BAYELSA STATE Q1 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

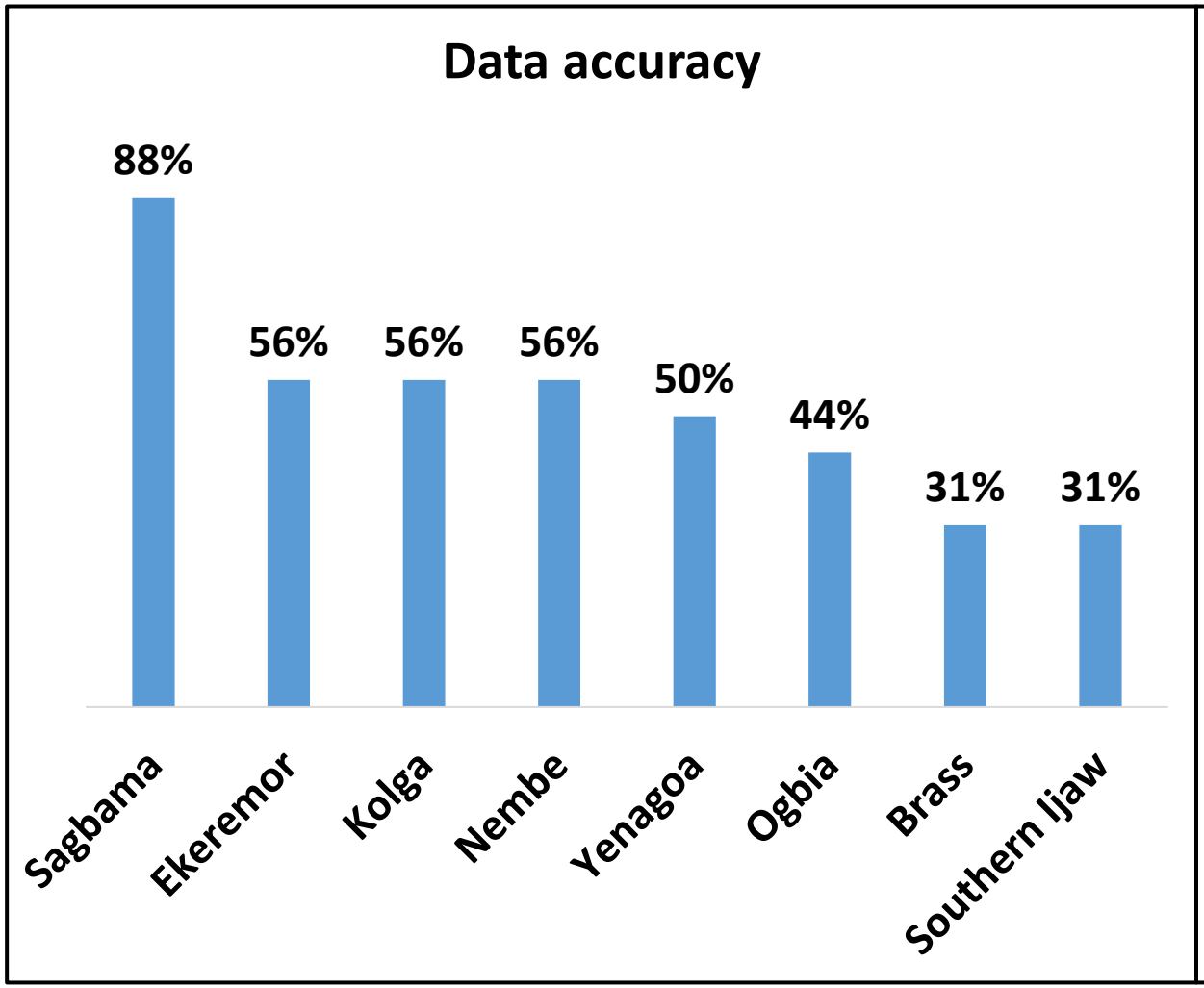
- ✓The method used is the Problem oriented approach. Four health facilities were selected based on best performing, medium performing and poor performing in RI across all LGAs in the state
- ✓The ranking was by scanning through the monthly RI summary data sent to State and LGA by all HFs offering RI, as well as review of Coverage in facilities
- ✓ANC, VIT A, OPV3 & PENTA3 were the antigens assessed over a **3 months** period spanning from **January to March, 2024**.
- ✓Tally sheet data, 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 March 2024.

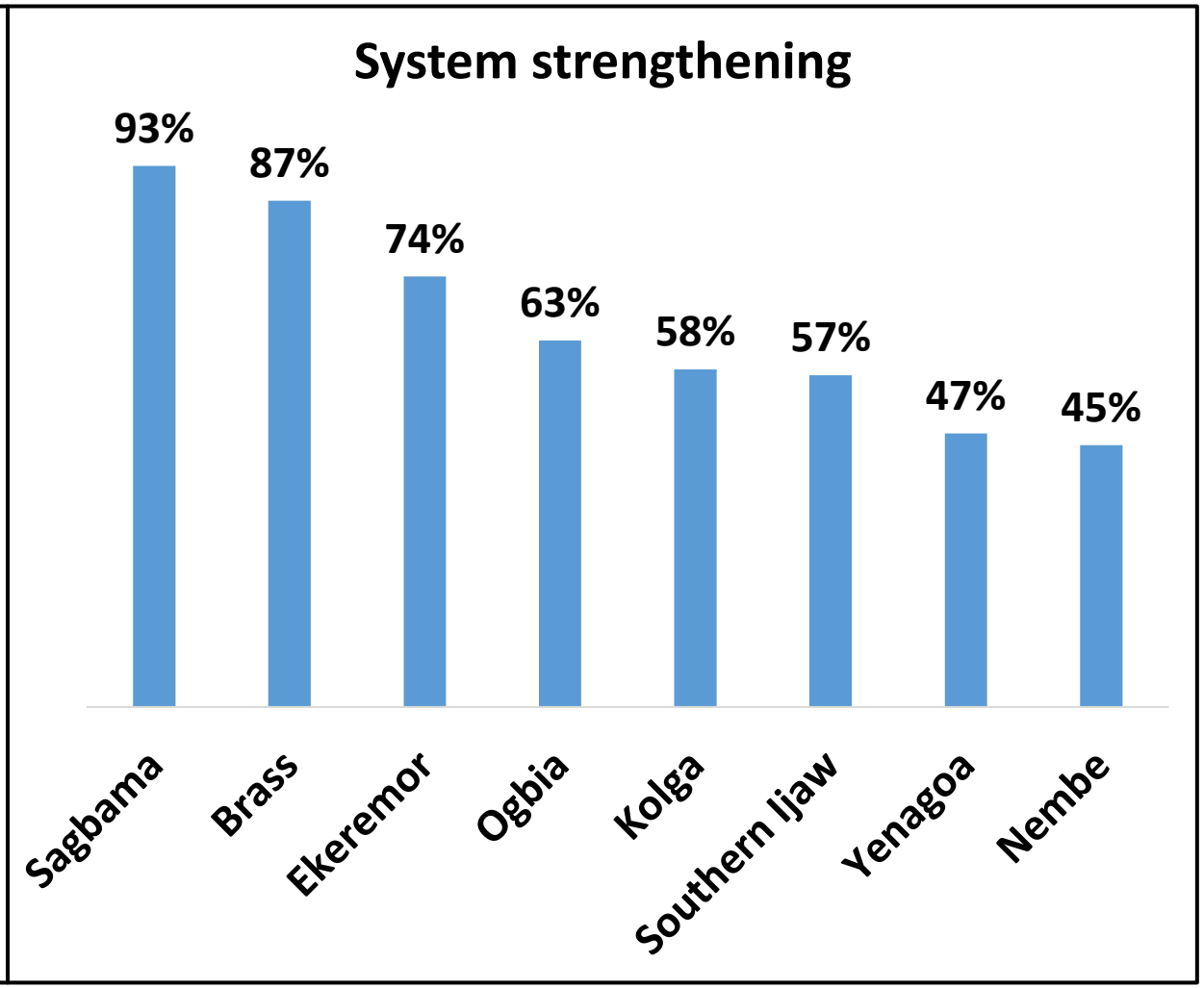
Study Area (List of Facilities Selected)

NAME OF LGAs	GOOD PERFORMING	MEDIUM PERFORMING	LOW PERFORMING
Brass	Diema PHC	Imbikiri PHC	Bekekiri PHC
		Bouama PHC	
Ekeremor	Beautiful Gate PHC	Isampou PHC	Lalagbene PHC
		Peretorugbene PHC	
Kolokuma Opokuma	Sabagreia PHC	Kalama PHC	Gbaranama PHC
		Staff Clinic Kaiama	
Nembe	Nembe PHC	Igbeata Ewoama PHC	Agbakabiriyai PHC
		Bassambiri PHC	
Ogbia	Emeyal PHC	Otuokpoti PHC	Otuasega PHC
		Otueke PHC	
Sagbama	Sagbama PHC	PHC Tungbo	General Hospital Sagbama
		Angalabiri PHC	
Southern Ijaw	Amassoma PHC	Ayama PHC	Oweikorogha PHC
		Aguobiri PHC	
Yenagoa	Agudama Epie PHC	Azikoro PHC	Famgbe PHC
		Diete Koki Memorial Hospital	

Data Analysis By LGAs

Data accuracy and system strengthening by LGAs



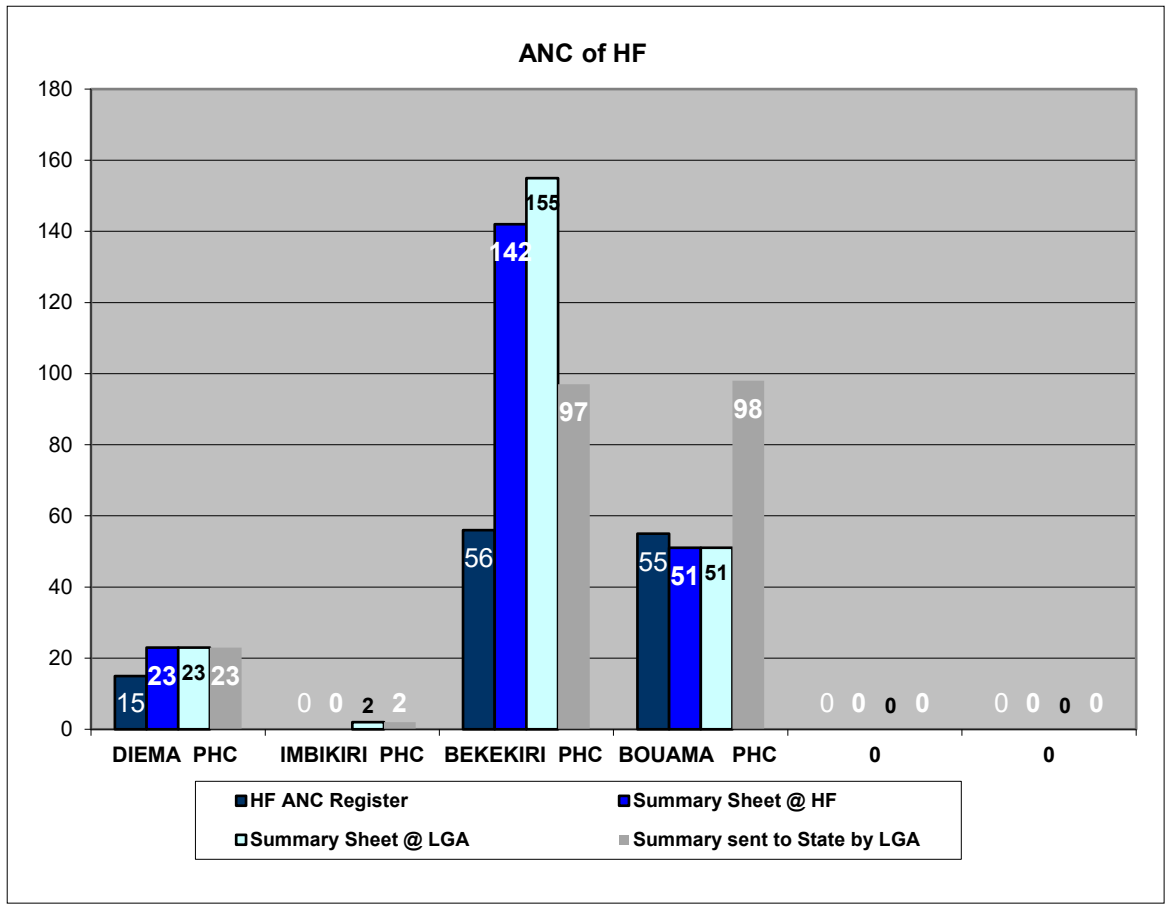


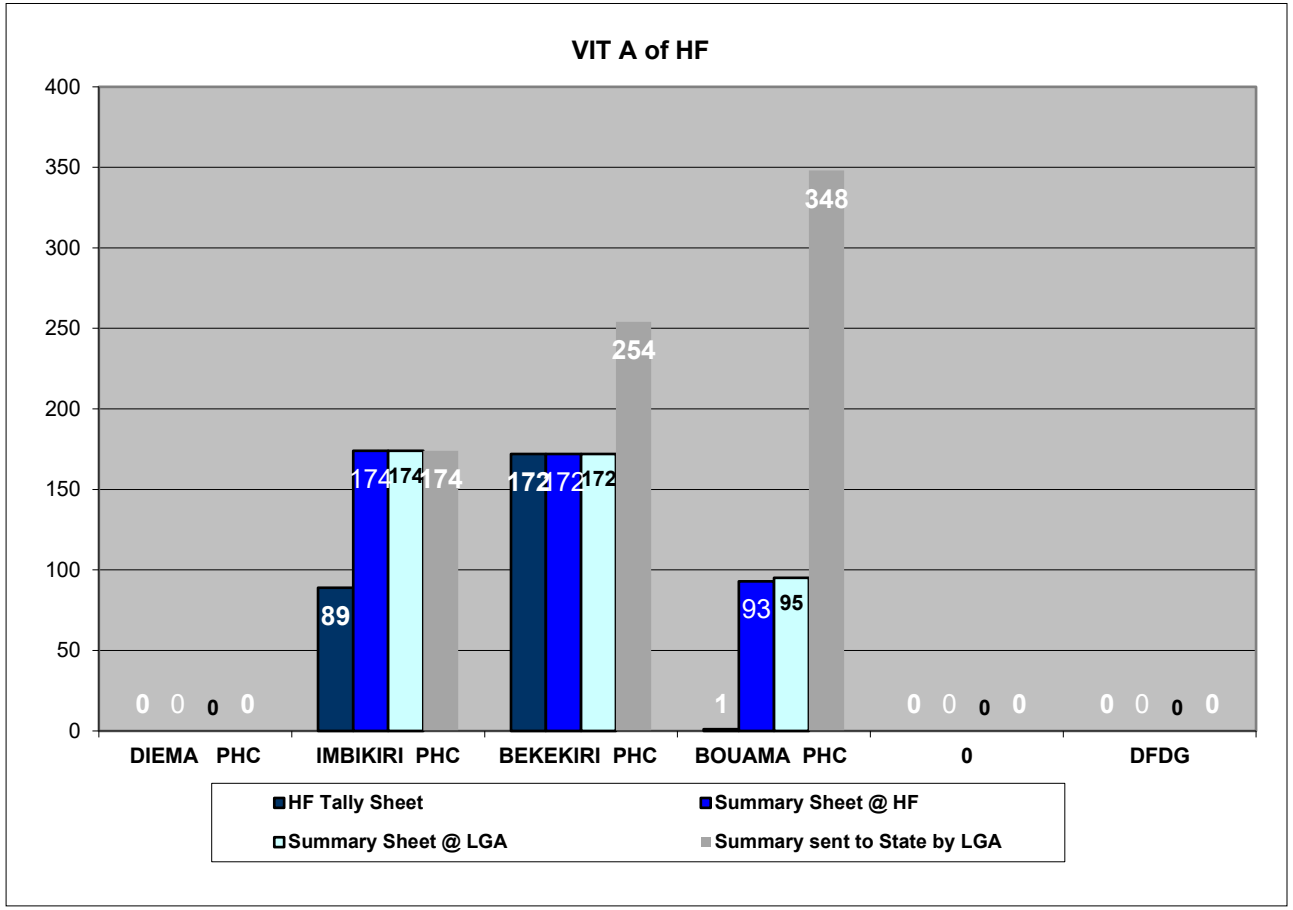
1. Data accuracy is number of 100% accuracy ratio/expected
2. System strengthening is the overall % at the LGA level.

Data accuracy and system strengthening by LGAs

LGA	Overall Performance in the LGA			
	1st	2nd	3rd	4th
Brass	Bekekiri PHC	Imbikiri PHC	Diema PHC	Bouama
Ekeremor	Isampou PHC	Beautiful Gate PHC	Lalagbene PHC	Peretorugbene PHC
Kolokuma/ Opokuma	Gbaran-ama PHC	Kalama PHC	Staff Clinic	Sabagreia PHC
Nembe	Igbeta-Ewoama PHC	Bassambiri PHC	Nembe PHC	Agbakabiriyai PHC
Ogbia	Emeyal PHC	Otuokpoti PHC	Otuasega PHC	Otuoke PHC
Sagbama	Angalabiri PHC	Sagbama 1 PHC	Sagbama Gen. Hosp	Tungbo PHC
Southern Ijaw	Amassoma PHC	Anyama PHC	Oweikorogha PHC	Aguobiri PHC
Yenagoa	Agudama-Epie PHC	Famgbe PHC	Azikoro PHC	Diete Koki Hosp.

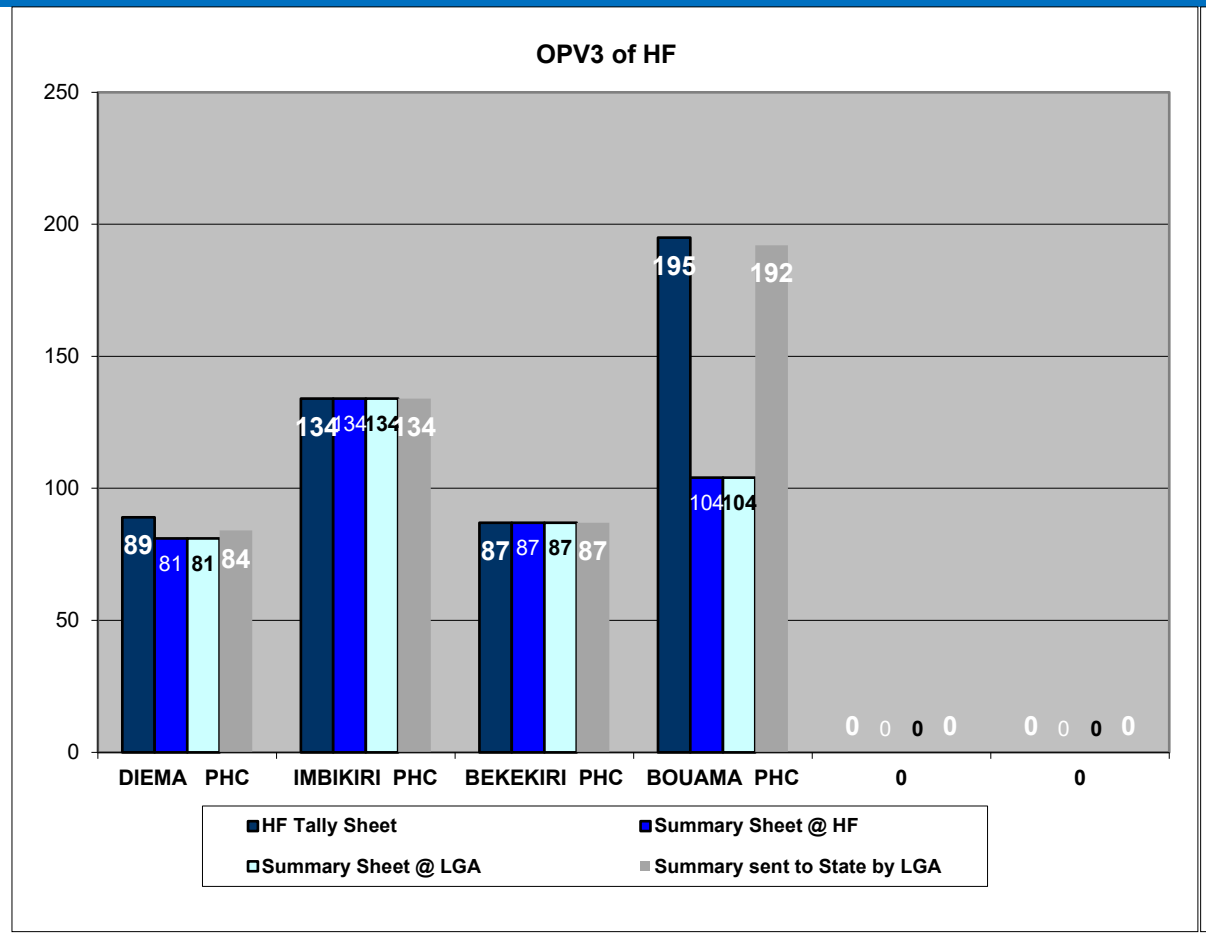
Brass LGA

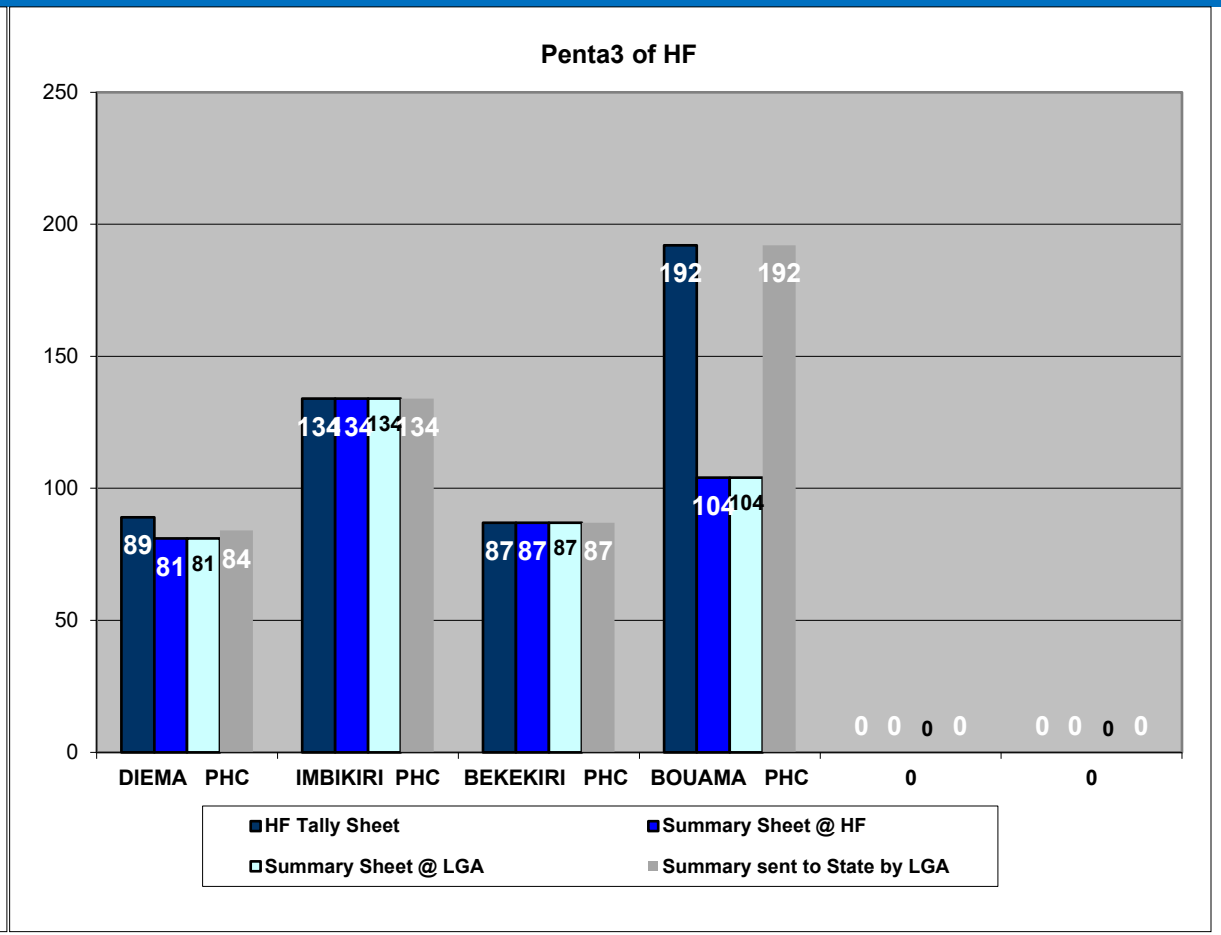




There is no Data accuracy in all facilities in Brass. The data Showed inconsistent data flow from facility to LGA and state level. Facility report is significantly lower than figures transmitted to State & LGA level in Diema, Imbikiri, Bekekiri and Bouama PHC in the month of Jan, Feb & March 2024

Brass LGA

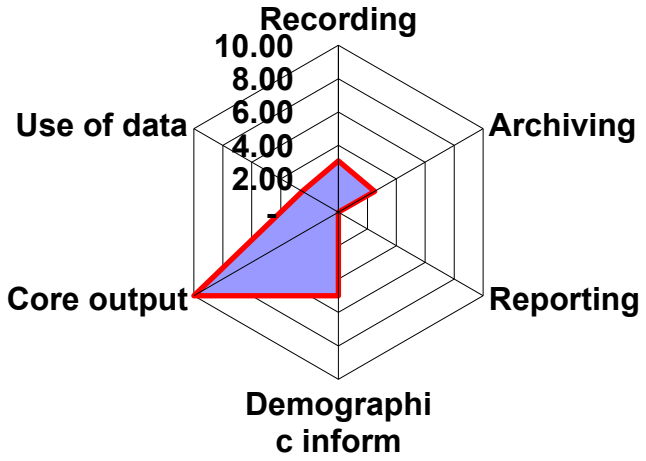




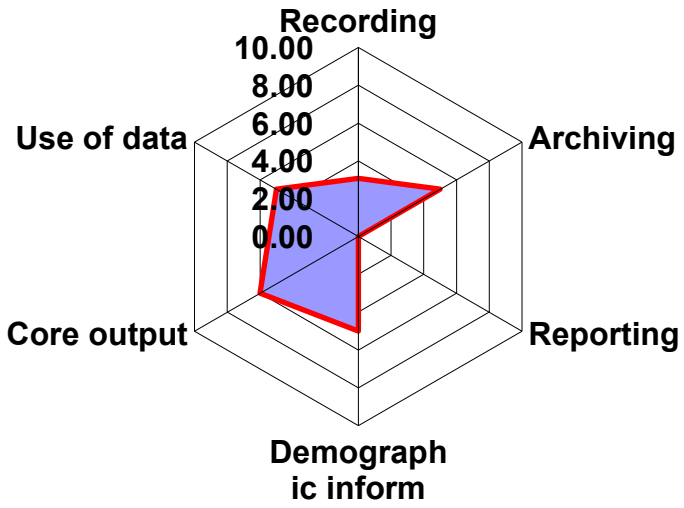
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Facility Review – Brass LGA

DIEMA PHC



IMBIKIRI PHC



Bekekiri PHC seemed to be the best performing Facility among the 4 HFs.

