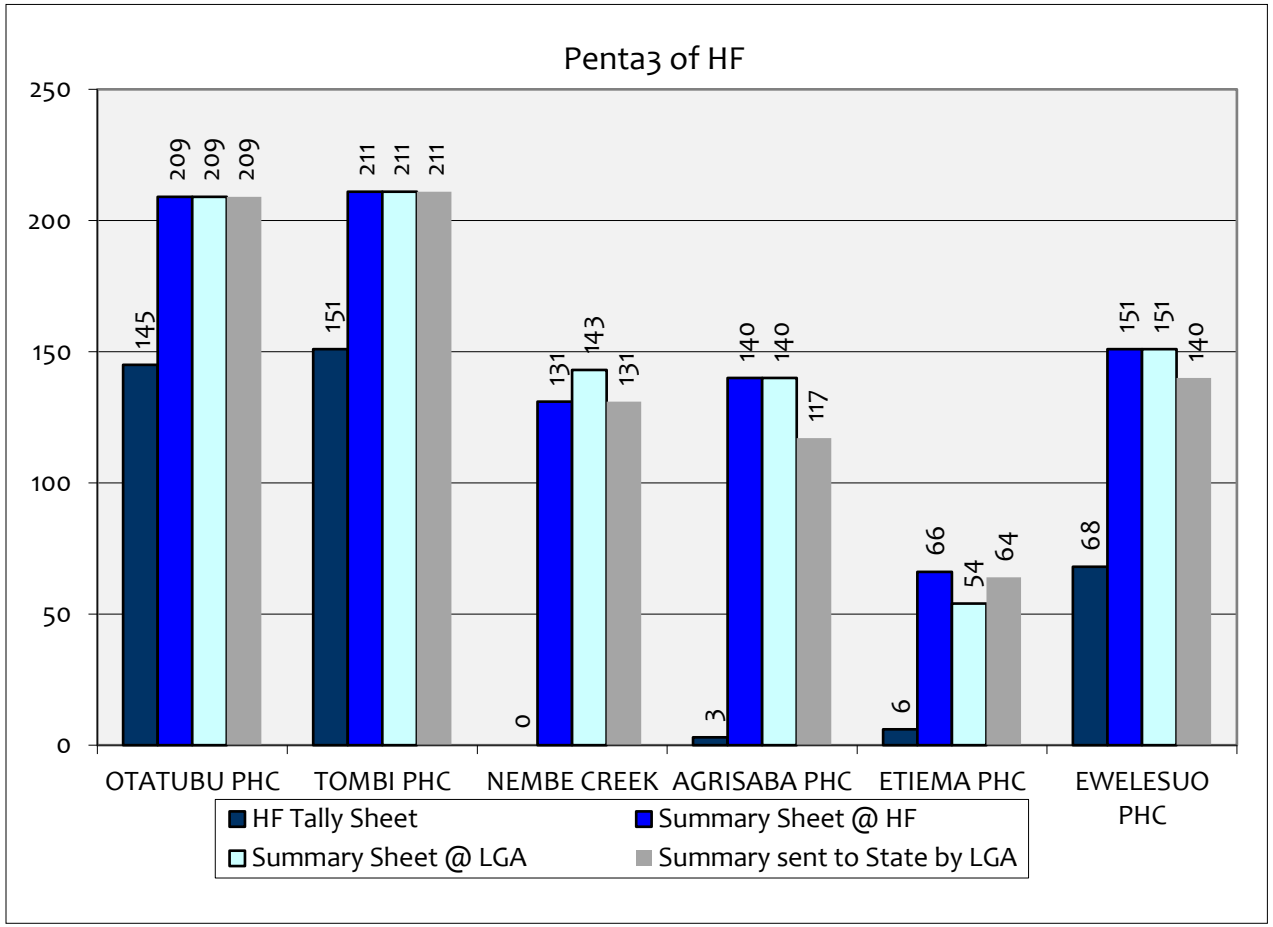


		Y	N	%
LGA		66	75	47%
Recording		3	18	1.43
Archiving		9	15	3.75
Reporting		12	12	5.00
Demographic inform		15	9	6.25
Core output		12	18	4.00
Use of data		21	3	8.75

- **Recording** is a major gap at the Kolokuma /Opokuma LGA level, with poor recording.
- **Archiving** is also recorded in Kolokuma /Opokuma LGA level, with poor recording
- No availability of Supportive Supervisory work plan , No supervisory monitoring at the LGA. There was no ledger book for recording vit A and syringes , there were no AEFI kits at the LGAs and HFs, no records of minutes from AEFI committees.
- **Use of data:** There is slight improvement of use of data, minute of LERICC/LEMCHIC meeting held, giving feedback to health facilities during monthly data validation meeting with presentations, data triangulation and analysis.

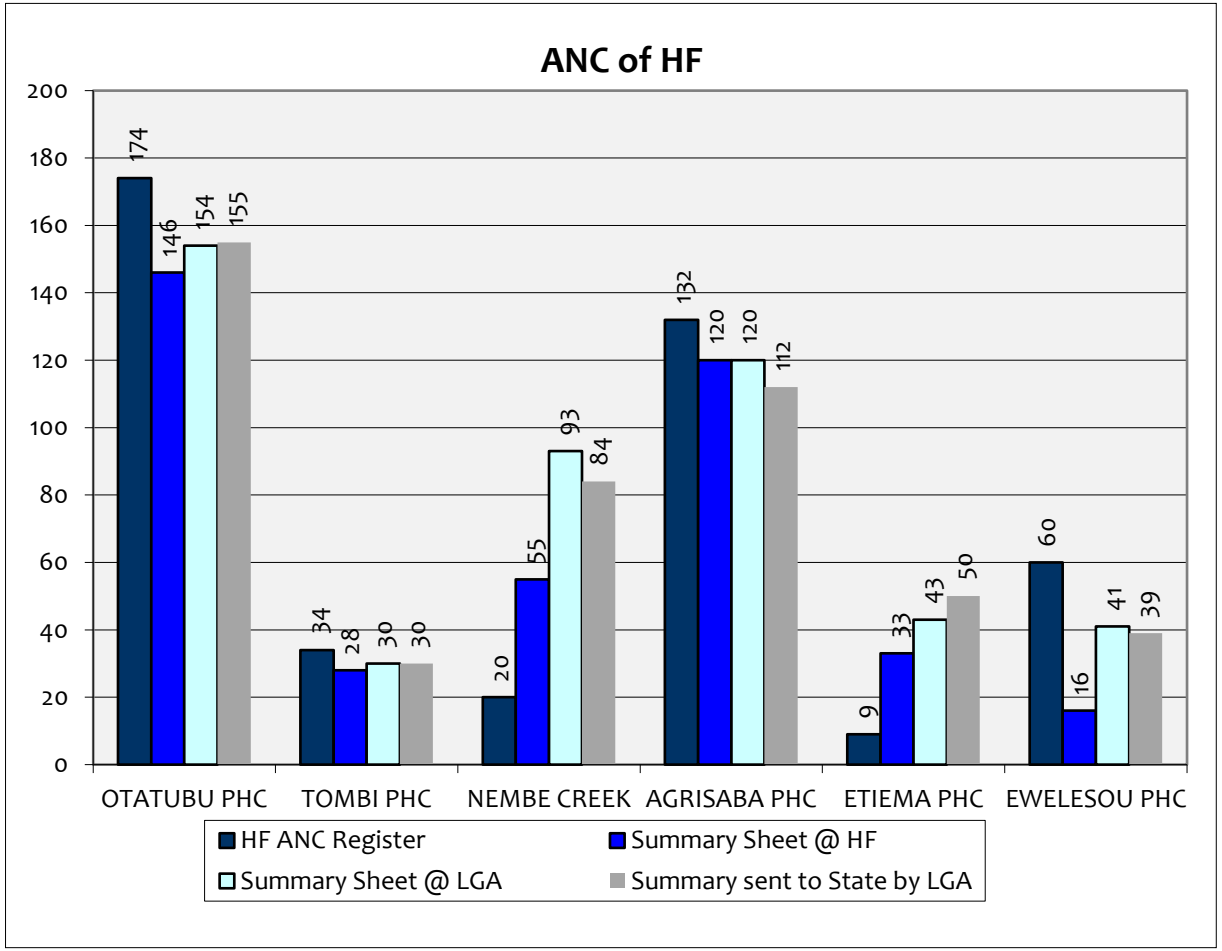
NEMBE LGA Penta 3 & OPV3 data by facility

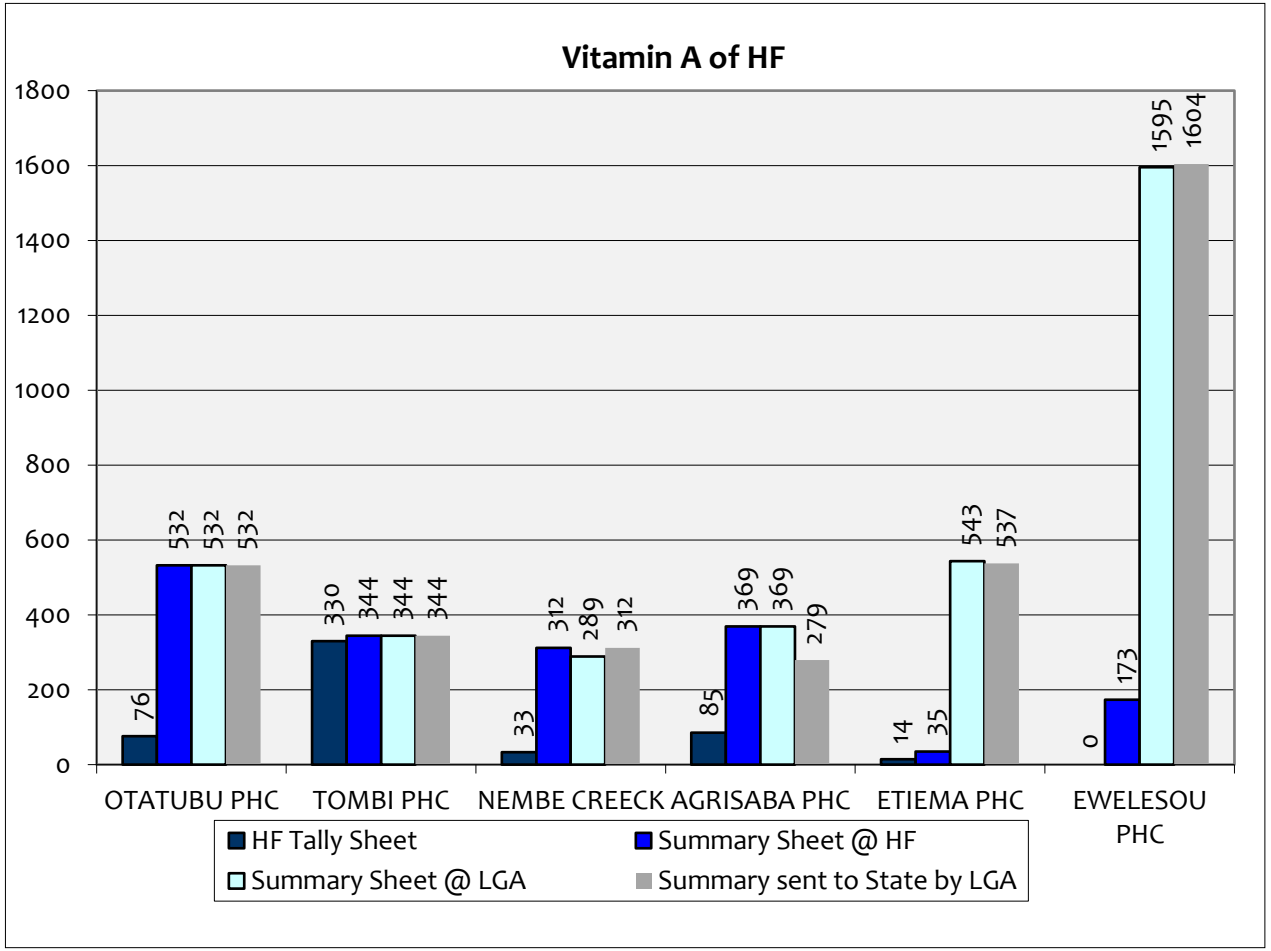




- Only Otatubo and Tombi PHCs demonstrated data accuracy across MSF at the HF, Summary sheet at the LGA and Summary sheet sent to the State by LGA for OPV3 and Penta3.
- However, **all the 6 facilities** showed data discrepancies between the immunization register, summary sheet at HF and summary sheet at the LGA, with **Nembe Creek, Agrisaba and Etiema PHC** been a Major cause for concern in terms of use of immunization register

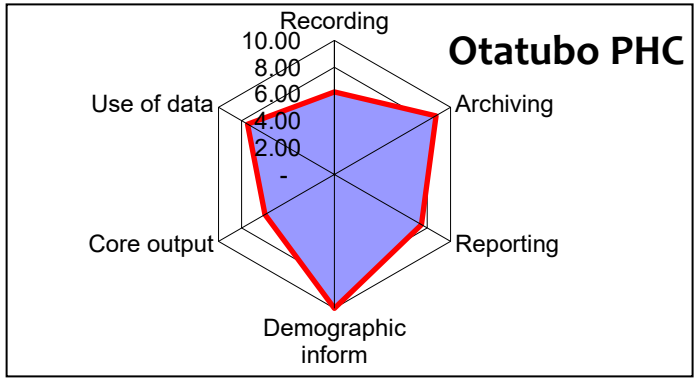
NEMBE LGA ANC & Vit A data by facility

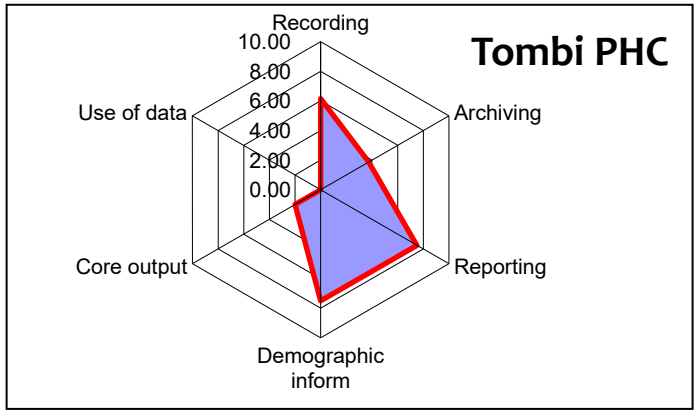


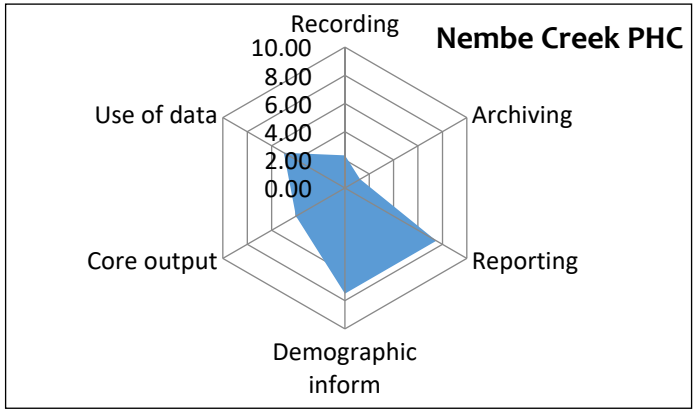


In terms of data accuracy, all six (6) facilities showed ANC data inconsistency from the ANC register, Facility to state level. Also, there is vitamin A data discrepancies between GMP Register & the monthly summary form for all six (6) facilities in Nembe LGA.

