BAYELSA STATE Q3 2022 DQAs REPORT

INTRODUCTION

Data Quality Self-Assessment (DQS) 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 DQS to verify reported data and measure the system on which these data are generated.

The system quality assessment will identify 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 immunization 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 programme performance.
- ✓ System Strengthening.

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

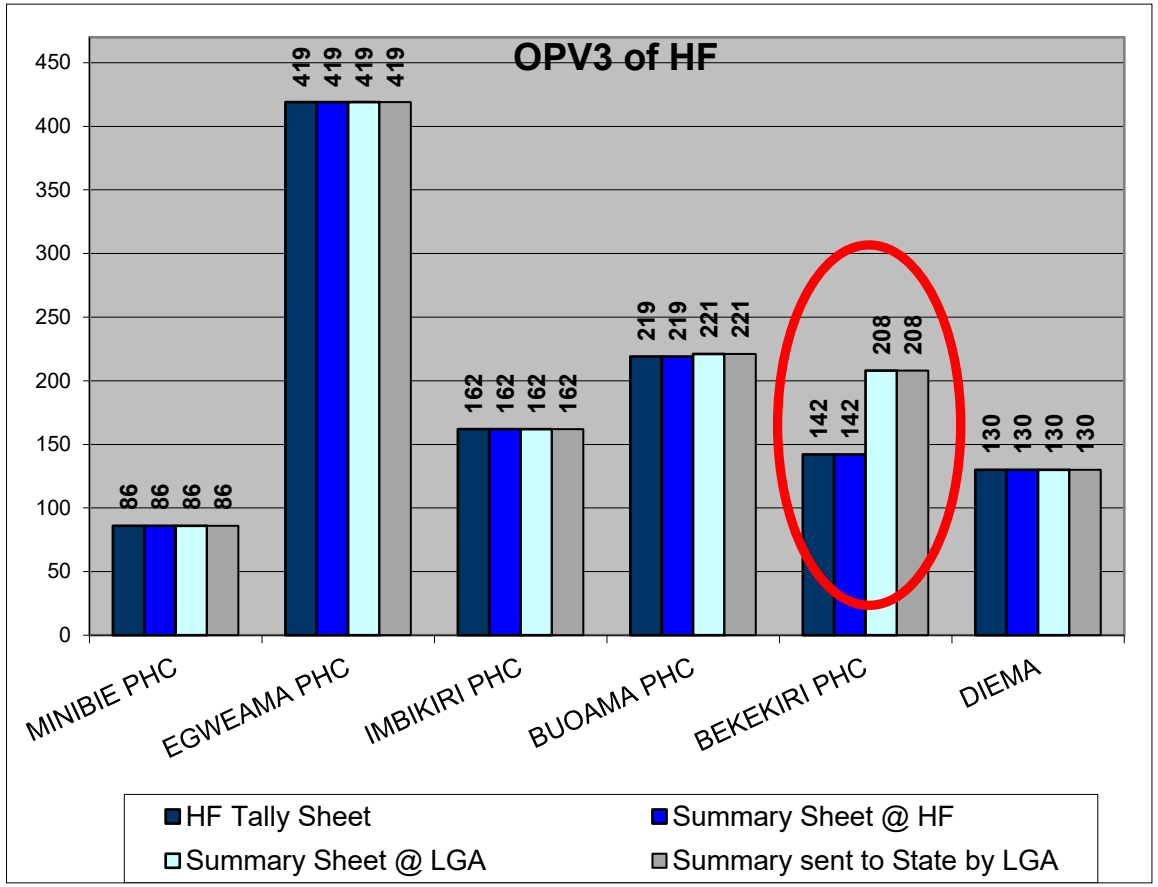
- ✓The method used is the Problem oriented approach. Six health facilities were selected based on best performing, medium performing and poor performing in RI across all LGAs in the state
- ✓The ranking was by scanning through the monthly RI summary data sent to State and LGA by all HFs offering RI, as well as review of Coverage in facilities
- ✓OPV3 & PENTA3 were the antigens assessed over a **9 months** period spanning from **January to September 2022**.
- ✓Tally sheet data, summary data sent to LGA and then to State (including DHIS reports) were recorded.
- ✓A structured questionnaire was used to get information on the monitoring system at both the Health facility and LGA levels.

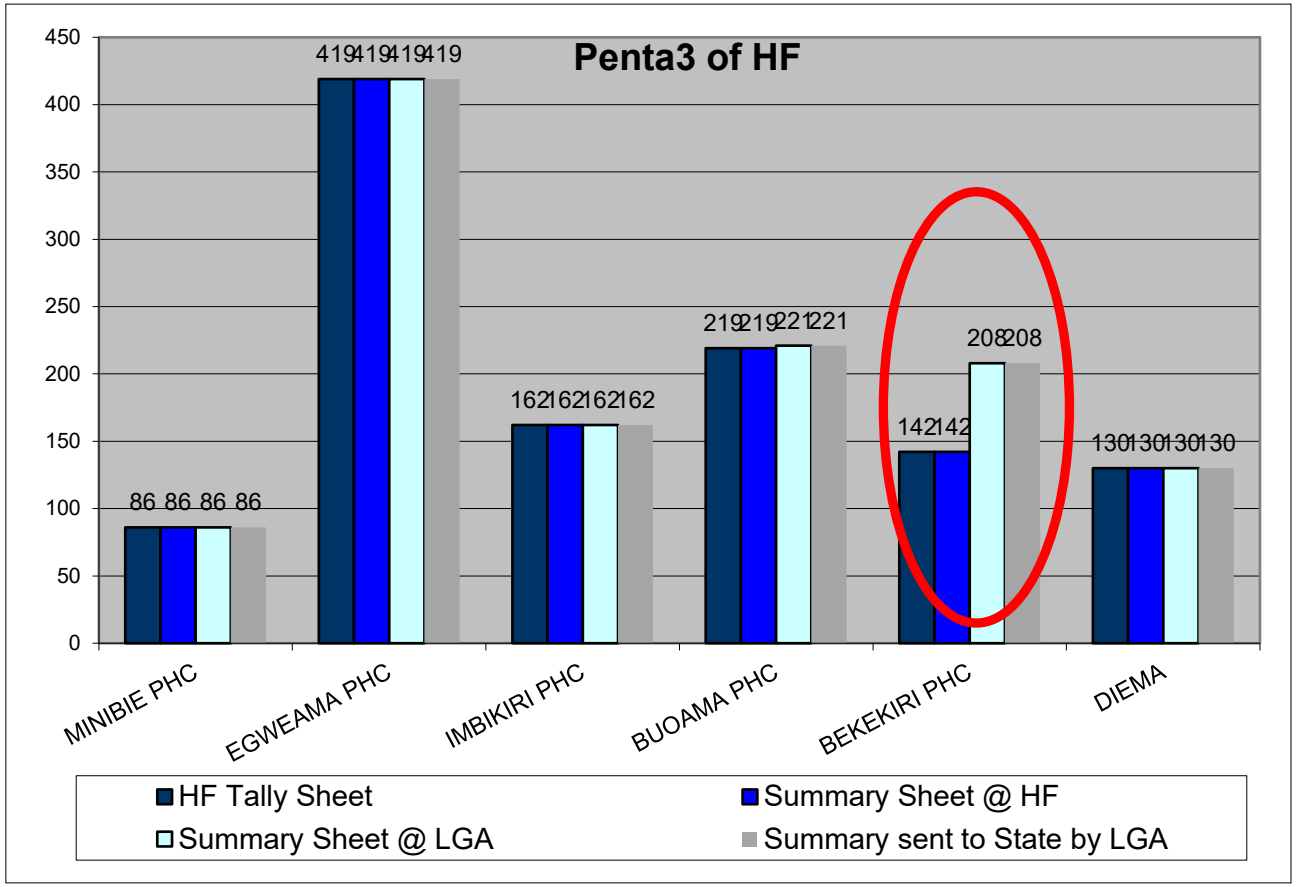
Study Area (List of Facilities Selected)

NAME OF LGAs	GOOD PERFORMING	MEDIUM PERFORMING	LOW PERFORMING
Brass	Diema PHC	Minibie PHC	Bekekiri PHC
	Egweama PHC	Odioma PHC (Replaced by Imbikiri PHC)	Buoma PHC
Ekeremor	Aghoro PHC	Isampou PHC	Tamogbene PHC
	Beautiful Gate PHC	Peretorugbene PHC	Lalagbene PHC
Kolokuma Opokuma	Igbedi PHC	Sabagraie PHC	Gbaranama PHC
	PHC Akaranbiri	Staff Clinic Kaiama	Kalama PHC
Nembe	Nembe PHC	Igbeata Ewoama PHC	Okipiri PHC
	Bassambiri PHC	Agbakabiriyai PHC	Ewelesuo PHC
Ogbia	Emeyal PHC	Otuasega PHC	Opume PHC
	Otuokpoti PHC	Otueke PHC	Ayama PHC
Sagbama	PHC Sagbama	PHC Tungbo	General Hospital Sagbama
	PHC Angalabiri	PHC Ogobiri	PHC Isoni
Southern Ijaw	PHC Amassoma	PHC Ayama	PHC Igeibiri
	PHC Aguobiri	PHC Oweikorogha	PHC Diebu
Yenagoa	Diete Koki Memorial Hospital	Azikoro PHC	Yenaka PHC
	Agudama Epie PHC	Famgbe PHC	Zarama PHC (Replaced by PHC Kpansia

Data Analysis By LGAs

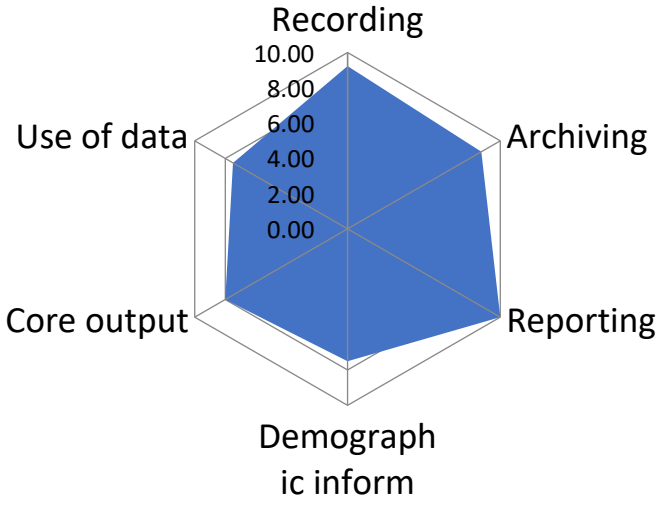
Brass LGA

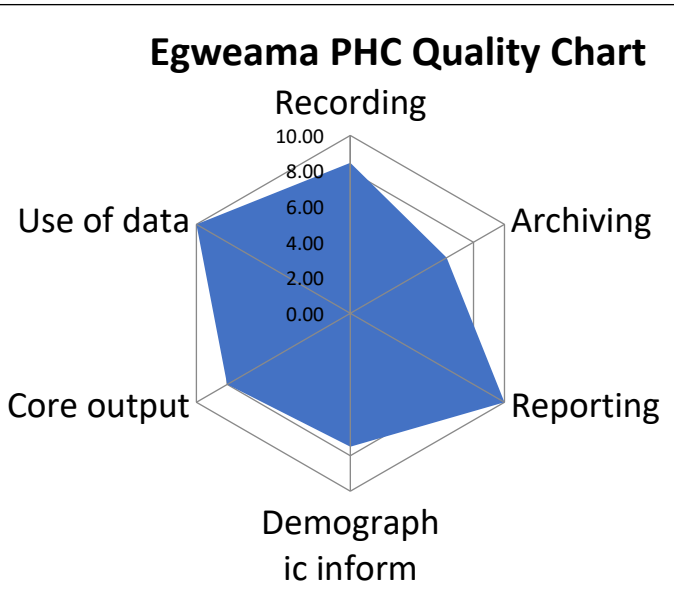




In terms of Data accuracy, All facilities in Brass, except Bekekiri PHC Showed Consistentency in Data flow from Facility to state level. Facility report been significantly lower than figure transmitted to State & LGA level in Bekekiri PHC (Markedly in the month of May, June & September 2022

Facility Review – Brass LGA

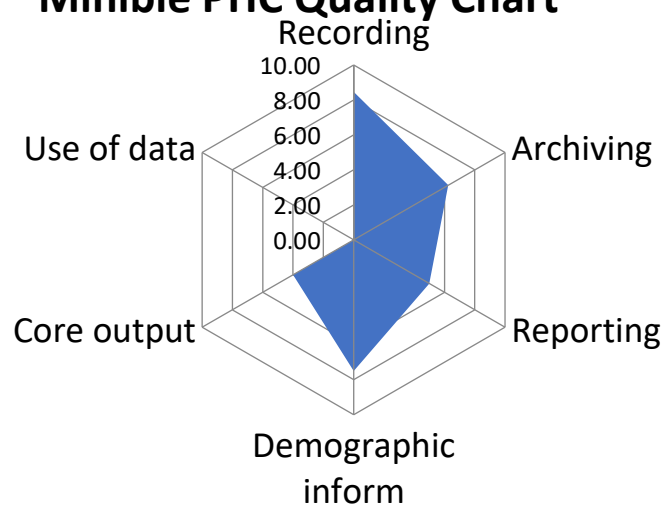


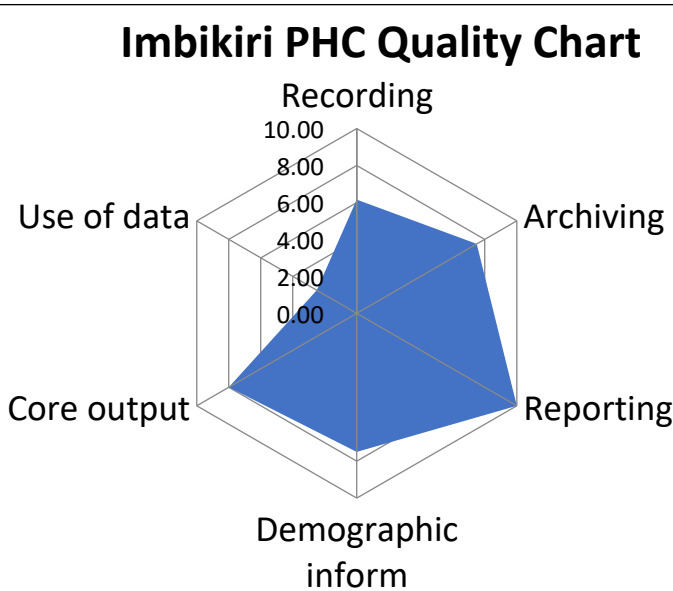


Diema PHC seemed to be one of the best performing Facility in the LGA.