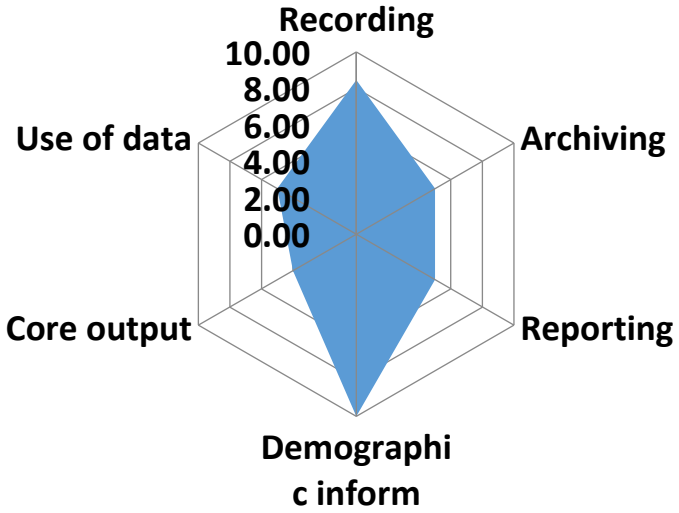
- **Archiving**: A major gap across the facilities (Bekekiri did better than the three other facilities.
- **Use of Data for action**: No evidence of this seen in the facilities (except Diema PHC)
- **Demographic Info**: Suboptimal data on the number of infants born in their catchment area. No system in place for collection of information about new births.**Diema PHC** performed poorly, a significant gap.

Recording: Immunization data are recorded in approved formats in all Health Facilities, though poor recording in Diema and Imbikiri PHC was seen.

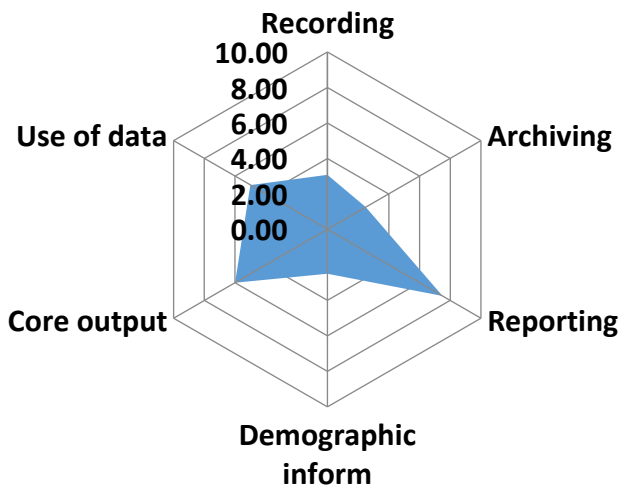
Reporting: Reporting is done in all HFs. Endorsement of reports is a standard practice in all HFs. There is awareness of AEFI but inadequate reporting in the HFs.

Archiving of facilities data are not properly done at the facilities level mostly Diema and Imbikiri PHC

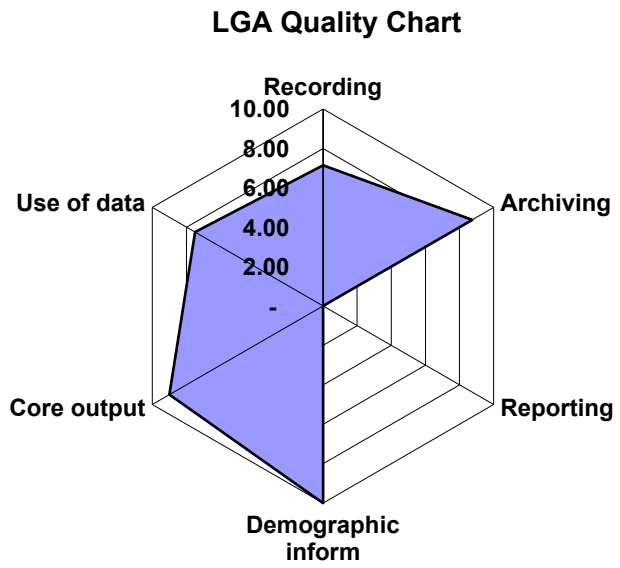
BEKEKIRI PHC



BOUAMA PHC



BRASS LGA Level Review



		Y	N	%
Overall		123	18	87%
Recording		15	6	7.14
Archiving		21	3	8.75
Reporting		-	-	
Demographic inform		24	-	10.00
Core output		27	3	9.00
Use of data		18	6	7.50

Recording: There is significant and outstanding 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)

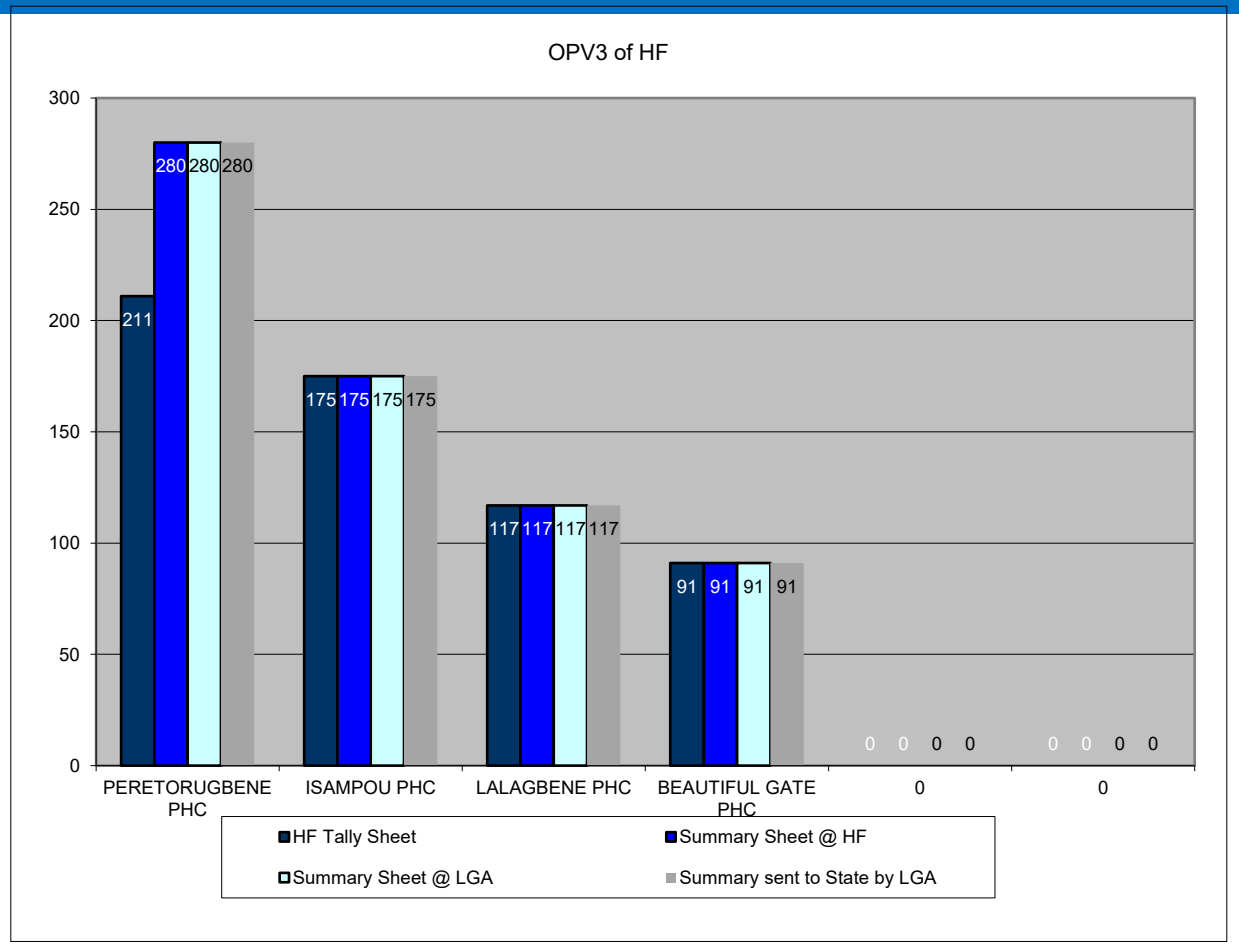
Demographic Information: Map showing demographic information and target populations of the LGA and Micro plan are all available.

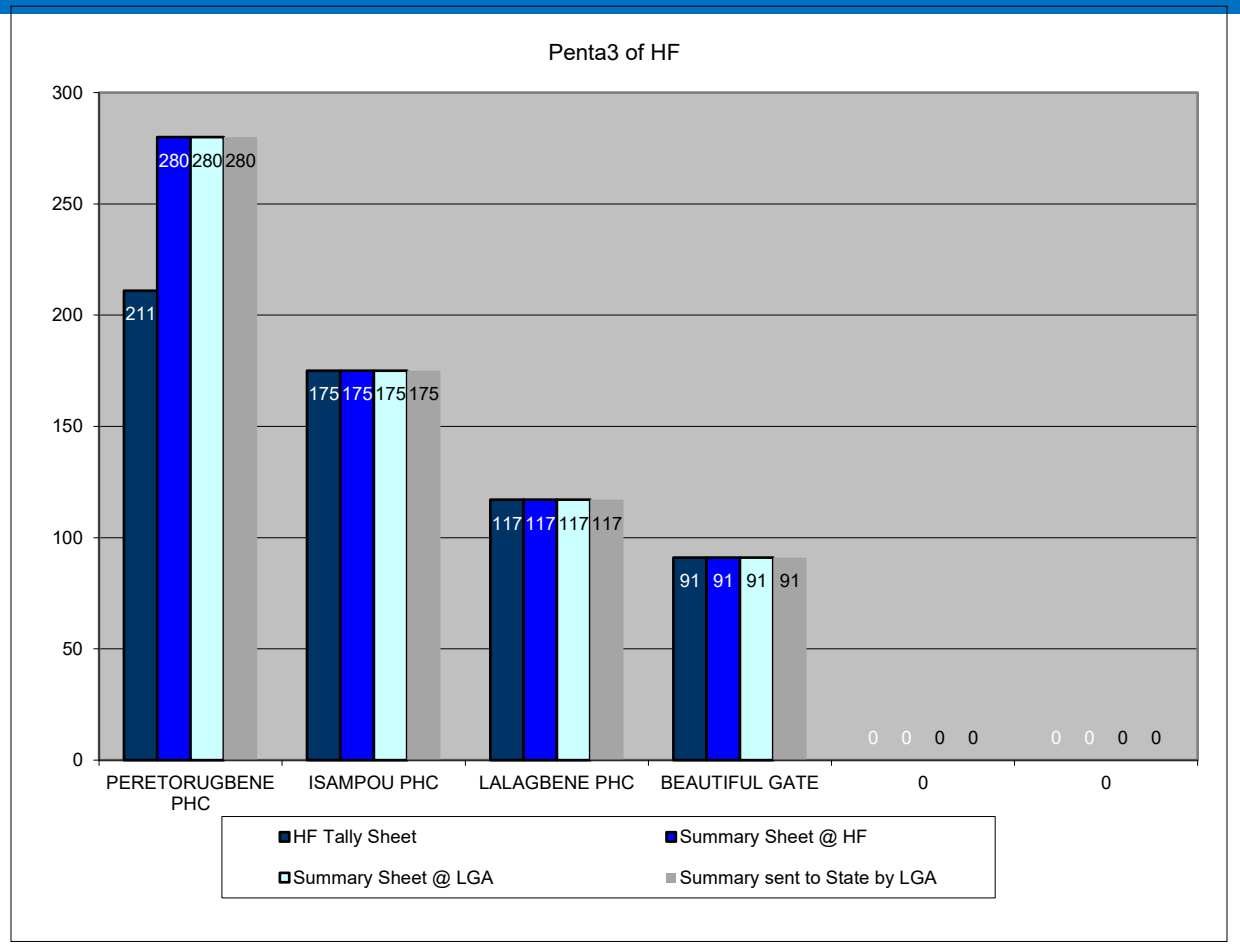
Archiving: No individual files for health facility reports at the LGA level. LGA RI data is computerized.

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

Use of data: No written feedback to the HFs from the LGA but there is soft copy

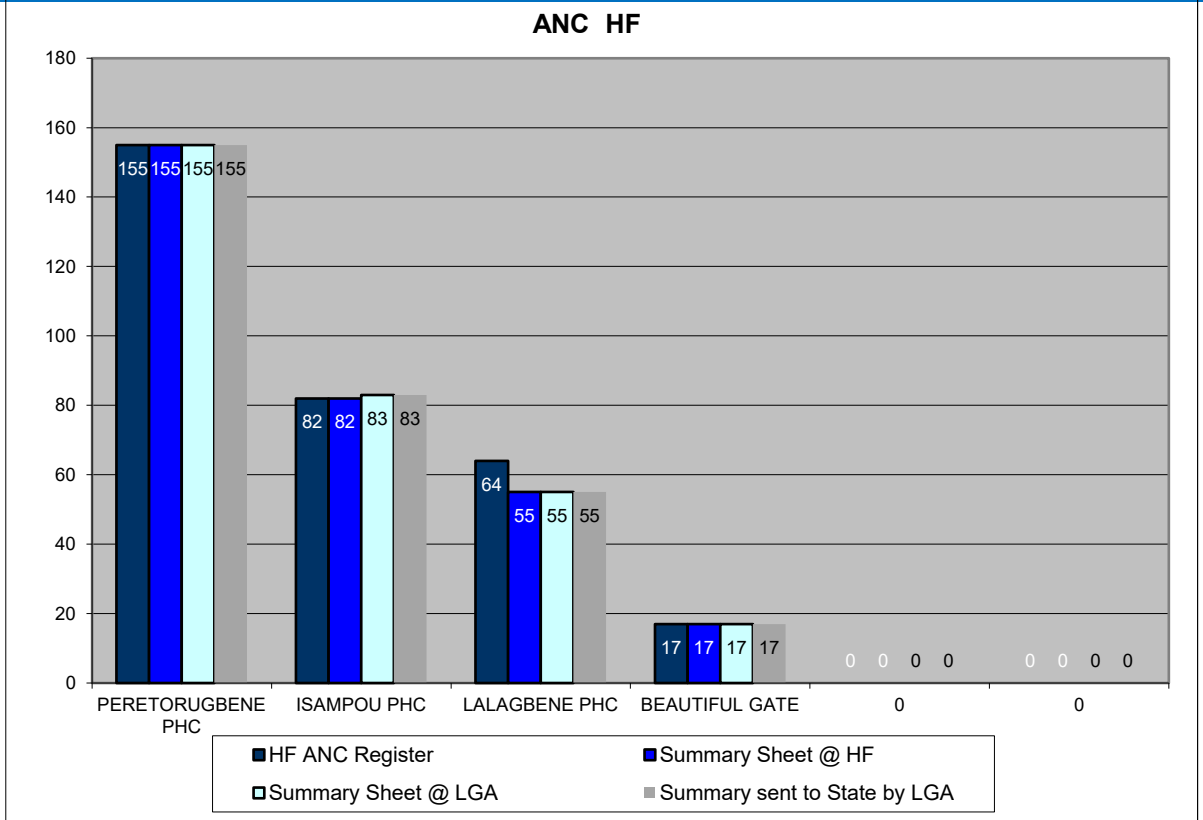
EKEREMOR LGA

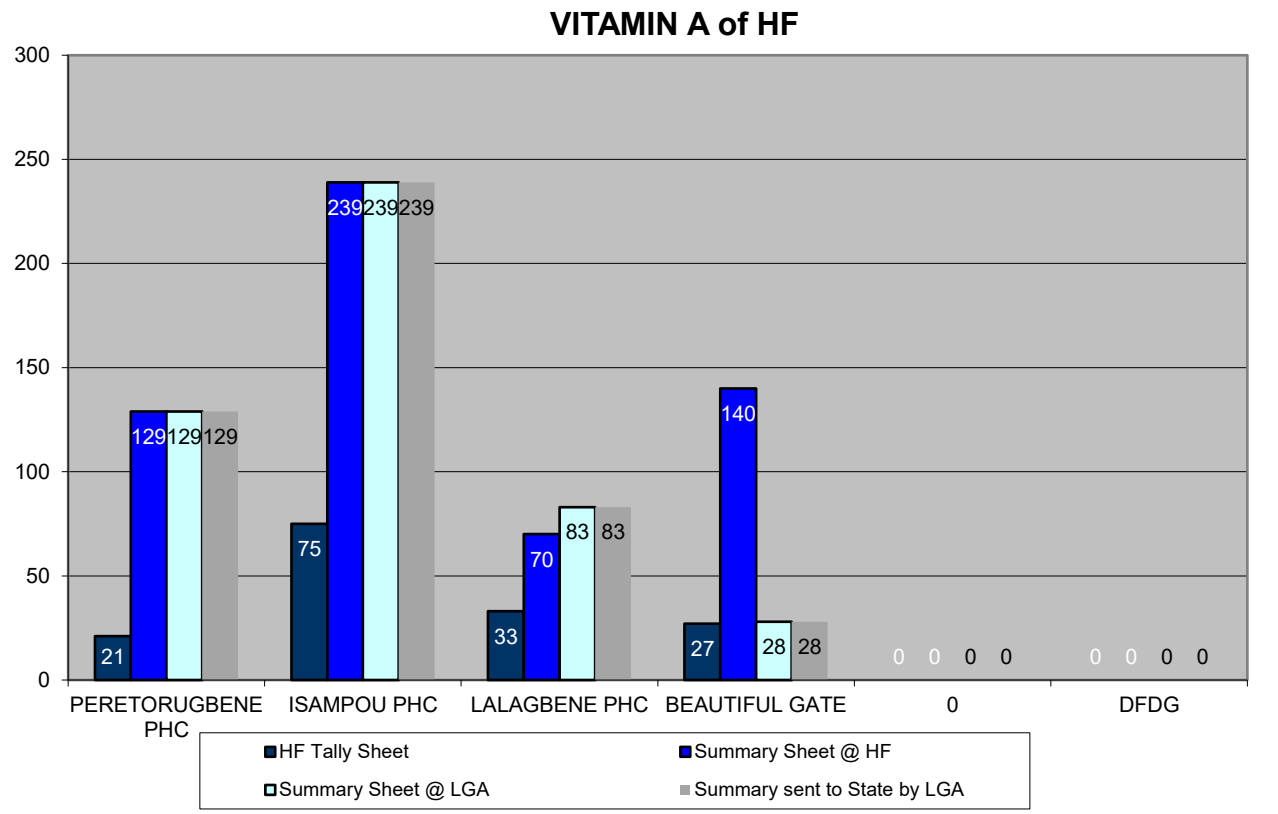




In terms of Data accuracy, All facilities in Ekeremor, except Peretorugbene PHC Showed Consistentency in Data flow from Facility to state level. Facility report been significantly lower than figure transmitted to State & LGA level in Peretorugbene PHC (Markedly in the month of March, 2024)

Facility Review – EKEREMOR LGA

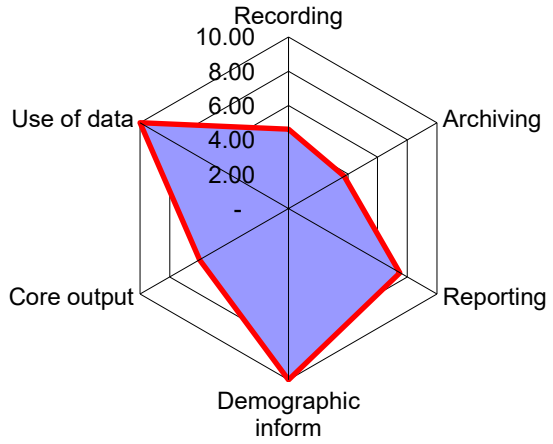


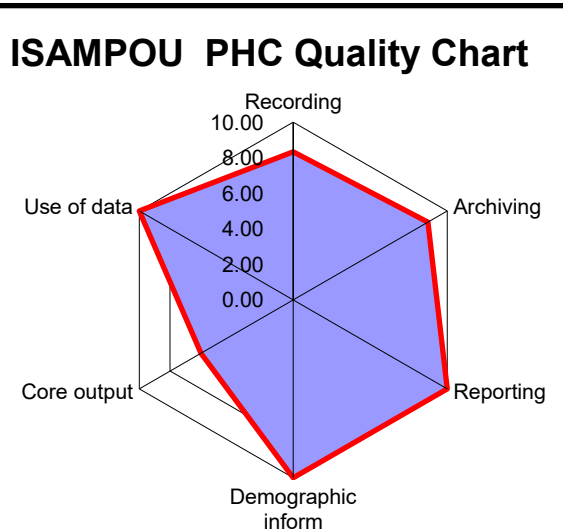


Recording: There is Marked discrepancies in recording of Vitamin A data in the GMP register in all HFs while data inconsistency was observed between ANC register and LGA report for Isampou and Lalagbene PHCs

Reporting: Reporting is done in all HFs and >80% of reports were correctly endorsed with dates . There was no HPV data tools nor functional AEFI committee as well as lack of AEFI kits in all HFs except Beautiful Gate PHC .