Facility Review – NEMBE LGA

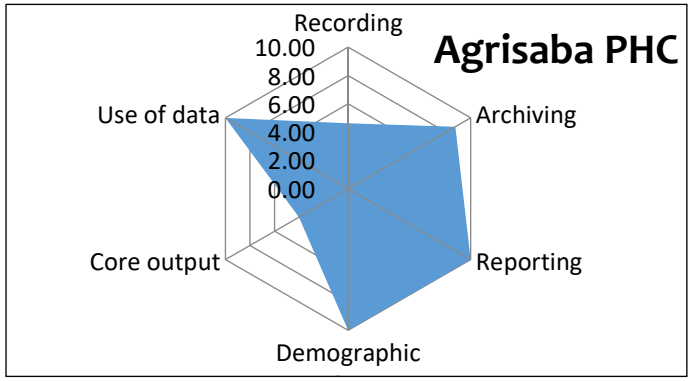


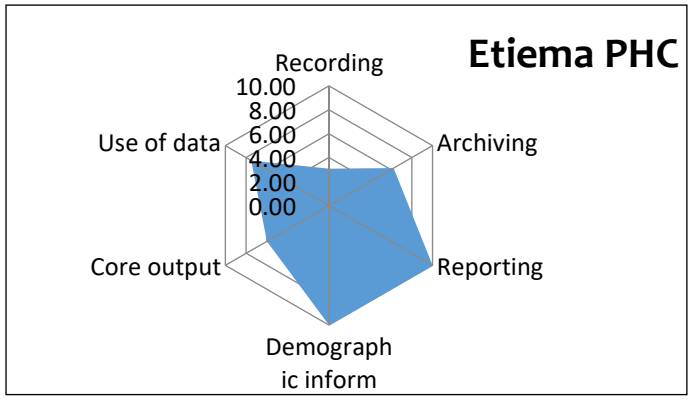


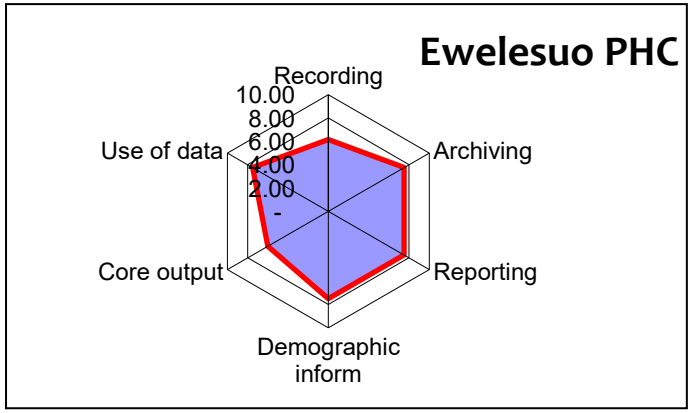


Otatubo PHC seemed to be one of the best performing Facility among the six selected HFs in the LGA with 74% system strengthening.

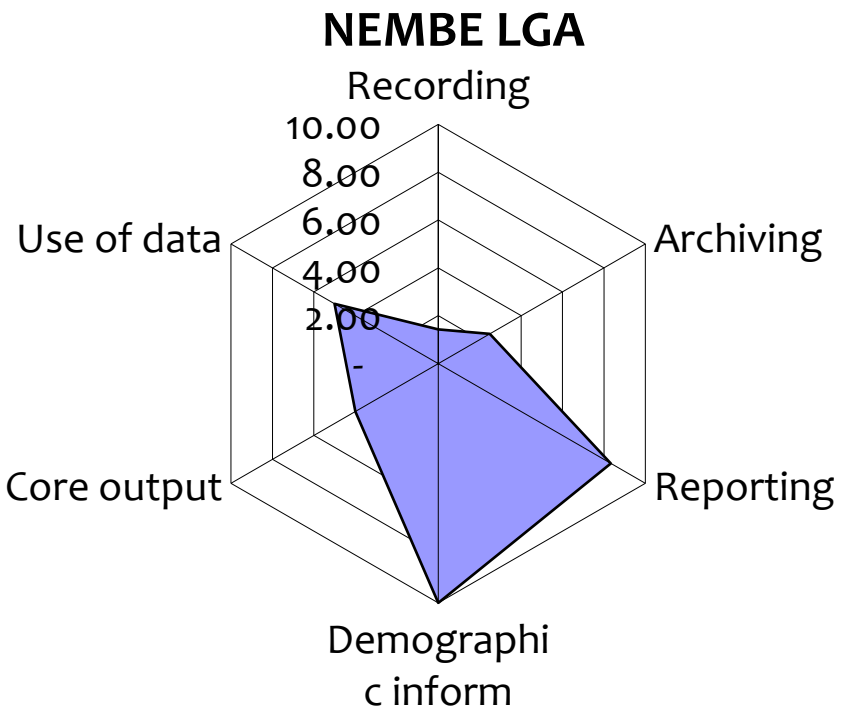
- **Archiving:** There is a noticeable gap across all 6 facilities, however, Nembe Creek PHC is worse in archiving.
- **Use of Data for action:** There is significant usage of data for action in the six HFs except **Tombi PHC** where there is no use of data.
- **Core Output:** Significantly poor across the six HFs.







Nembe LGA Level Review

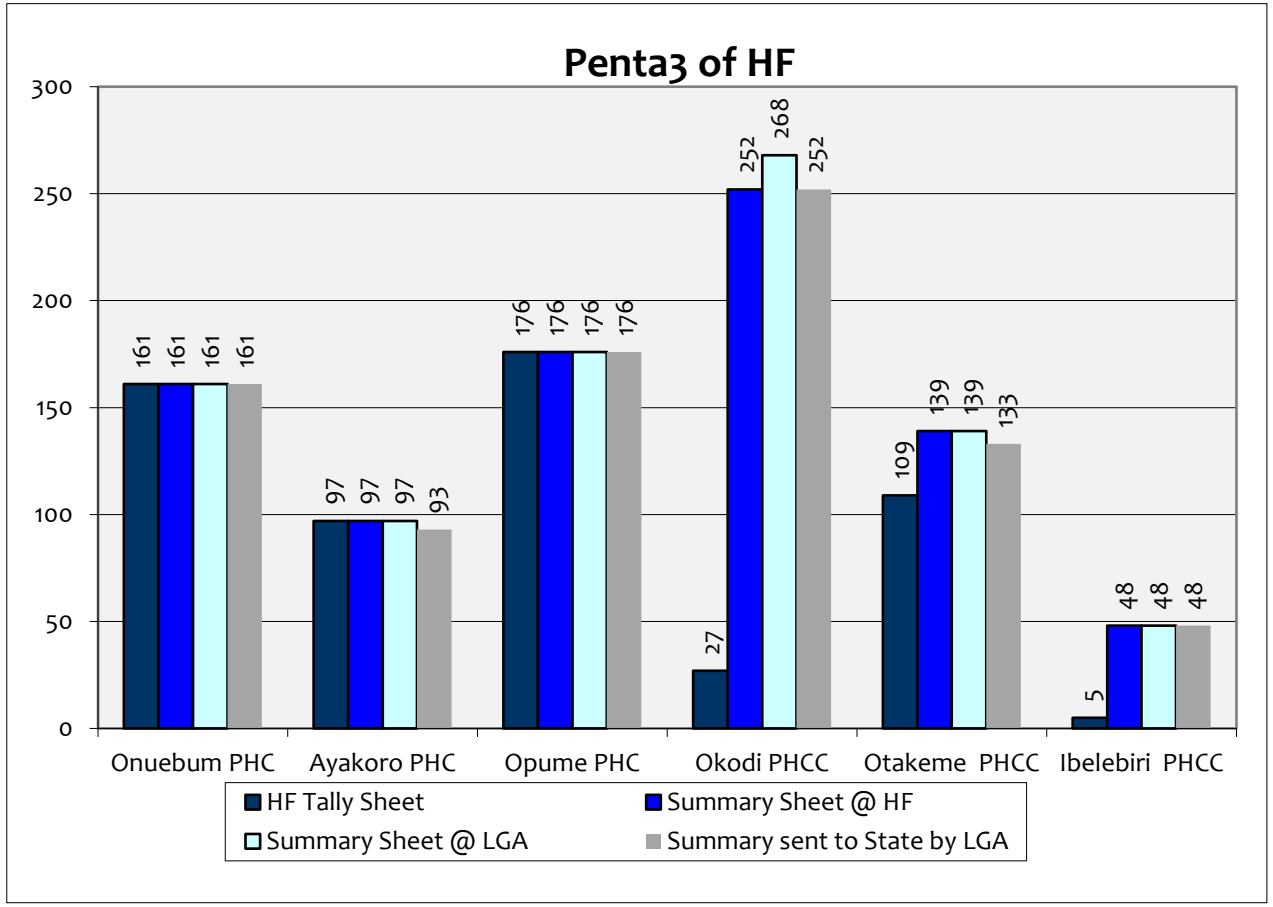


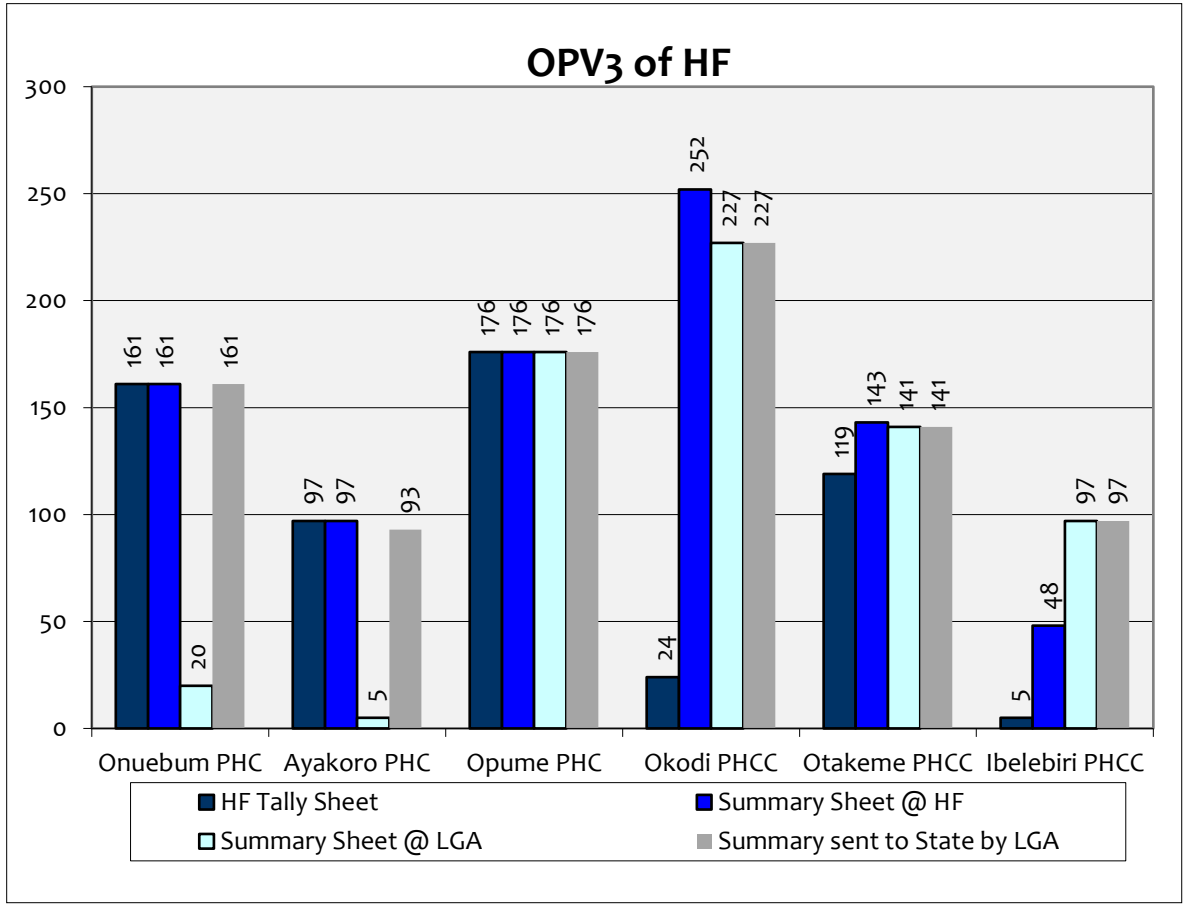
	Y	N	%
Overall	**72**	**69**	**51%**
Recording	3	18	1.43
Archiving	6	18	2.50
Reporting	15	3	8.33
Demographic inform	24	-	10.00
Core output	12	18	4.00
Use of data	12	12	5.00

Significantly poor system across the six thematic areas except reporting and demographic information.

The LGA needs serious attention to strengthen the PHC system at the LGA Level

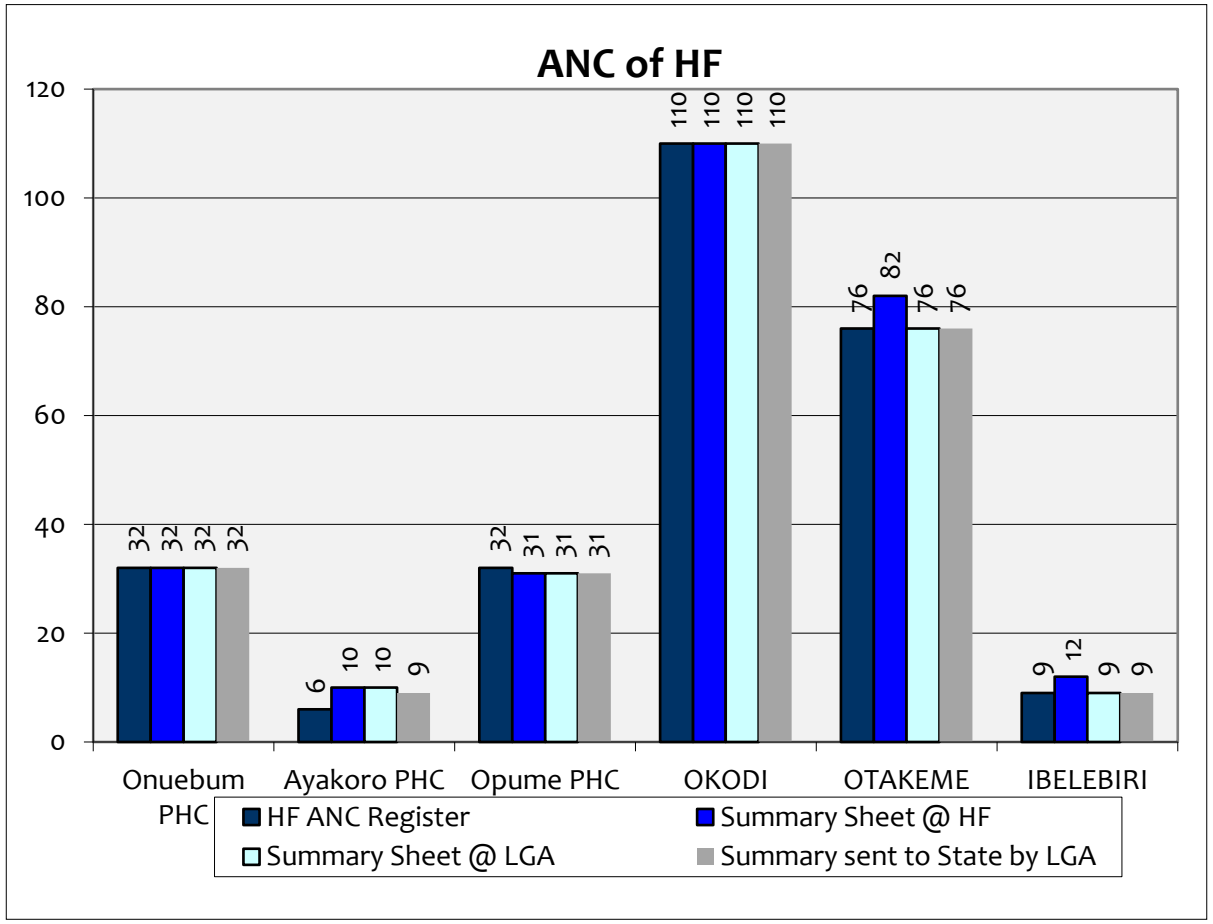
Ogbia LGA Penta 3 & OPV3 data by facility