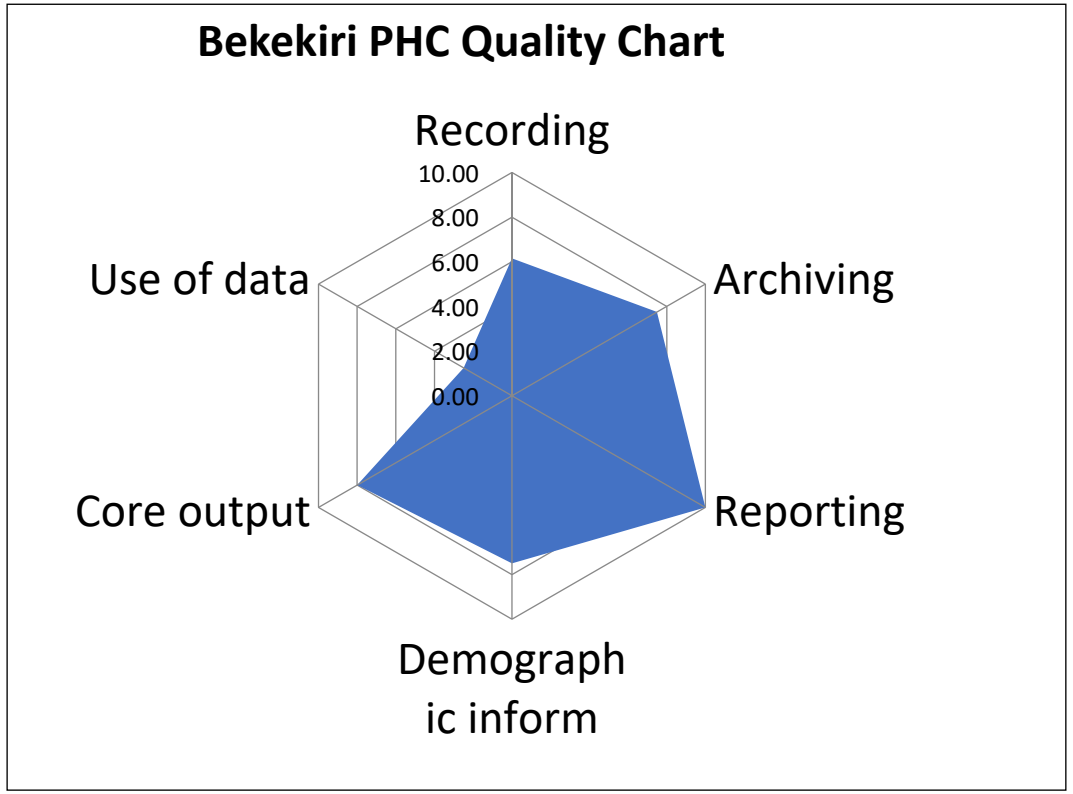
- **Archiving**: A major gap across the facilities (Diema been better), with 3 of the 4 facilities performing poorly.
- **Use of Data for action**: No evidence of this seen in the facilities (except Egweama PHC)
- **Demographic Info**: Suboptimal data on the number of infants born in their catchment area. No system in place for collection of information about new births.

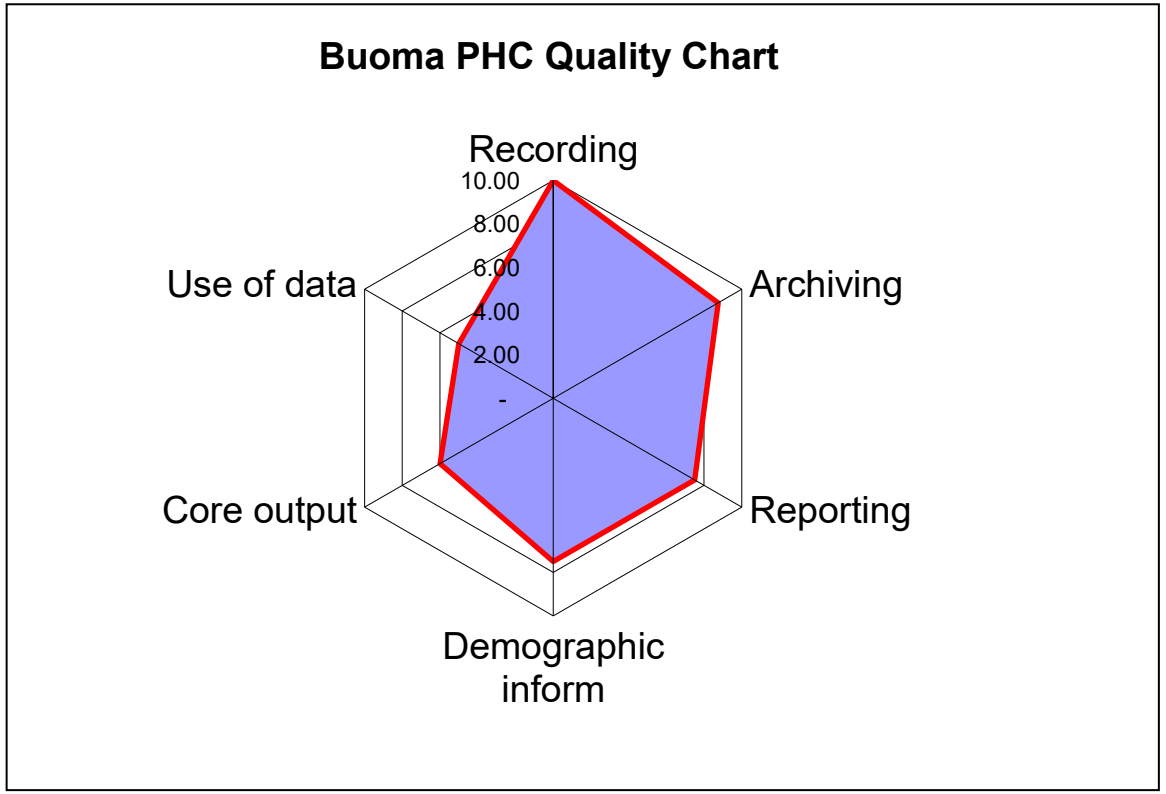
Minibie PHC performed very poorly, a significant gap.





Facility Review – Brass LGA



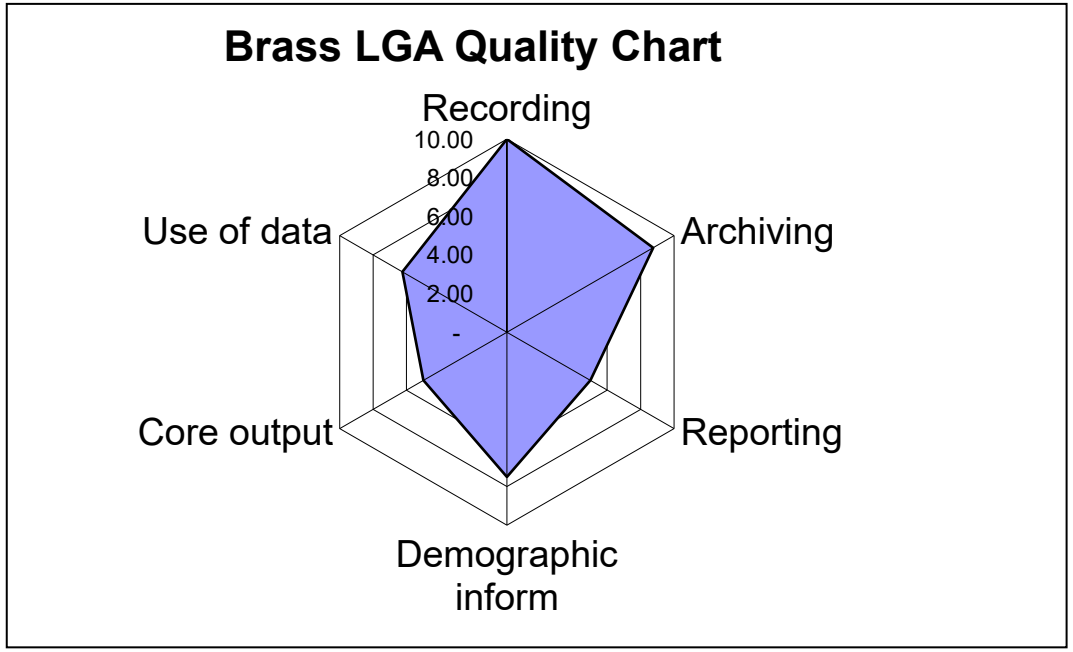


Recording: Immunization data are recorded in approved formats in all Health Facilities, though poor recording in Bekekiri and Imbikiri PHC

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 some HFs.

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

BRASS LGA Level Review



	Y	N	%
Overall	**102**	**39**	**72%**
Recording	21	-	10.00
Archiving	21	3	8.75
Reporting	6	6	5.00
Demographic inform	18	6	7.50
Core output	15	15	5.00
Use of data	15	9	6.25

Recording: There is a very sound 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)

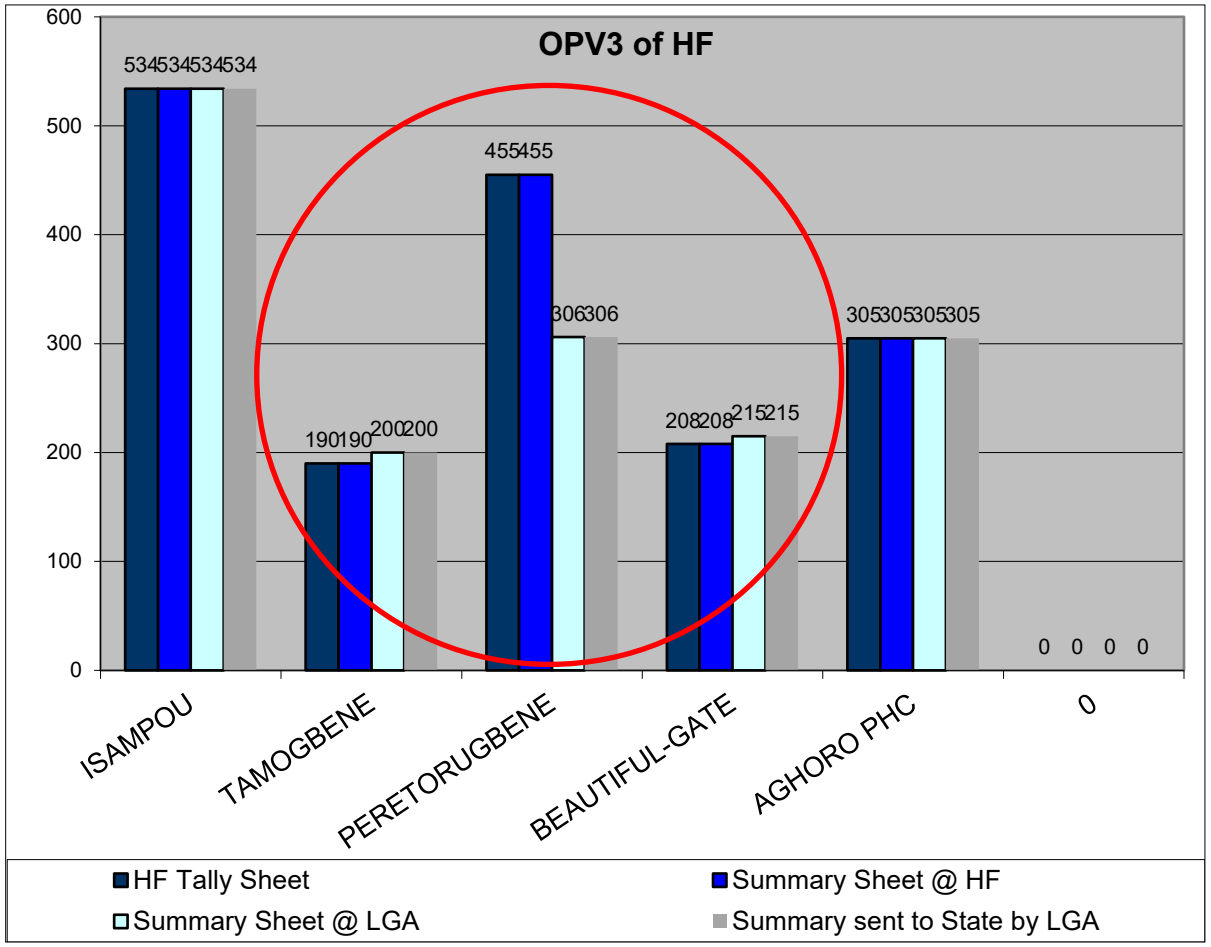
Demographic Information: Micro plan and LGA map showing demographic information and target populations for present year was not available.

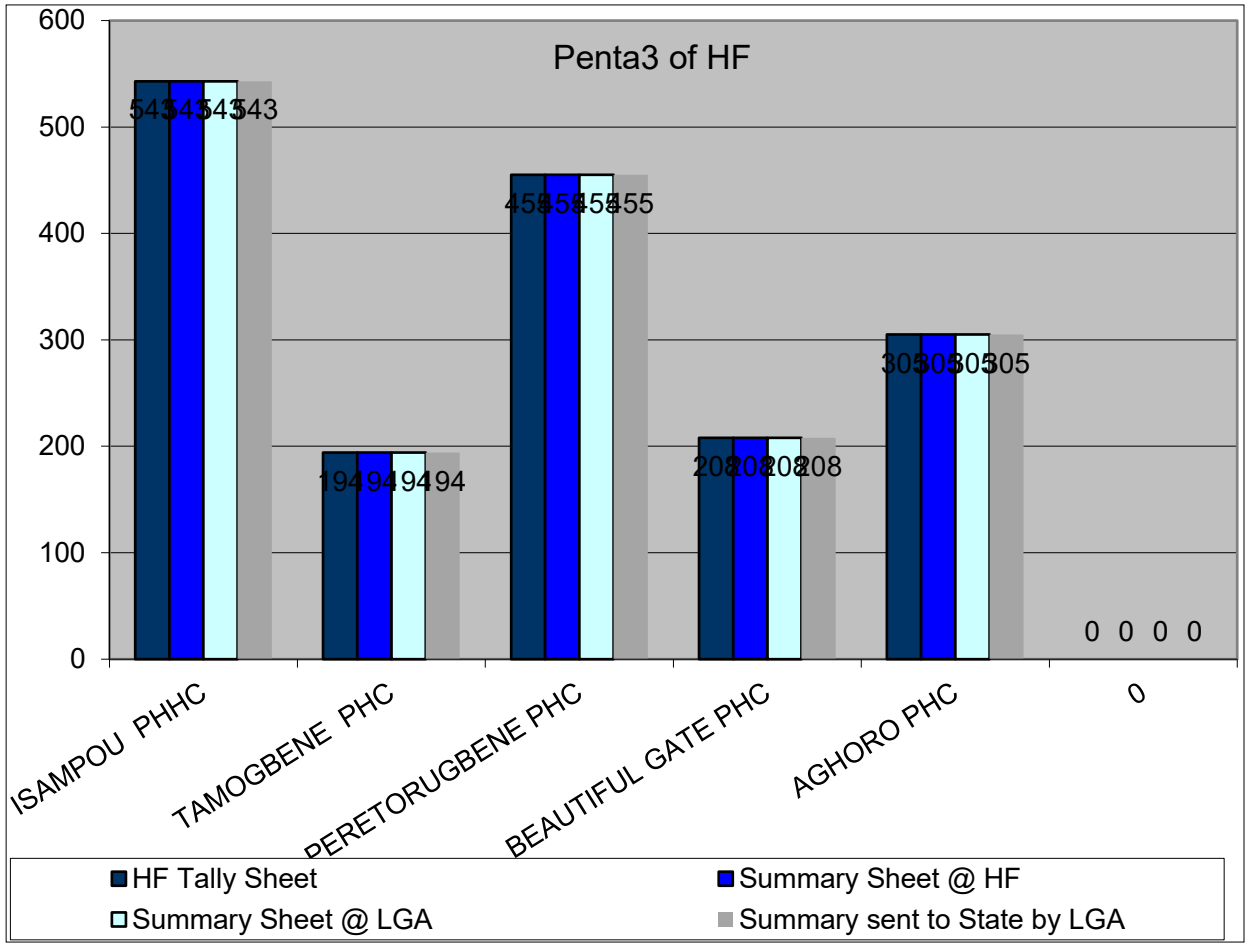
Archiving: No individual files for health facility reports at the LGA level. LGA RI data is computerized.