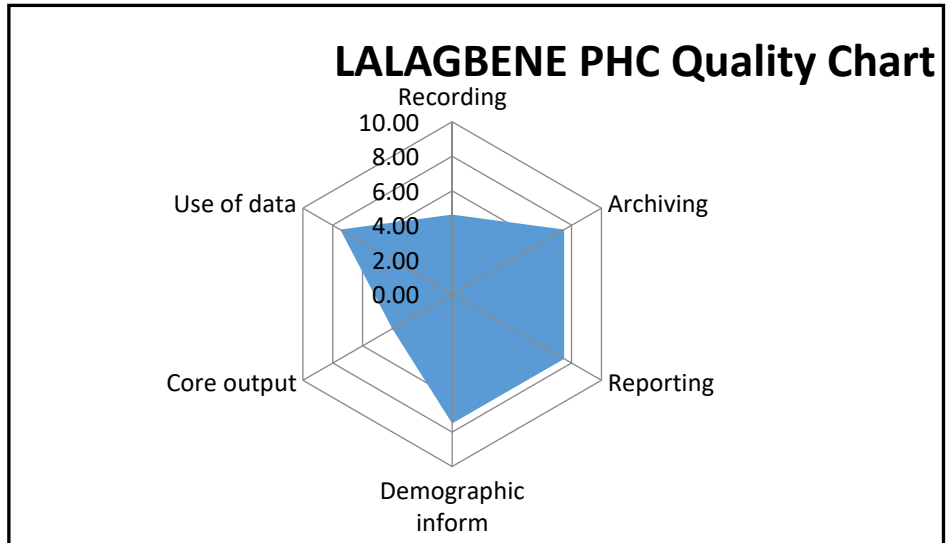
Facility Review – EKEREMOR LGA

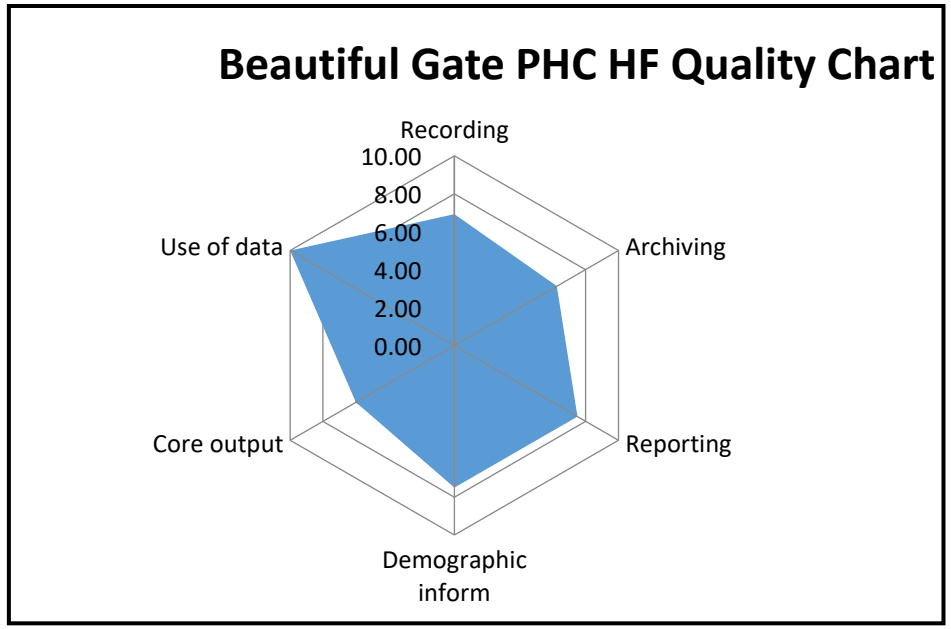




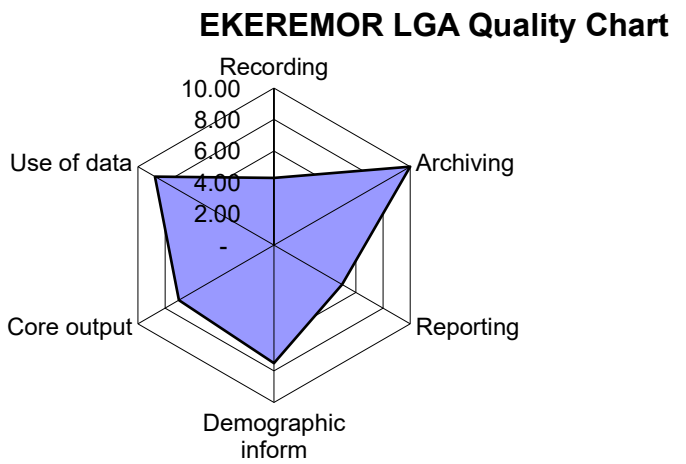
Isampou PHC seemed to be one of the best performing Facility in the LGA.

- **Archiving**: A major gap across the facilities (Isampou been better), with 3 of the 4 facilities performing poorly.
- **Use of Data for action**: Some evidence of this seen in the facilities but, Isampou PHC stood 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 and high DOR observed in all except Peretorugbene PHC.





EKEREMOR LGA Level Review



	Y	N	%
Overall	105	36	74%
Recording	9	12	4.29
Archiving	24	-	10.00
Reporting	6	6	5.00
Demographic inform	18	6	7.50
Core output	21	9	7.00
Use of data	21	3	8.75

Recording: All ledger books for antigens, dry stock and data tools are available ,but few updated in the Ledgers(Measles,Men.A and PCV) other information were written on a notebook awaiting to be transferred. Also, vaccine Ledgers were not assessed in the health facilities.

Reporting: RI reports are submitted by health facilities using the proper formats. No AEFI kits nor functional AEFI Committee in the LGA.AEFI discussions are mainly incorporated during LERRICC/LEMCHIC Meetings.

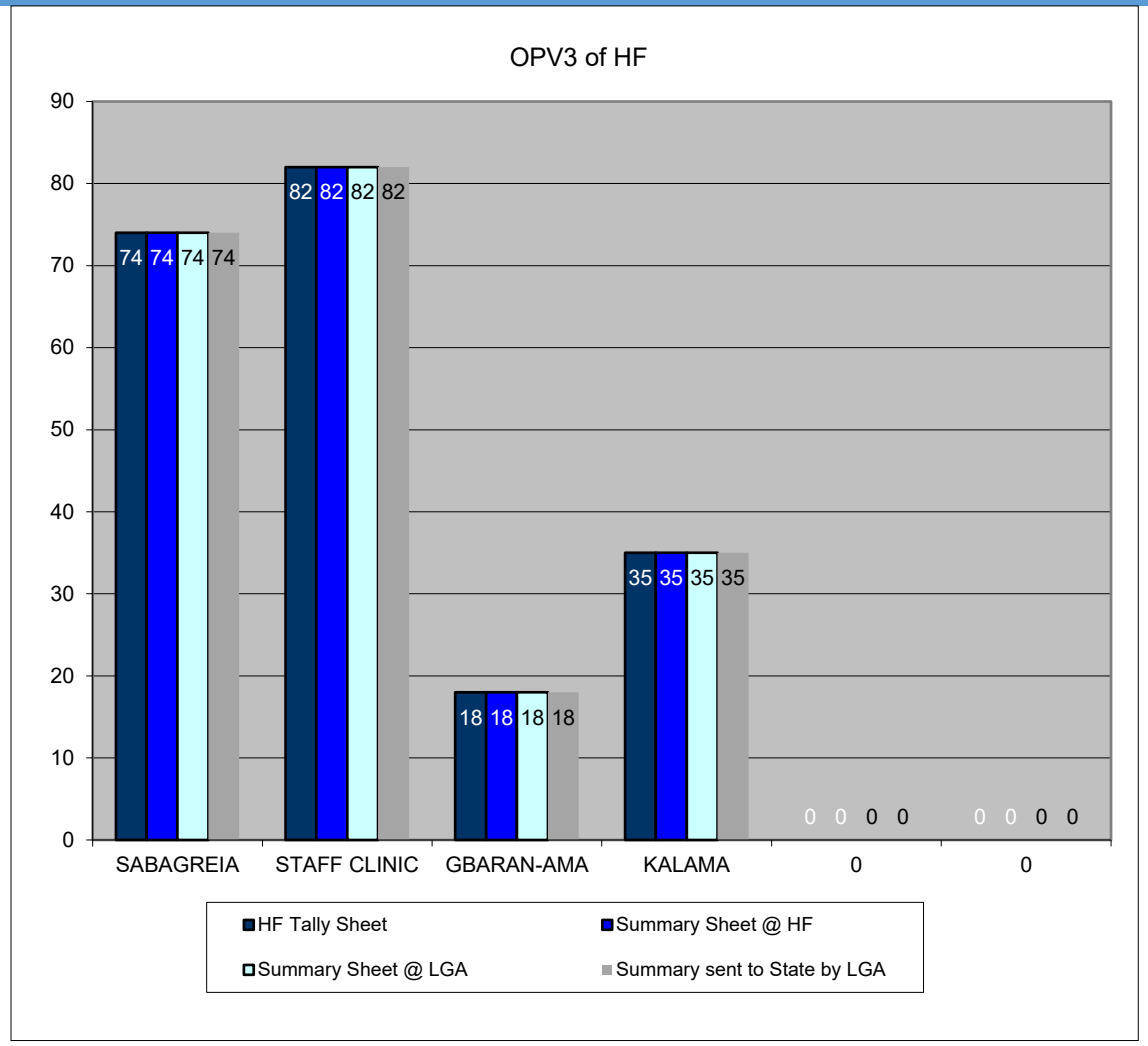
Demographic Information: LGA map showing demographic information and target populations for present year was available,but implementation strategy was not included neither summary data of total children to be covered by each strategy.

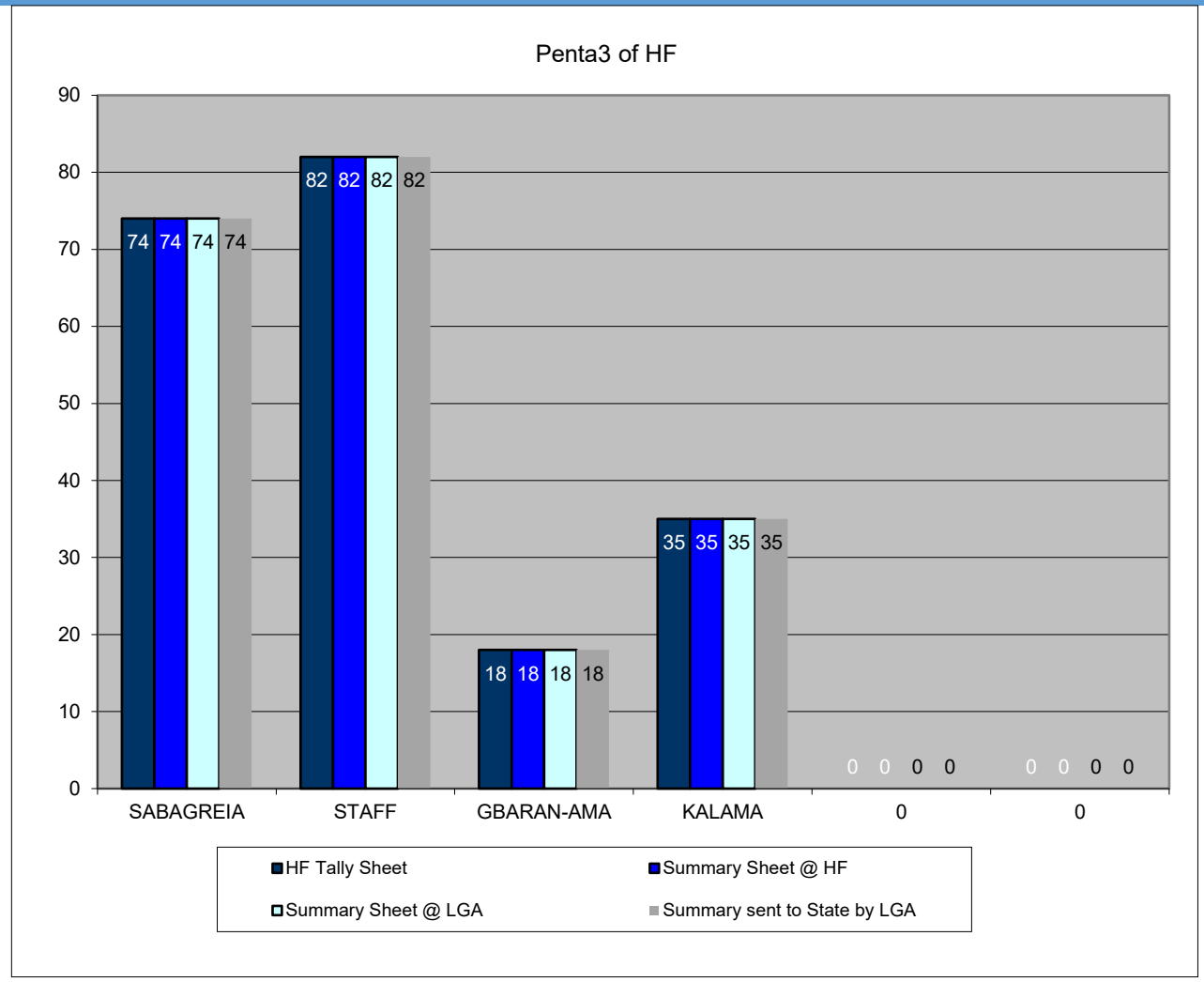
Archiving: No cabinets for archiving health facility reports at the LGA level. LGA RI data is computerized.

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

Use of data: No written feedback to the HFs from the LGA.

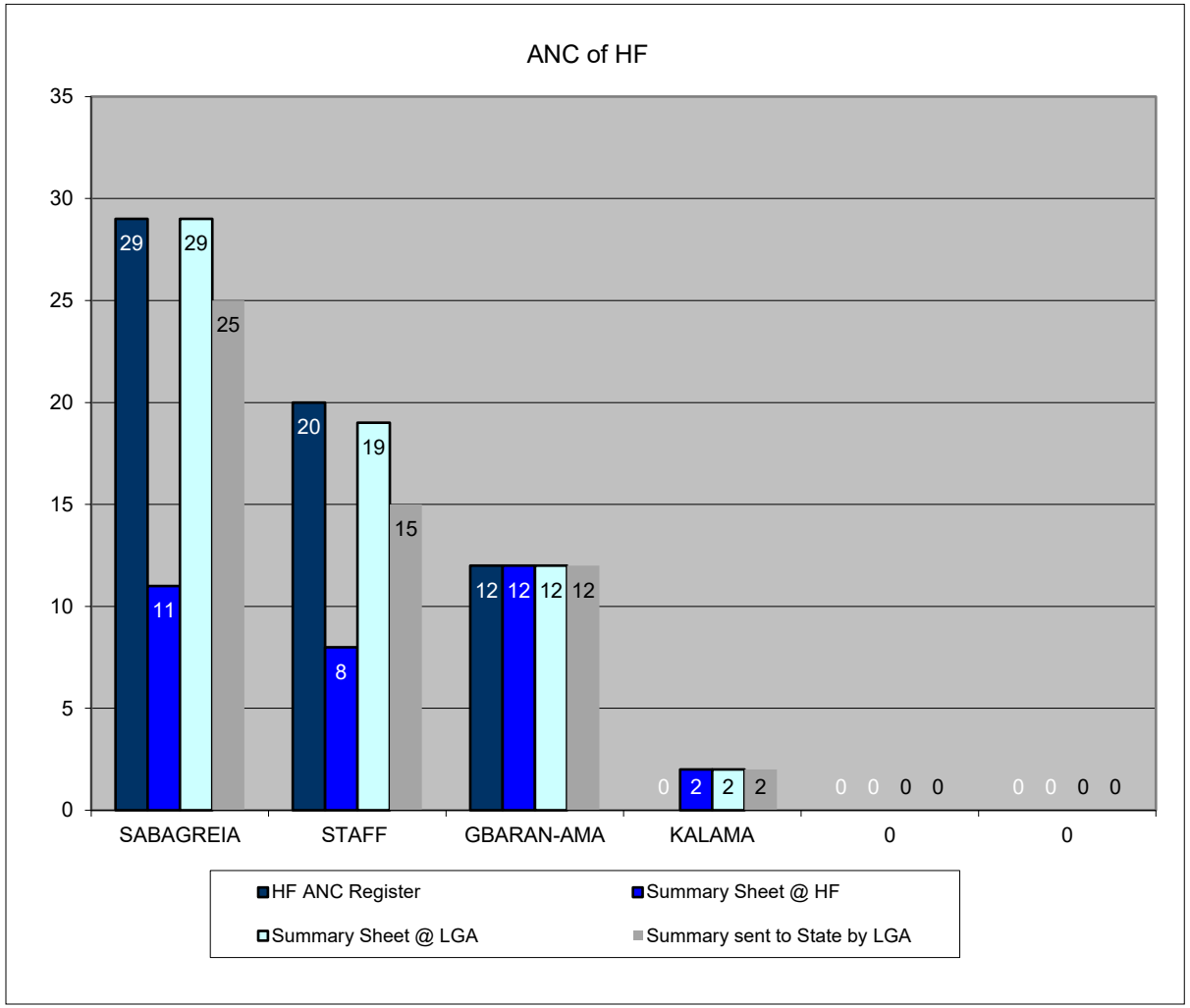
Kolokuma Opokuma LGA

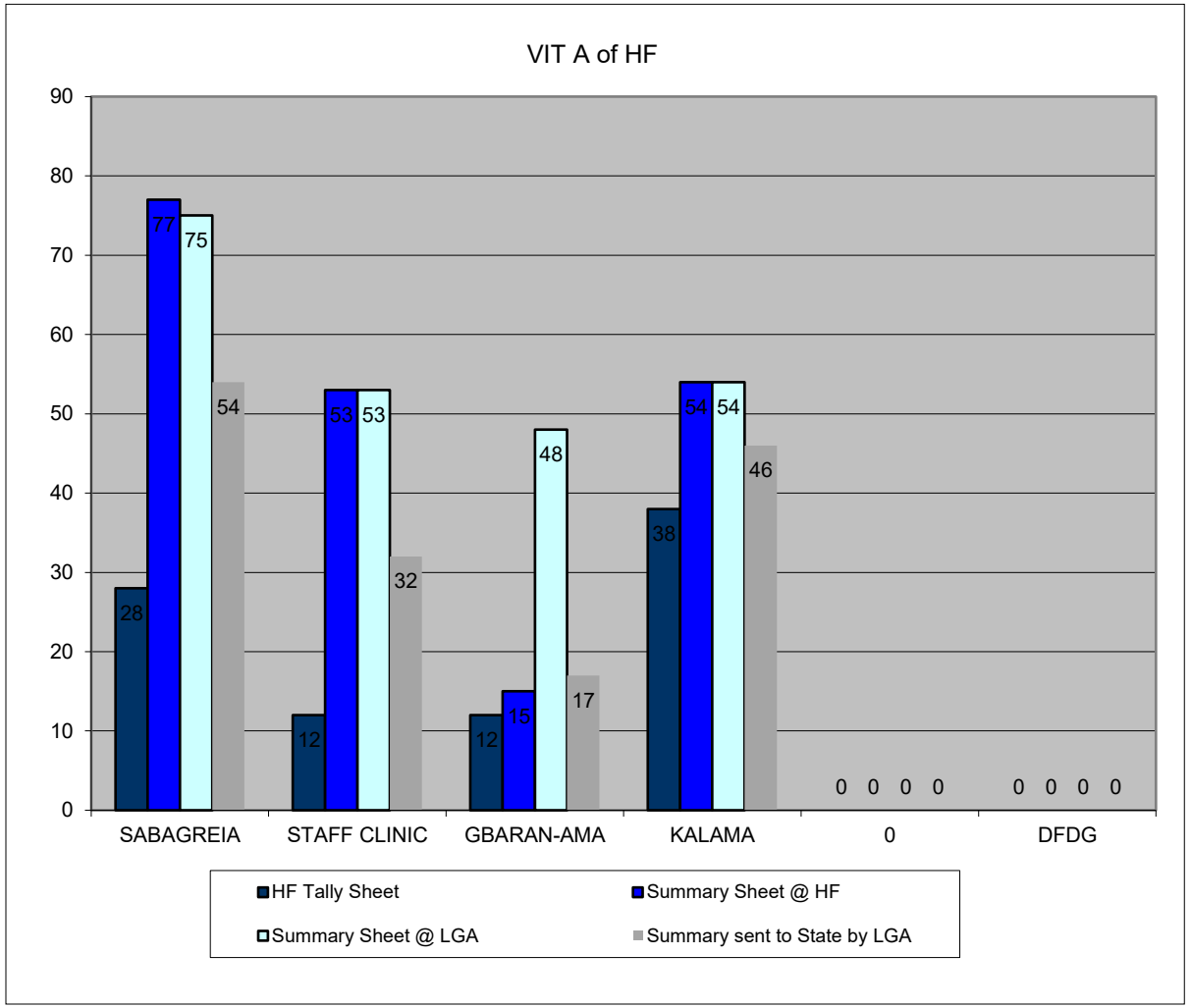




All facilities in kolga shows consistency in Data flow with uniform figures in OPV3 and Penta3 records at all Levels (Tally sheets and summary sheets)

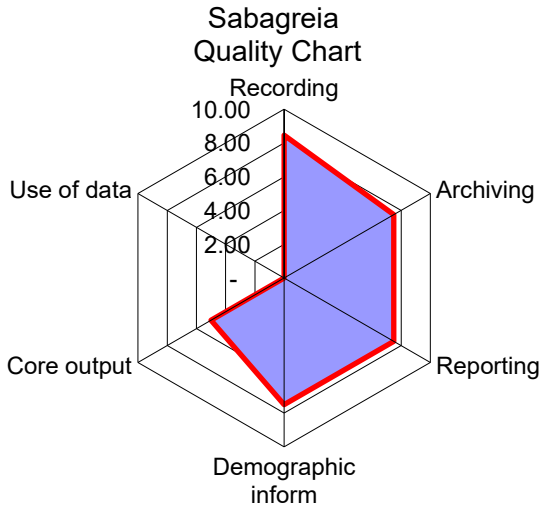
Kolokuma Opokuma LGA

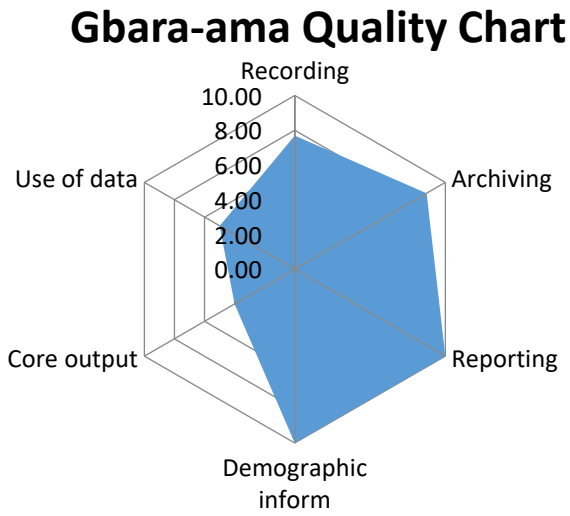




ANC and VIT A data not consistent across the HFs (tally sheets, summary sheets) at all levels except Gbaran-ama whose ANC report is uniform. Kalama has the poorest report in ANC.