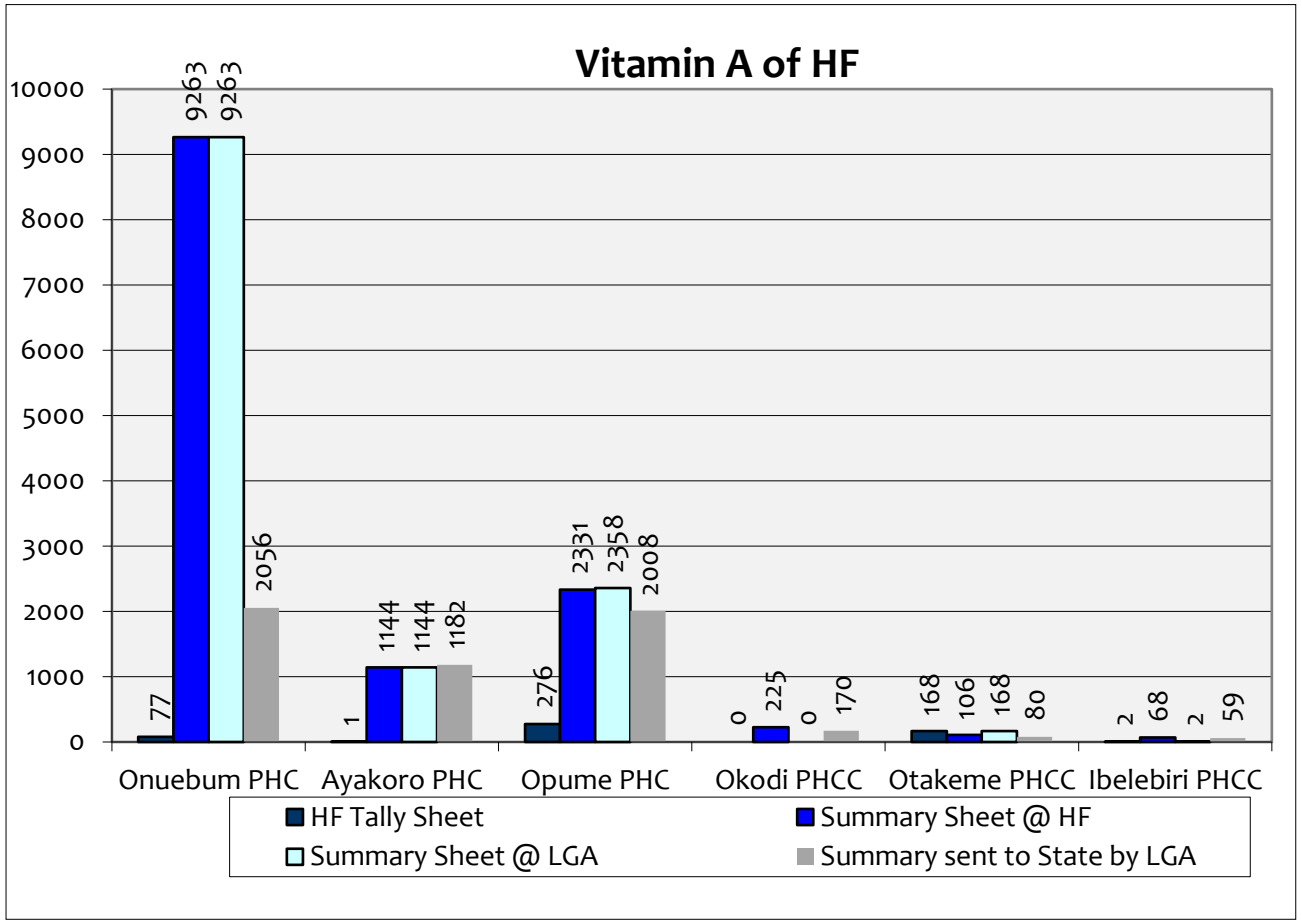




Significantly poor data accuracy across all HFs except Penta 3 in Onuebum and Opume PHCs, while only Opume PHC had 100% accuracy in OPV 3. **Okodi & Ibelebiri PHC** with major gap in Use of Child Immunization register

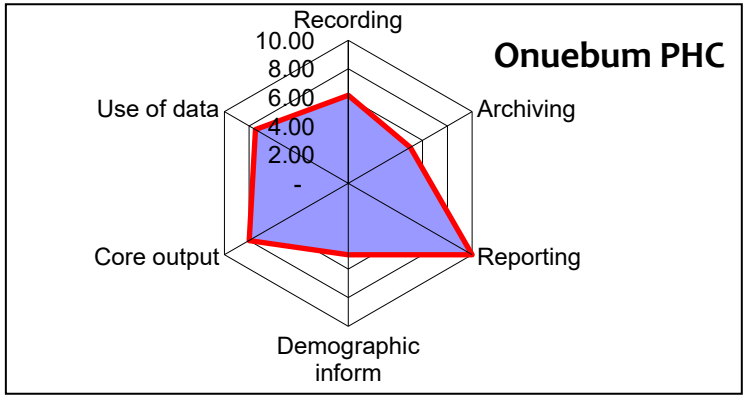
Ogbia LGA ANC & Vit A data by facility

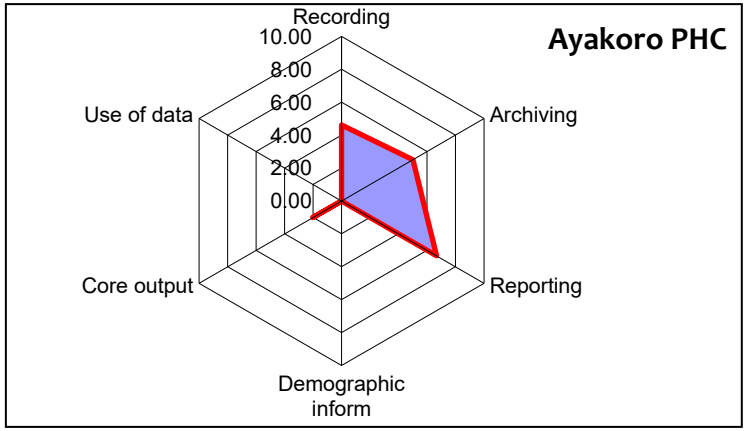


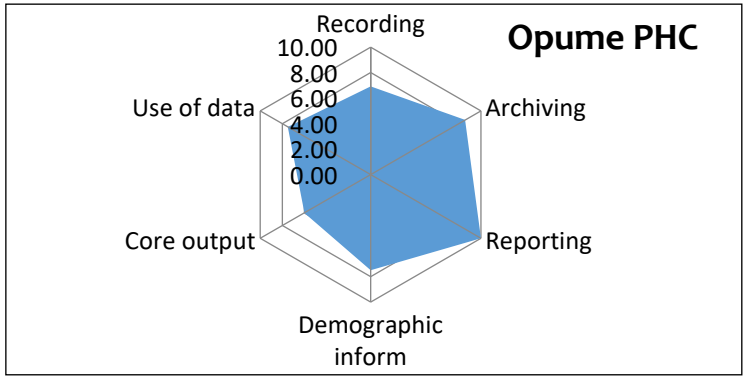


Grossly inaccurate data across all HFs except Okodi and Onuebum PHCs that had 100% in ANC.

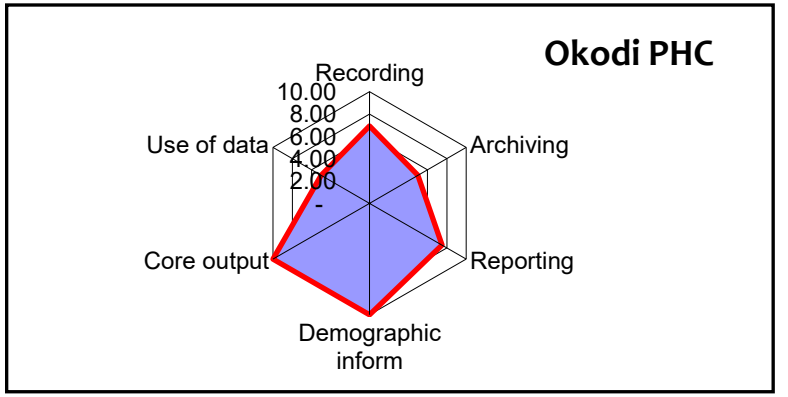
Facility Level Review - Ogbia LGA

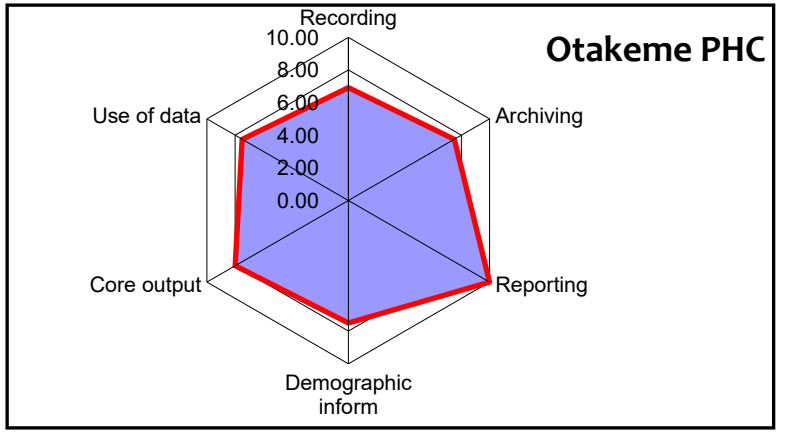


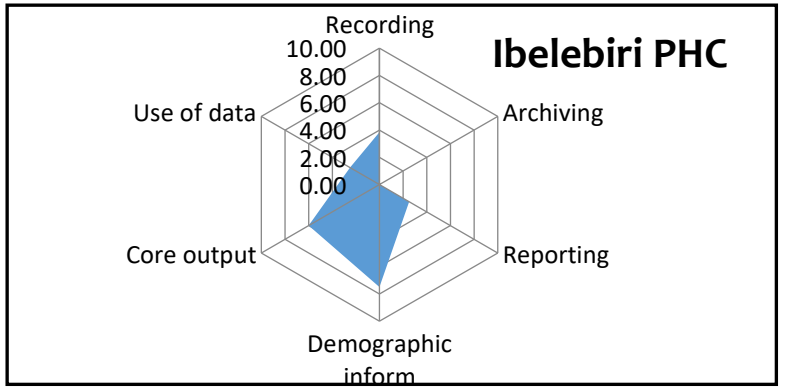




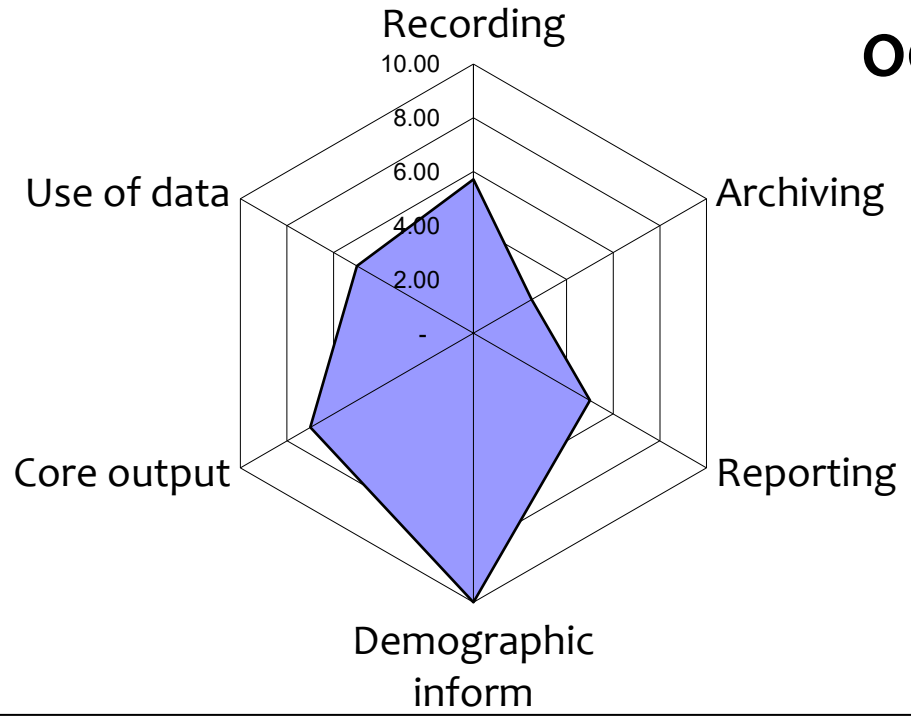
- **Ibelebiri PHC and Ayakoro PHC** had the weakest PHC Systems from the assessment result. Where Ayakoro scored 0 in use of data and demographics, had 5 in Recording and Archiving, then 7 in Reporting.
- **Ibelebiri PHC** scored 0 in archiving, 2 in reporting and use of data, 4 in recording, 6 in core output and 7 in demographic information.