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.

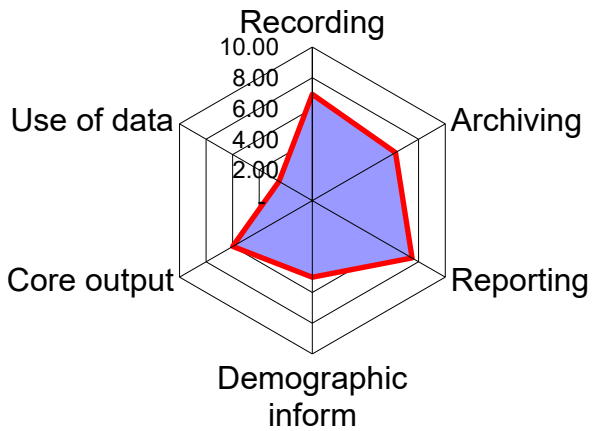
Ekeremor LGA





Data Discrepancies noticed in 3 Facilities in terms of OPV3 data, markedly in Peretorugbene PHC. Missing data at both the State & LGA level for these facilities. Need for improvement in Data flow

Facility Review - Ekeremor LGA

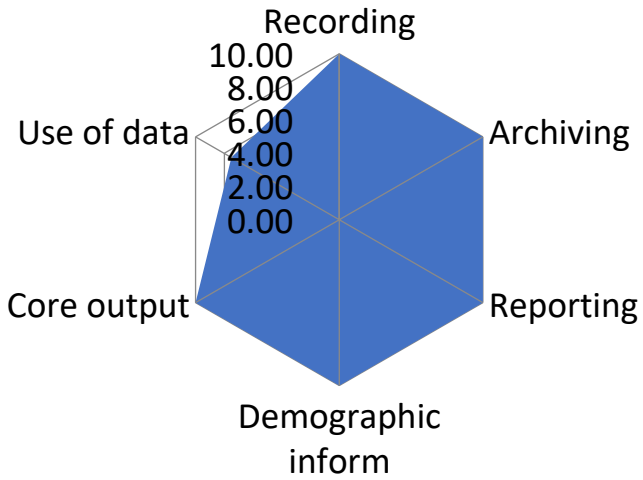


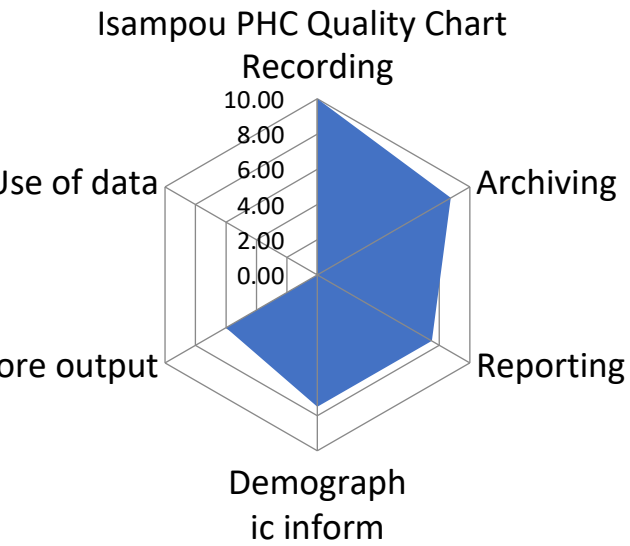
Aghoro PHC the best performing facility of the 6 in terms of Quality and only need for improvement in use of data, with Peretorugbene PHC been the worst.

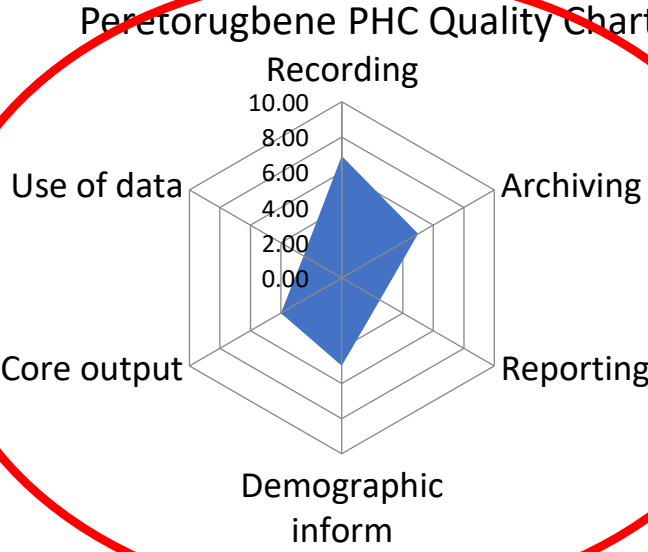
KEY GAPS

Recording:

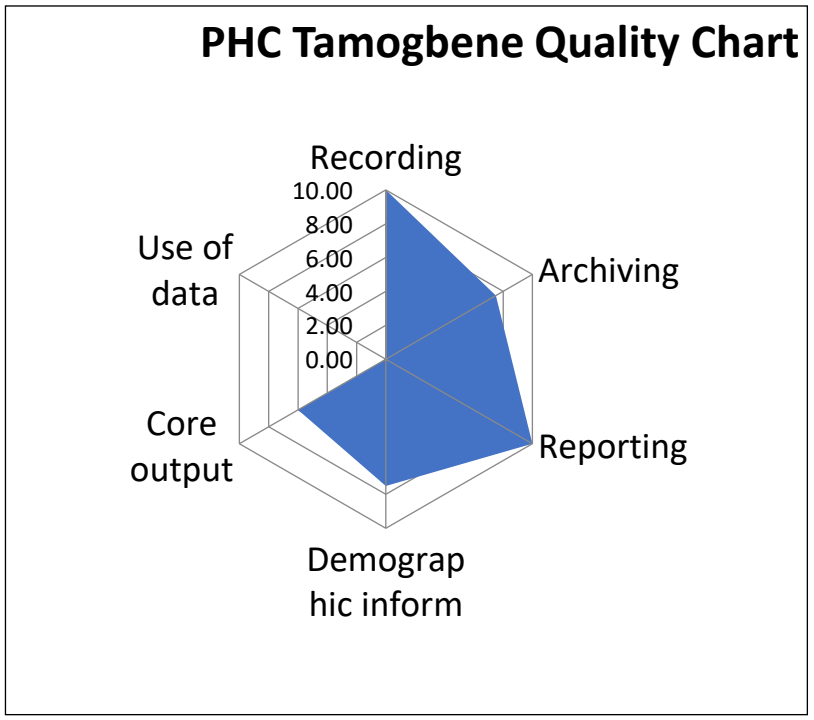
- Health staff are aware of SOP to record severe AEFI but reporting is not optimal.
- AEFI kit are not available at the LGA and Health facilities level.
- Child Immunization register properly utilized by Settlement in all Health Facilities.







Facility Review - Ekeremor LGA



KEY GAPS AT FACILITIES

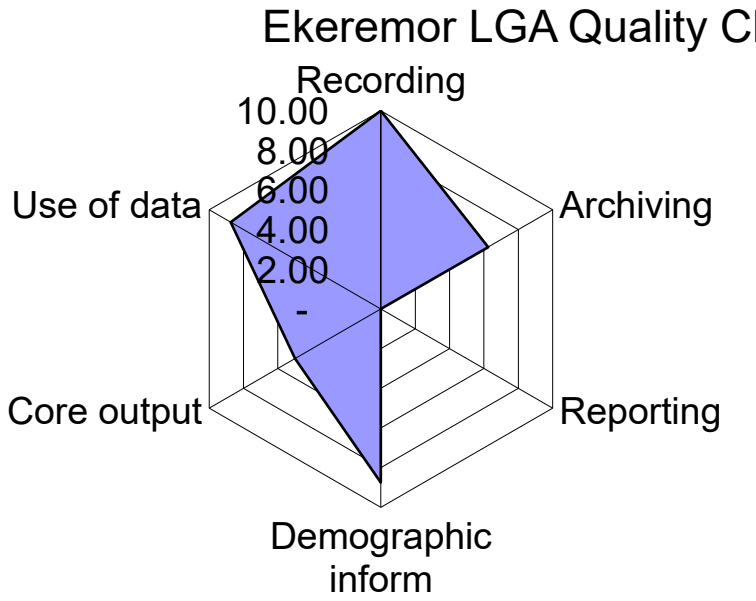
Core output:

- Vaccine wastage not well monitored in all HFs.
- No Chart for monitoring VPDs in all health facility.

Use of Data for Action:

- Evidence of feedback from the LGA to the HF not seen.
- No plan is available to address issues of low access.
- Evidence of interaction with community on Immunization not seen in all facilities.

Ekeremor LGA Level Review



	Y	N	%
Overall	111	30	79%
Recording	21	-	10.00
Archiving	15	9	6.25
Reporting	-	-	
Demographic inform	21	3	8.75
Core output	15	15	5.00
Use of data	21	3	8.75

KEY FINDINGS AT THE LEVEL

Recording:

- All ledger books for antigens, dry stock and data tools available and updated in the LGA and assessed health facilities.
- 100% of reports found at the LGA level and facility level have been endorsed and signed with dates.

Archiving:

- No evidence of documented feedback at LGA level.
- DHIS2 data stand as their electronic copies of report at LGA level.

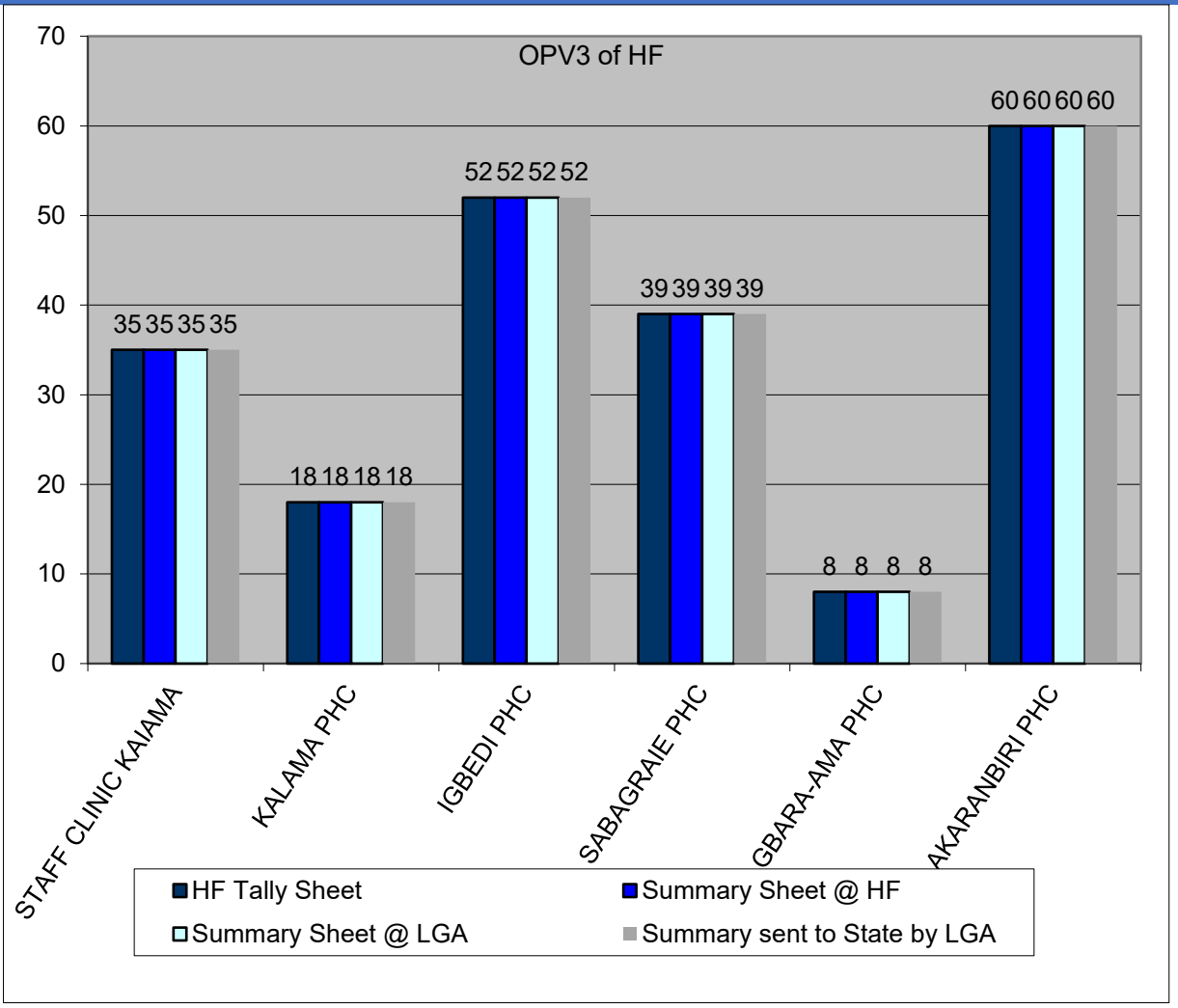
Reporting:

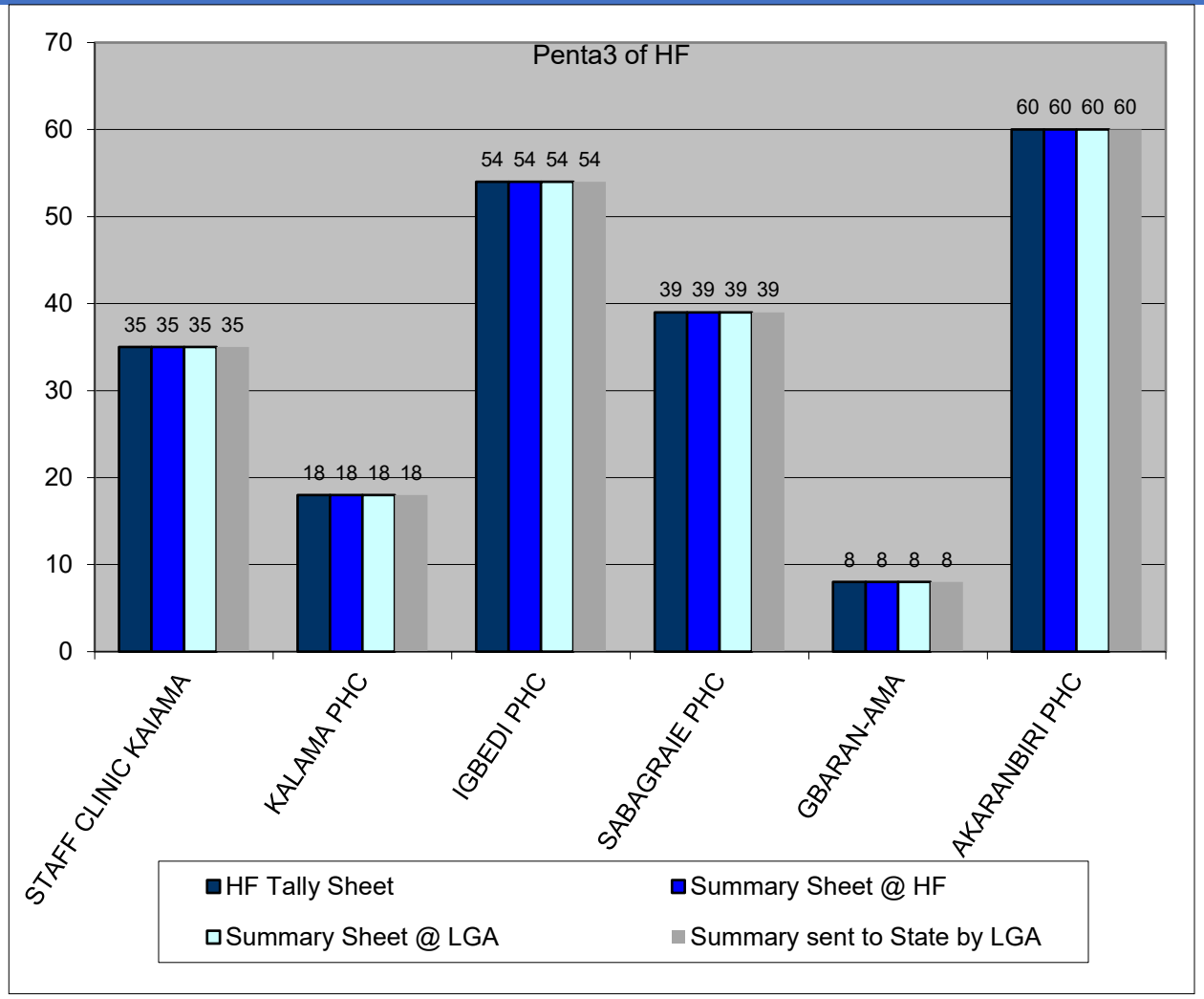
- LGA do not have a standard procedure for dealing with late submission of report
- AEFI committees are not functional at all levels assessed.

Core output:

- LGA does not have an indicator for monitoring immunization safety.
- Evidence of LGA monitoring performance of health facilities not seen.

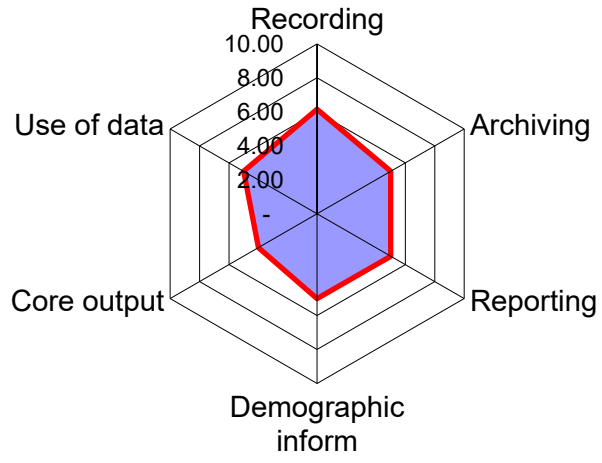
Kolokuma Opokuma LGA

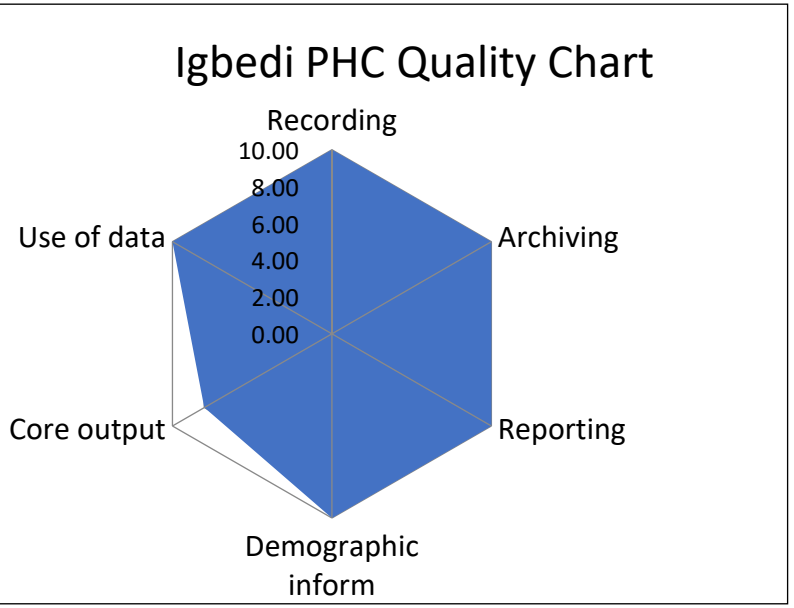




Across all Facilities assessed, could be seen that Data flow is perfect with figures uniform at all Levels

Facility Level Review - Kolokuma Opokuma LGA

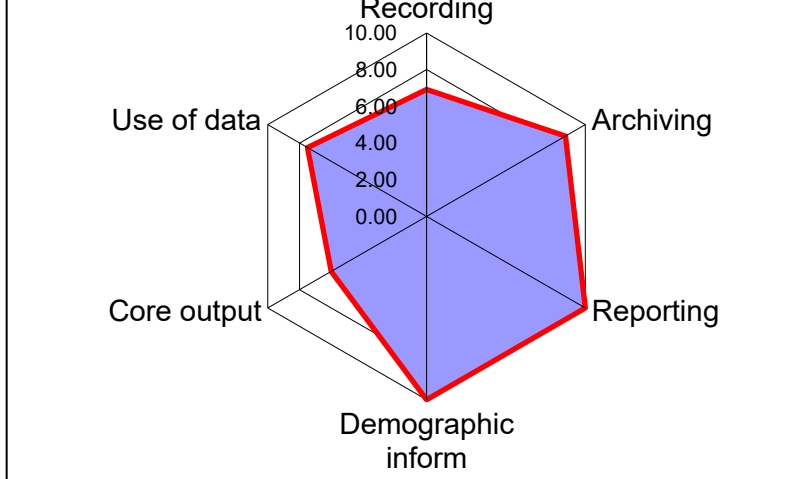


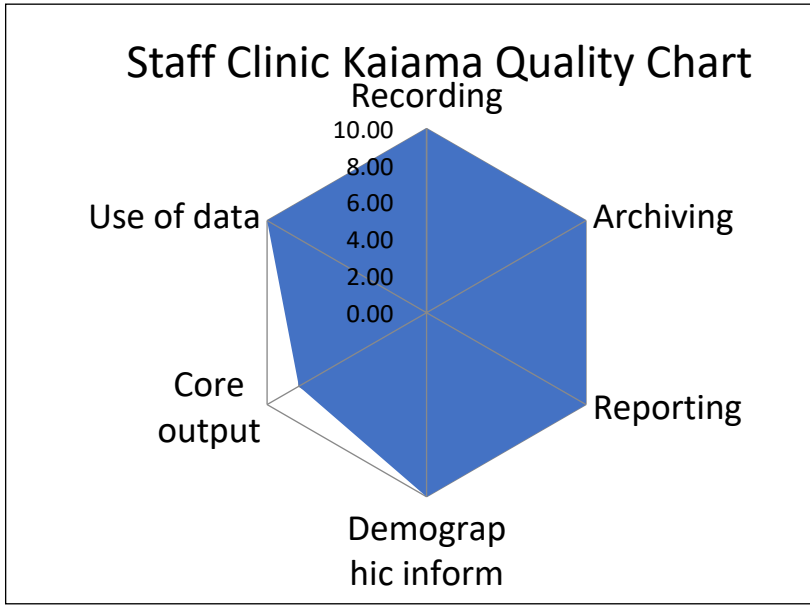


Quality of data in two facilities (Igbedi and Staff Clinic Kaiama) was very good.

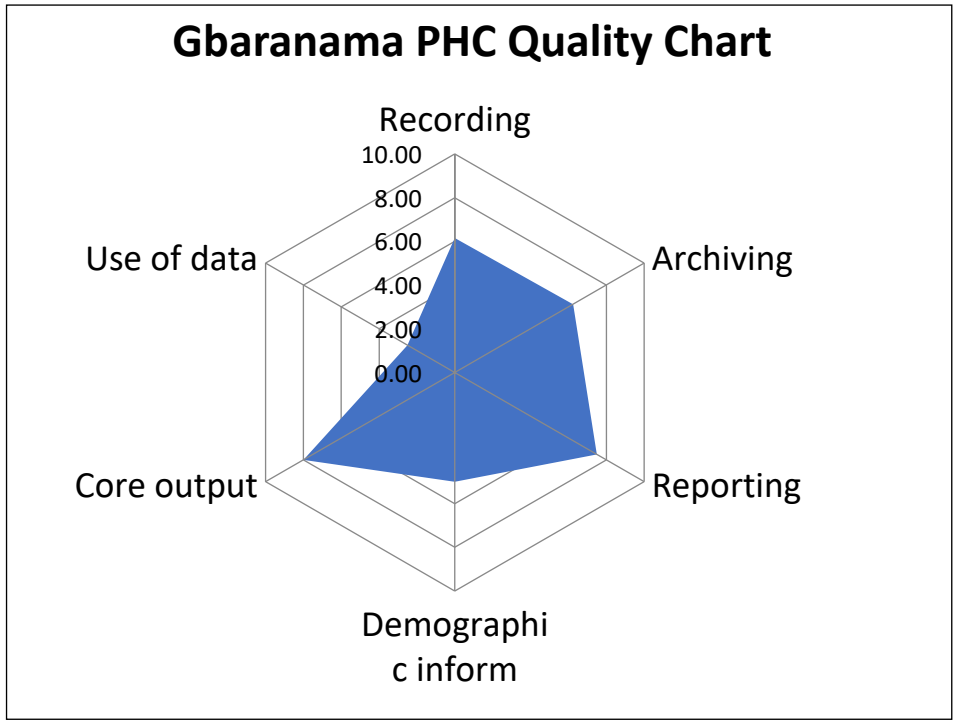
- A major gap across all facilities is the Lack of feedback transmitted from LGA to HFs for prompt action.
- AEFI Reporting also a significant gap seen

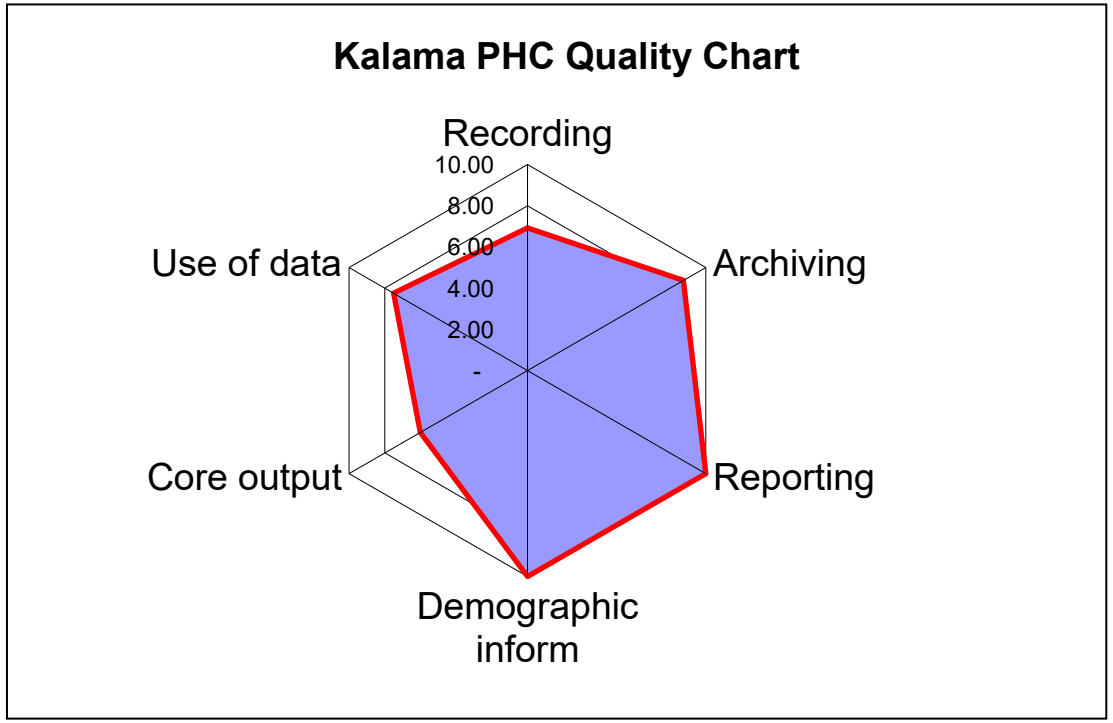
Akaranbiri PHC was the poorest performing facility across all pillars (with some documents missing, following renovation of the facility)