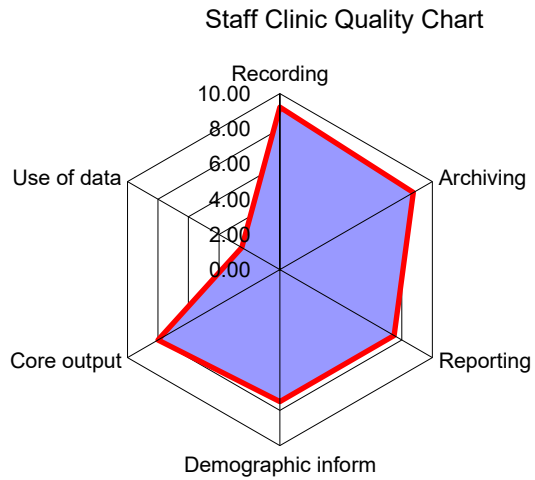
Facility Level Review - Kolokuma Opokuma LGA

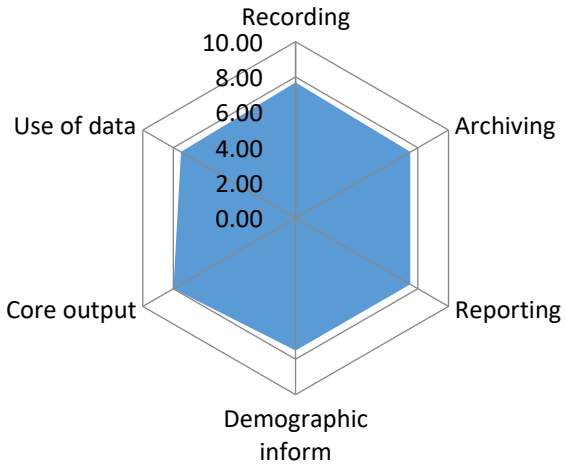




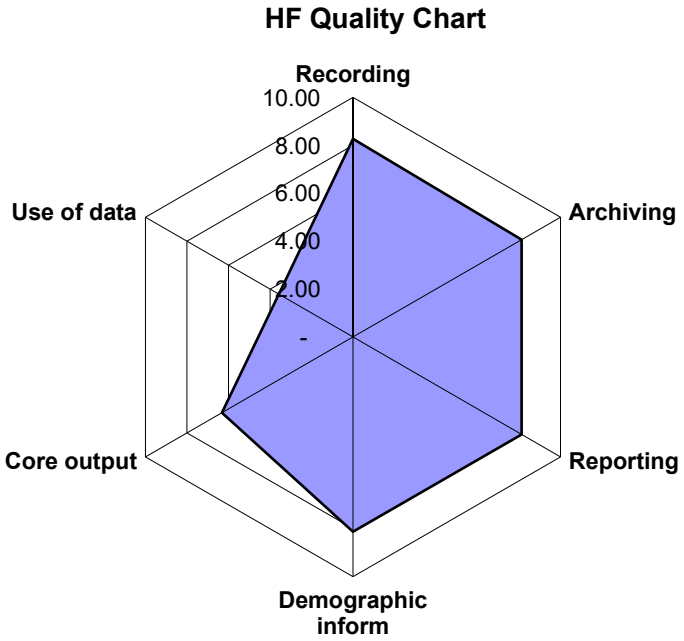
Quality of data in two facilities (Sabagreai and Staff Clinic Kaiama) was very good.

- A major gap across all facilities is the Lack of feedback transmitted from LGA to HFs for prompt action.
- Use of data: poor use of data seen in sabagreia and staff clinic, kalama and gbara-ama showed suboptimal use of data.
- Archiving is seen to be good in all the HFs registers are properly filled except.
- Core output is considerably good in 3 HFs except Gbaranama which is the poorest.
- Demographics: all HFs have optimal use for demographics





Facility Level Review - KOLGA

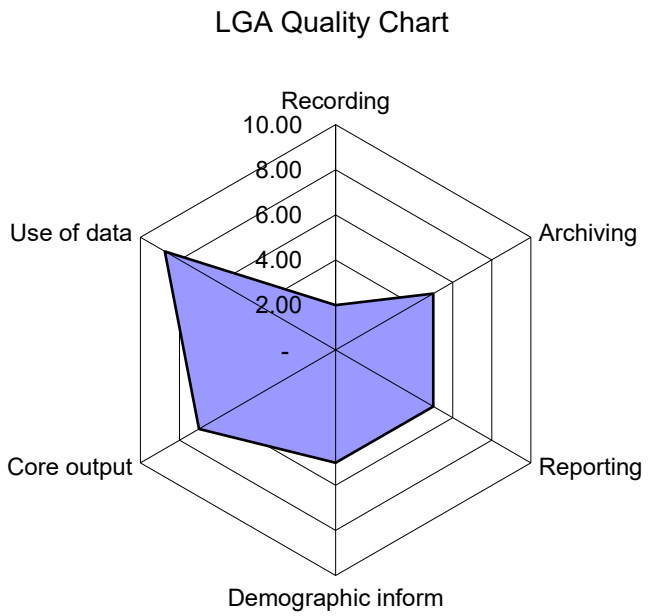


	Y	N	%
All HF	**336**	**111**	**75%**

Recording	129	27	8.27
Archiving	78	18	8.13
Reporting	39	9	8.13
Demographic inform	39	9	8.13
Core output	36	21	6.32
Use of data	15	27	3.57

The need for Support in the areas of use of data and core output in the HFs.; Archiving, demographic information, reporting and recording, the HFs are seen to be doing fairly well. The facilities needs improvement in the use of data

Kolokuma Opokuma LGA Level Review

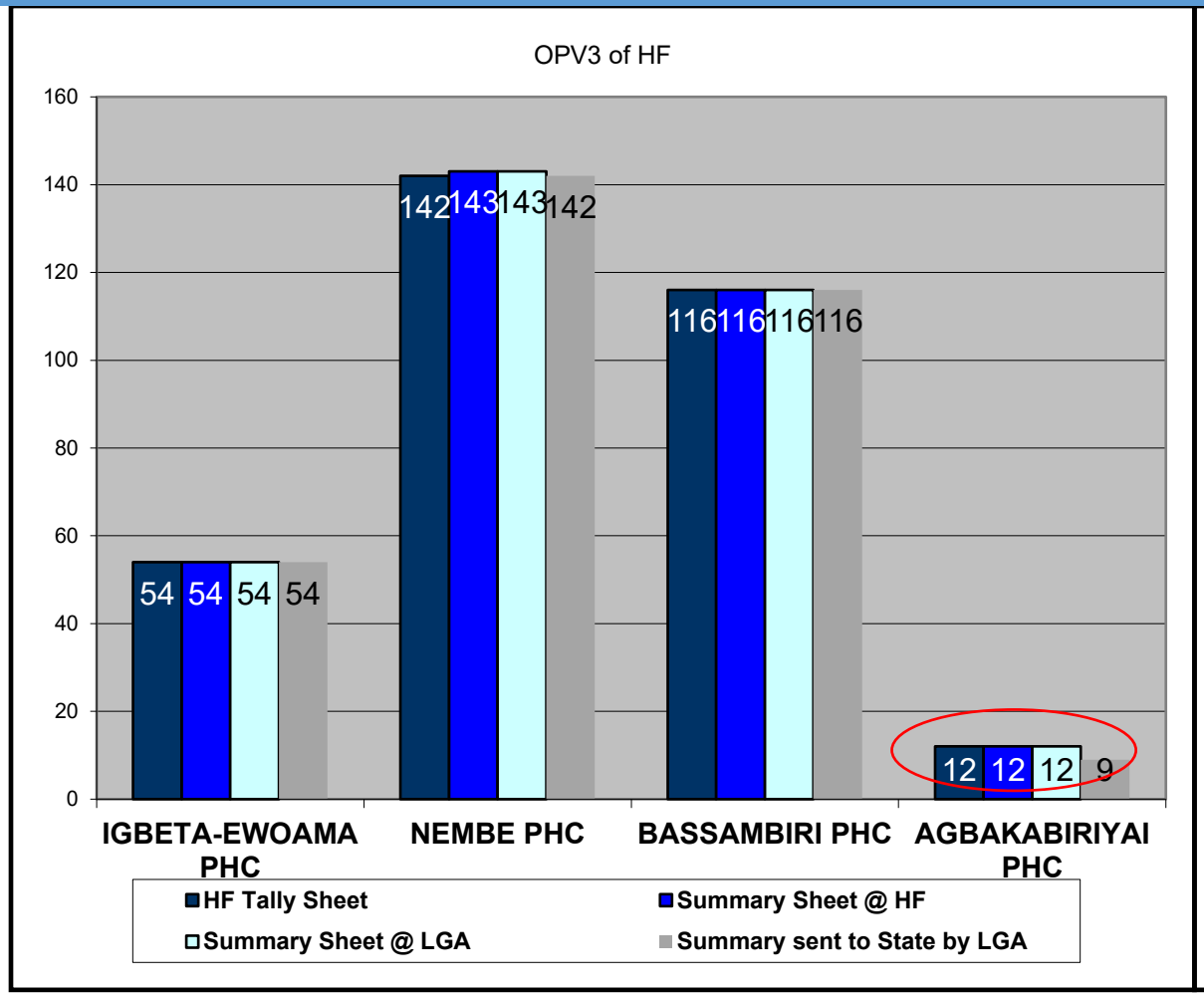


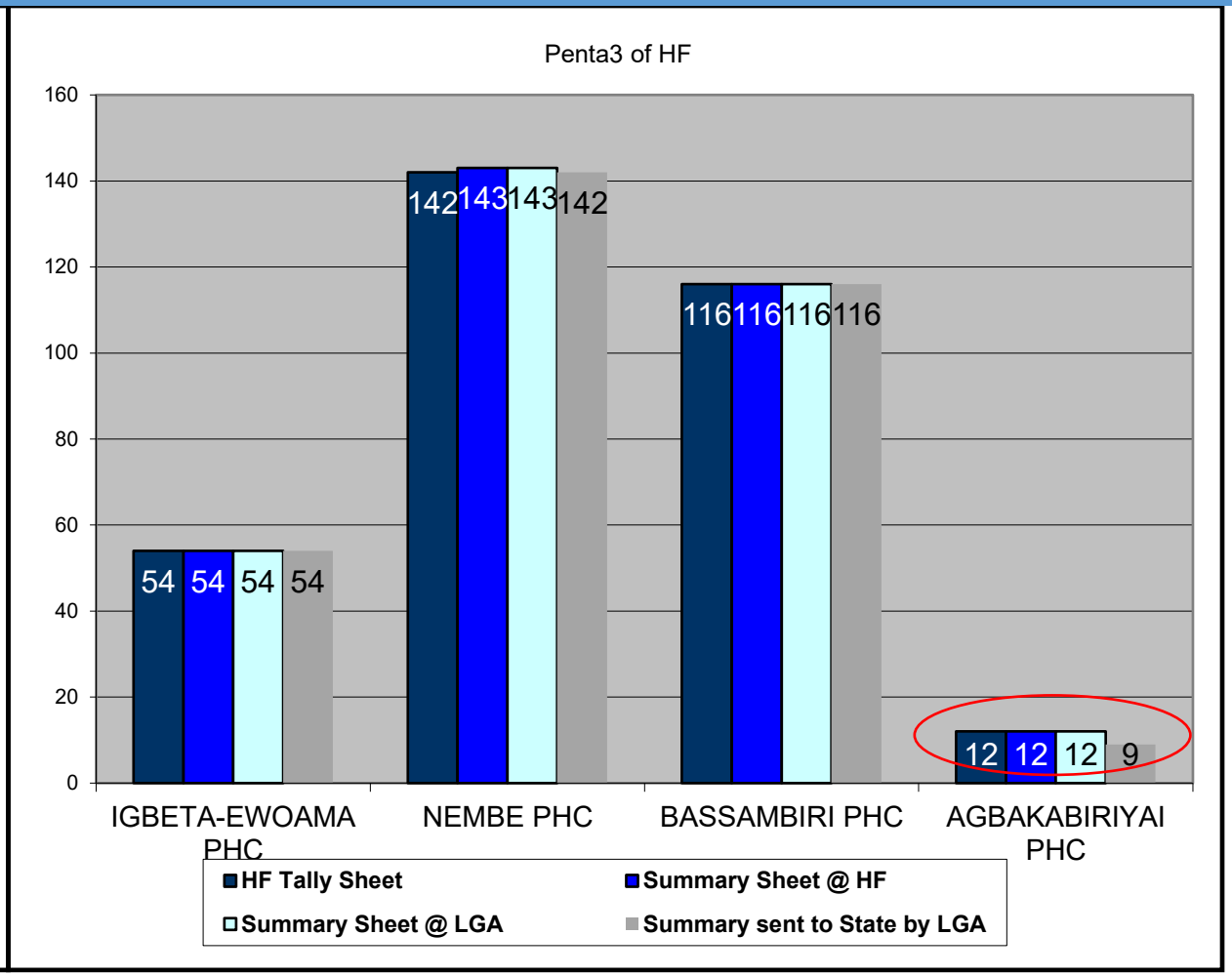
	Y	N	%
Overall	**75**	**54**	58%
Recording	3	12	2.00
Archiving	9	9	5.75
Reporting	9	9	5.00
Demographic inform	12	12	5.00
Core output	21	9	7.00
Use of data	21	3	8.75

- Archiving is a major gap at the LGA level, with poor recording.
- Supportive Supervisory work plan available but no evidence of supervision available at the LGA.

Discrepancies seen with recording in the LGA and HFs summary sheets, ledger book for recording vit A and syringes not updated, there were no AEFI kits at the LGAs and HFs, no records of minutes from AEFI committees, no physical copy of annual micro plan at the LGA. facility data seen but not properly Filed. No Documents seen on LGA feedback to HFs as this is done verbally.

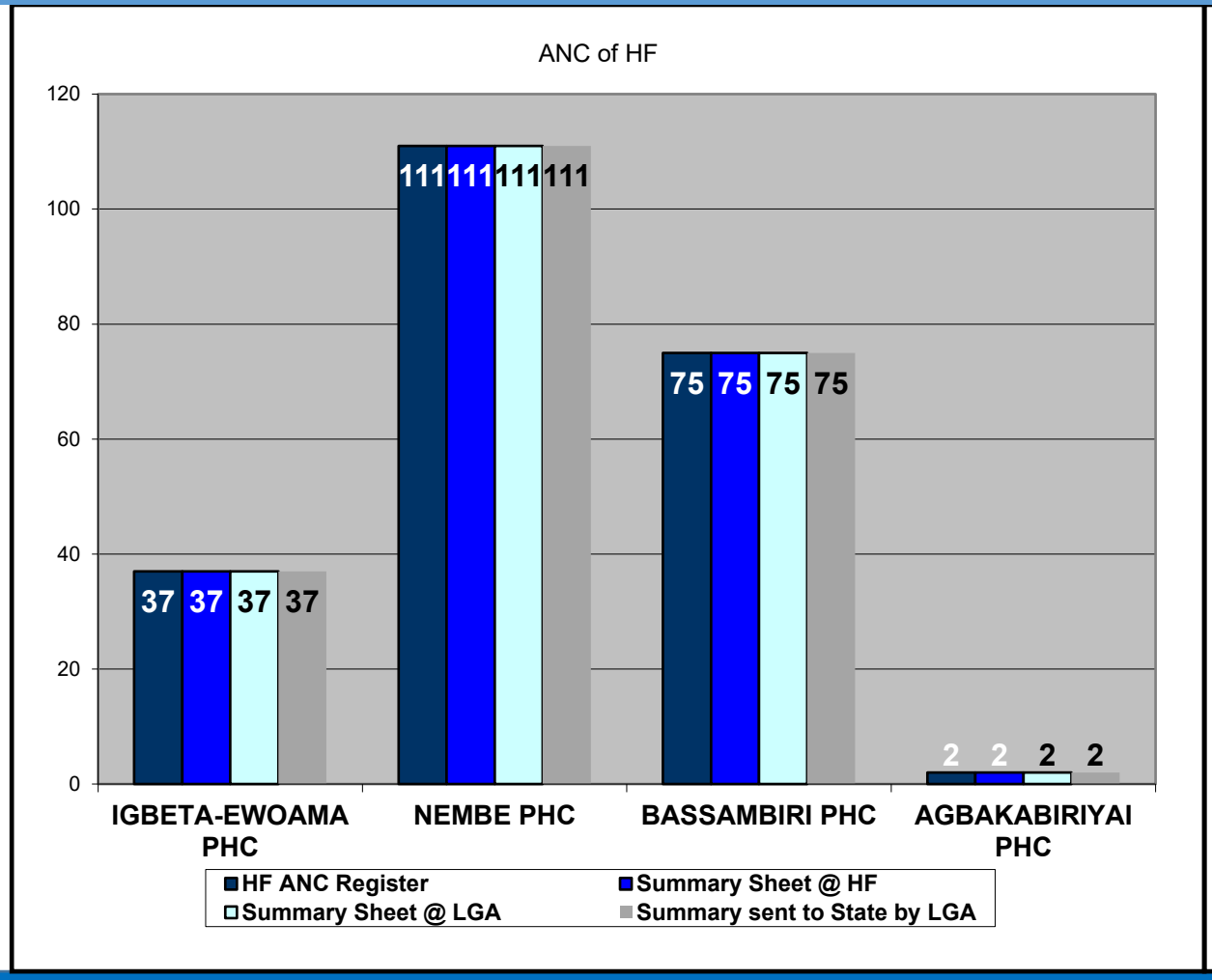
NEMBE LGA

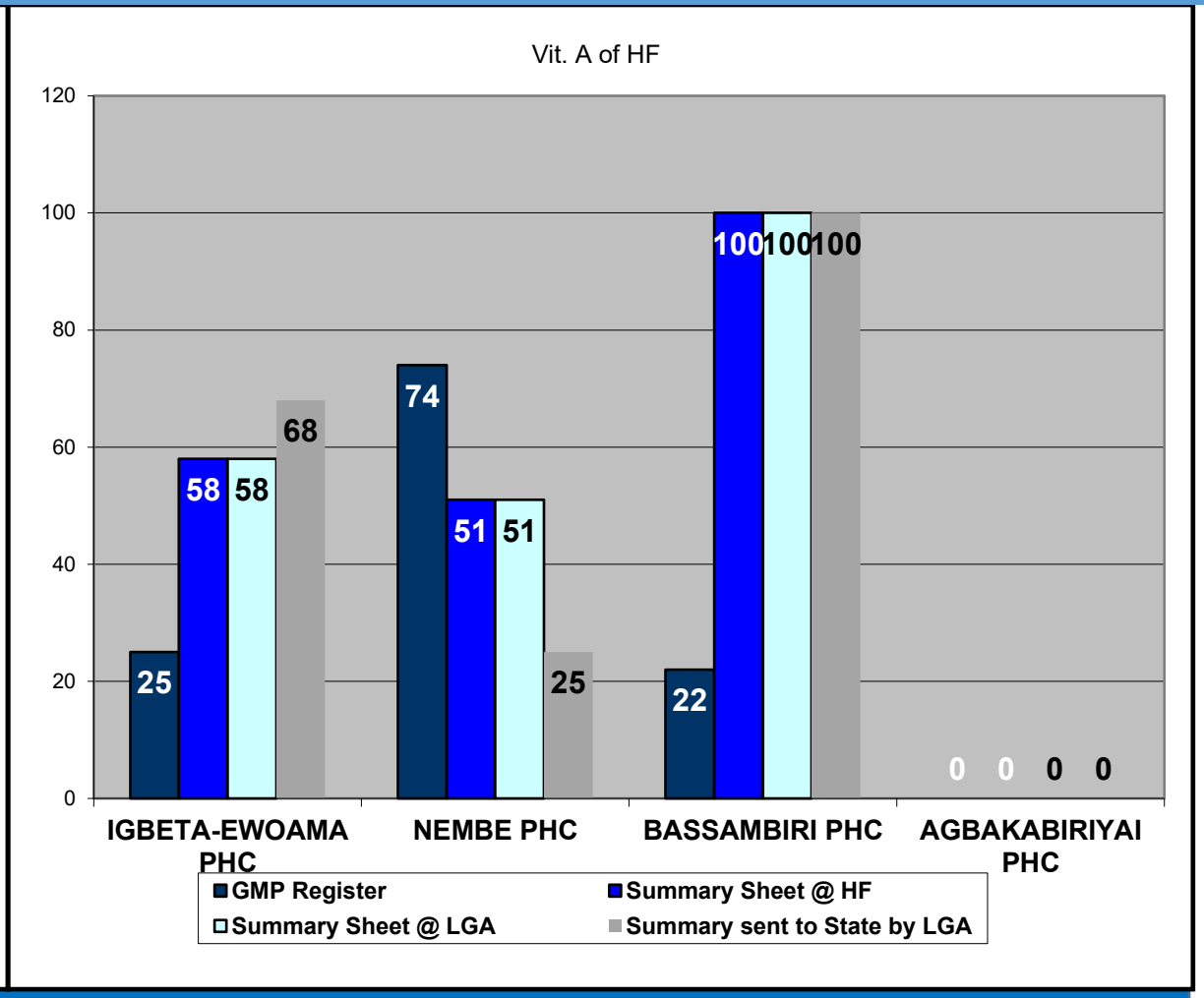




For OPV3 and Penta3 data, all the 4 facilities showed data accuracy and consistency from the facility level to state level, except Agbakabiriyai PHC that had discrepancy on the data sent to the state level.

NEMBE LGA

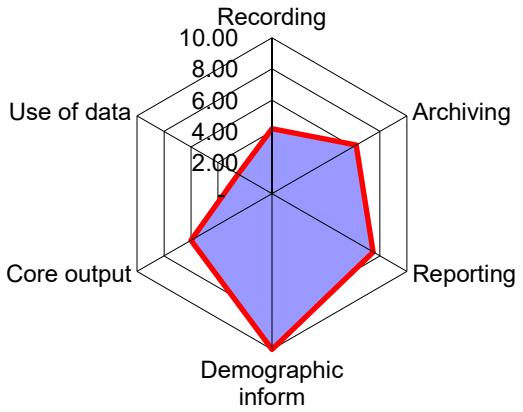




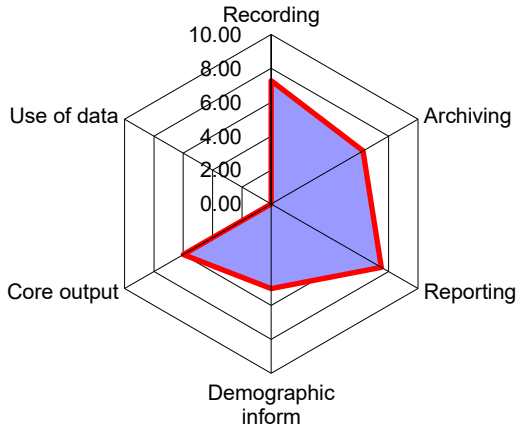
In terms of data accuracy, all four (4) facilities showed ANC data consistency from Facility to state level. However, there is vitamin A data discrepancies between GMP Register & the monthly summary form for all four (4) facilities in Nembe LGA.

Facility Review – NEMBE LGA

Igbeta-Ewoama PHC Quality Chart



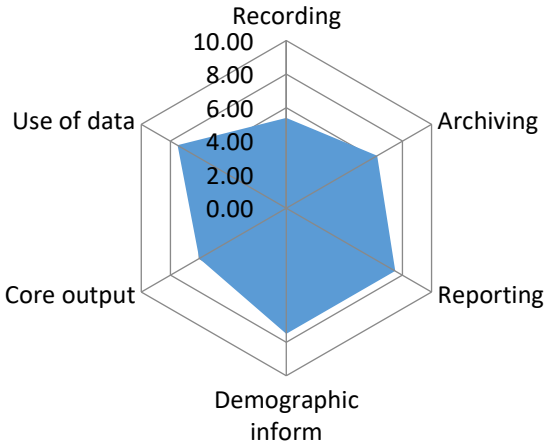
Nembe PHC Quality Chart



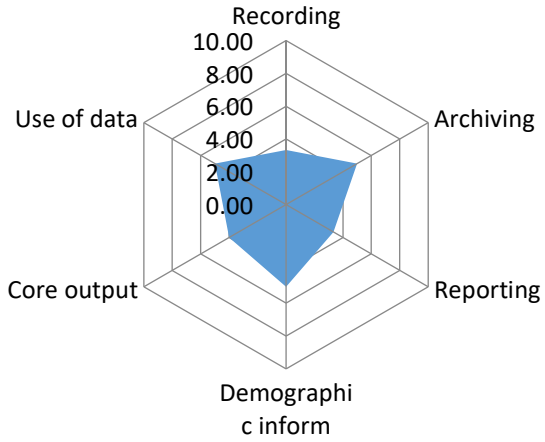
Bassambiri PHC seemed to be one of the best performing Facility in the LGA.

- **Archiving**: There is a noticeable gap across all 4 facilities, however, Agbakabiriyai PHC is worse performing.
- **Use of Data for action**: There is significant usage of data for action in 3 facilities, however, Nembe PHC has no evidence
- **Demographic Info**: there is little information on the number of infants born in their catchment areas, no system in place for the collection of this data.
- Agbakabiriyai PHC has serious gap in recording.