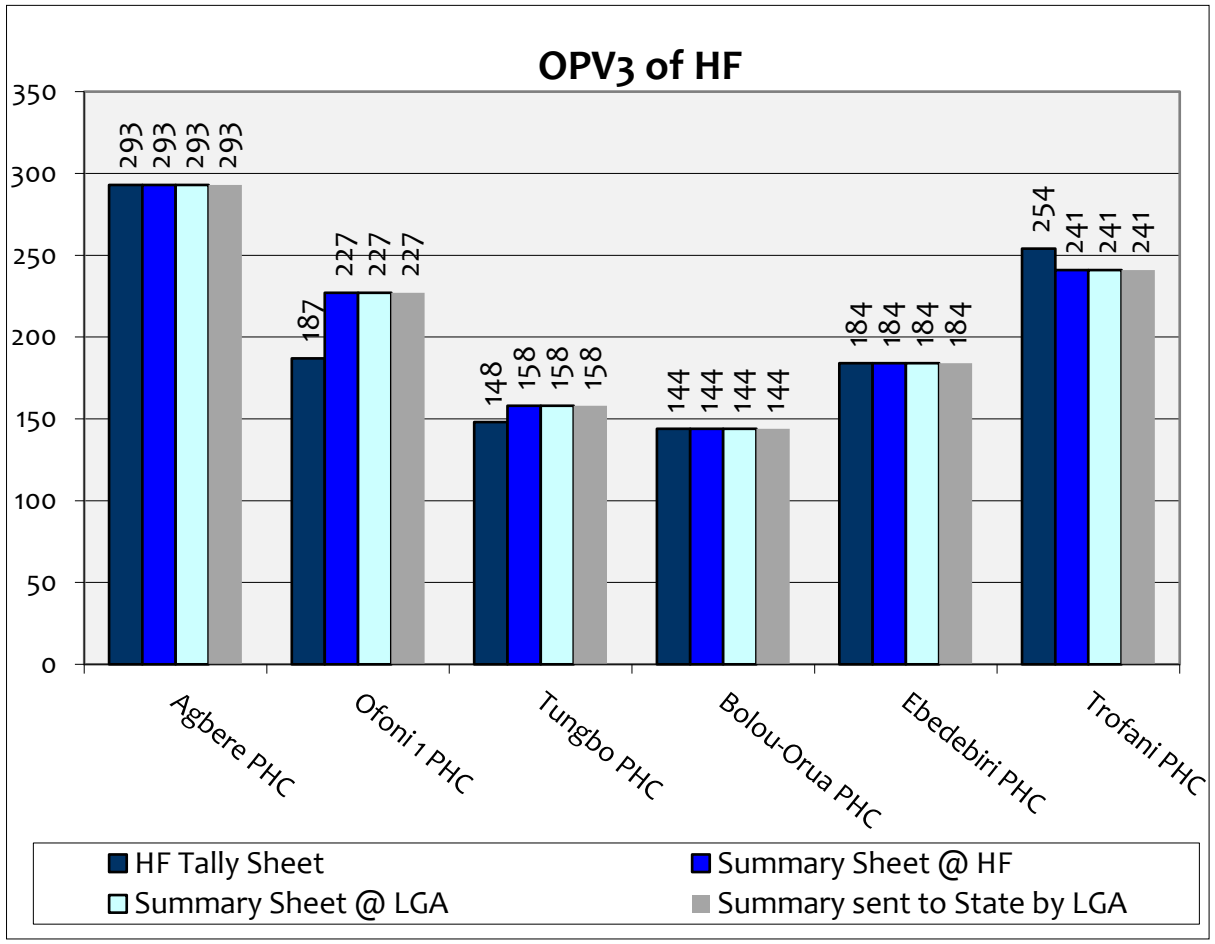
Ogbia LGA Level Review

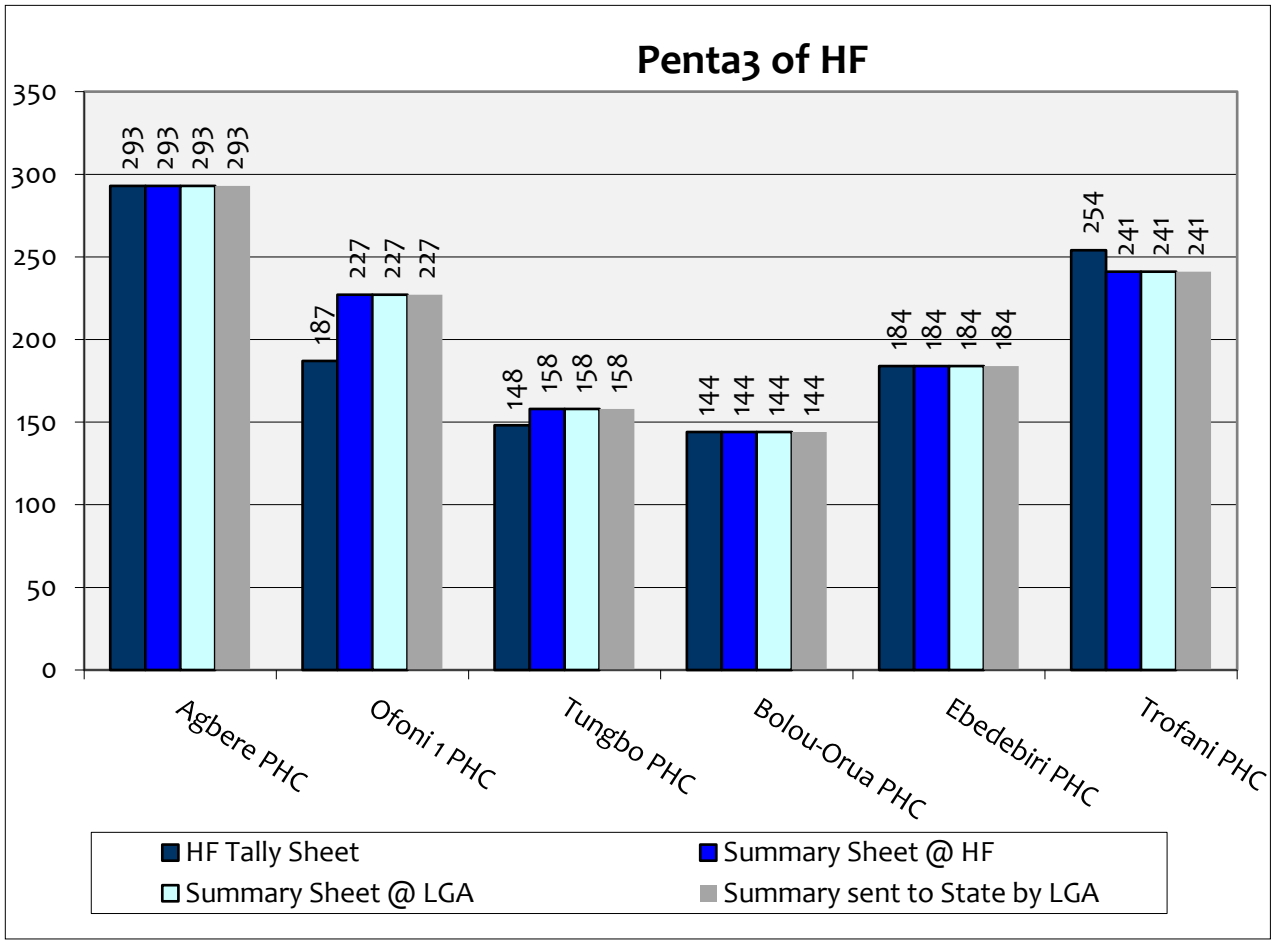


	Y	N	%
Overall	**87**	**51**	**63%**
Recording	12	9	5.71
Archiving	6	18	2.50
Reporting	3	3	5.00
Demographic inform	24	-	10.00
Core output	21	9	7.00
Use of data	12	12	5.00

- A major Challenge is Archiving of records & Documents, with poor use for data for action as well as reporting.
- Poor use of Feedback from the state for action with no evidence of feedbacks seen at the LGA level down to the HFs.

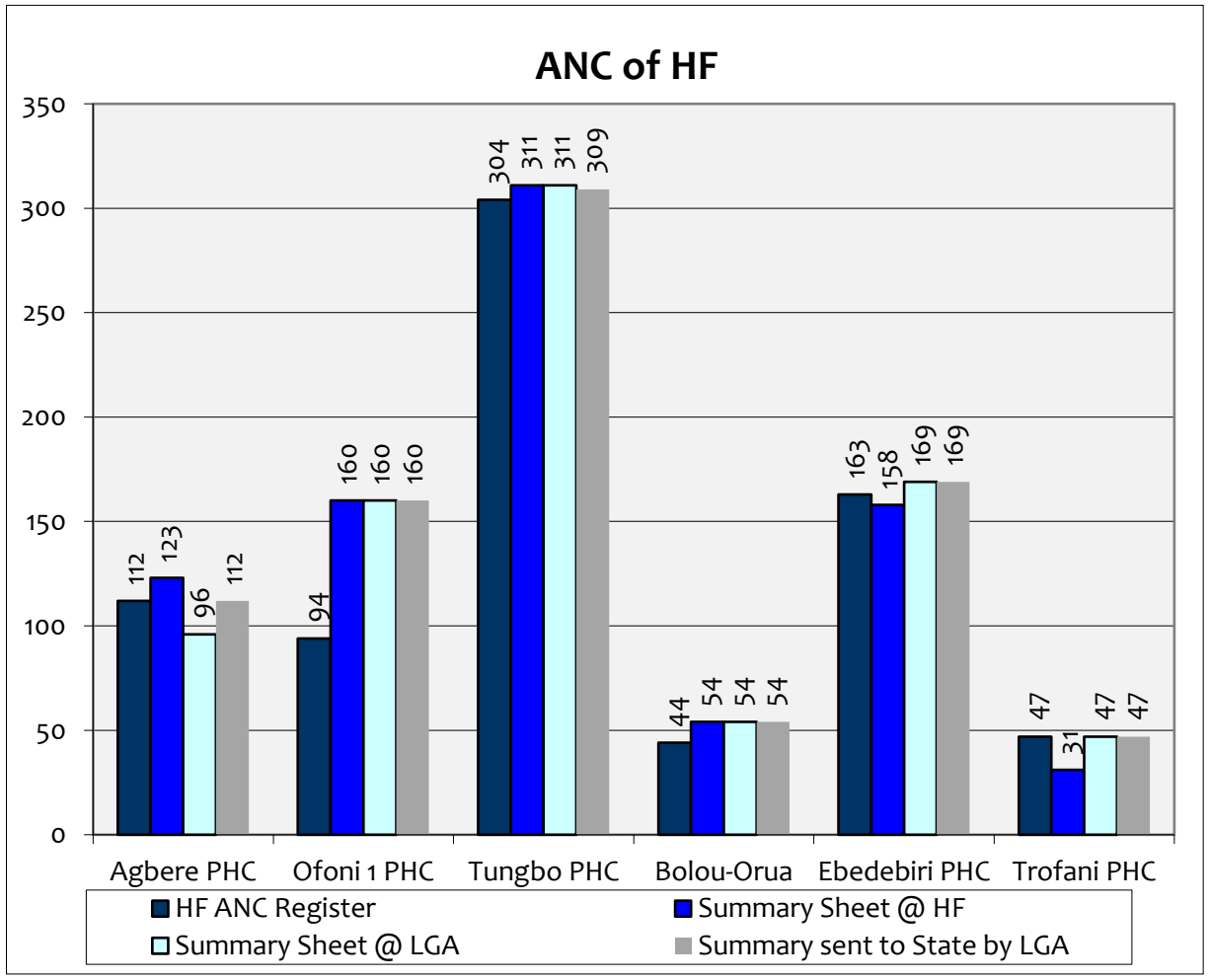
Sagbama Penta 3 & OPV3 data by facility

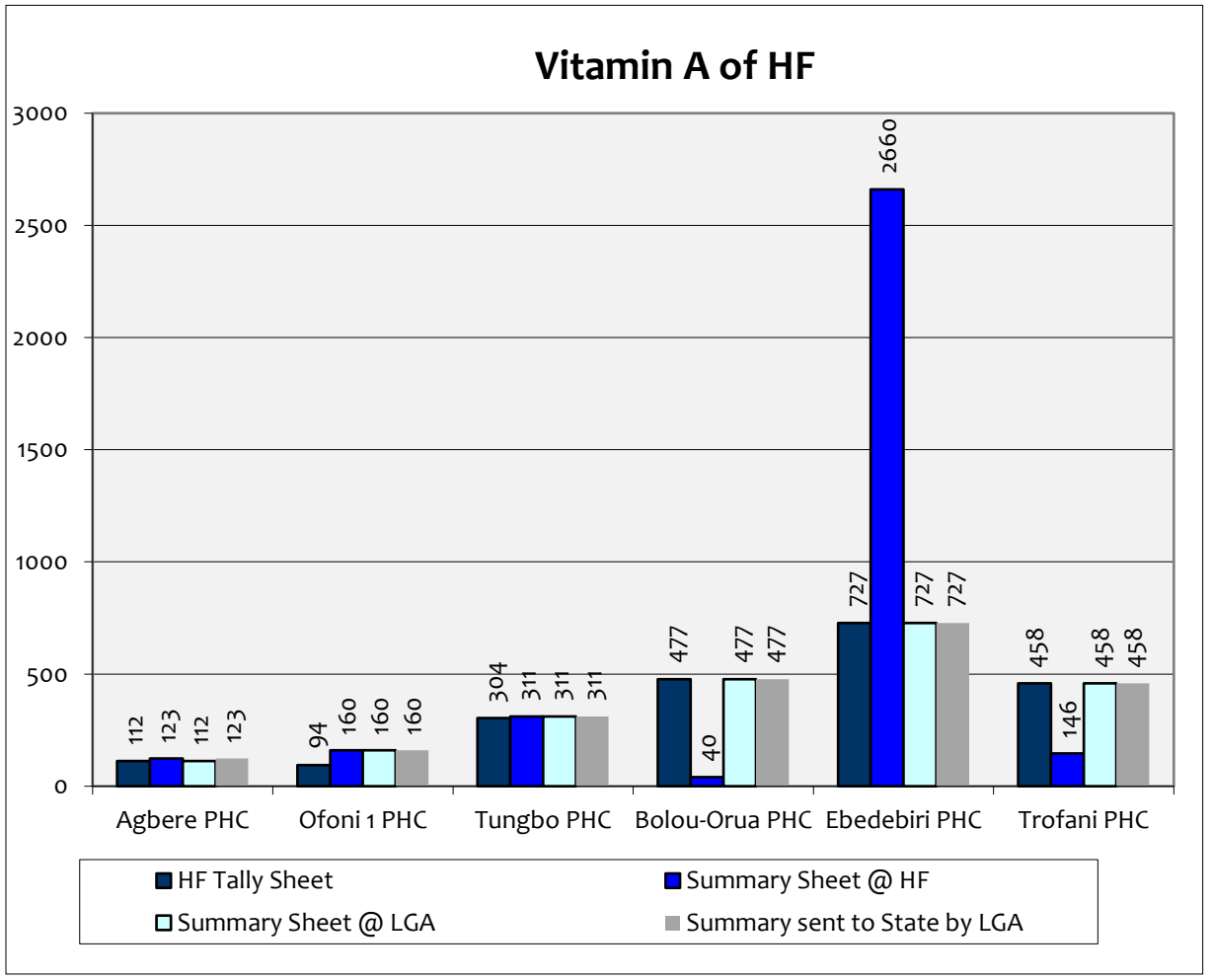




Agbere, Bolou-Orua and Ebedebiri PHC shows consistency in Data accuracy on OPV3 and Penta3 records at all Levels (Child health register and summary sheets) while **Ofoni 1, Tungbo and Trofani PHC** recorded poorly on data inconsistency on Child health register and the summary sheet. Why are children not captured on Immunization registers in facilities?

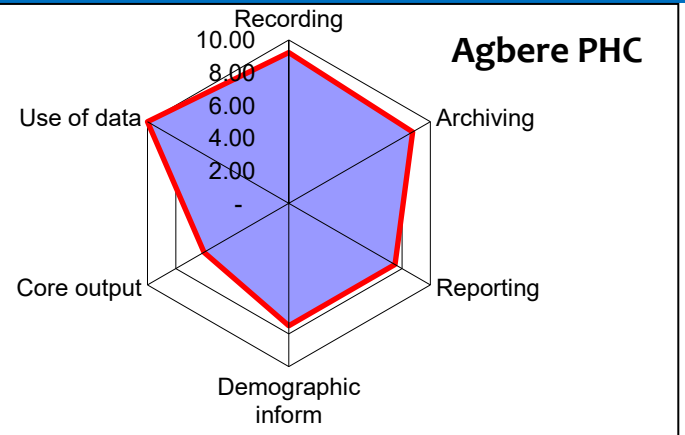
Sagbama LGA ANC & Vit A data by facility

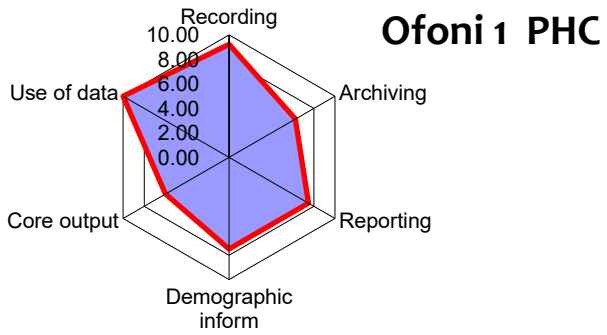


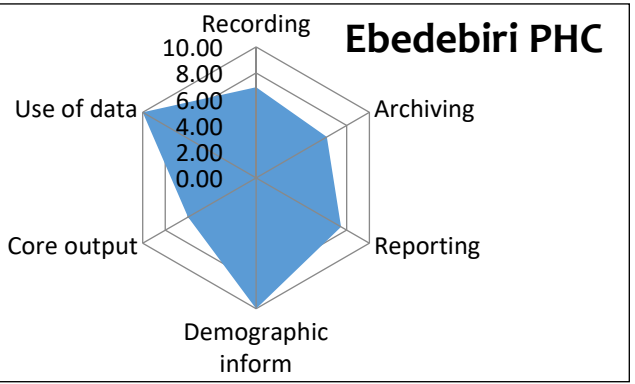


Data discrepancy can be seen across all selected facilities for ANC. A major worry is the use of the Vit A summary and Registers at the facility level especially in Ebedebiri, Bolou-Orua, Trofani and Ofoni 1 PHC.