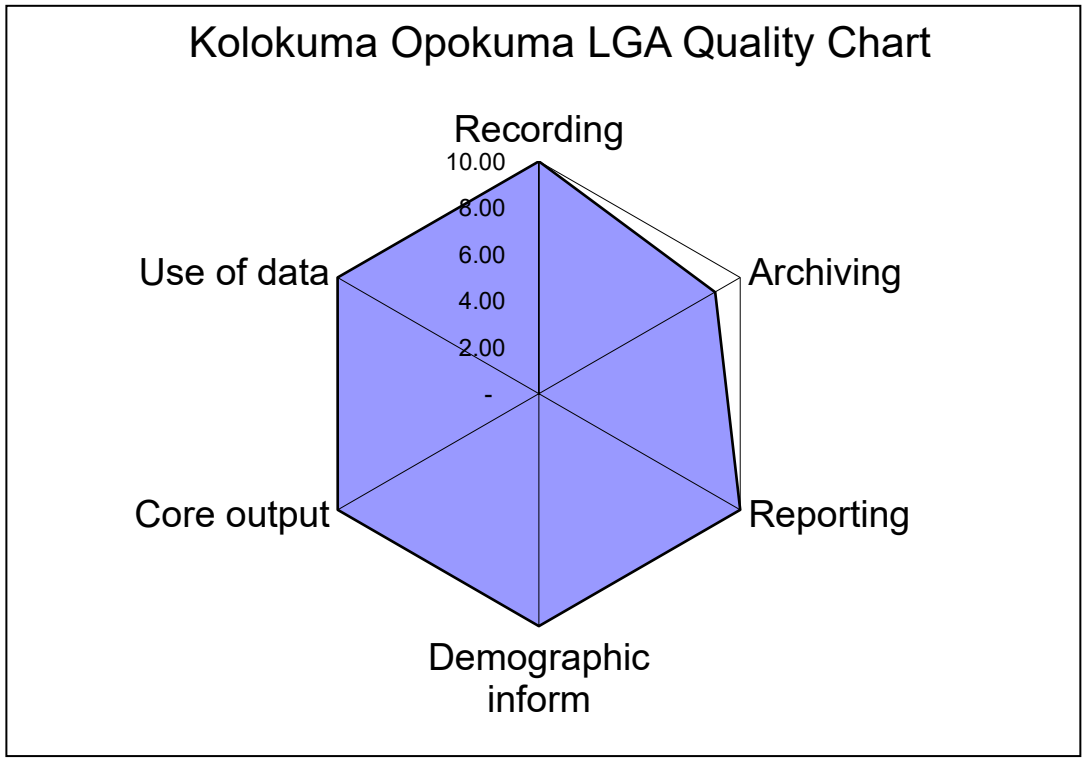
Facility Level Review - Kolokuma Opokuma LGA





One of the newest facilities (Gbaranama PHC). Need for support in terms of improving data quality in the facility

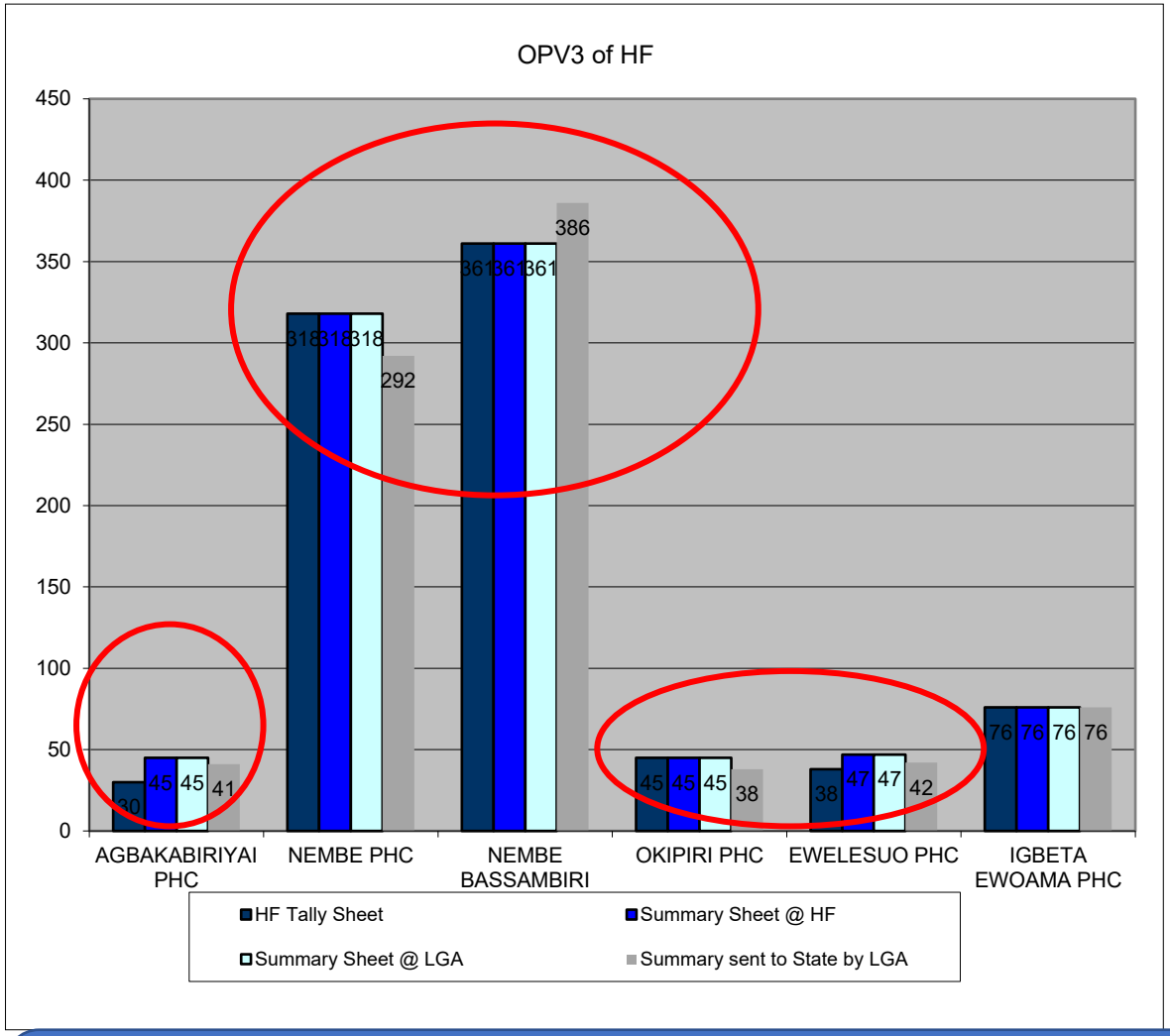
Kolokuma Opokuma LGA Level Review

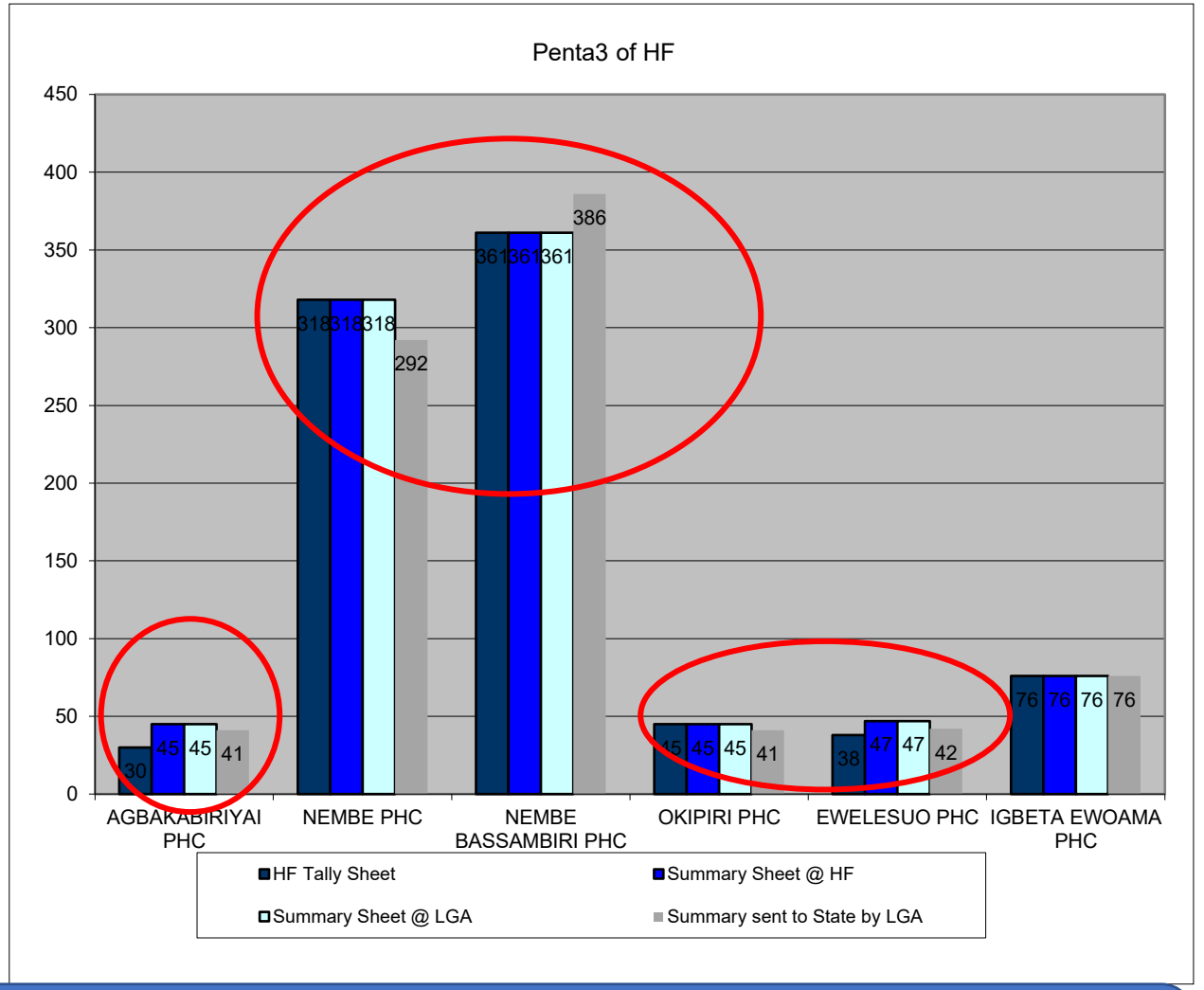


	Y	N	%
Overall	138	3	98%
Recording	21	-	10.00
Archiving	21	3	8.75
Reporting	18	-	10.00
Demographic inform	24	-	10.00
Core output	30	-	10.00
Use of data	24	-	10.00

Key Gap noticed is the issue of archiving, with facility data seen but not properly arranged/archived, hence difficulty accessing some documents. No Documents seen on State feedback to LGA

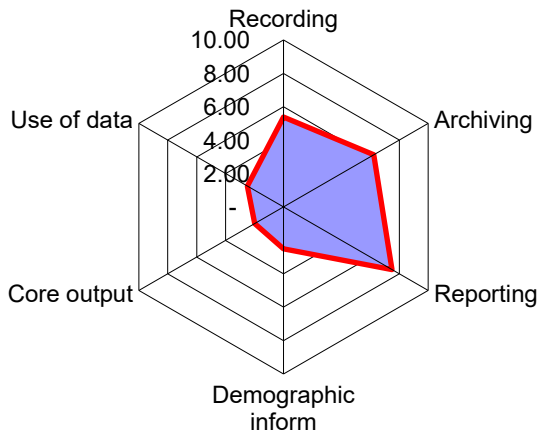
Nembe LGA

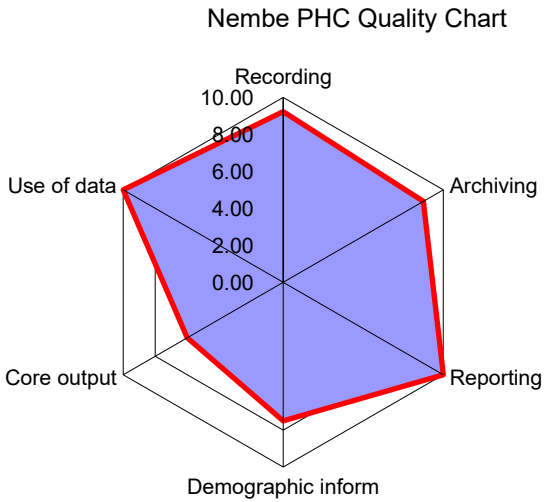




Noticeable Data discrepancies across all levels in all but one facilities. Discrepancies noticeably in tally sheets & data sent to the state. This is a major gap as data could be lost, reducing vaccination figures. Gap that was addressed during survey

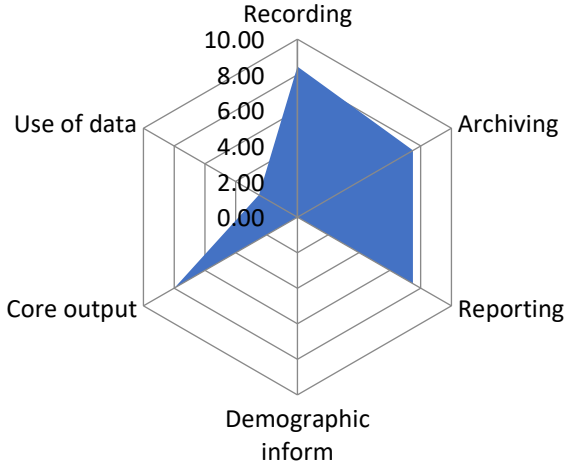
Facility Review - Nembe LGA

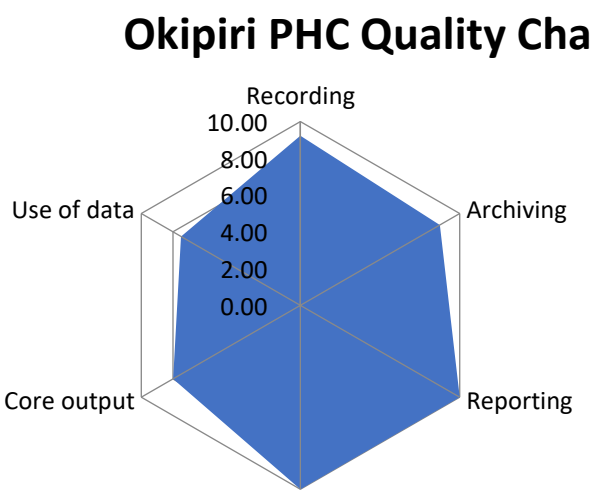




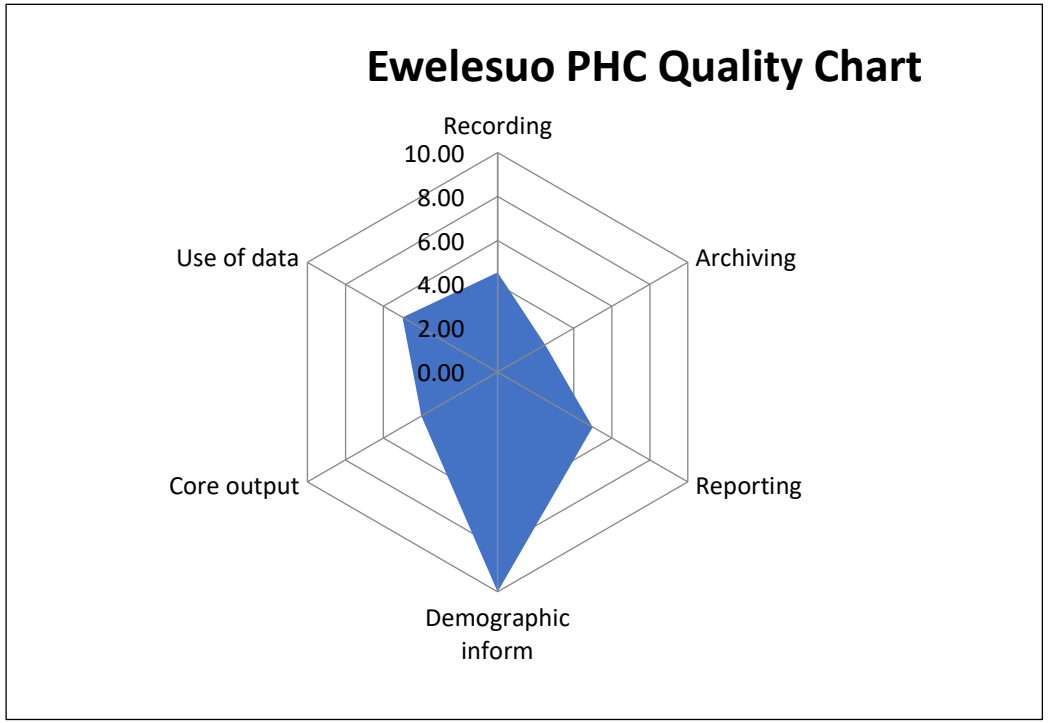
Only one facility showed Quality data (Okipiri PHC).