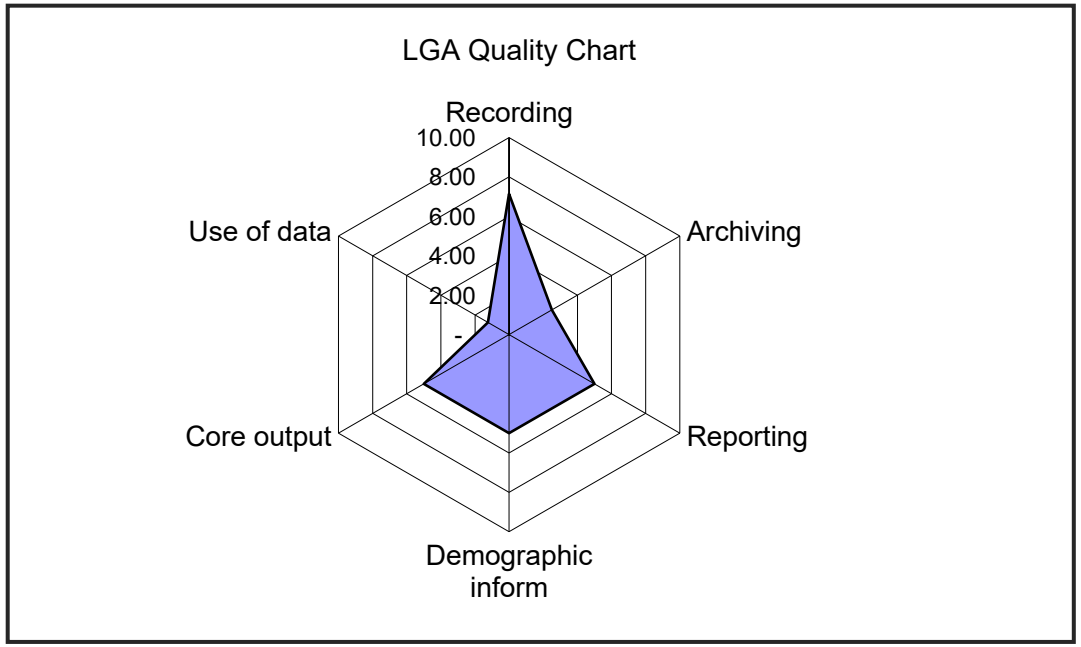
Bassambiri PHC Quality Chart



Agbakabiriyai PHC Quality Chart



Nembe LGA Level Review



		Y	N	%
Overall		**63**	**78**	**45%**
Recording		15	6	7.14
Archiving		6	18	2.50
Reporting		6	6	5.00
Demographic inform		12	12	5.00
Core output		15	15	5.00
Use of data		3	21	1.25

Recording: Recording is significantly good at the LGA level but it can be improved on.

Reporting: RI reports are submitted using the proper tools & formats from the facilities to the LGA. AEFI reporting forms are available with evidence of reported cases at the LGA level thought suboptimal reports from the facilities.

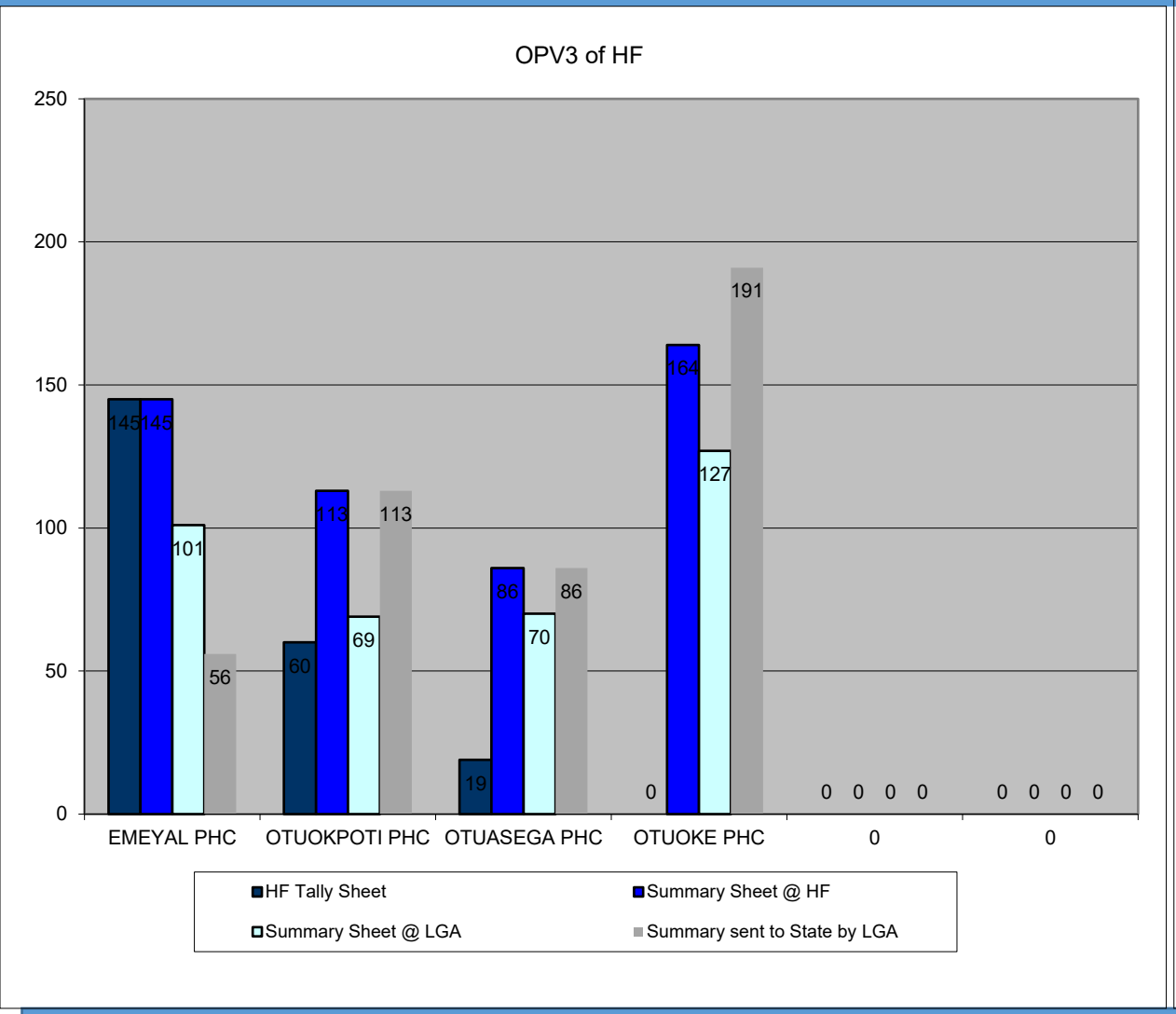
Demographic Information: LGA micro plan & LGA map with target population were not pasted & available .

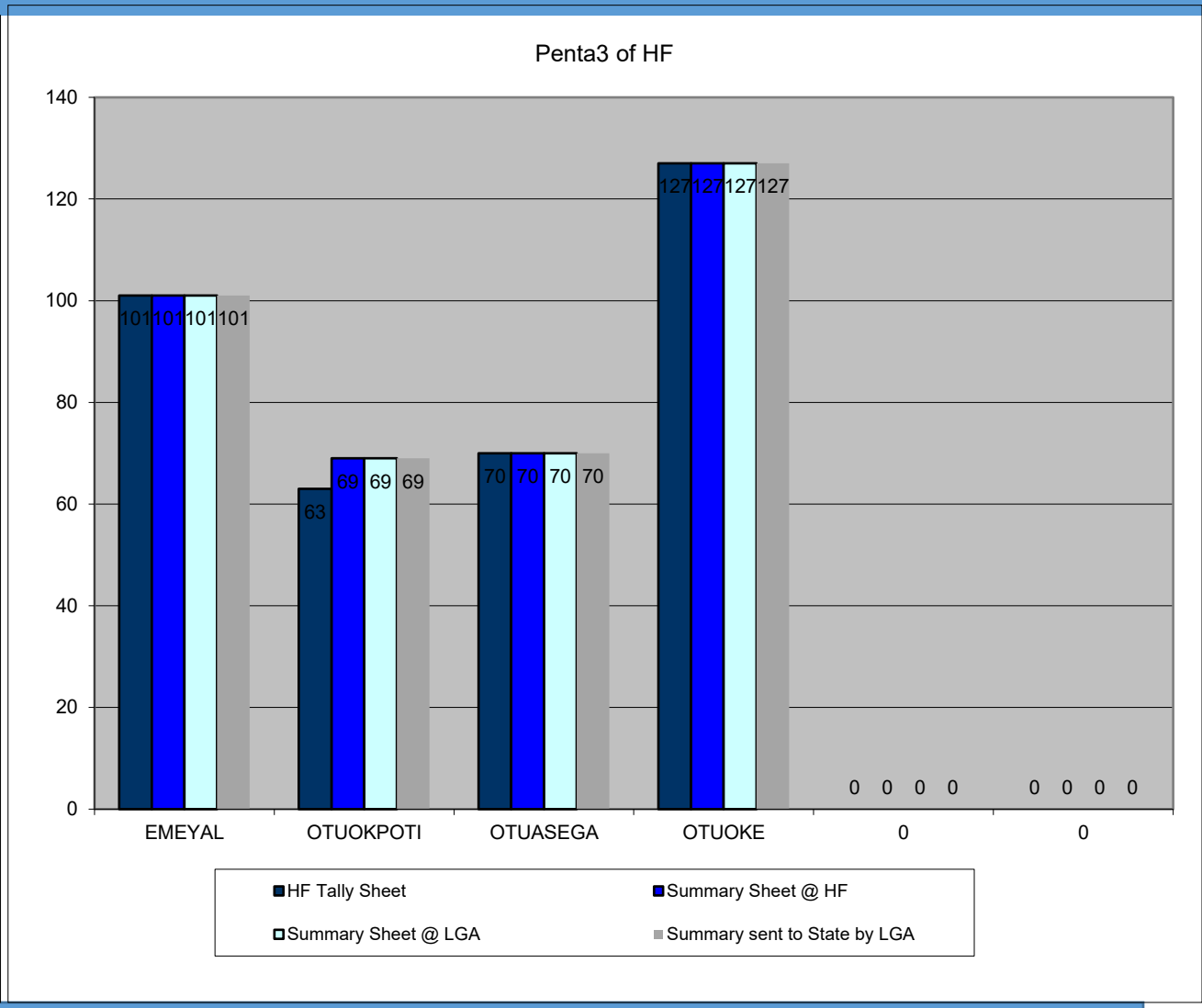
Archiving: Though all facility reports were found at the LGA but there are no files for each facility report. There were also no computerized facility reports seen and no backup for any of the LGA officers computers nor in any other place, no available evidence of supportive supervisory plan & plan not monitored.

Core Output and Analysis Component: There is no written records or chart for completeness & timeliness, though there is incentive for those that report before the data validation meeting, during the data validation meetings .

Use of data: There were no documented evidence of feedback to the facilities, however, oral feedbacks are given during the validation meetings.

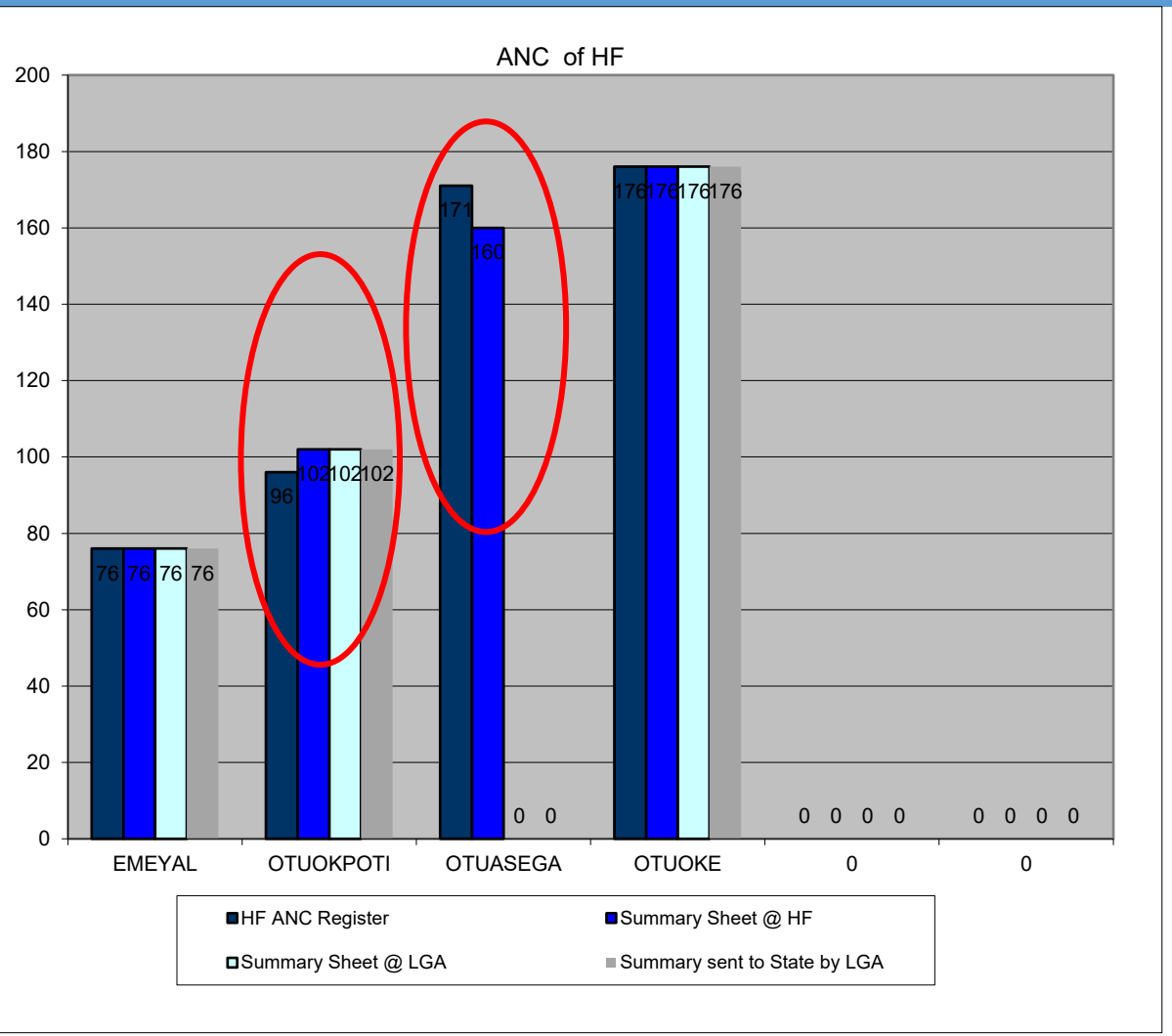
Ogbia LGA

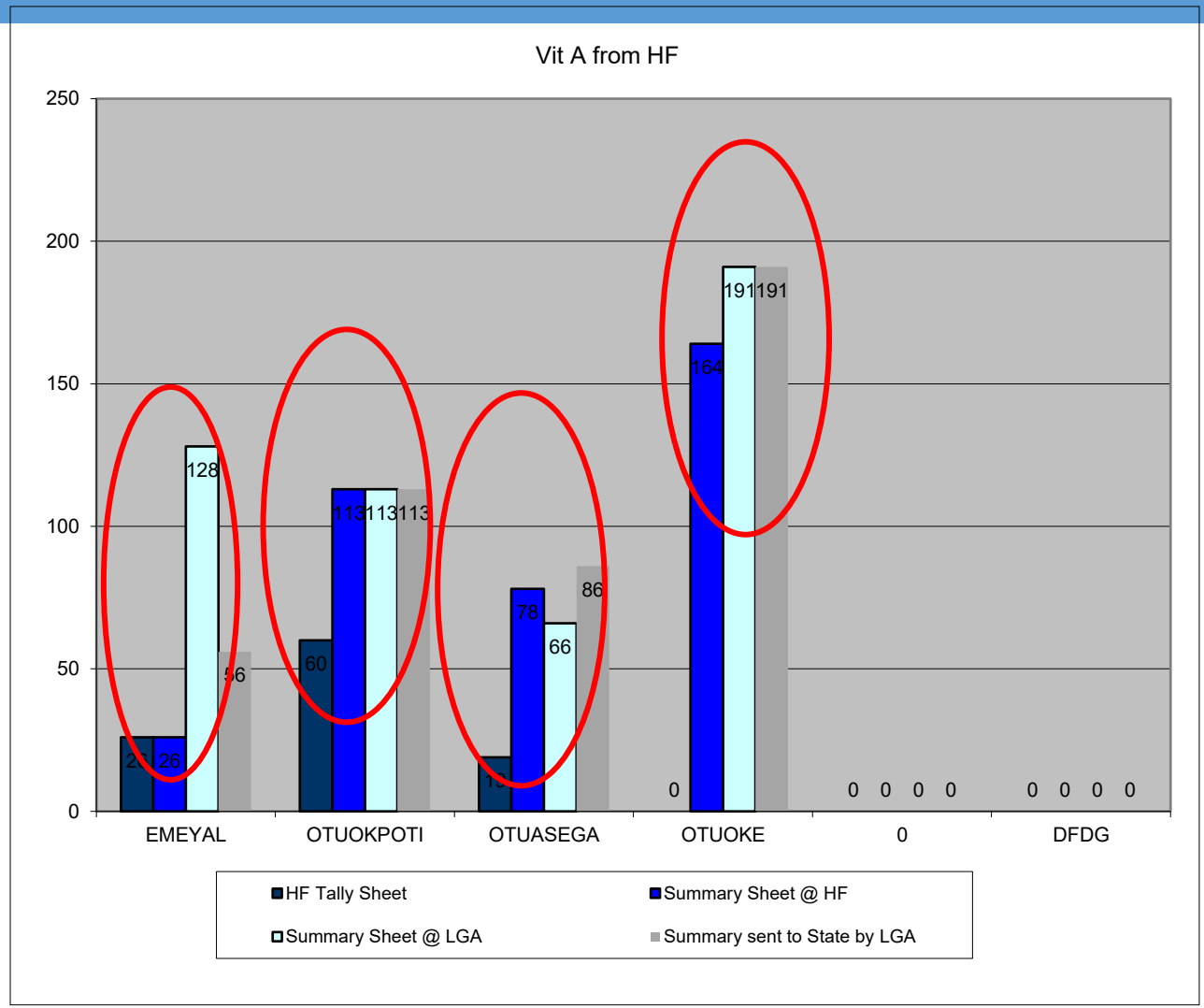




Data discrepancies at the HFs, State/National Level (DHIS) for OPV 3. While for Penta 3, all HFs showed an accurate flow of data except for Otokpoti at the HF level

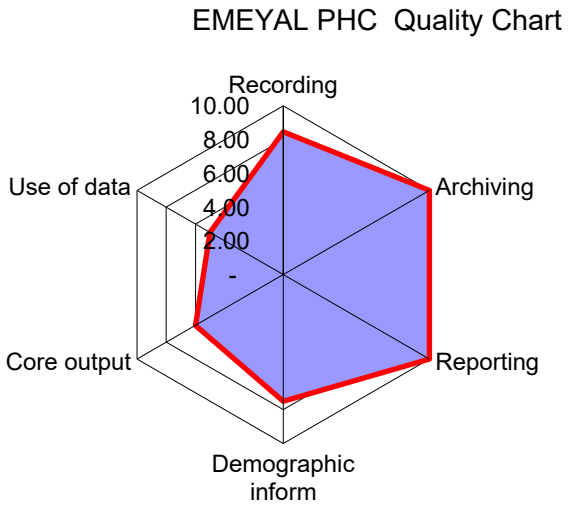
Ogbia LGA

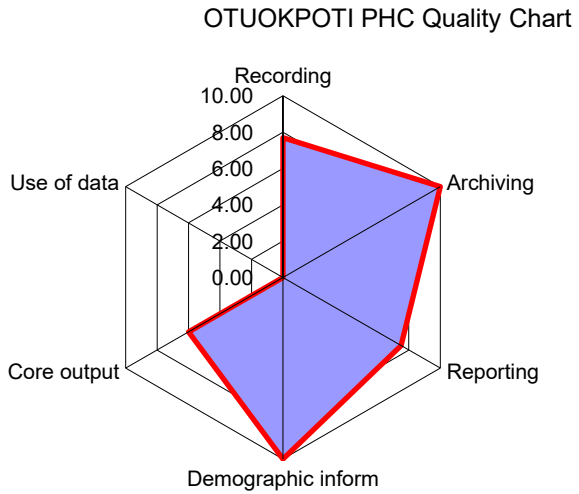




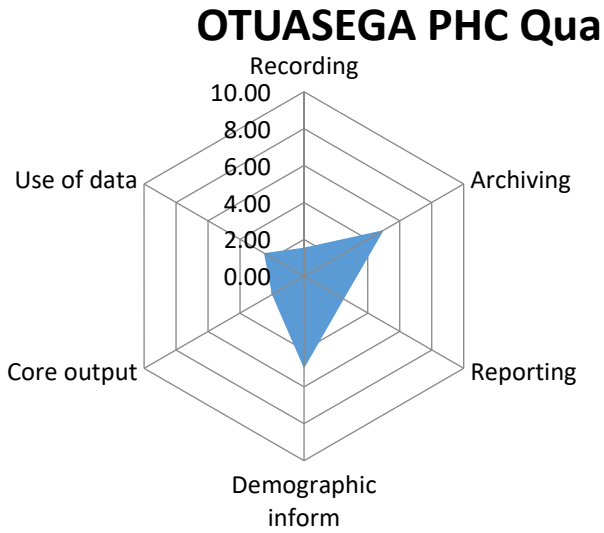
Data discrepancies at the HFs, State/National Level (DHIS) for both ANC And VIT A, except for Emeyal and Otuoke that showed data accuracy for ANC at the HF level

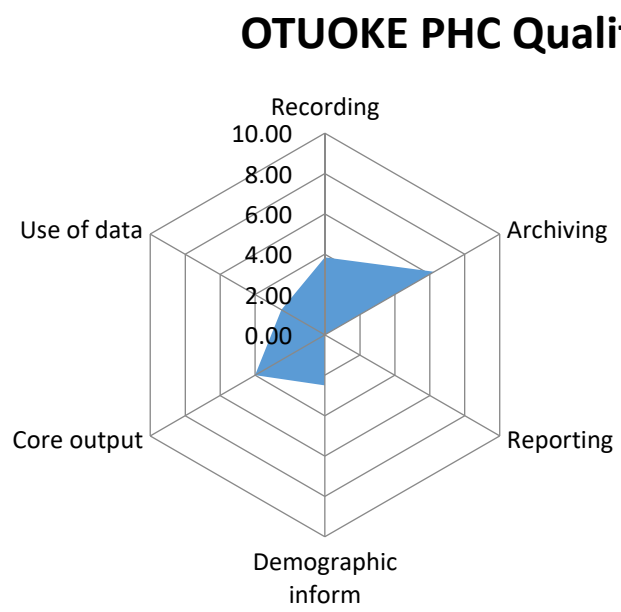
Facility Level Review - Ogbia LGA



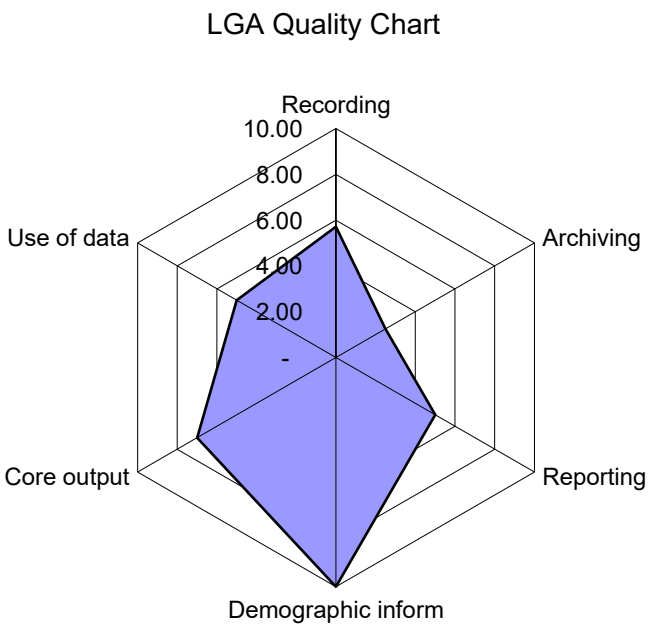


- Emeyal was the best performing facility during the exercise
- A major gap in facilities visited is the use of Data for action except for Emeyal.
- No LGA feedbacks seen in facilities in terms of activities done.
- Good mechanisms in place to resolve issues of High drop out rate except for Otuasega and Otuoke.
- Poor archiving of data at the LGA, Otuasega and Otuokpoti PHCs