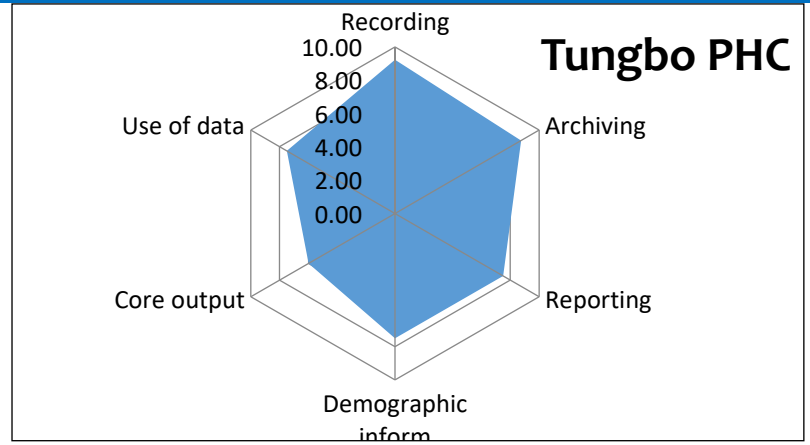
Facility Review – Sagbama LGA

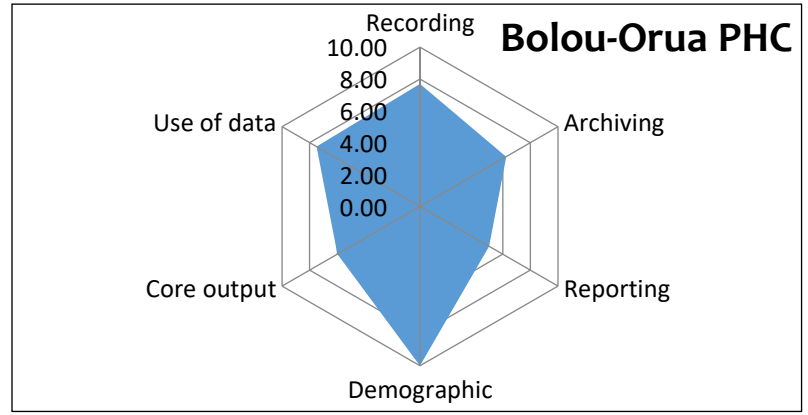


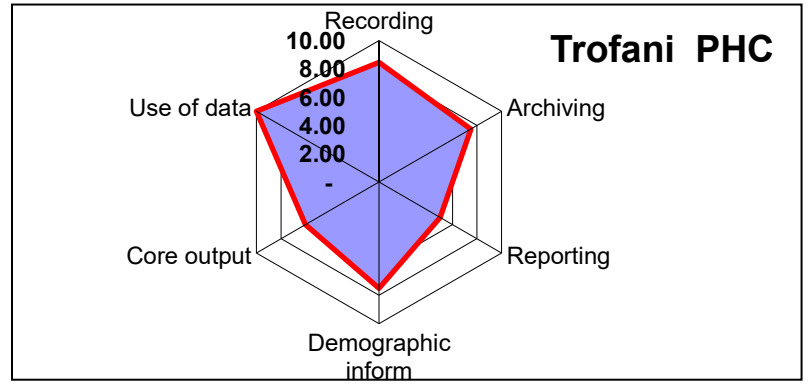




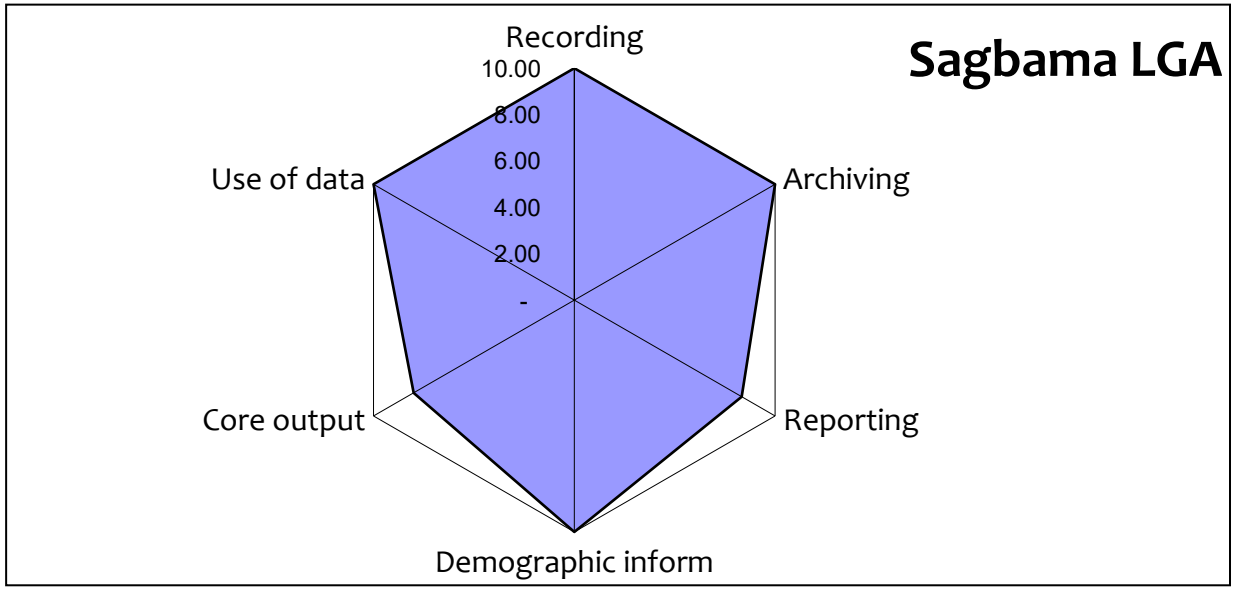
- Reporting across all facilities were good except in Bolou-Orua and Trofani PHC.
- Use of data: poor use of data recorded in Bolou-Orua and Tungbo PHCs while other facilities showed very good use of data.
- Archiving; most health facility performed better in data archiving with the HFs registers properly filed except Ofoni 1 and Bolou-Orua PHCs.
- Core output is considerably poor in 6 HFs.
- Demographics: all HFs have optimal use for demographics.







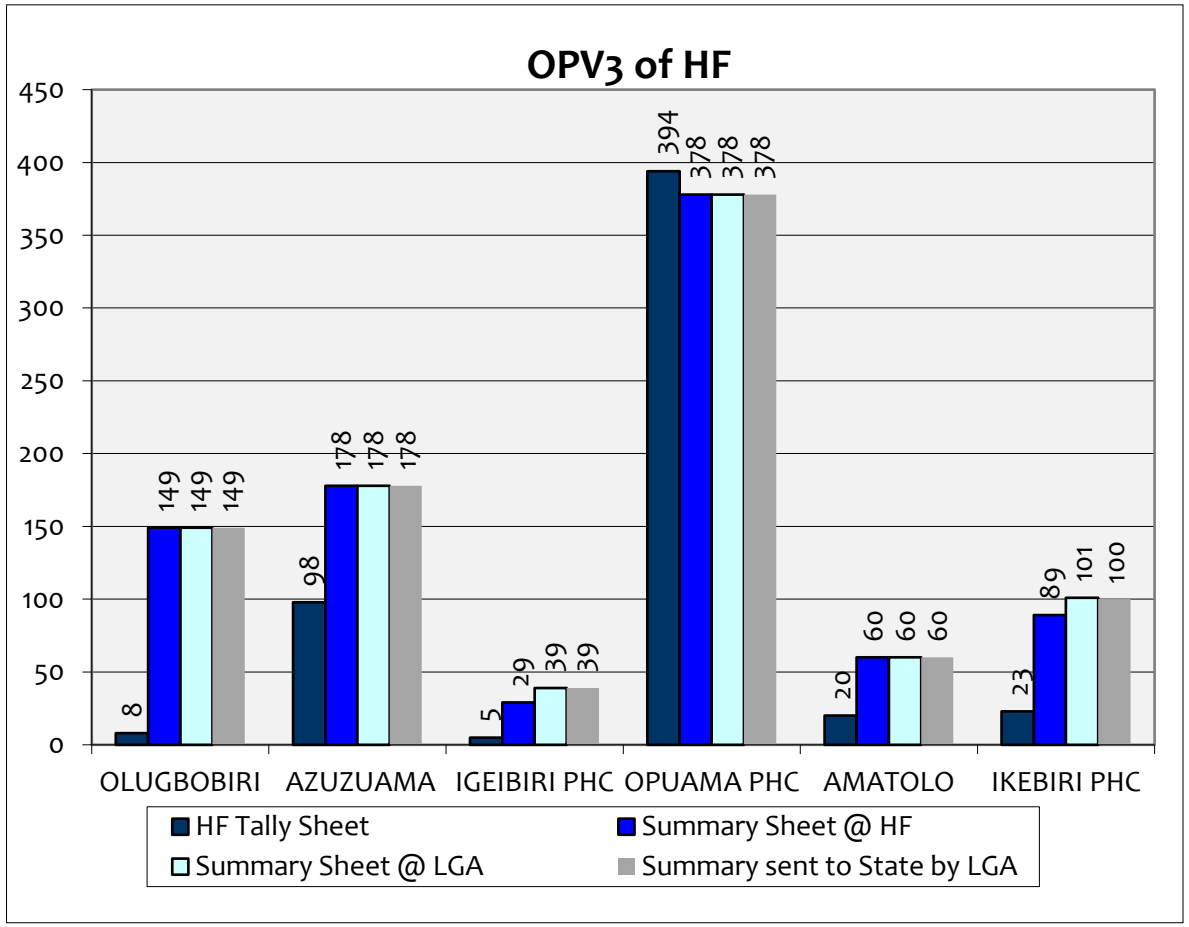
Sagbama LGA Level Review

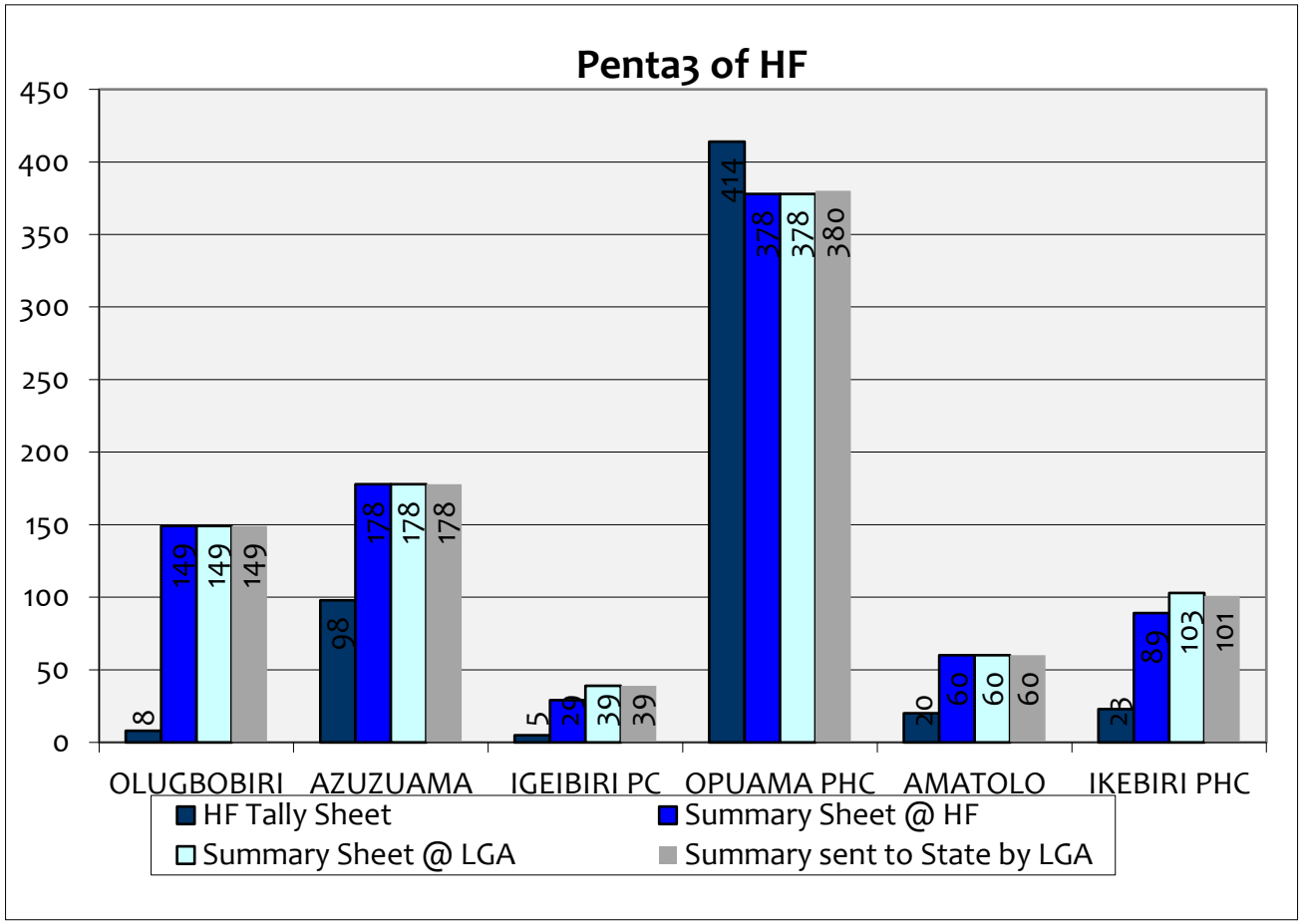


	Y	N	%
LGA	129	9	93%
Recording	18	-	10.00
Archiving	24	-	10.00
Reporting	15	3	8.33
Demographic inform	24	-	10.00
Core output	24	6	8.00
Use of data	24	-	10.00

- **Recording** is done well by Sagbama LGA
- **Archiving** is another strength of the LGA with records properly archive and filed electronically and in file cabinets.
- Availability of Supportive Supervisory work plan and supervisory monitoring was seen at the LGA.
- There was a hard cover notebook for recording vit A and syringes , there were AEFI kits at the LGAs and HFs, no records of minutes from committees.
- **Use of data:** There is improvement of use of data, minute of LERICC/LEMCHIC meeting held, giving feedback to health facilities during monthly data validation meeting with presentations, data triangulation and analysis.
- **Demographic information** . Sagbama LGA is also doing well in the demographic information component.