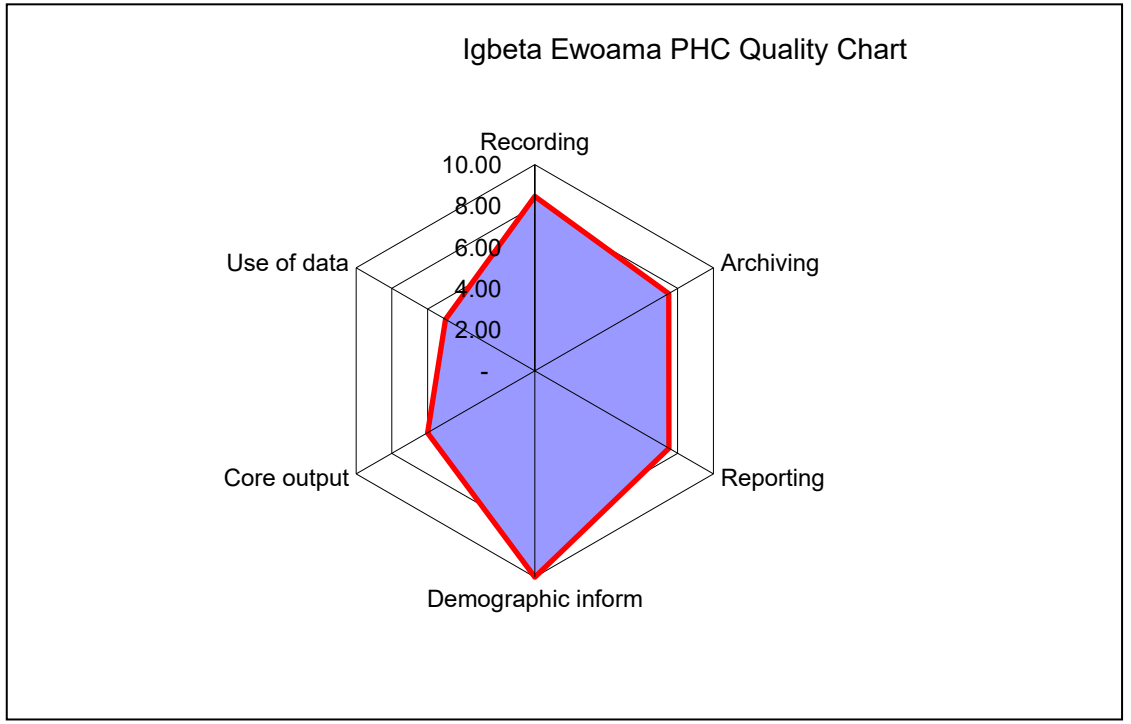
- Agbakabiriyai PHC is the poorest performing facility during assessment with difficulty accessing data due to poor archiving & documentation.
- At the facility level, No vaccine issuance receipt seen, with poor use of TT register noticed in Agbakabiriyai PHC





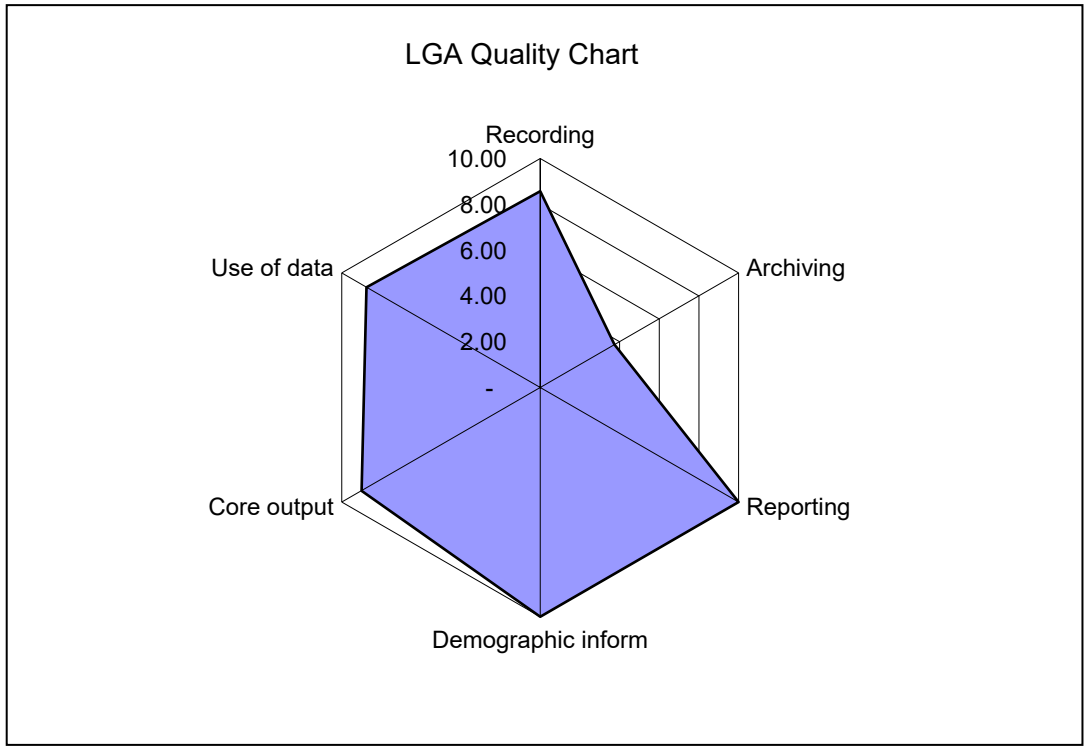
Facility Level Review - Nembe LGA





- Difficulty accessing most documents at Ewelesuo PHC.
- Poor use of Temperature monitoring charts in most Health Facilities.
- Poor AEFI reporting system across all Facilities.
- Tracking of Newborn a major gap, especially in Agbakabiriyai & Ewelesuo PHC.

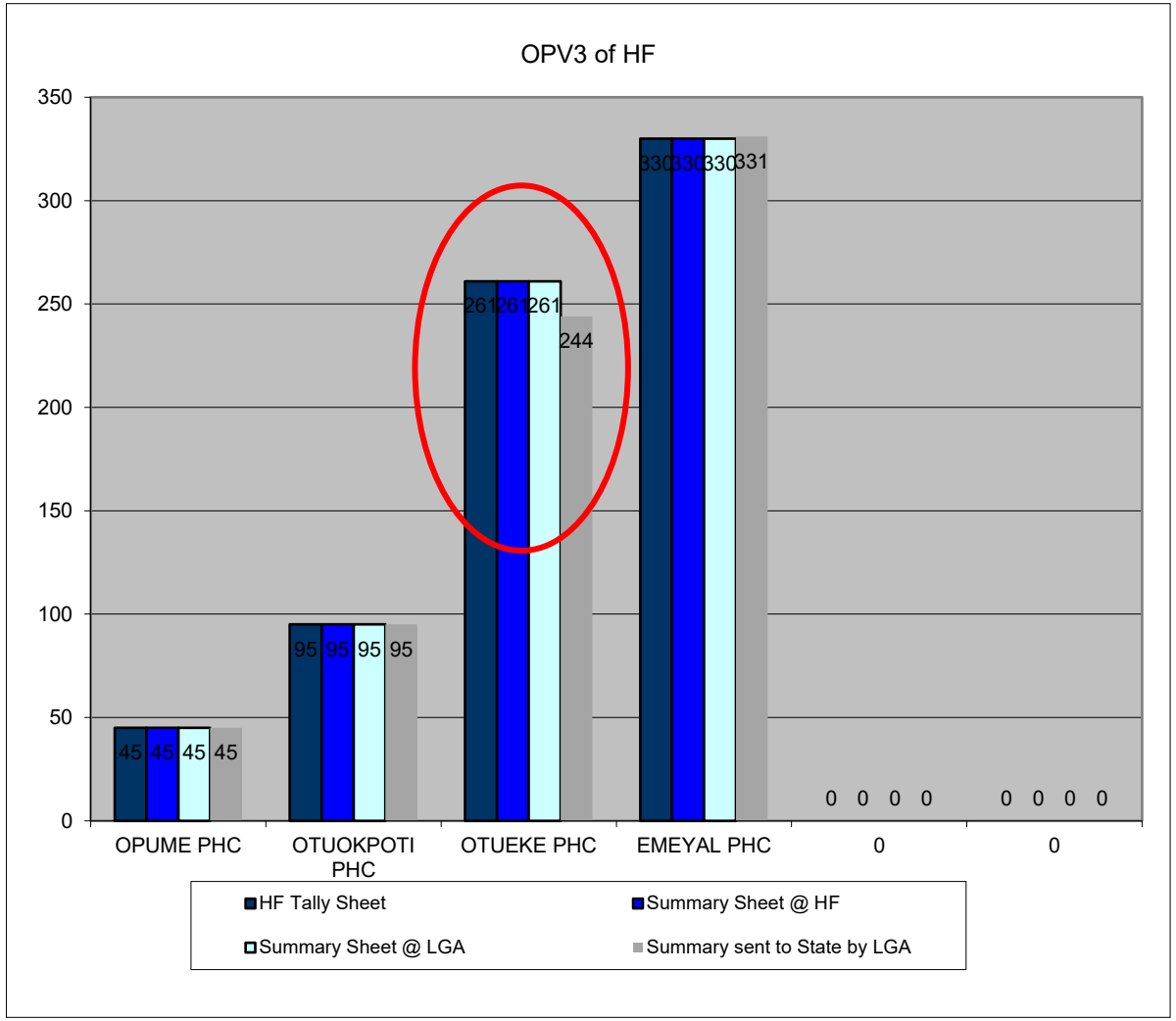
Nembe LGA Level Review

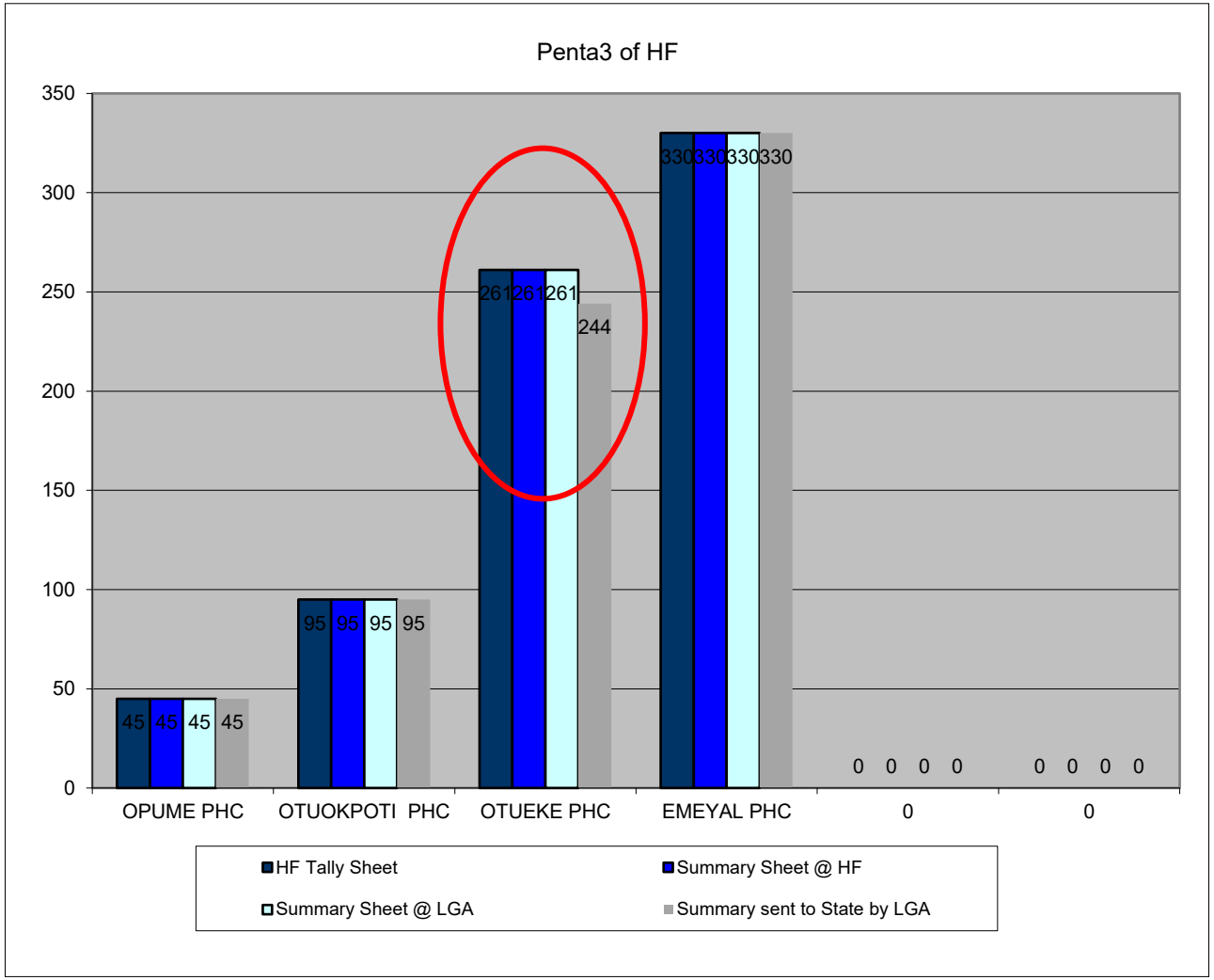


	Y	N	%
Overall	**117**	**24**	**83%**
Recording	18	3	8.57
Archiving	9	15	3.75
Reporting	18	-	10.00
Demographic inform	24	-	10.00
Core output	27	3	9.00
Use of data	21	3	8.75

At the LGA Level, the major challenge is Archiving of documents. HF reports not easily accessible. No supervisory feedback report to any Facility seen.