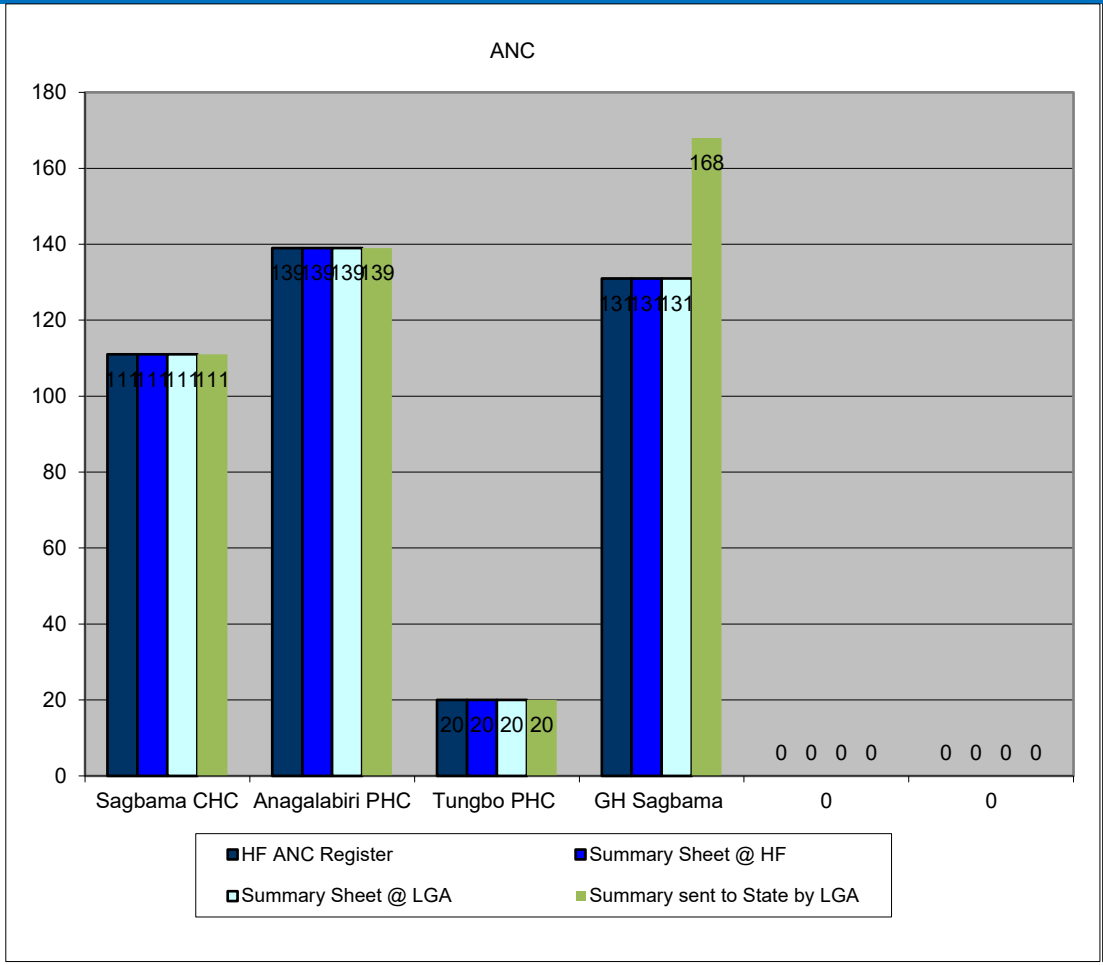
Ogbia LGA Level Review

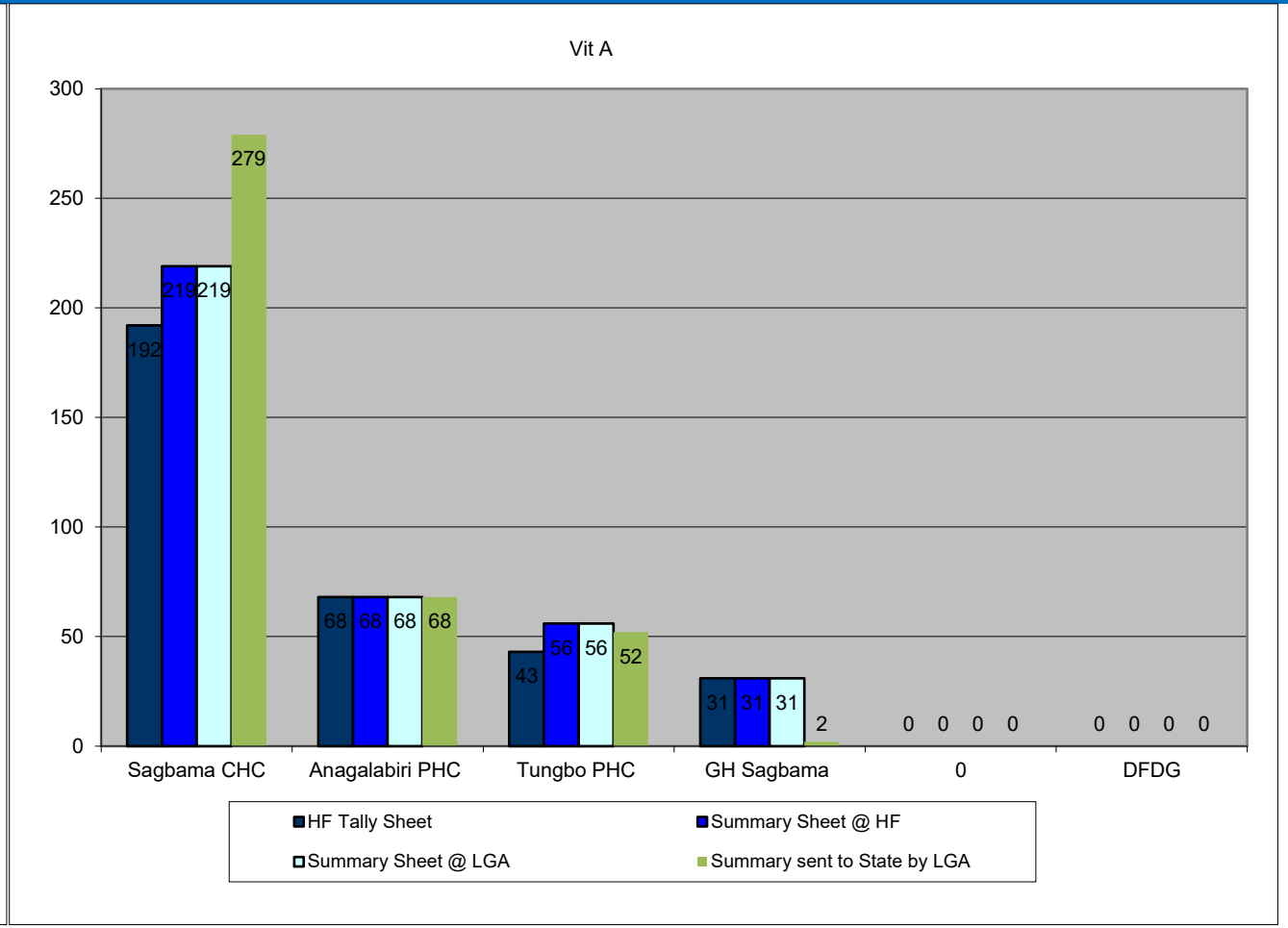


	Y	N	%
Overall	**87**	**51**	**63%**
Recording	12	9	5.71
Archiving	6	18	2.50
Reporting	3	3	5.00
Demographic inform	24	-	10.00
Core output	21	9	7.00
Use of data	12	12	5.00

- 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.

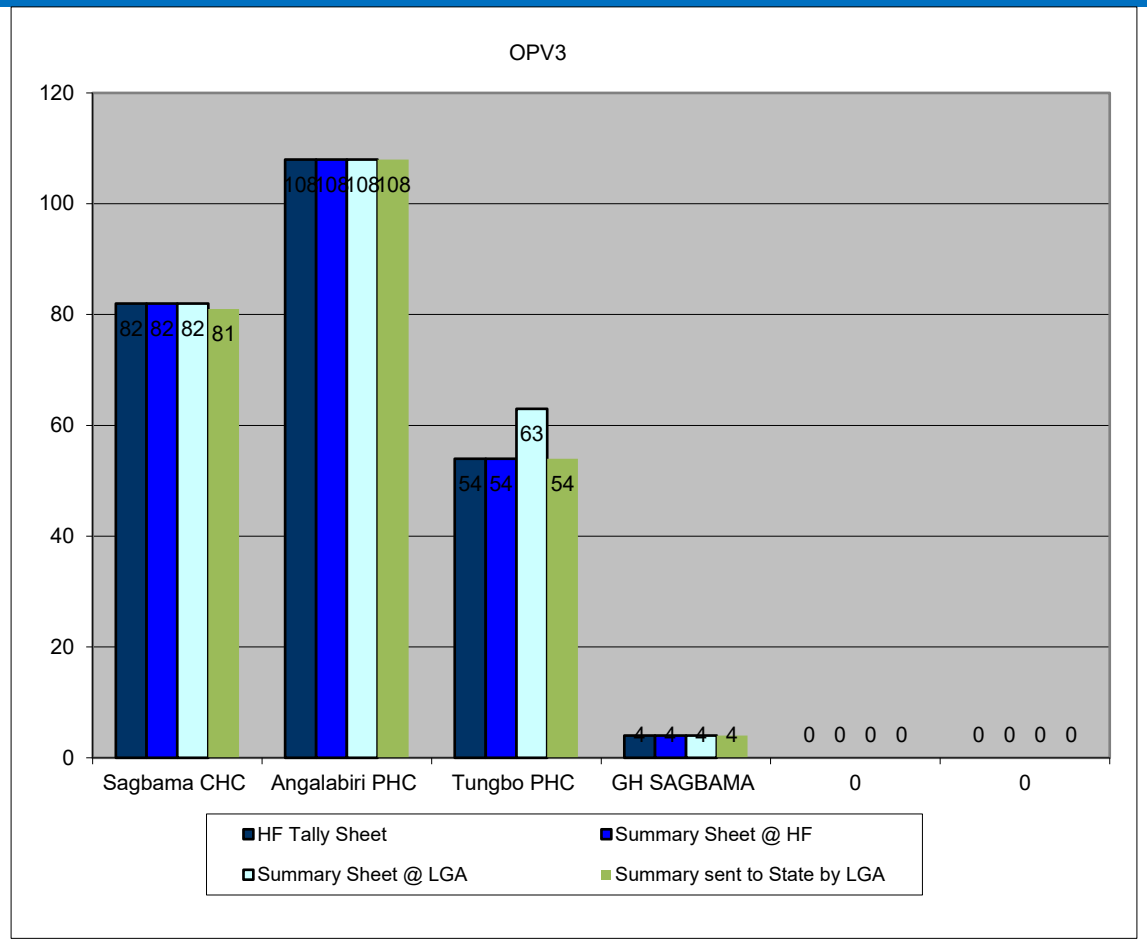
Sagbama

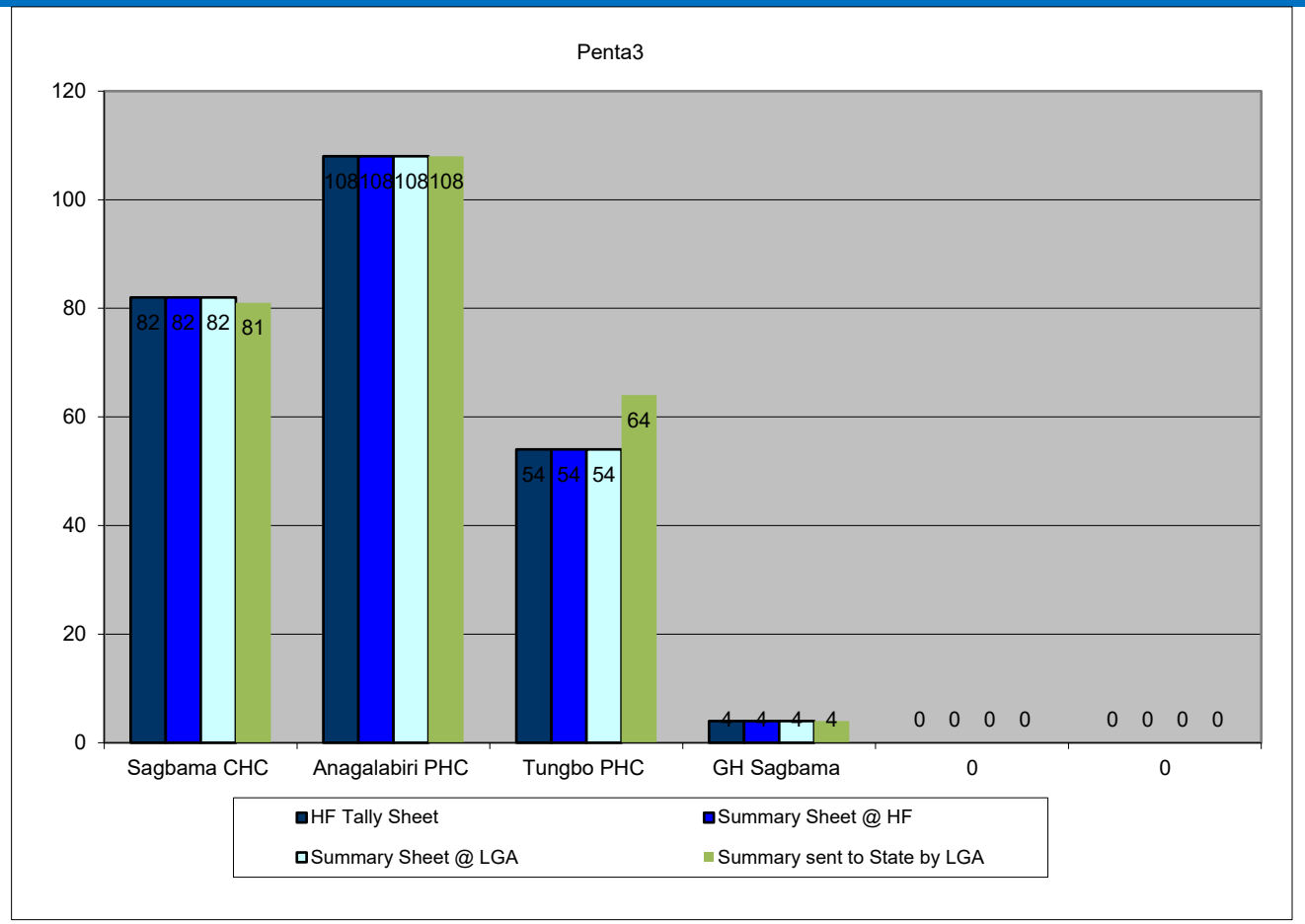




For Data accuracy, three facilities CHC Sagbama (HF1), Anagalabiri (HF2), Tungbo PHC (HF3) Showed Consistency in Data flow from the Facility to the state level. While GH Sagbama (HF4) showed discrepancy between the summary sheet @LGA and the summary sent to the state for the three months of the first quarter.

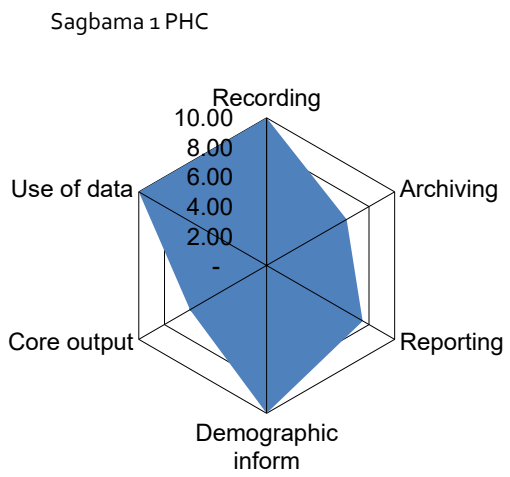
Sagbama LGA

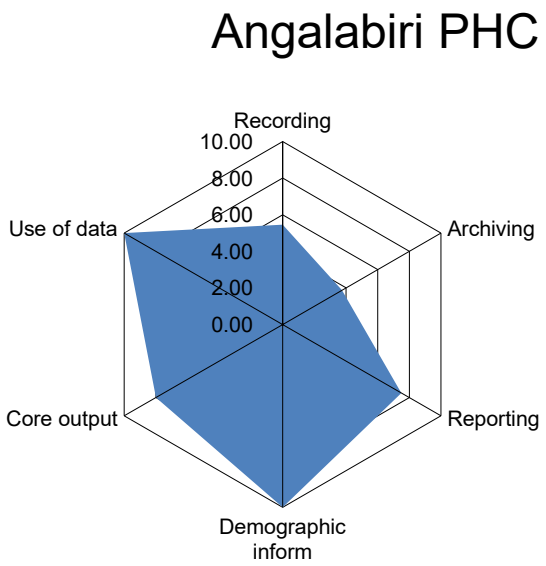




For Data accuracy, CHC Sagbama (HF1), Anagalabiri PHC (HF2) and GH Sagbama (HF4) Showed Consistency in Data flow from the facilities, in the figures transmitted to the LGA and to the State for the three months of the first quarter. While Tungbo PHC (HF 3) showed discrepancy in data transmitted to the state.

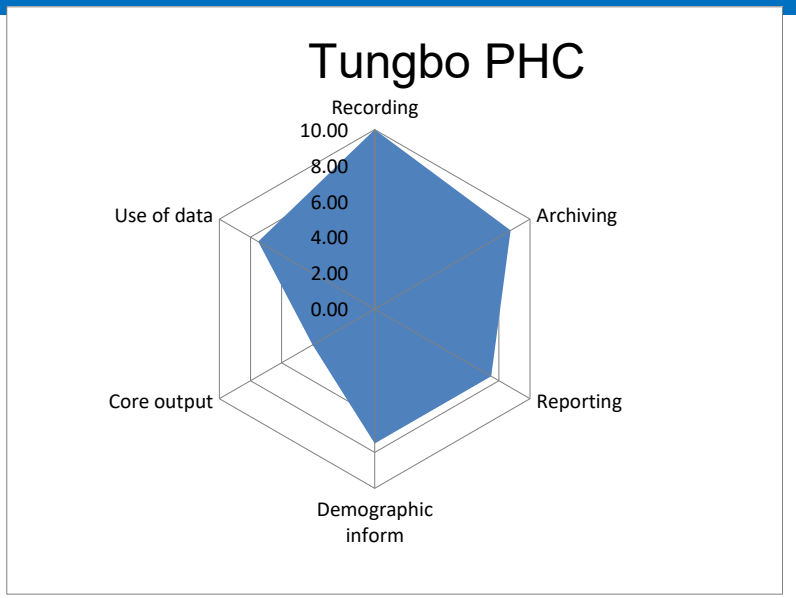
Facility Review – Sagbama LGA

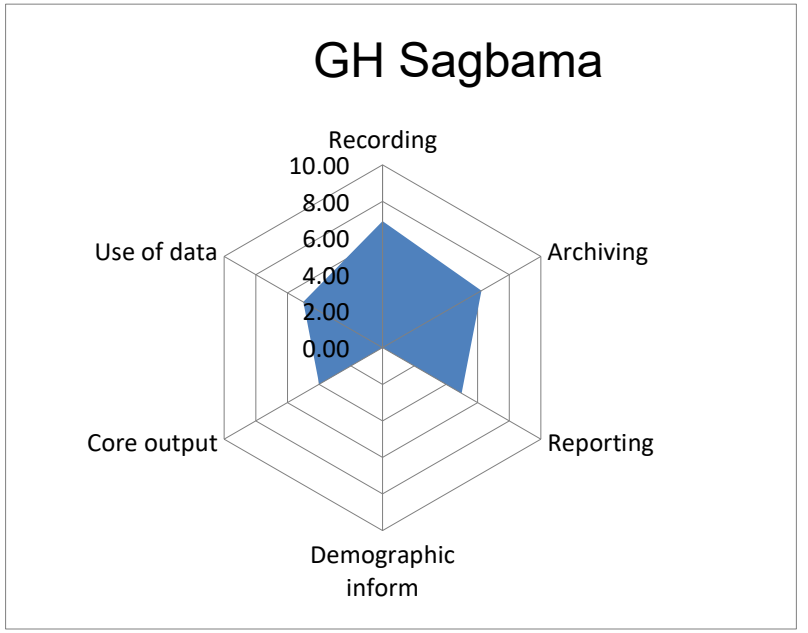




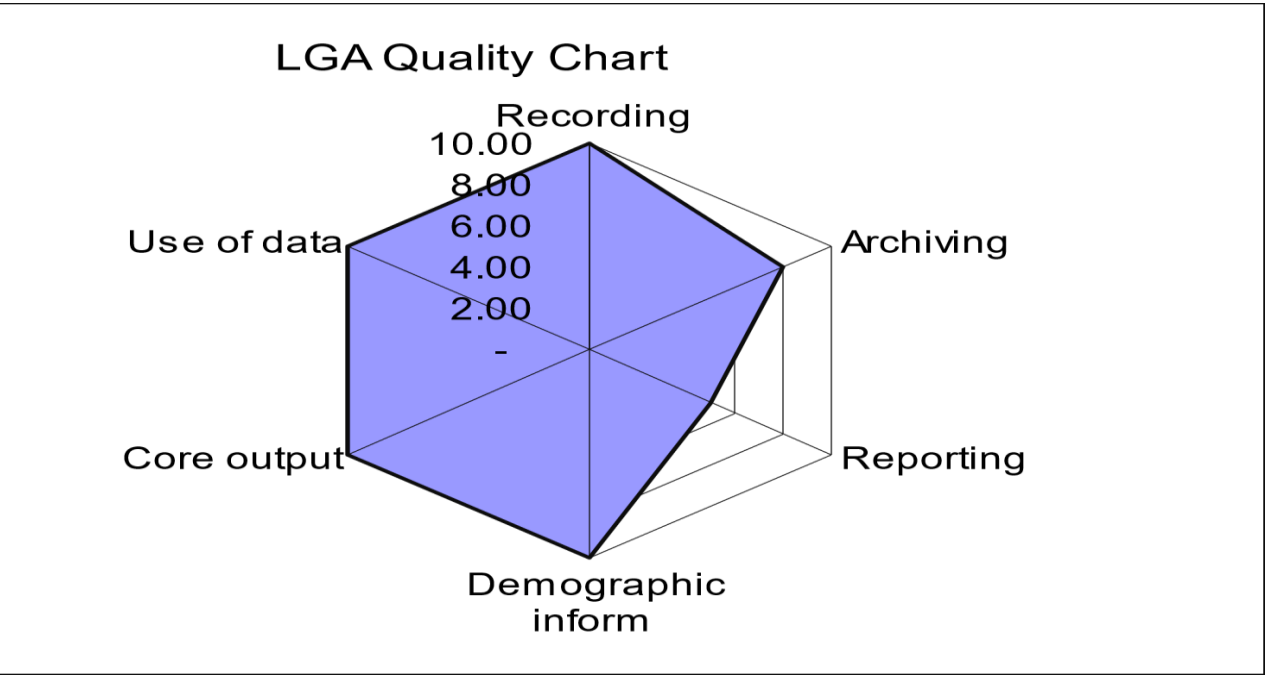
CHC Sagbama seemed to be one of the best performing Facility in the LGA.

- **Archiving**: A major gap across the facilities . Sagbama 1 PHC, Angalabiri and Tungbo PHC are than Sagbama Gen. Hosp.
- **Use of Data for action**: Although all four facilities use data for action but we can see that Sagbama 1 PHC and Anagalabiri PHC are doing better here
- **Demographic Info**: Only Sagbama Gen. Hosp. performed poorly for this iindicator.
- Only Sagbama Gen. Hosp. performed poorly comparing to the other three facilities.





Sagbama LGA Level Review



	Y	N	%
Overall	**120**	**9**	**93%**
Recording	21	0	10.00
Archiving	12	3	8.00
Reporting	6	6	5.00
Demographic inform	24	0	10.00
Core output	30	0	10.00
Use of data	24	0	10.00

Recording: There is a good rate of recording at the LGA Level, but improvement is encouraged for optimal performance output.

Reporting: RI reports are submitted by health facilities using the proper formats. AEFI reporting forms are available with suboptimal reporting.