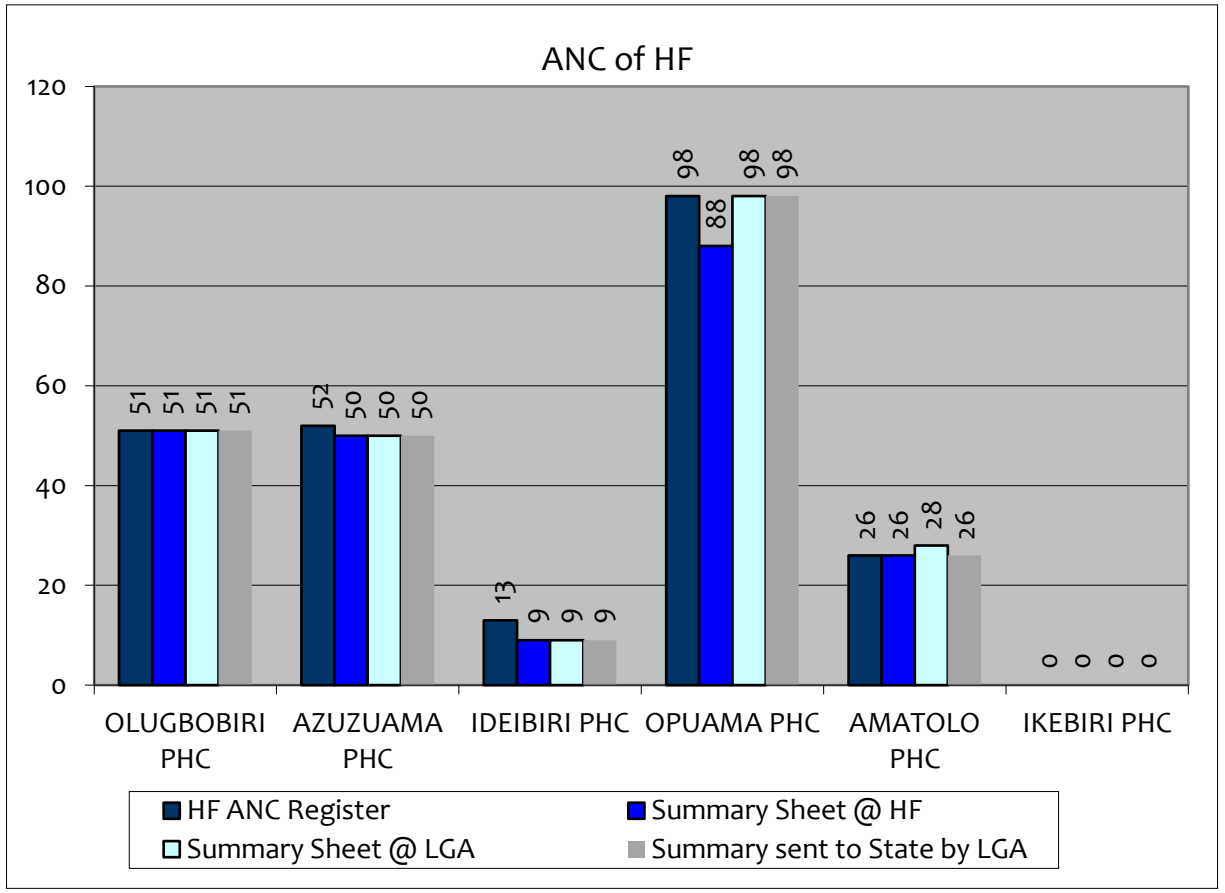
Southern Ijaw LGA Penta 3 & OPV3 data by facility

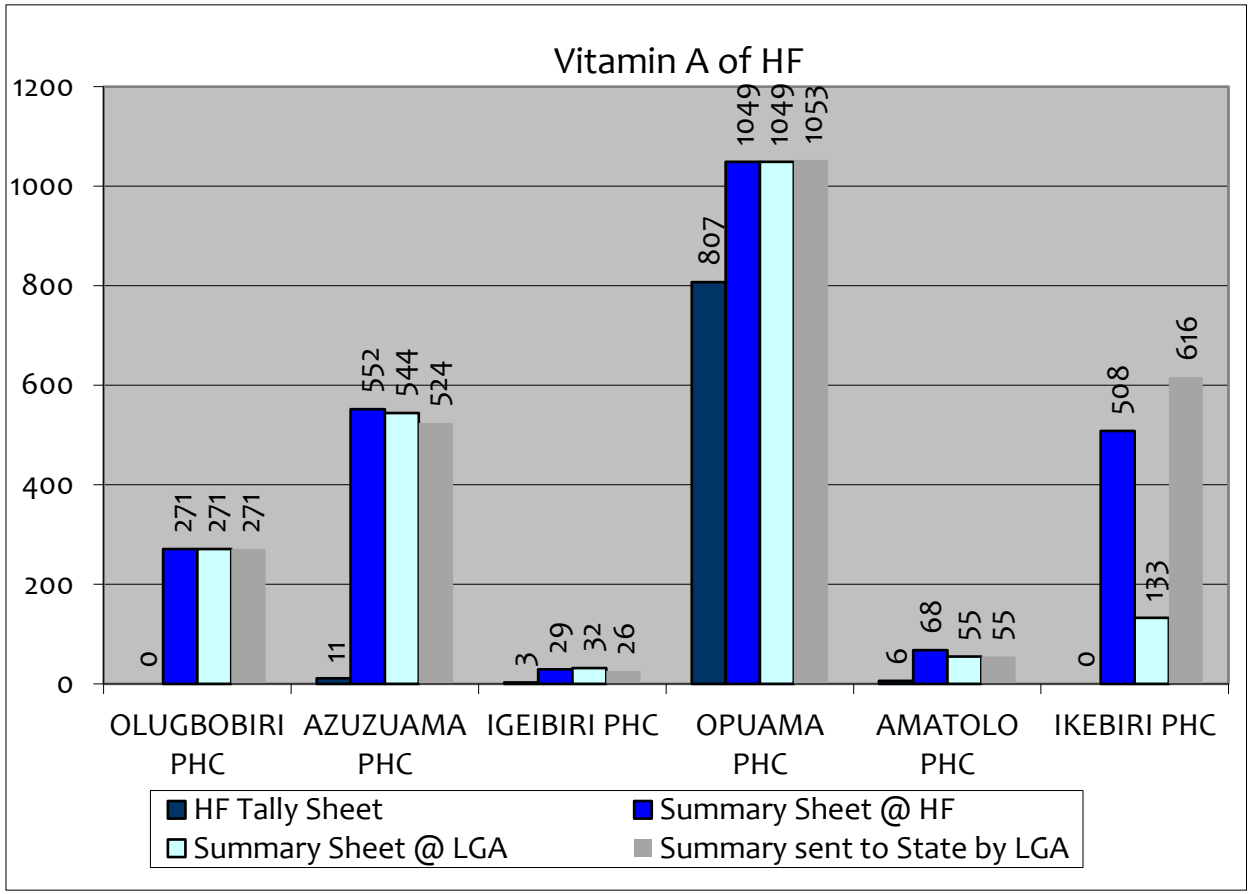




All HFs had data discrepancies for Penta 3 and OPV 3 across the various reporting levels, markedly in **Olugbobiri, Igeibiri, Amatolo and Ikebiri PHCs**

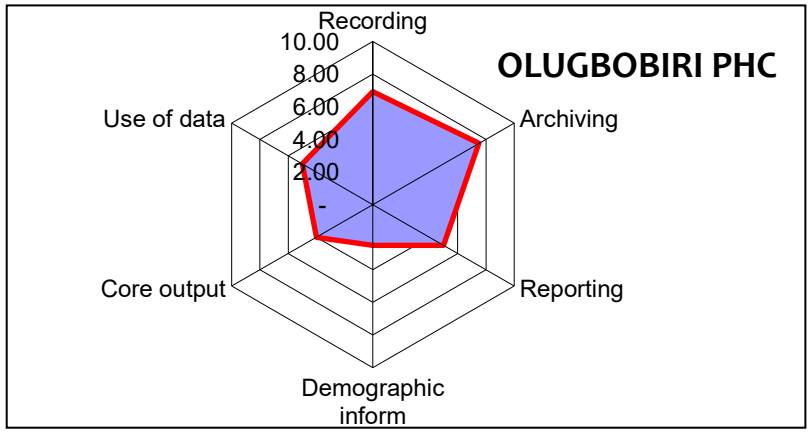
Southern Ijaw LGA ANC & Vit A data by facility

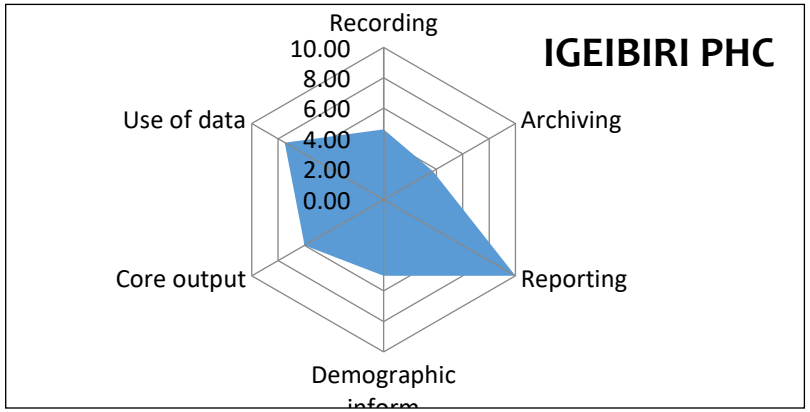


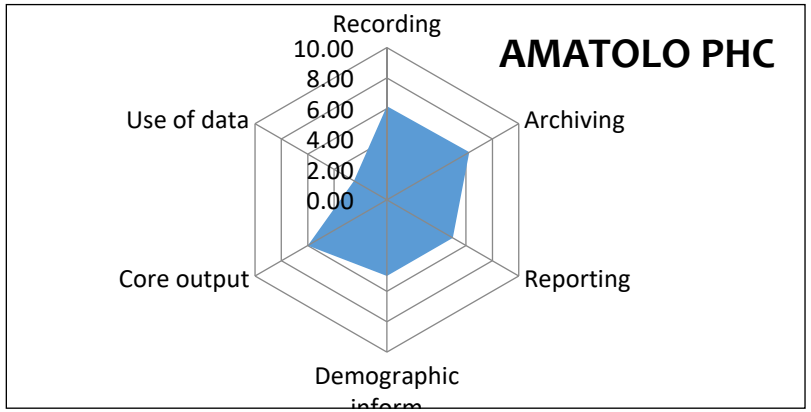


Only Olugbobiri PHC had accurate data for ANC Attendance. All other HFs had discrepancies for Vit A and ANC records across the various reporting levels

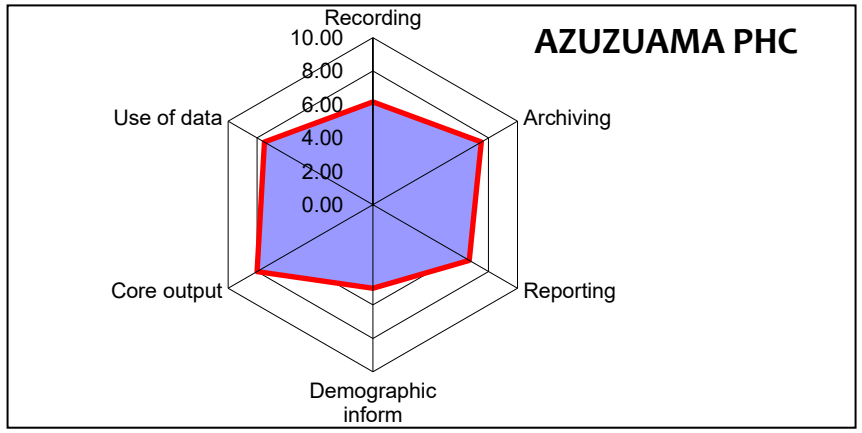
Facility Level Review - Southern Ijaw LGA

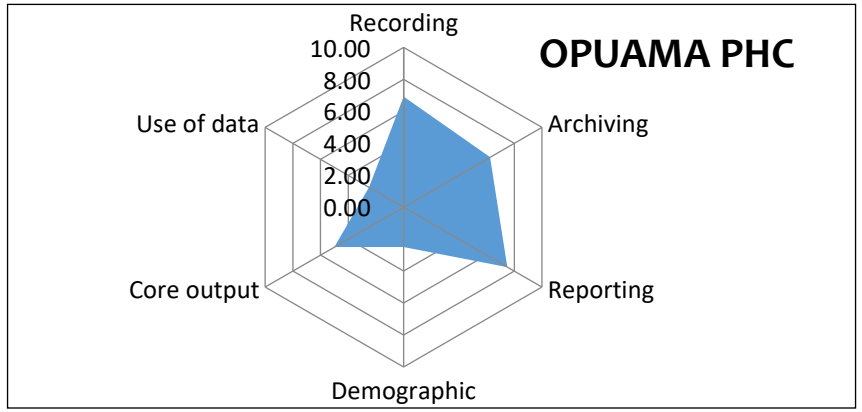


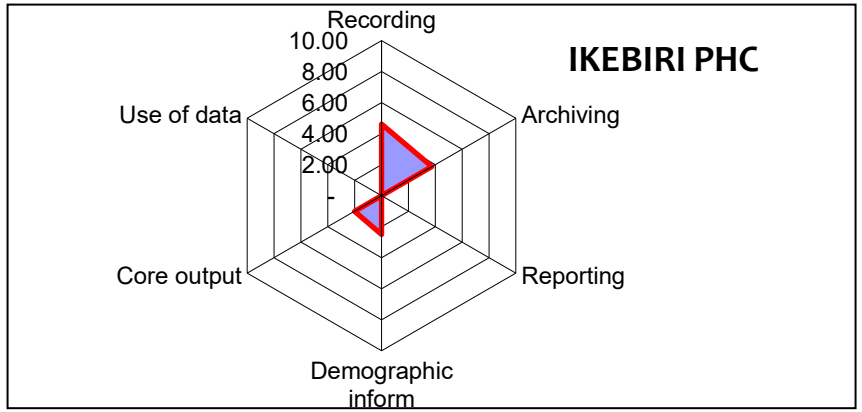




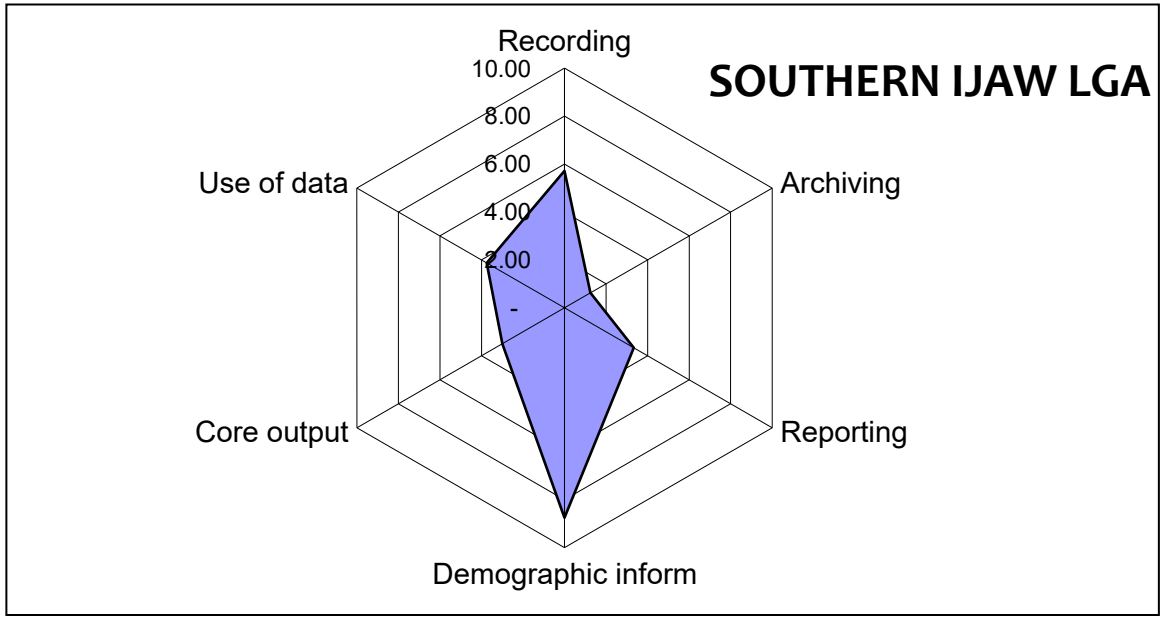
- **RECORDING:** Sub optimal records, archiving, use of data and demographic information seen across all HFs.
  Temperature monitoring chart not available at the HF in Olugbobiri.
- GMP register not updated for over a year in Olugbobiri.