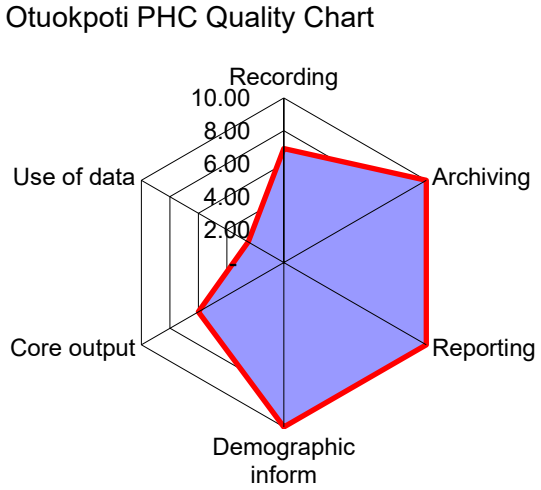
Ogbia LGA

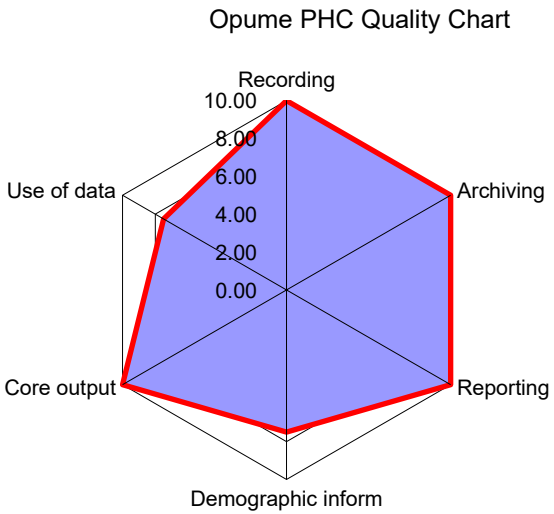




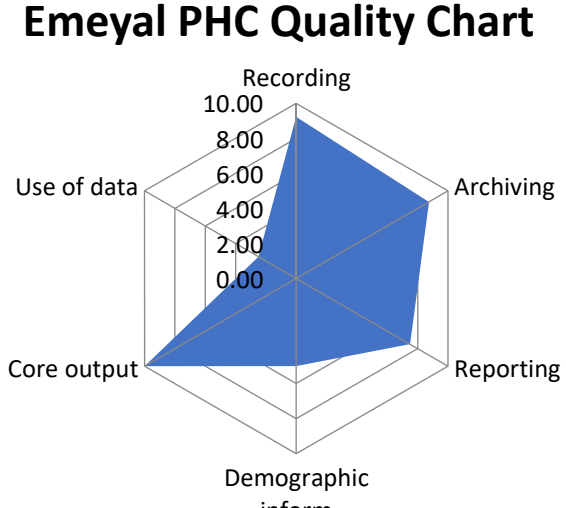
Under- reporting of Data at the State/National Level (DHIS) in Otueke PHC. Other HFs showed an accurate flow of data

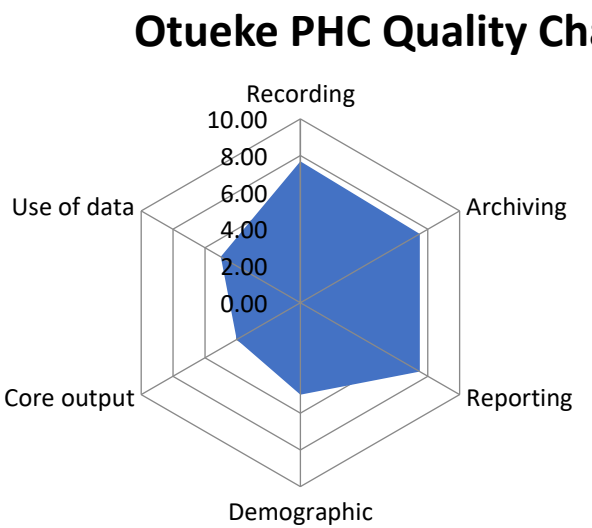
Facility Level Review - Ogbia LGA



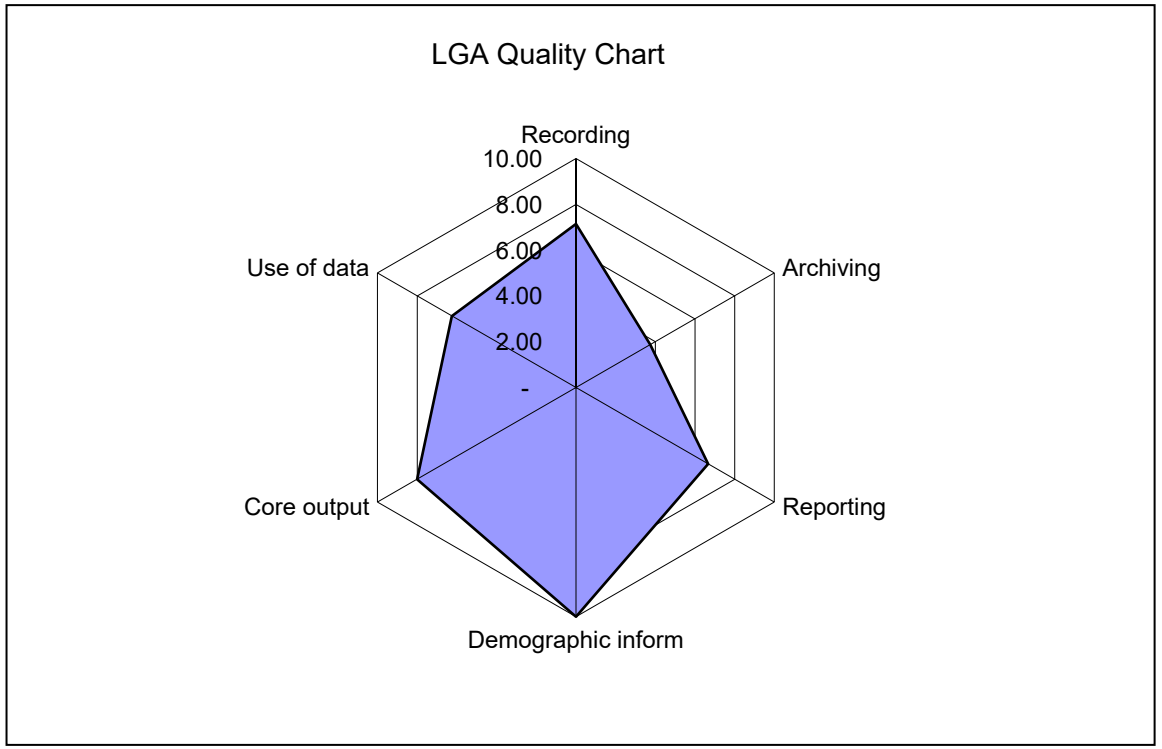


- A major gap in facilities visited is the use of Data for action.
- No LGA feedbacks seen in facilities in terms of Supervisory feedback.
- Poor Line listing of Newborns at facility levels.
- Poor use of mechanisms to resolve issues of High drop out rate.
- No signs of Village Development committee meeting (Non-functional).
- AEFI committee non-functional with poor linelisting





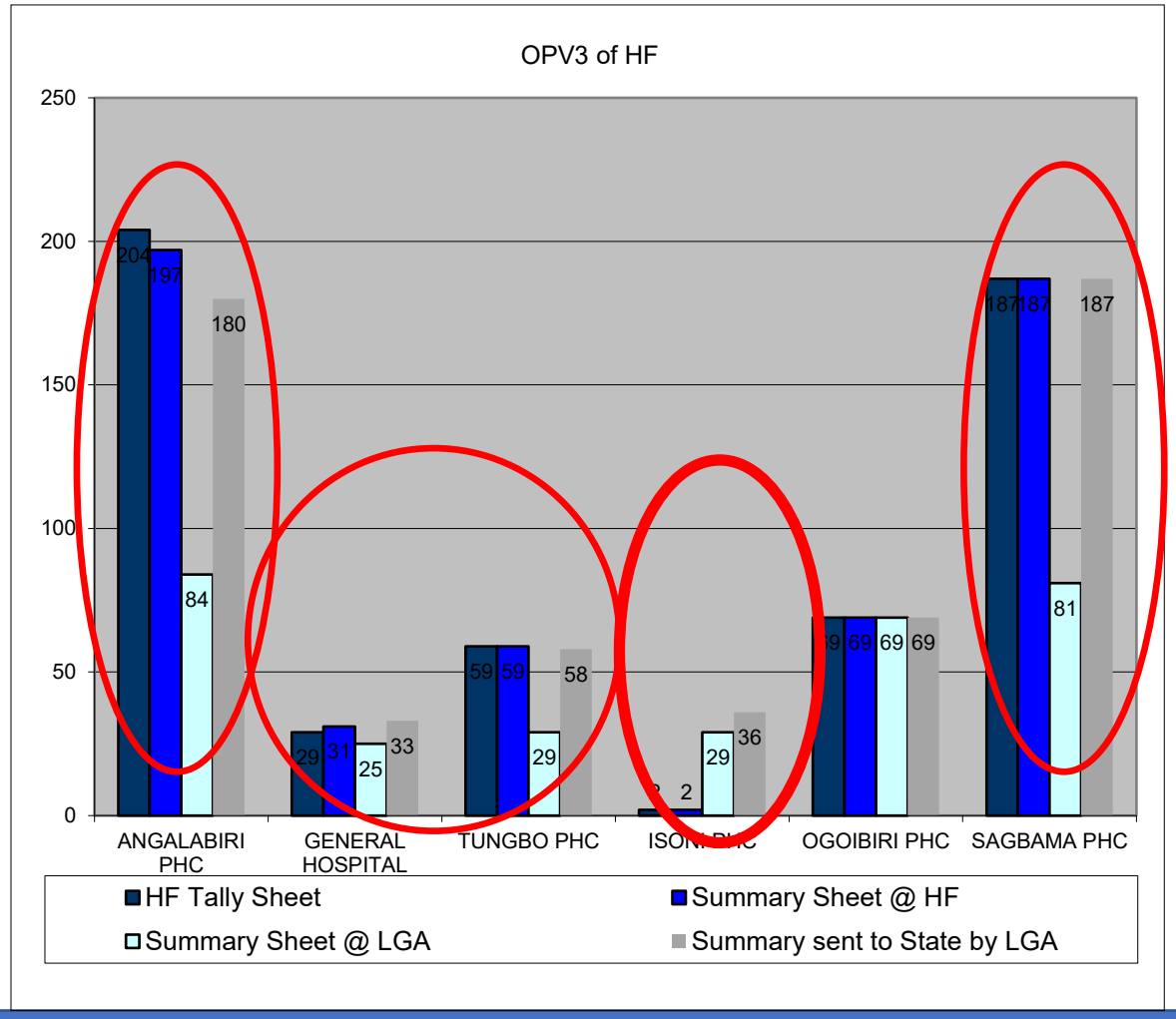
Ogbia LGA Level Review

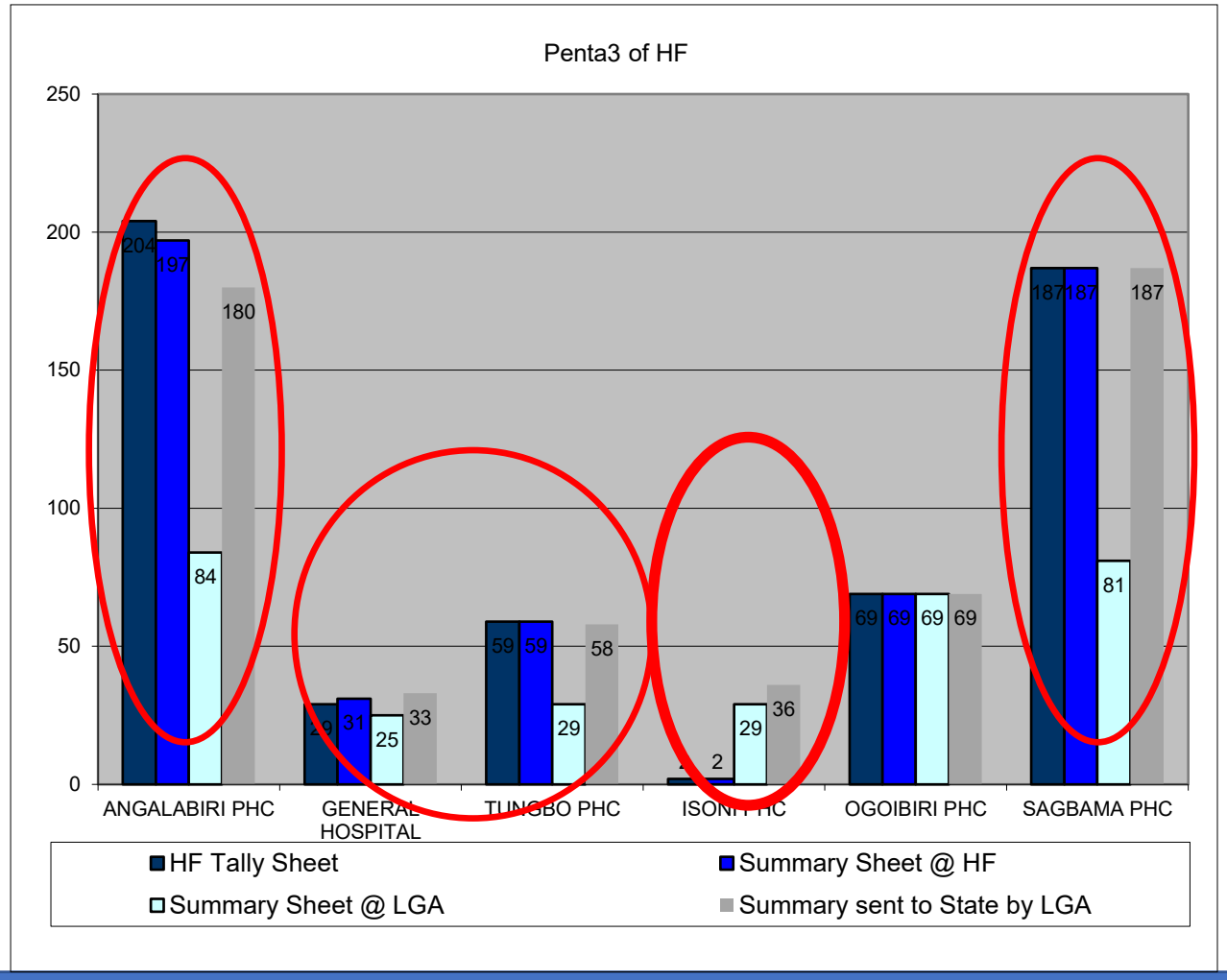


	Y	N	%
Overall	**99**	**42**	**70%**
Recording	15	6	7.14
Archiving	9	15	3.75
Reporting	12	6	6.67
Demographic inform	24	-	10.00
Core output	24	6	8.00
Use of data	15	9	6.25

- A major Challenge is Archiving of records & Documents, with some data tools affected during the Flood disaster.
- Poor use of Feedback from the state for action with no evidence of feedbacks seen at the LGA level.