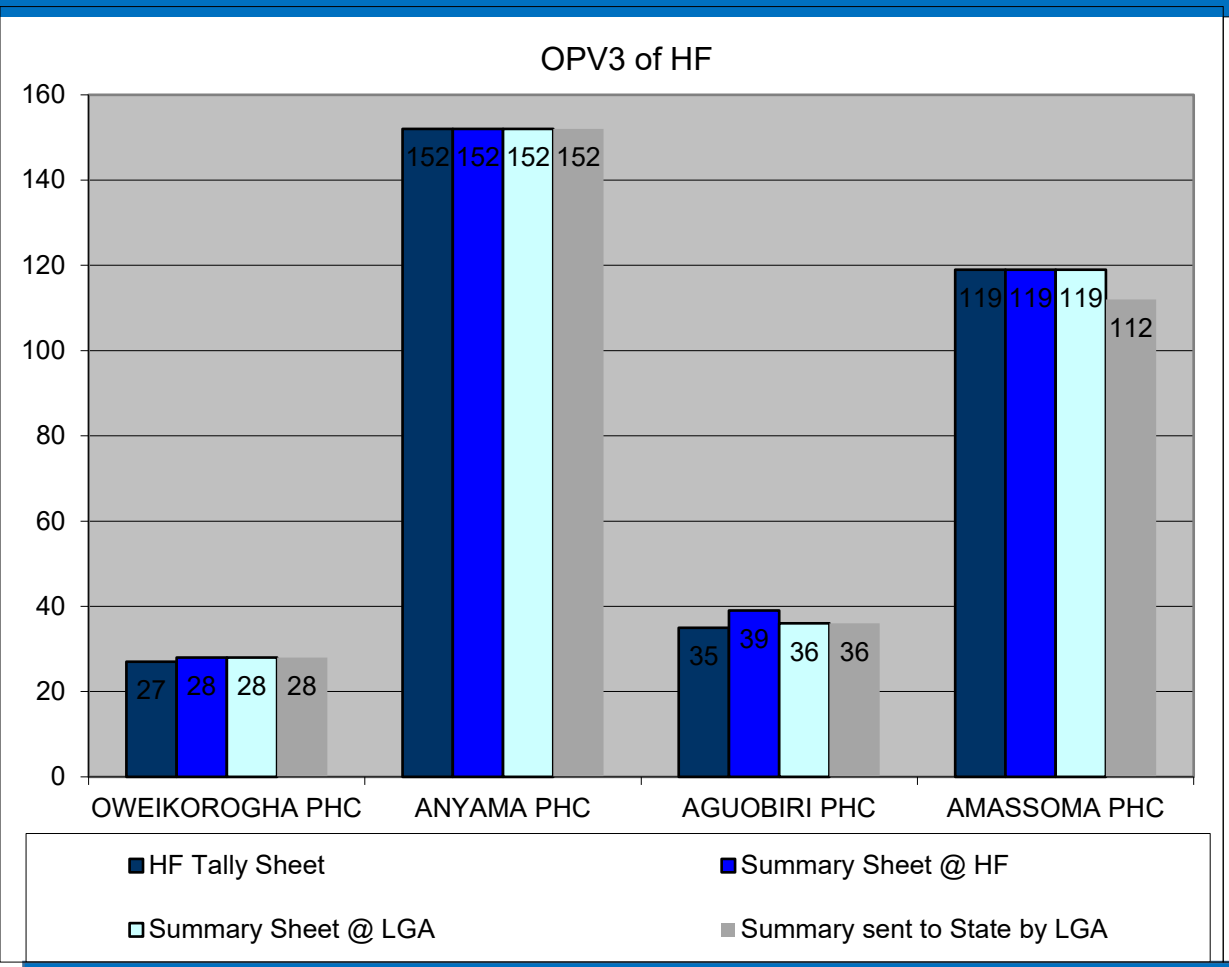
Demographic Information: REW Micro-plan and LGA map showing demographic information and target populations were seen in the LGA.

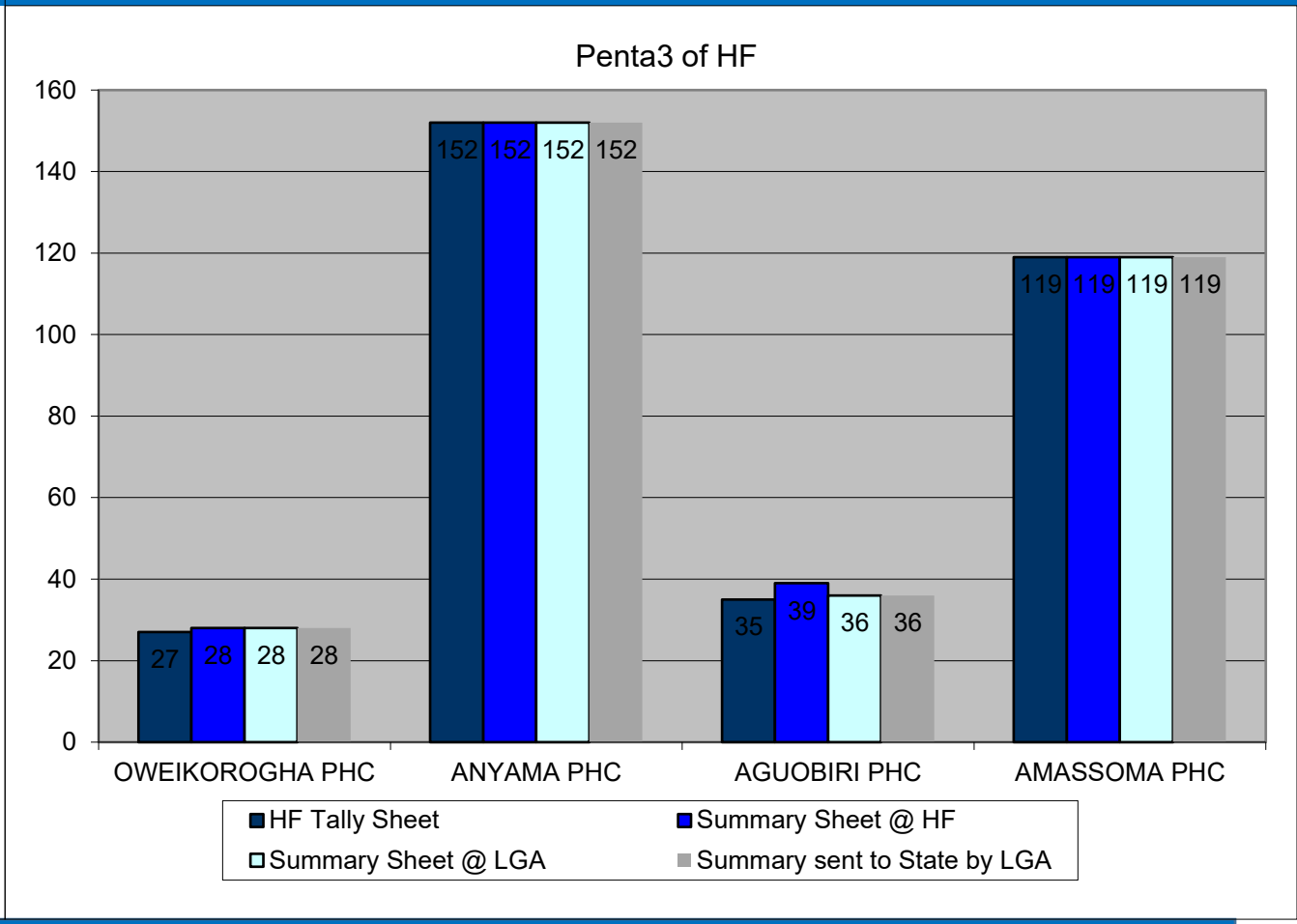
Archiving: Although not all hard copies of reports for the last 12 mths can be seen at the LGA but for the period under review (Jan-March 2024) . The reports are available because the LGA is computerized

Core Output and Analysis Component: Timeliness and completeness charts of data reporting were seen at the LGA level.

Use of data: Written feedback sent to the HFs from the LGA electronically.

Southern Ijaw LGA

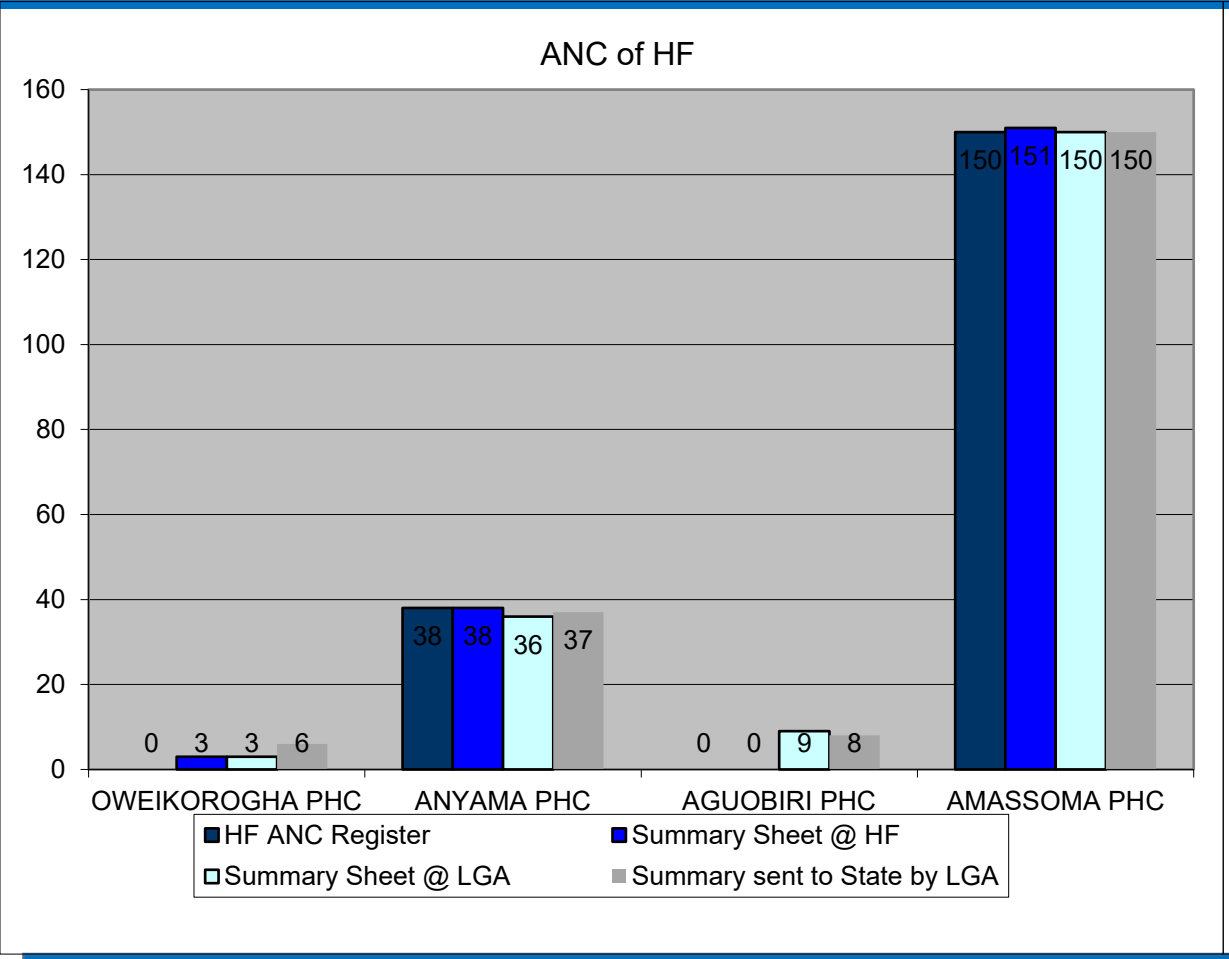


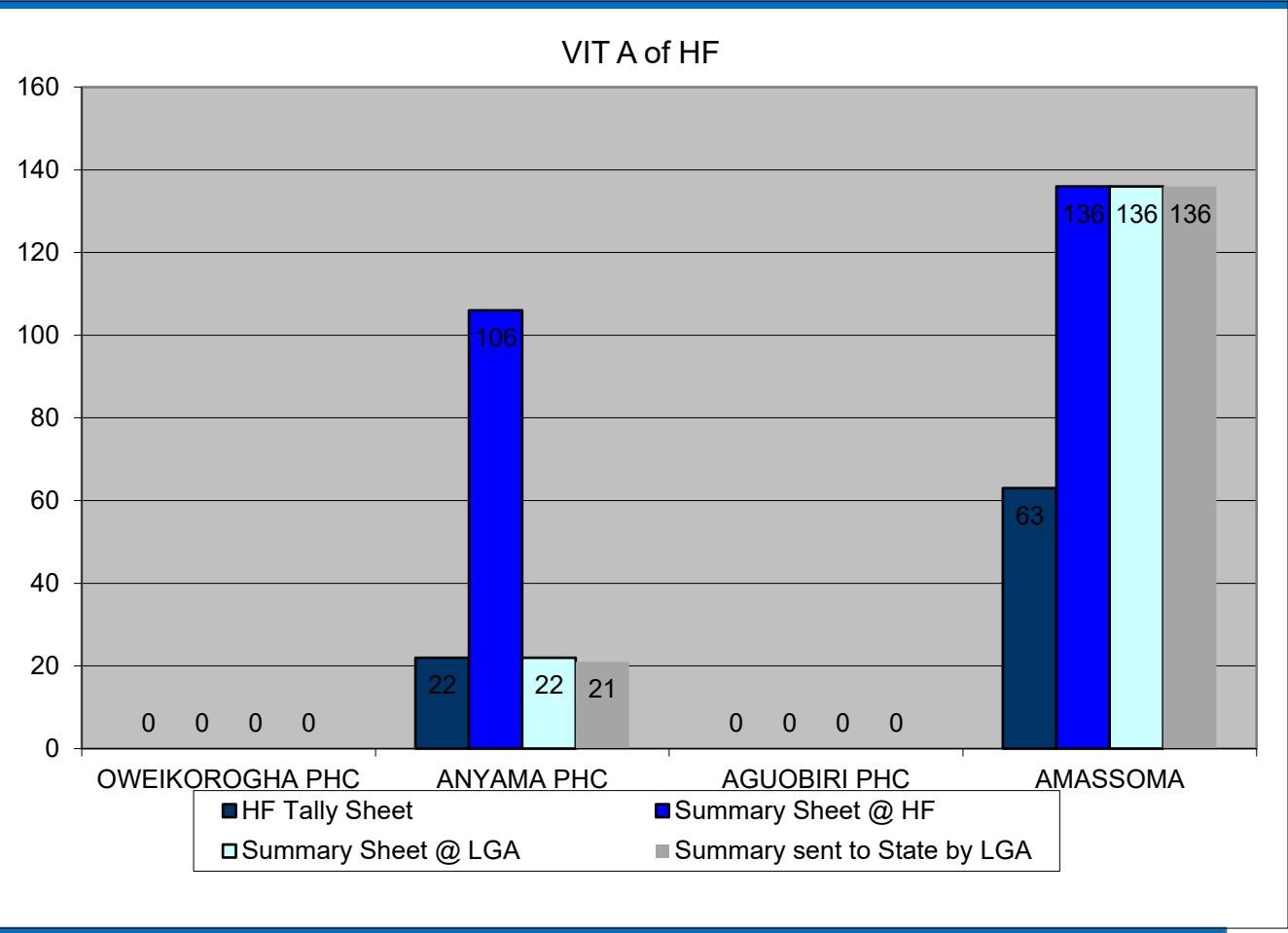


In terms of Data accuracy, only Anyama PHC Showed Consistency in Data flow from Facility to state level.

In the most case, health facility report was significantly lower than figure transmitted to State & LGA level as observed in Oweikorogha and Aguobiri PHCs

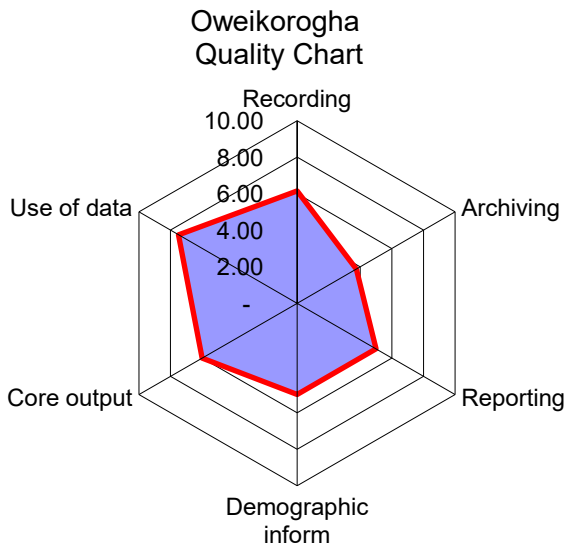
Southern Ijaw LGA





For both ANC and Vitamin A for the period under review, none of the selected four facilities had consistent data transmitted from the Health Facility to the State.

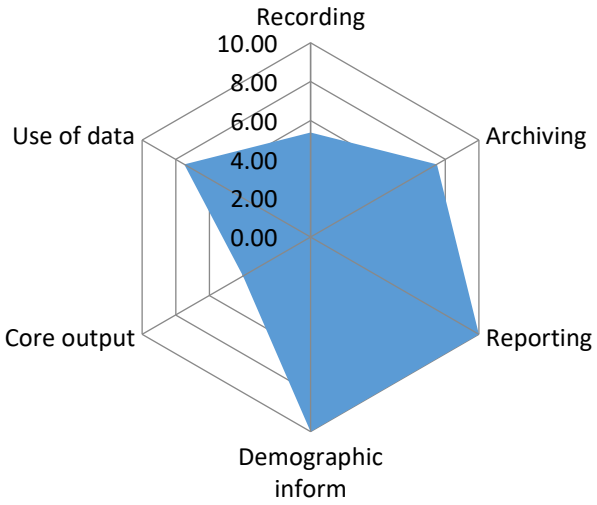
Facility Level Review - Southern Ijaw LGA

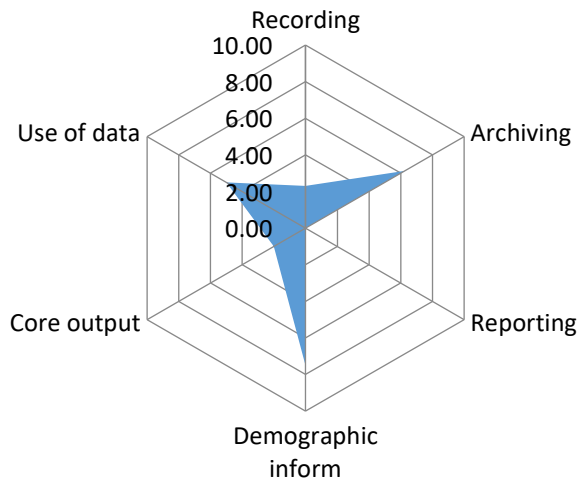


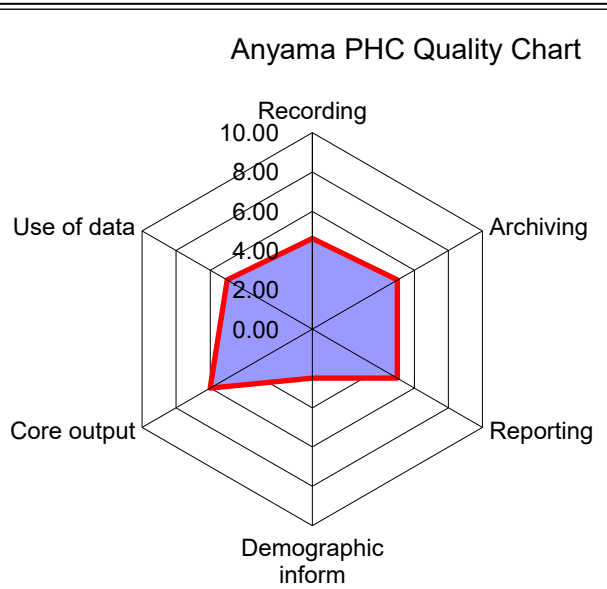
Amassoma PHC seemed to be one of the best performing Facilities in the LGA.

Recording Component:

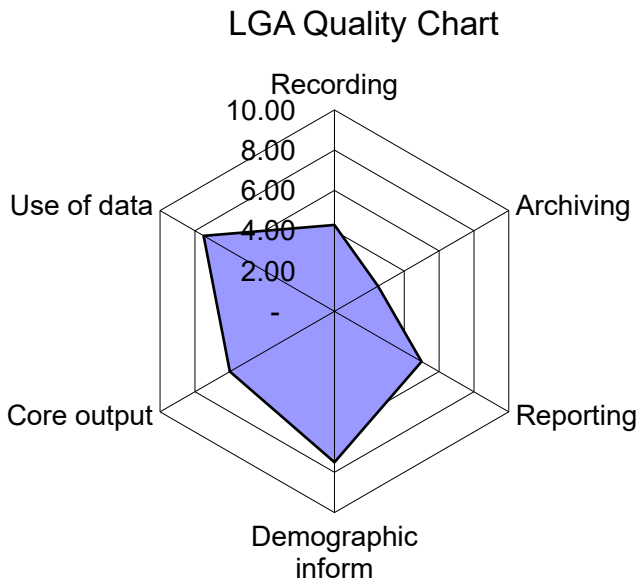
- Absence of registers at Oweikorogha and Aguobiri PHCs.
- Incomplete documentation with outdated records.
- Lack of management tools for vaccines and commodities such as syringes.
- Aguobiri performed poorly, a significant gap.







Southern Ijaw LGA



	Y	N	%
Overall	81	60	57%
Recording	9	12	4.29
Archiving	6	18	2.50
Reporting	6	6	5.00
Demographic inform	18	6	7.50
Core output	18	12	6.00
Use of data	18	6	7.50

Archiving:

- Archiving a major gap at the LGA level, with offices at the LGA poorly used and data not kept properly.
- Supportive Supervisory work plan available but no evidence of supervision available at the LGA.
- No evidence of documented feedback to HFs available at LGA level.

Reporting:

- Discrepancies seen in reporting at all levels (HF to LGA to State).
- LGA do not have a standard procedure for dealing with late submission of report
- AEFI committee not functional at all levels assessed.