Southern Ijaw LGA



	Y	N	%
Overall	**60**	**81**	**43%**
Recording	12	9	5.71
Archiving	3	21	1.25
Reporting	6	12	3.33
Demographic inform	21	3	8.75
Core output	9	21	3.00
Use of data	9	15	3.75

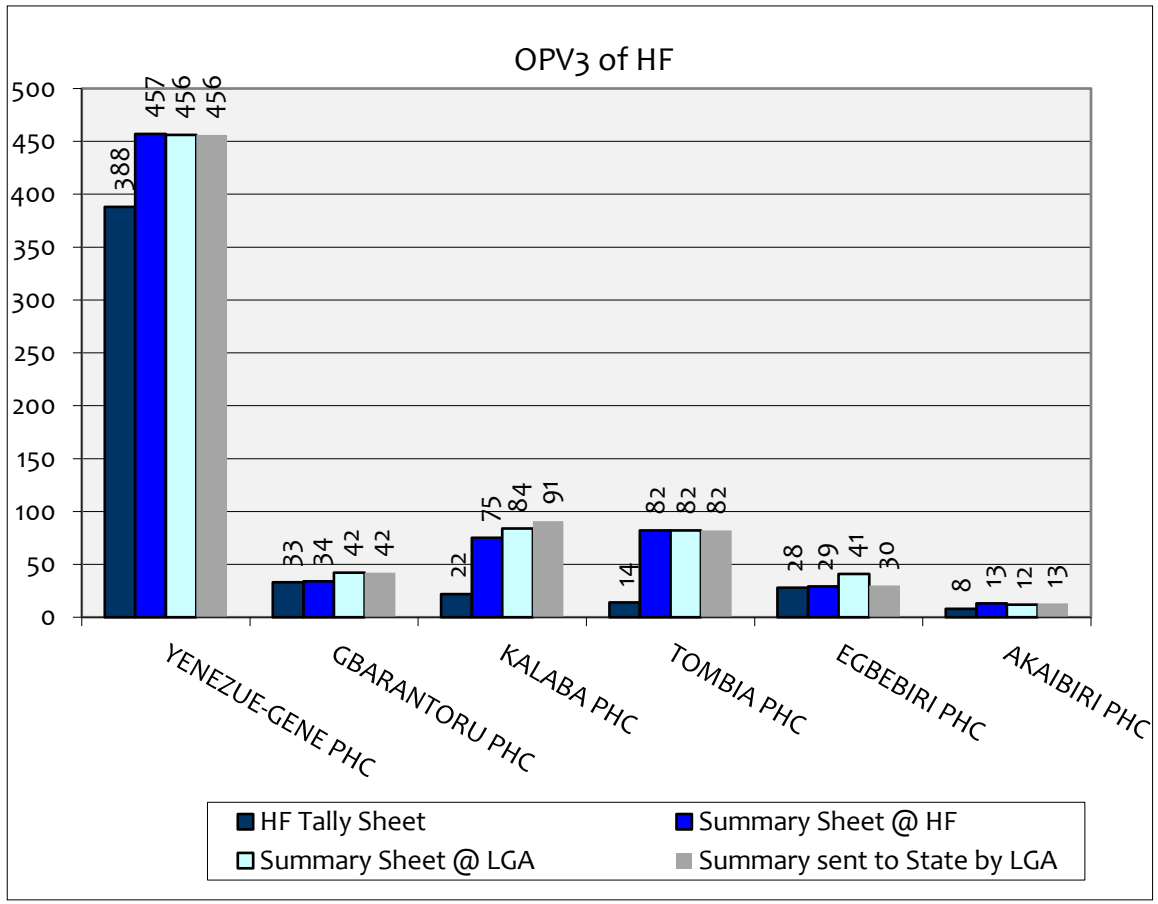
REPORTING: No functional AEFI committee and AEFI kits in the HFs, also there is no map showing the trend of VPDs.

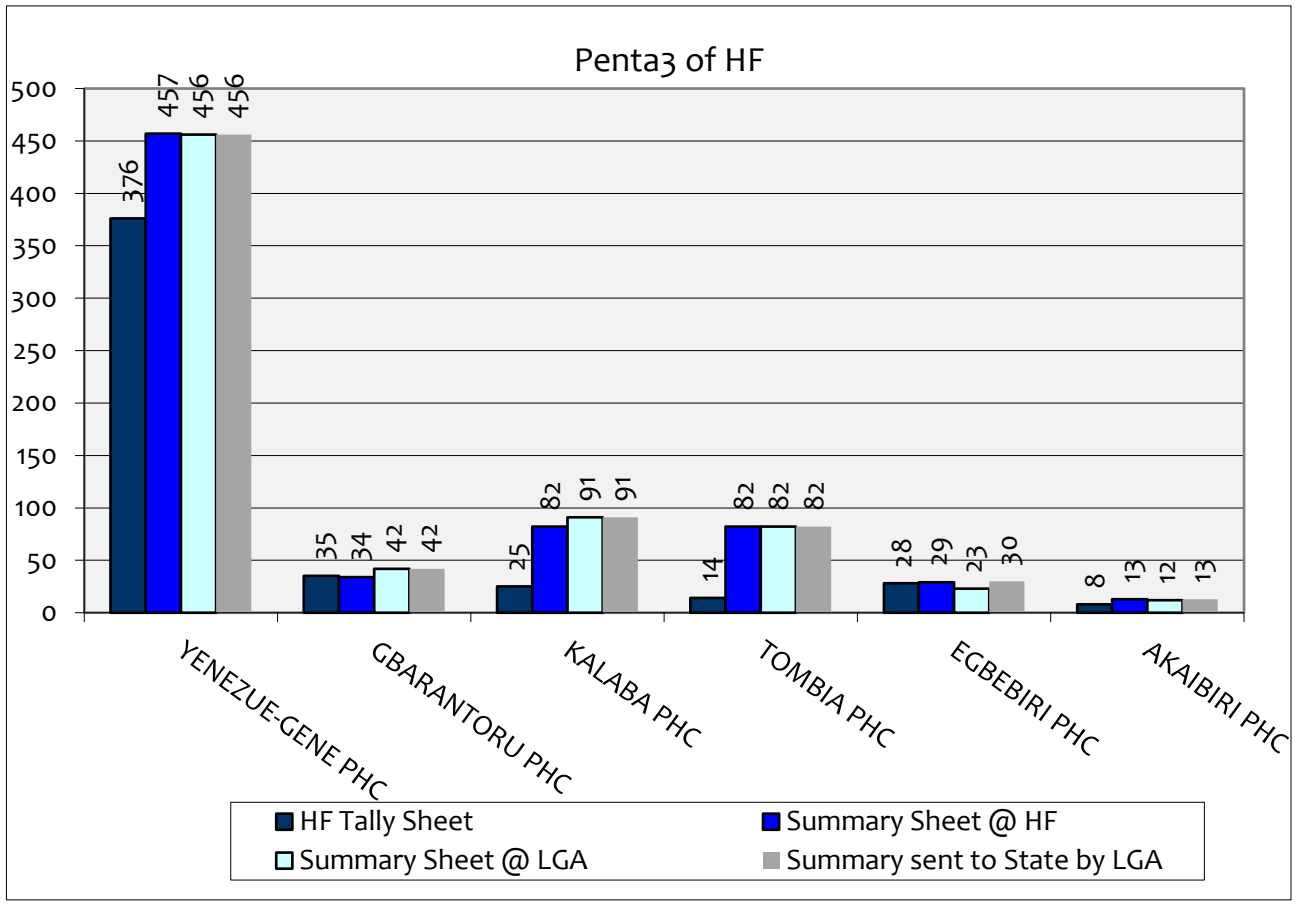
DEMOGRAPHIC INFORMATION: LGA map showing demographic information and target populations was not sighted.

ARCHIVING: No shelves for archiving health facility reports at the LGA level, is an issue as there is no LGA Office at the LGA Headquarters at Oporoma.

USE OF DATA: Good use of data for action in some HFs, however health workers appealed to be trained on data. As Southern-Ijaw LGA is the only LGA that has not be trained.

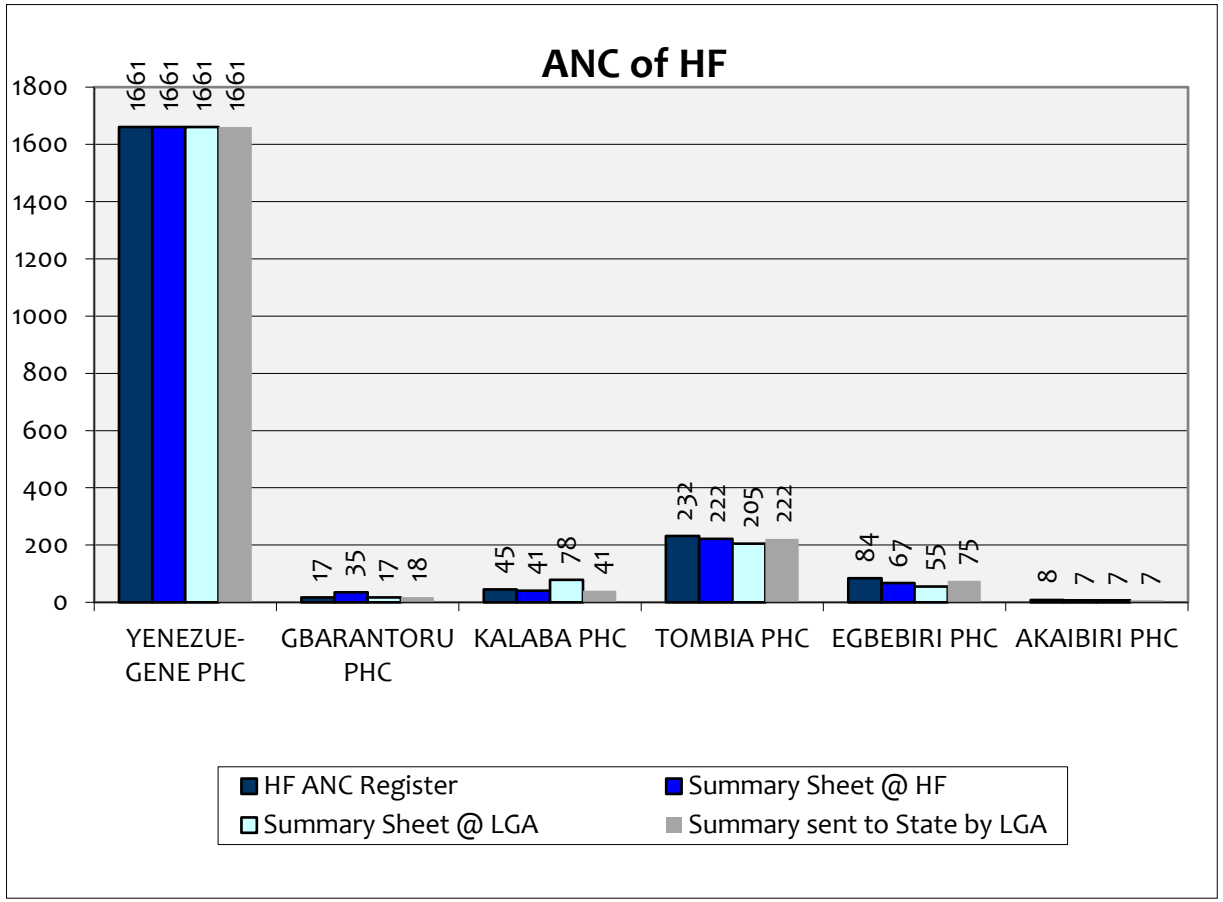
Yenagoa LGA Penta 3 & OPV3 data by facility

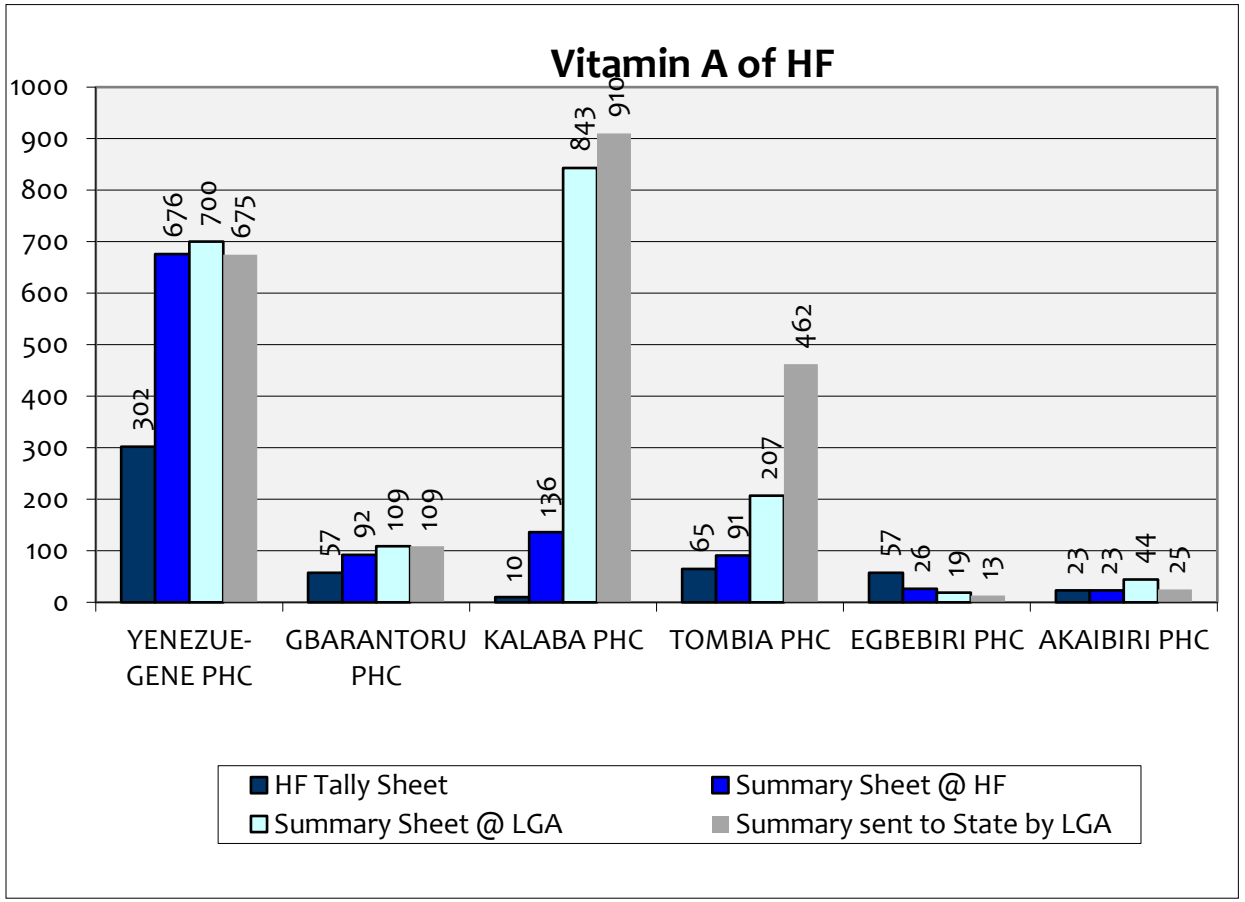




There's no data accuracy in the use of the child immunization registers in all the HFs as compared to the summaries. The immunization register is poorly utilized in Kalaba and Tombia PHCs. Yenezue-gene, Akaibiri, Egbebiri & Gbarantoru PHCs Showed some consistency in Data flow from the Facility to the state.

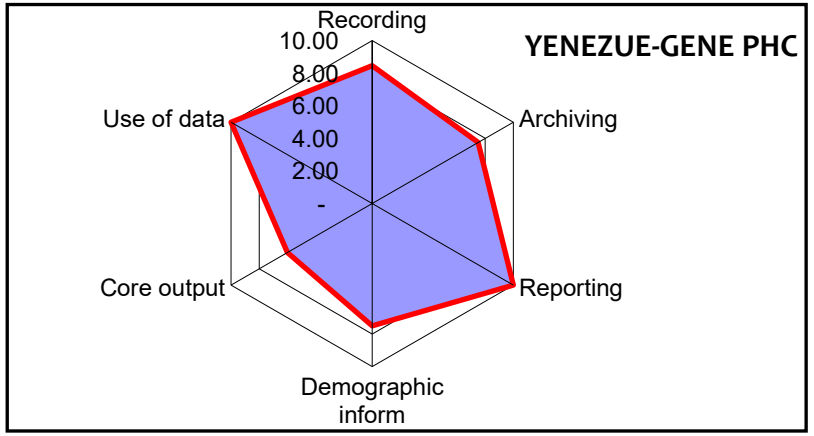
Yenagoa LGA ANC & Vit A data by facility

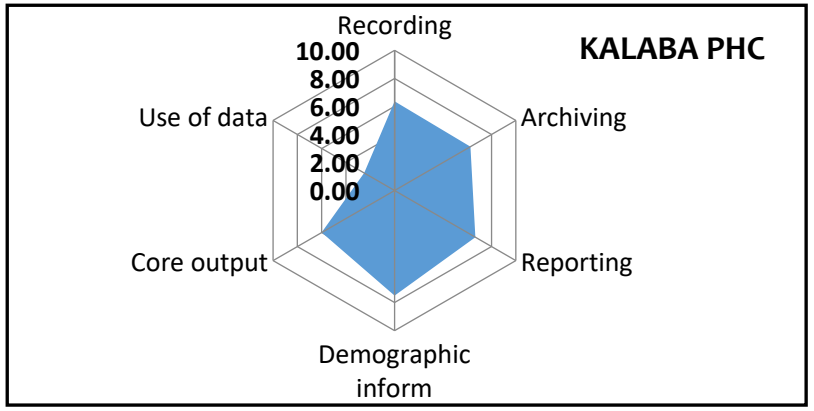


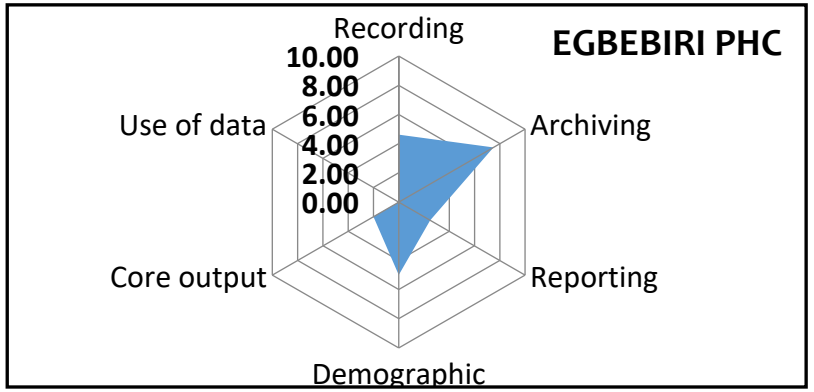


ANC registers had more data accuracy in all the HFs as compared to Vit A. Yenezue-gene & Akaibiri PHCs Showed Consistency in Data flow from the Facility to the state level. There is gross discrepancies in the data transmitted from Vit A registers to summaries across all HFs. This affirms the fact that the GMP register is not well utilized.