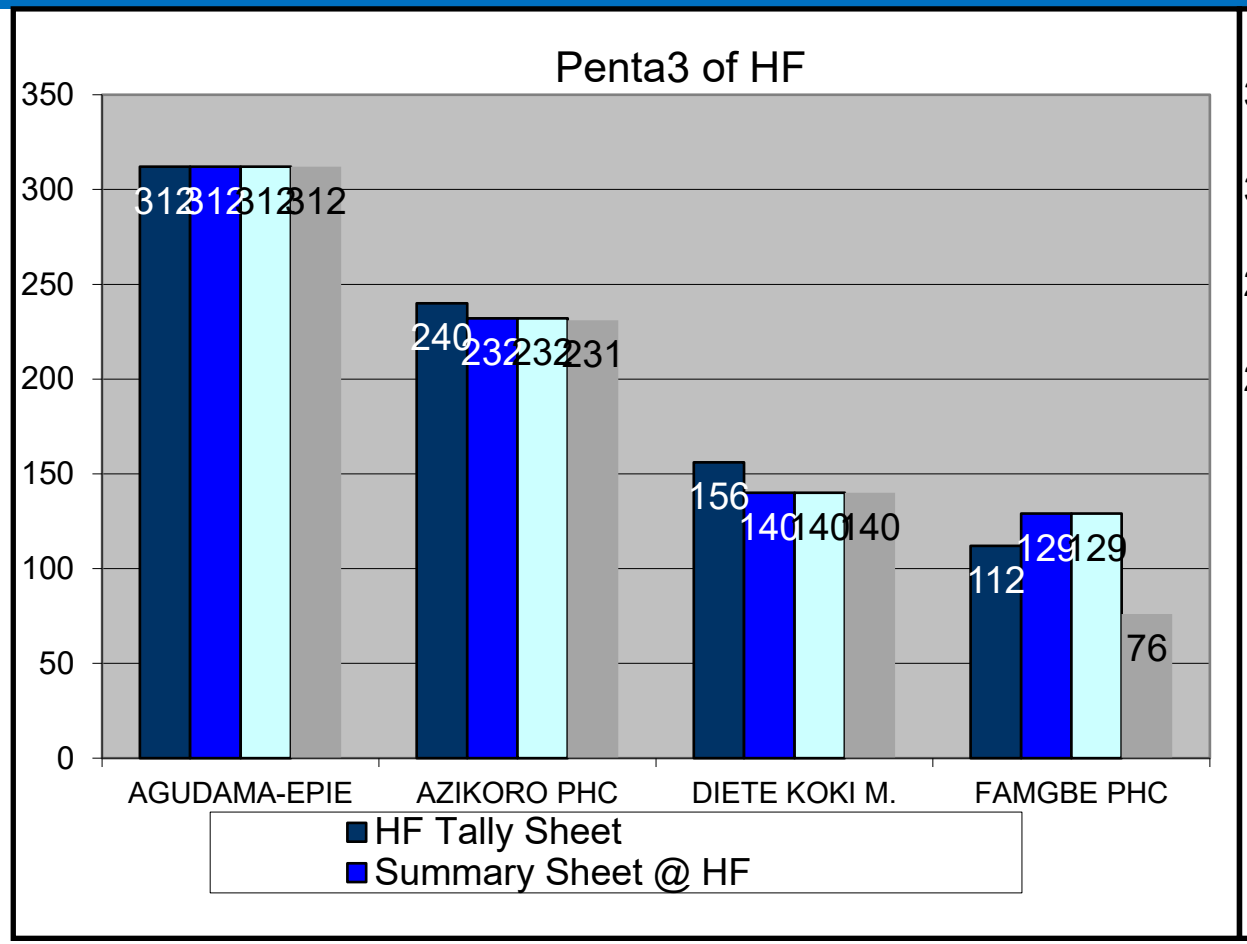
Demographic information:

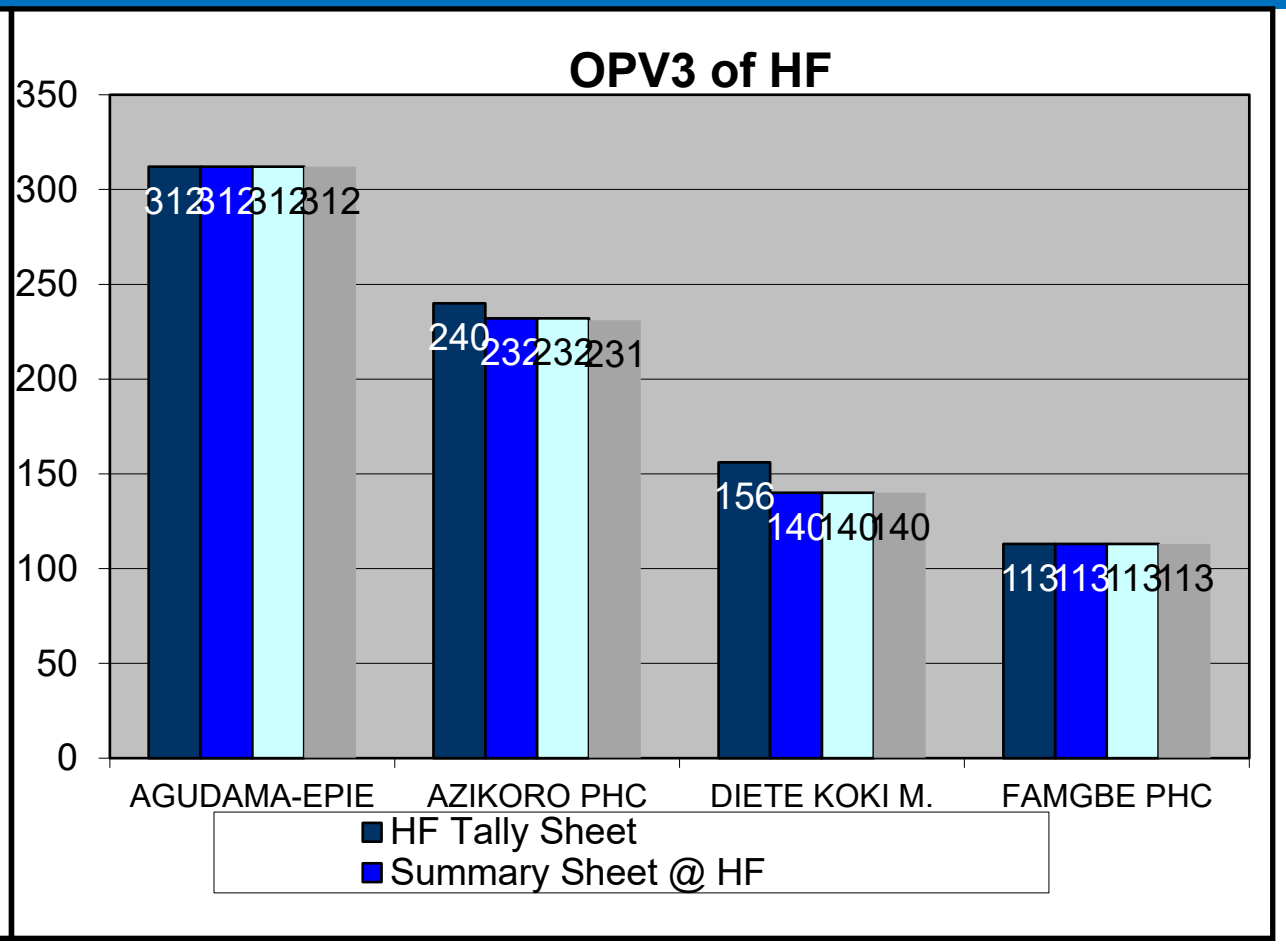
- No visible LGA catchment area map showing target population and type of strategy.

Core output:

- Supervisory plan not monitored at LGA level.
- LGA does not have an indicator for monitoring immunization safety.

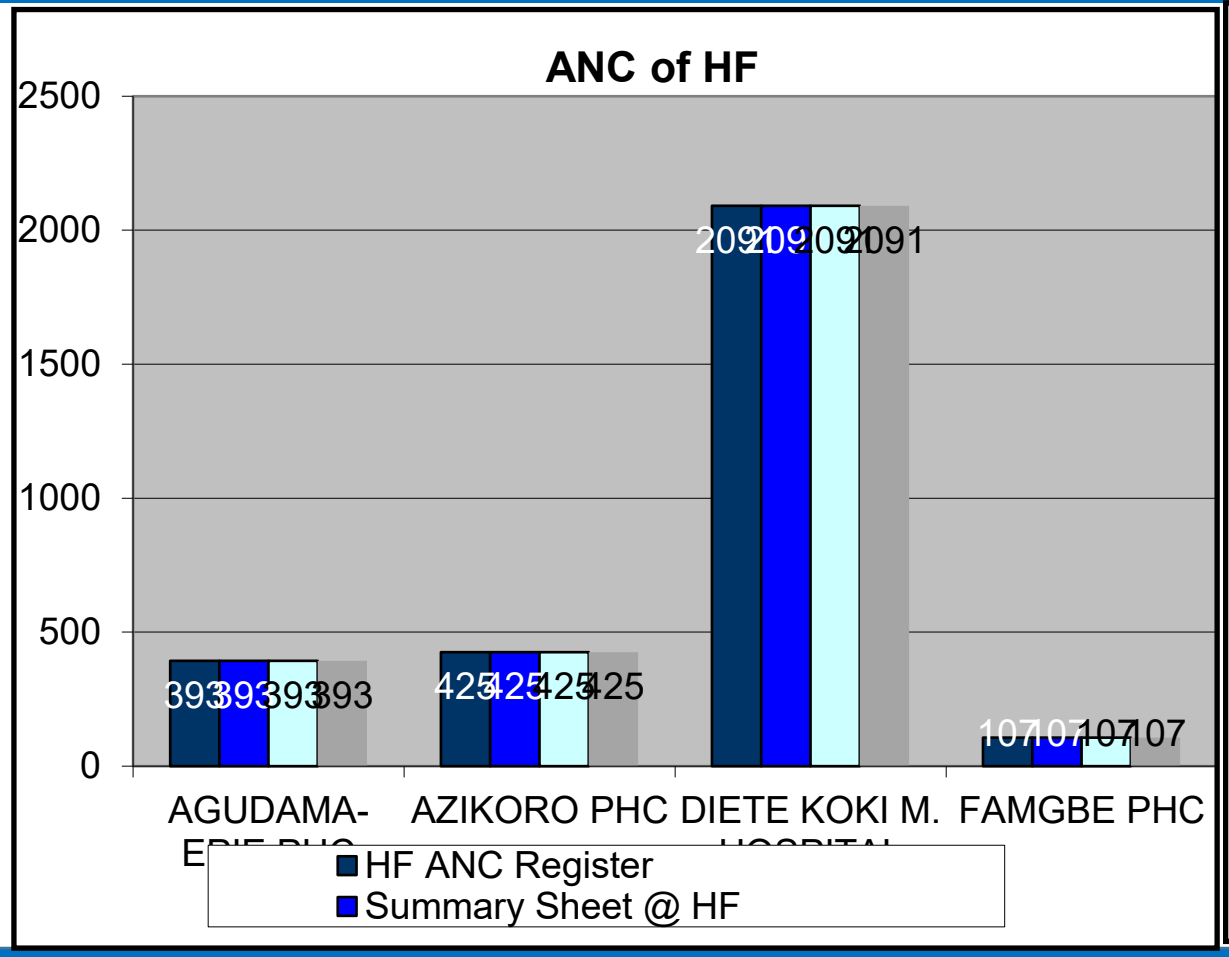
Yenagoa LGA

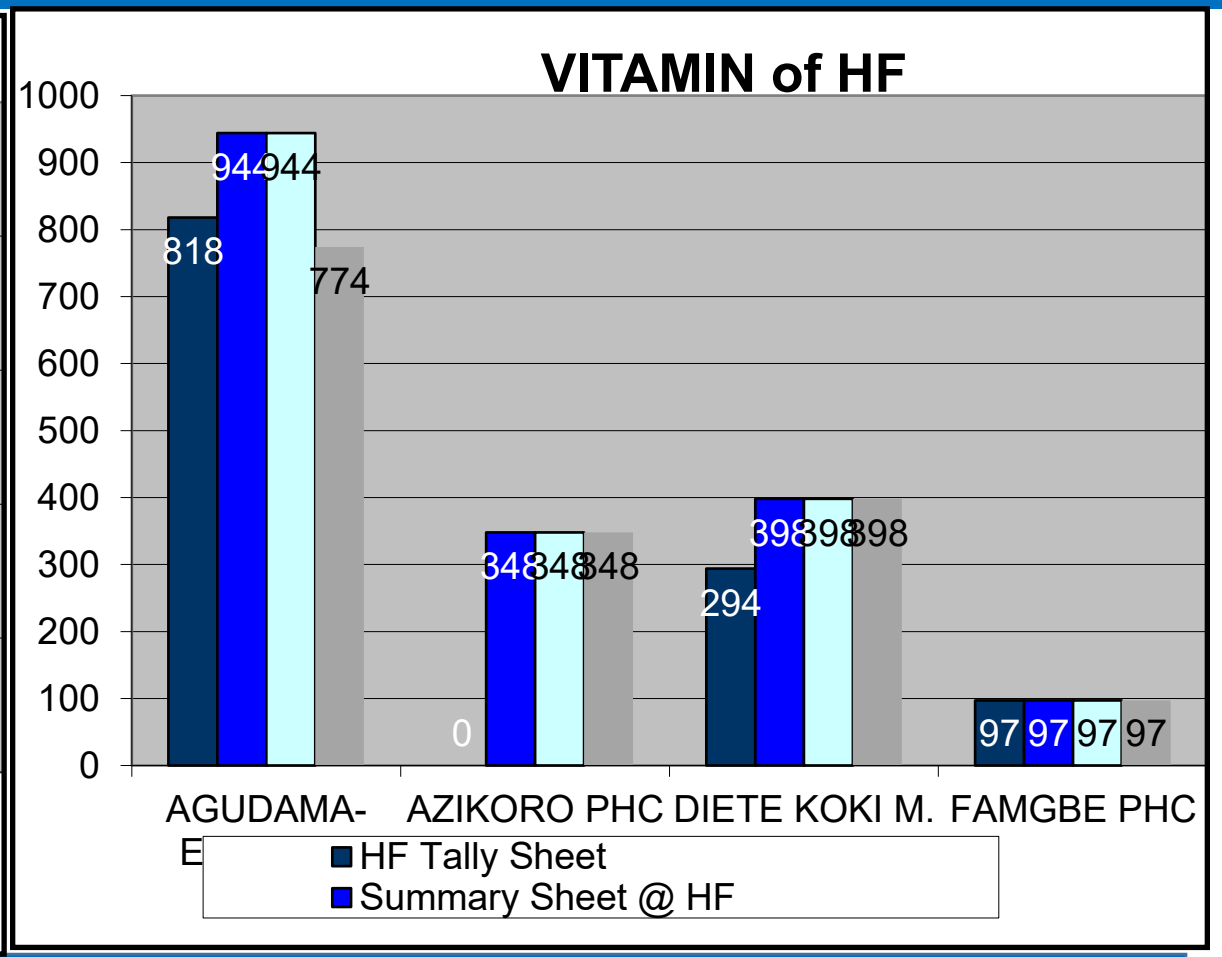




For Data accuracy, only Agudama-Epie PHC Showed Consistency in Data flow from the Facility to the state level. The other three facilities' reports have discrepancies in the figures transmitted to the LGA and to the State for the three months of the first quarter.

Yenagoa LGA

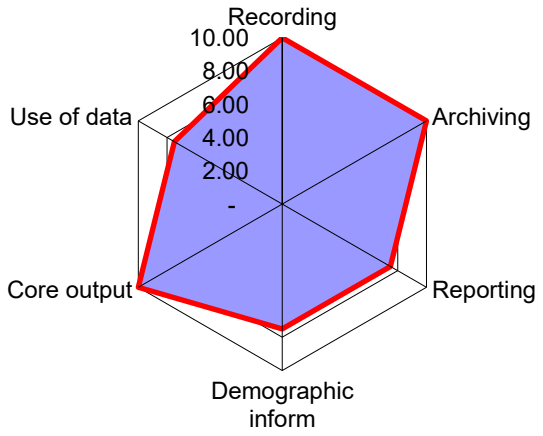




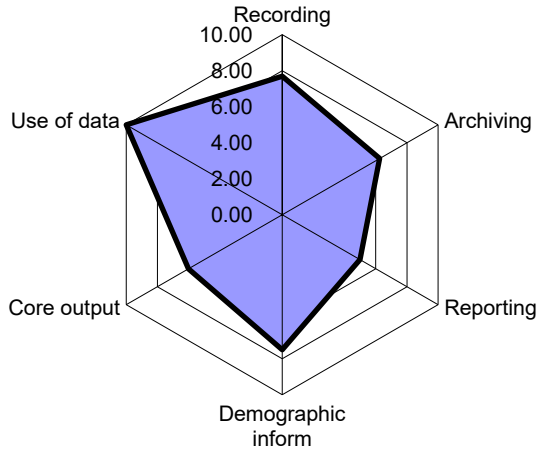
For Data accuracy, Azikoro PHC and Famgbe PHC Showed Consistency in Data flow from the Facility to the state level. The other two facilities' reports have discrepancies in the figures transmitted to the LGA and to the State for the three months of the first quarter.

Facility Review – Yenagoa LGA

Agudama PHC Quality Chart



Azikoro PHC HF Quality Chart



Agudama PHC seemed to be one of the best performing Facility in the LGA.

- **Archiving**: A major gap across the facilities (Agudama & Famgbe been better), with the other 2 facilities performing poorly.
- **Use of Data for action**: Only Azikoro is implementing this, while Diete Koki don't apply this action
- **Demographic Info**: Suboptimal data is seen for the other three facilities but Diete Koki don't have any data for this indicator. Likewise REW Microplan.

Diete Koki performed very poorly, for most of the indicators, a significant gap.

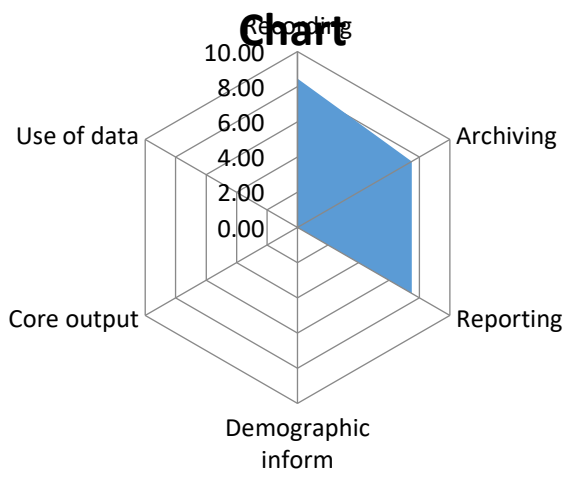
Recording: Immunization data are recorded in approved formats in all Health Facilities, with Agudama performing better than the rest.

Reporting: Reporting is done in all HFs, but it is very poor.

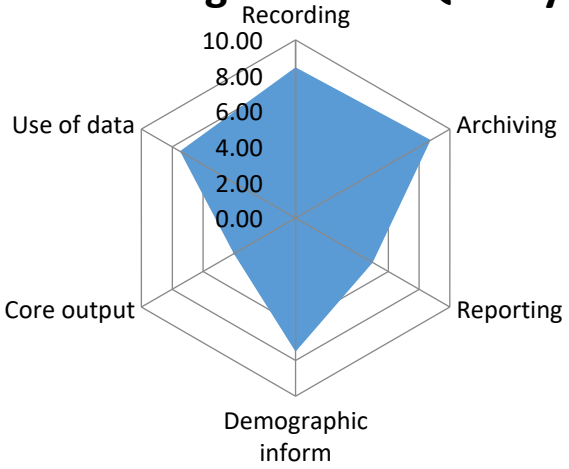
Endorsement of reports is a standard practice in all HFs. There is awareness of AEFI but inadequate reporting in some HFs.

Across all Facilities, there is noticeable suboptimal feedback from LGA to Health facilities

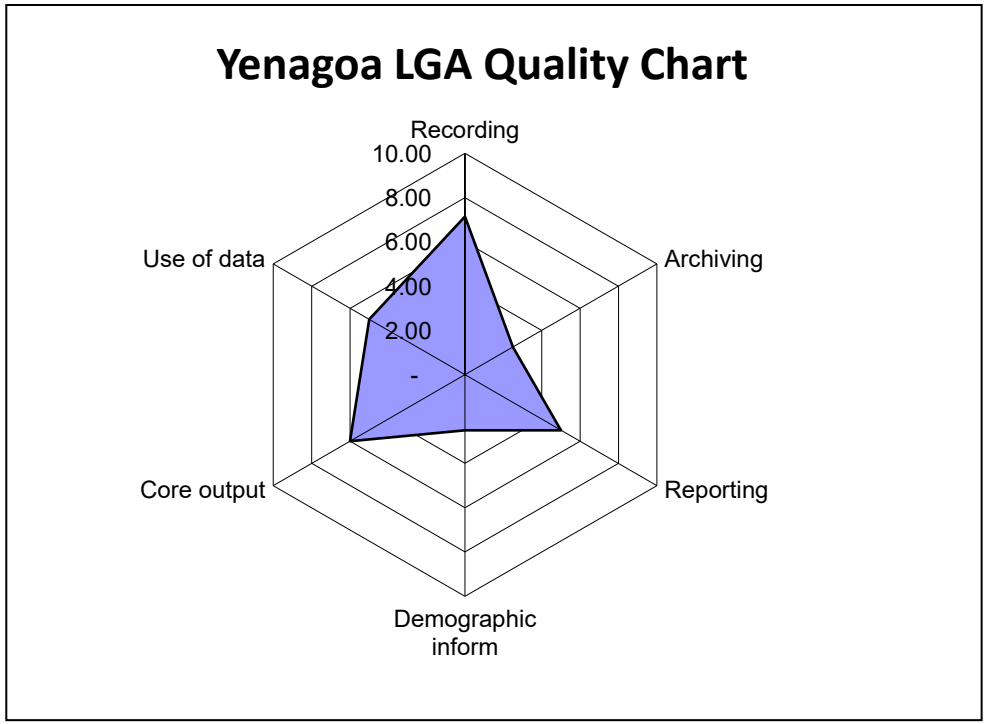
Diete Koki Hospital Quality Chart



Fambge PHC HF Quality Chart



Yenagoa LGA Level Review



	Y	N	%
Overall	**66**	**75**	**47%**
Recording	15	6	7.14
Archiving	6	18	2.50
Reporting	9	9	5.00
Demographic inform	6	18	2.50
Core output	18	12	6.00
Use of data	12	12	5.00

Recording: There is a good rate of recording at the LGA Level, but improvement is encouraged for optimal performance output.

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: REW Micro-plan and LGA map showing demographic information and target populations were seen in the LGA.

Archiving: No individual files for health facility reports at the LGA level. LGA RI data is computerized.

Core Output and Analysis Component: Timeliness and completeness charts of data reporting were seen at the LGA level.

Use of data: No written feedback to the HFs from the LGA.

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 Tally Sheet, 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 at hand 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 facilities.
- 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

- Only 3 HFs (Emeyal 2 PHC in Ogbia LGA, Sagbama Gen. Hosp., and Angalabiri PHC in Sagbama LGA) had 100% data accuracy ratio across the 4 indicators assessed in the state
- 59% of HFs assessed had 100% data accuracy ratio for ANC Attendance, 16% Vitamin A and 66% OPV 3 and Penta 3
- 25% of LGAs had over all 80% and above for system strengthening while, only 16% of HFs assessed had 80%

Action point

Issues Identified	Mitigation	Recommendation	Responsible Person
RECORDING ❖ Major gap in functionality of the AEFI committee leading to poor AEFI reporting across all LGAs ❖ Data discrepancies seen between the Tally Sheet, Registers, NHMIS Summary and the data transmitted to DHIS2 (especially ANC and Vitamin A records) ❖ Data tools not updated and signed by the officer in-charge ❖ Physical count of vaccines are more than available stock at hand at the LGA cold store in Nembe LGA	❖ Pay closer attention to HFs with these challenges during data validation exercise ❖ Intensification of on the job mentorship by supervisors ❖ Monitoring and Evaluation Officers should endeavor to validate data discrepancies while uploading into DHIS 2 Server	❖ Retraining of the health workers on NHMIS data tools ❖ A vaccine audit should be done at Nembe LGA Cold store ❖ Training of LGA Data Officers on how to pivot and navigate around DHIS 2 Platform	▪ ES ▪ SCCO ▪ DPHC
ARCHIVING ❖ Lack of computerized archiving systems such as external hard drives or cloud storage and Absence of backup storage facilities. ❖ Documents (soft and hard copies) not/properly archived both at the LGA and HF levels ❖ Lack of office space and tools for records archiving	❖ HFs and LGA to do a make shift archiving system for health facility records ❖ LGA team should share soft copy records among the available computers in the LGA	❖ Basic computer training for LGA team. ❖ All LGAs should have at least a shelf for every thematic area to enhance proper archiving of documents. ❖ All HFs should have at least a shelf for archiving of records	▪ DPHC
REPORTING ❖ Lack of standard documented procedures for addressing late reporting by HFs at the LGA level	❖ Follow up on all HFs to report within the timeline provided (1st – 10th of the month)	❖ All LGAs should come with documented procedures for addressing late reporting by HFs.	▪ Supervisors ▪ SCCO

Action point *Contd……*

Issues Identified	Mitigation	Recommendation	Responsible Person
USE OF DATA ❖ No documented plan in place to address the issue of Low access or utilization of PHC services in the LGA. ❖ No regular data analysis by the LGA Data Officers to identify gaps and give feedback to the HF ❖ Poor community mobilization/involvement of community on PHC services as evidenced by non functional VDCs in some HFs	❖ All LGA Data officers should give feedback to the HFs on their performance at least twice a month. ❖ Supervisors to assist and ensure HFs engage in community mobilization and sensitization activities for optimized uptake PHC services	❖ Training of LGA Data officers on data analysis and presentation ❖ All LGAs should have a monthly PHC performance assessment with plans on how to address issues of low access and utilization of PHC services ❖ Health Workers should engage in community mobilization and sensitization activities and should not leave it for VDCs, WDCs and H-to-H mobilizers alone.	▪ DPHC

THANK YOU FOR LISTENING