Facility Review – Yenagoa LGA



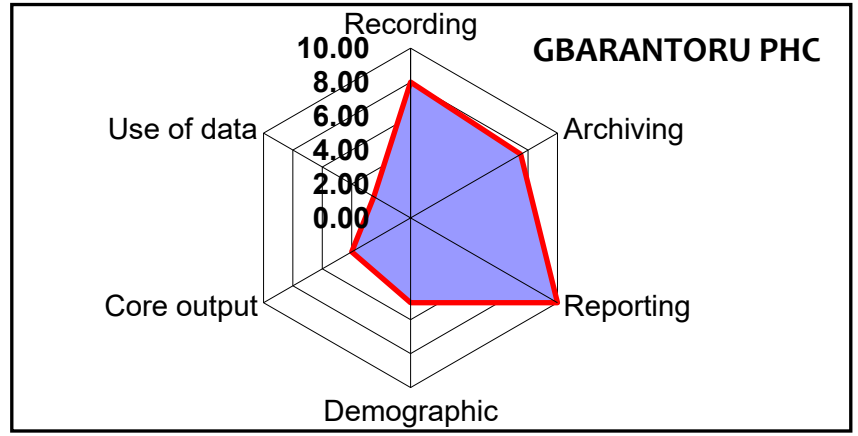


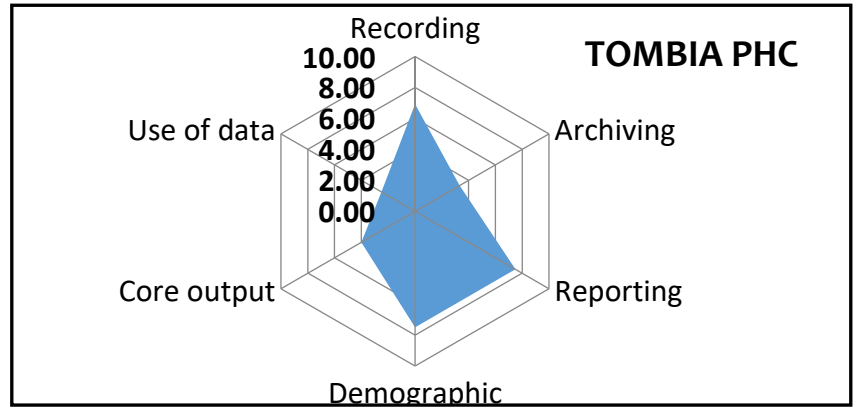


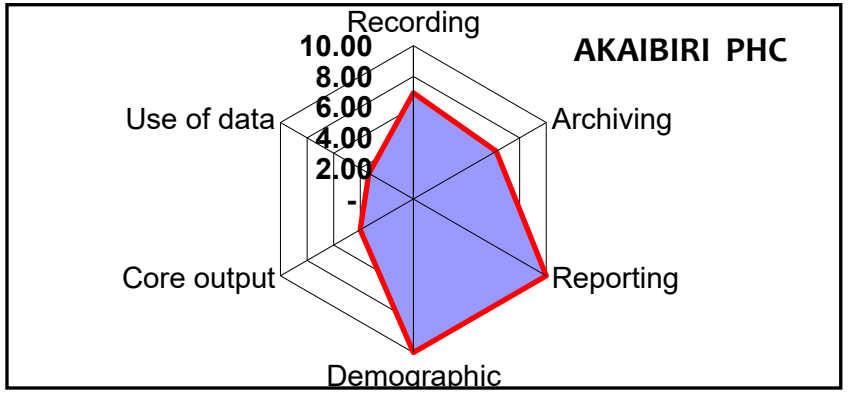
Yenezue-gene PHC seemed to be one of the best performing Facilities in the LGA.

Recording Component:

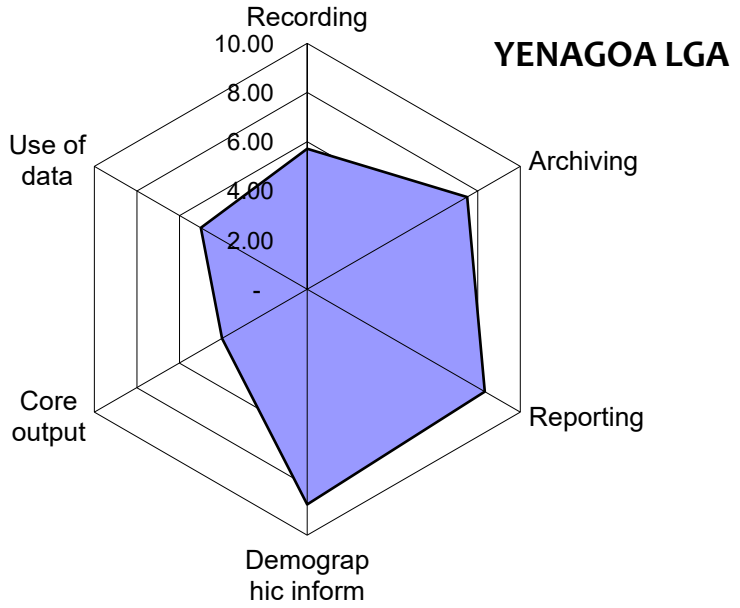
- Absence of TD & HPV registers at PHCs.
- Incomplete documentation in Kalaba and Egbebiri Phcs
- Lack of management tools for vaccines and commodities
- Egbebiri performed poorly in all aspects due to lack of manpower, poor documentation and knowledge gap of the staff present







Yenagoa LGA Level Review



	Y	N	%
LGA	**90**	**51**	**64%**
Recording	12	9	5.71
Archiving	18	6	7.50
Reporting	15	3	8.33
Demographic inform	21	3	8.75
Core output	12	18	4.00
Use of data	12	12	5.00

Archiving:

- Archiving: Some gaps seen at the LGA level; however, M/E reports are properly archived and retrieval possible
- Supportive Supervisory work plan available but no evidence of supervisions conducted at the LGA.

Use of Data

- No evidence of documented feedback to HFs available at LGA level except via WhatsApp

Reporting:

- Minimal discrepancies seen in reporting at all levels (HF to LGA to State).
- No standard procedure for dealing with late submission of report as all reports are claimed to be submitted timely during data validation meetings
- AEFI committees not functional at all levels

Demographic information:

- No demographic information showing data by target groups, other data available

Core output:

- Supervisory plan not monitored at LGA level.
- No timeliness and completeness chart seen.
- LGA does not have an indicator for monitoring immunization safety.

Summary of Major Gaps Identified/Challenges

RECORDING

- Major gap in functionality of the AEFI committee leading to poor AEFI reporting across all LGAs
- Data discrepancies seen between the Child Immunization Register, NHMIS Summary and the data transmitted to DHIS2
- The GMP Register is not properly filled particularly at the health facilities. There is knowledge gap in filling the GMP registers among health workers.
- Vaccine ledger books are not kept up to date.
- There was non-availability of daily HPV register in some facilities, but HPV summary across board is available.
- VM1 data tools are used properly in most facilities, but a major gap in documentation of Vaccine issuance (Vaccine receipts) across 90% of facilities assessed.
- Physical count of vaccines are more than available stock in the ledger at the LGA cold store in Nembe LGA

Summary of Major Gaps Identified/Challenges

ARCHIVING

- Significant gap in archiving of documents both at the Facility and LGA level in the state.
- There are feedbacks from LGAs to facilities but there were no physical evidence.
- Lack of computerized archiving systems such as external hard drives or cloud storage and Absence of backup storage system.
- Some LGA Officials in Brass do not have permanent offices to archive their working tools M&E, LIO, RIO, Nutrition focal person.

REPORTING

- Lack of standard documented procedures for addressing late reporting. Data validation exercise is used as a means to checkmate early reporting and Nembe LGA gives incentives to some persons for reporting early.
- Discrepancies seen in hard copies of data submitted from Facilities to the LGA level, as LGA data does not usually correspond with Facility data especially with ANC and Vitamin A records .

USE OF DATA

- Poor plan in place to address the issue of Low access or utilization of vaccines in the LGA.
- Poor Community involvement in Health related/ RI activities evidenced by the Lack of Functional VDCs or Evidence of interaction with community on Immunization.

Summary of Major Gaps Identified/Challenges

- Evidence of feedback from the LGA to the HF not seen in some health facilities (Poor feedback)

DEMOGRAPHIC INFORMATION

- Poor Catchment area maps are seen in some facilities, with some not having any.
- Suboptimal data on the number of infants born in their area.
- Poor System in place for collection of information about new births.

CORE OUTPUTS

- Poor use of vaccine wastage feedback for proper action, there is no system in place to address high/negative vaccine wastage.
- No physical evidence of plans of actions to address drop out.
- Lack of VPD monitoring charts in facilities/LGAs
- Poor monitoring of timeliness and completeness of reports at LGA Level with no evidence seen
- No designated indicator for monitoring immunization safety.

Key Highlight

- 23% of HFs assessed scored below 60% for Recording, Archiving and Demographic Information.
- 27% and 31% of HFs assessed scored below 60% for Reporting and Core output respectively. While 48% had less than 60% for Use of data
- LGAs that scored 80% and above for the various system strengthening component at the LGA Level are: Sagbama and Brass for Recording; Ekeremor, Sagbama and Yenagoa for Archiving; Brass, Ekeremor, Nembe, Sagbama and Yenagoa for Reporting; all LGAs except Kolga for Demographic information; only Sagbama for Core output; and Brass, Ekeremor, Kolga and Sagbama for Use of data
- Only 17% of the HFs had 100% accuracy ratio for penta 3, 15% for OPV 3, 13% for ANC, while only 4% for Vit A given in the GMP.

DQAs Mitigation Plan

S.N	Challenges	Mitigation plan	LGAs involved	Implementation Level (LGA Or Facility	Responsible persons	Timeline	Level of achievement
1	Data discrepancies existing in the use of various data tools in the HFs (particularly the Child immunization registers& NHMIS discrepancies)	On the job mentoring of RIFPs in identified facilities as well as ensuring use of RI registers in the data validation meetings	All 8 LGAs	Facility level activity	State FP LGA M&Es	On/before the 10th of November 2024	**Partially Achieved**
2	No facility seen with evidence of monitoring Disease trends (VPDs/Disease trend/monitoring charts)	Support the Development of the Disease trend chart in the identified facilities in the LGAs as well as at the LGA office	All 8 LGAs	Facility and LGA level activity	State FPs LGA M&Es RIOs	On/before the 10th of November 2024	**Not Achieved**
3	Poor recording, archiving and use of data for action due to knowledge gap	Mentoring of the health workers on how to use data for action, archiving and recording during the data validation meetings	All 8 LGAs	LGA Level	State Supervisors, LIO, LGA M&E, RIOs	Every 1st – 10th of the month (October to December 2024)	**Not Achieved**

DQAs Mitigation Plan

S.N	Challenges	Mitigation plan	LGAs involved	Implementation Level (LGA Or Facility	Responsible persons	Timeline	Level of achievement
4	No data sharing among the LGA Team (no backup) due to knowledge gap	Mentor LGA Team on data sharing within the team as well as advocate for @least monthly dissemination of reports to mails	All 8 LGAs	LGA Level activity	State FP LGA M&Es/LGA RIOs/CCOs	On/before the 2nd of November 2024	**Not Achieved**
5	Lack of monitoring tool for HF timely reporting datasets and immunization safety	Support LGA to develop monitoring tool for timely reporting of datasets and immunization safety	Brass, Ekeremor & Southern Ijaw	LGA Level	State FPs, LGA M&Es	On/before the 30th of October 2024	**Not Achieved**
6	Sub optimal use of data for action at the LGA Level	Mentor LGA Team on simple data analysis to identify areas with challenges. Use the monthly training to build capacity of LGA team	Brass	LGA Level	State M&E	At least once in a month for 3 months	**Ongoing**

DQAs Mitigation Plan

S.N	Challenges	Mitigation plan	LGAs involved	Implementation Level (LGA Or Facility	Responsible persons	Timeline	Level of achievement
7	Lack of an Updated Catchment Area Map at facilities in Ekeremor & Ogbia LGAs as well as LGA office in Southern Ijaw	Support facilities in development of Catchment area map, using the REW Microplan as guide Support the LGA team in the development of a Catchment area map capturing all Facilities	Ekeremor, Ogbia & Southern Ijaw LGAs	Facility Level in KMR & GBB and LGA level in Southern Ijaw	State FP LGA M&Es/LGA RIOs/CCOs	On/before the 2nd of November 2024	**Not Achieved**
8	Lack of monitoring tool for HF timely reporting datasets and immunization safety	Support LGA to develop monitoring tool for timely reporting of datasets and immunization safety	Brass, Ekeremor & Southern Ijaw	LGA Level	State FPs, LGA M&Es	On/before the 30th of October 2024	**Not Achieved**
9	Unavailability of HPV-td registers in 3 identified facilities **(Bulu-Orua PHC, Trofani PHC, Ofoni 1 and General Hospital)**	Provide HPV-TD Registers and train HCW on use of the Registers	Sagbama LGA	Facility Level	LGA M&E, State Supervisor	On/Before the 30th of October 2024	**Not Achieved**

DQAs Mitigation Plan

S.N	Challenges	Mitigation plan	LGAs involved	Implementation Level (LGA Or Facility	Responsible persons	Timeline	Level of achievement
10	Poor use of the Vit A data tool, especially during the MNCHW	Include training of HCWs on use of Vit A data tool during the next Data validation meetings. On the job mentoring to be done in facilities visited	Ekeremor, & Sagbama LGAs	Facility Level	State FP, Nutrition FP/LEMCHIC FP	On/Before the 10th of November 2024	**Not Achieved**
11	Gap in use of Vaccine ledgers at the LGA Level (Updated on a notebook, not on the ledgers)	Follow up the LGA CCO on transfer of data to proper documents/ledgers	Ekeremor LGA	LGA Level	State CCO, State supervisor, LGA CCO	On/Before the 15th of November 2024	**Not Achieved**
12	Limited use of data for action evidenced by gap in use on PHC assessment	Support LGA in constructing a monthly PHC performance assessment template with plans on how to address issues of low access and utilization of PHC services	Nembe LGA	LGA Level	State M&E, LGA M&E, RIOs	On/Before the 1st of December 2024	**Not Achieved**

THANK YOU FOR LISTENING