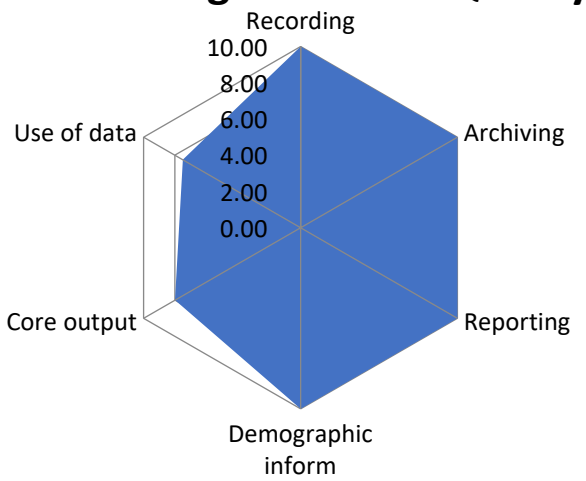
Sagbama LGA





Major Data discrepancies across 5 of the 6 facilities visited. Use of data tools in PHC Isoni been very poor with only 2 Months of data seen at the Facility level in both the Tally sheet and Summary. At the LGA level, in 5 Facilities, summary for Month of Jan – June 2022 were the only ones accessed/available.

Facility Level Review - Sagbama LGA



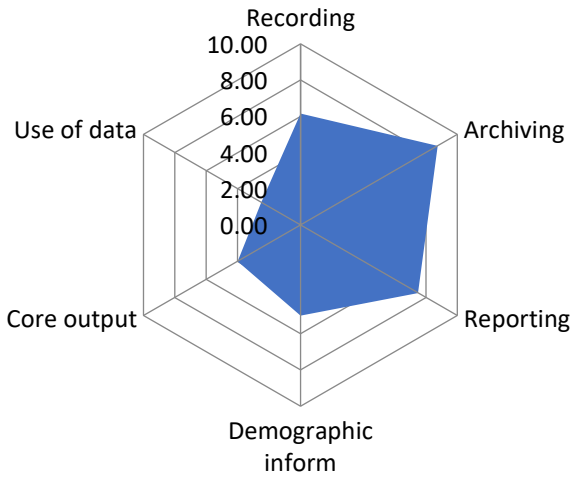
Sagbama PHC was the best Performing facility while PHC Isoni was the Worst.

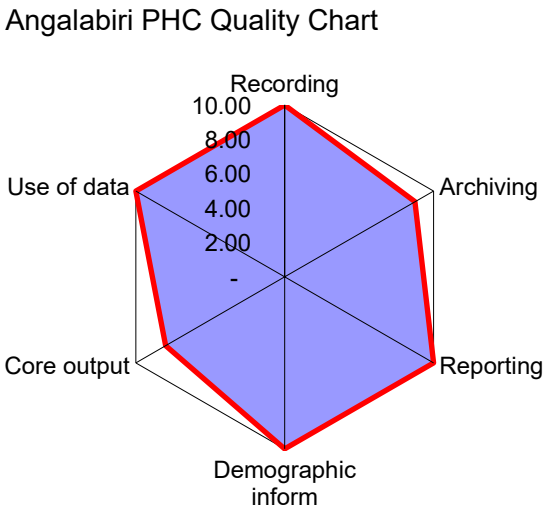
Recording:

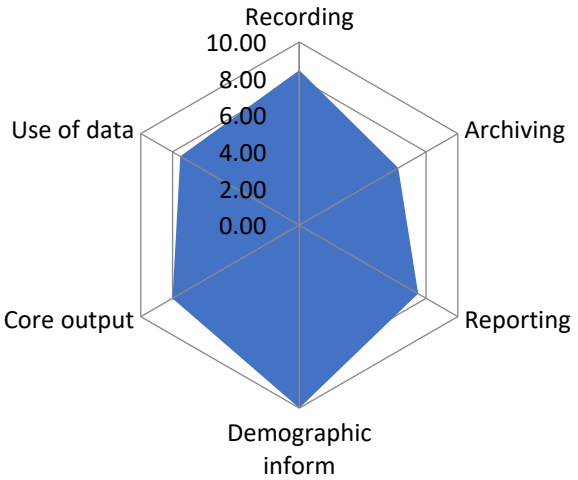
- Poor use of the TT registers in most facilities as various fields not filled properly.
- Poor use of VM1 data tools and vaccine issuance receipts not sighted in most facilities
- Temperature monitoring charts poorly used.

Reporting

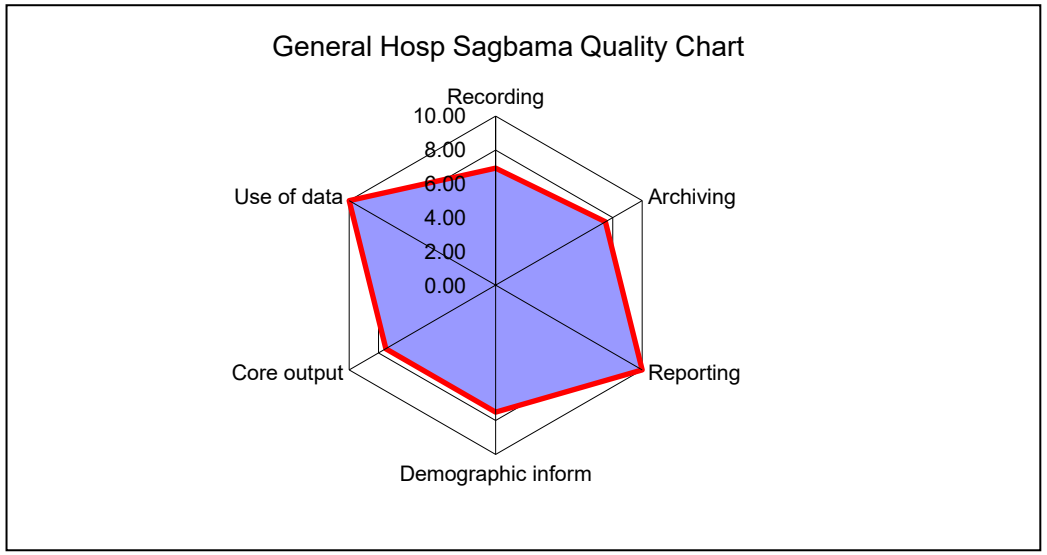
- Poor AEFI reporting across all Facilities in the LGA with a non functional AEFI committee

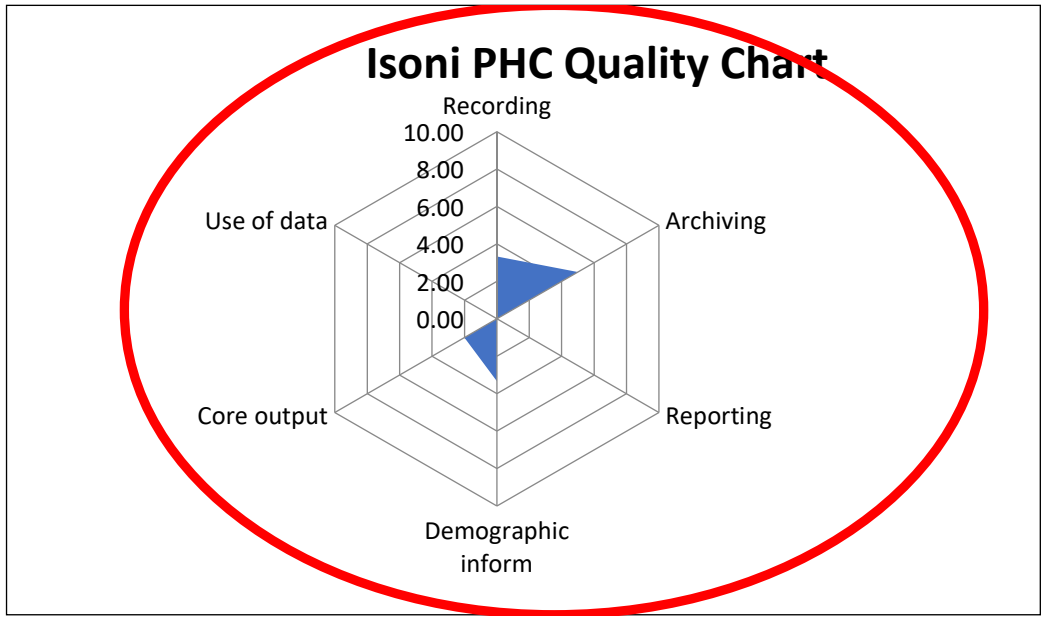






Facility Level Review - Sagbama LGA





- Non realistic target in some facilities .
- Poor/No catchment area map sighted in most facilities

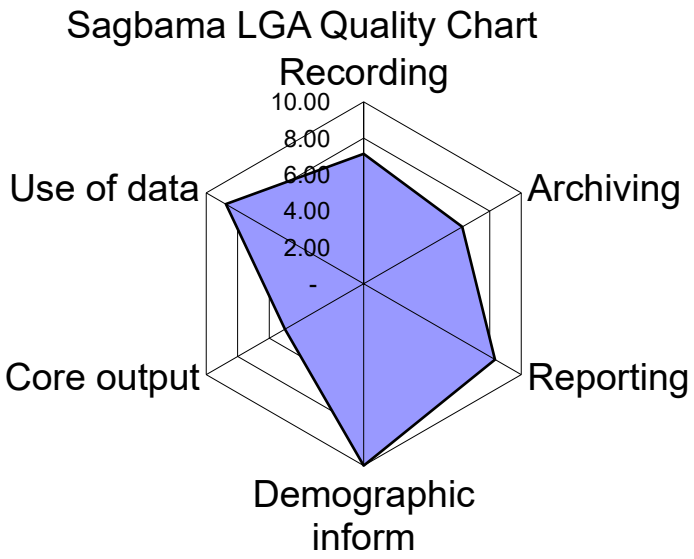
Core Output

- No VPD Chart seen in any facility
- RI monitoring chart focused only on Penta vaccine

Data for Action

- Necessary actions to resolve high drop out not taken
- No evidence of LGA feedback to facilities
- No evidence of a functional WDC/VDC

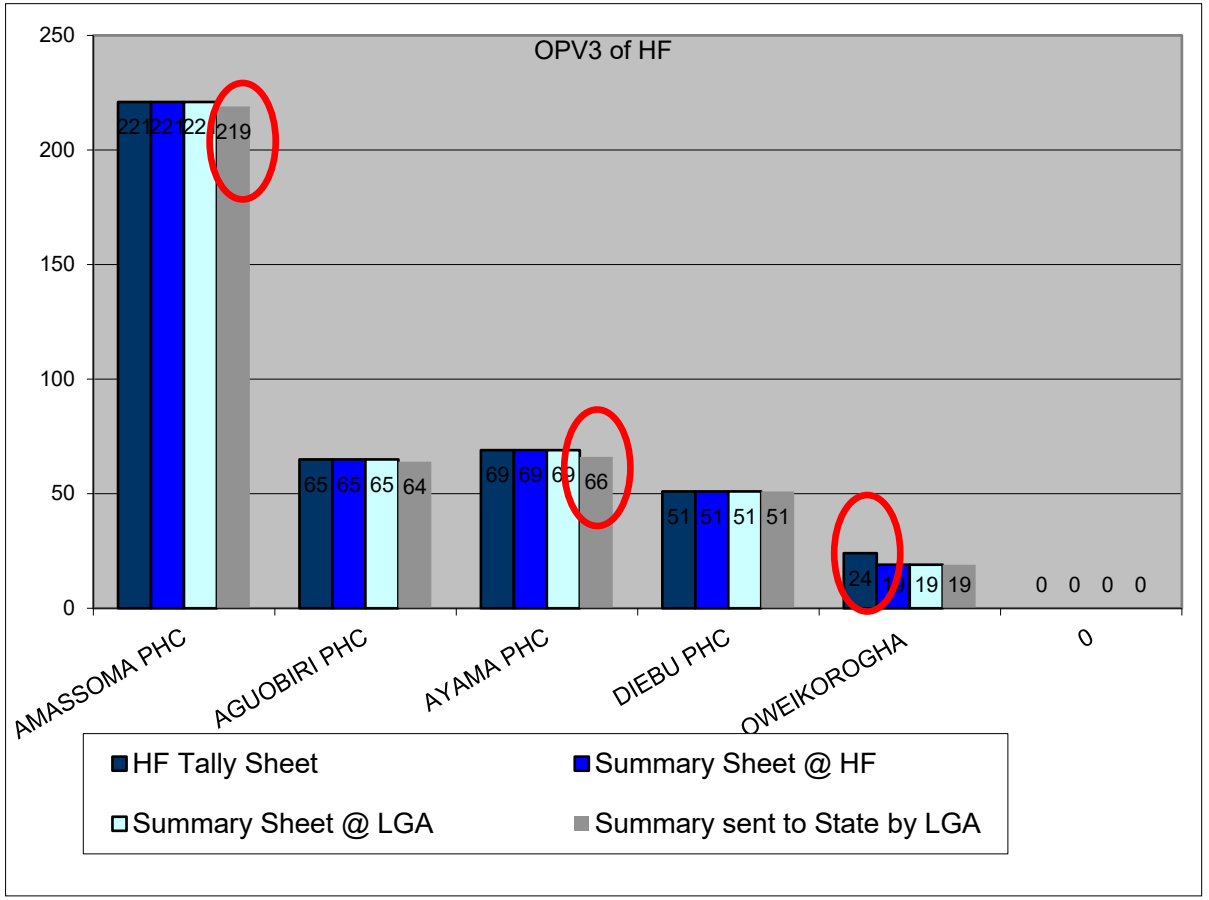
Sagbama LGA Level Review

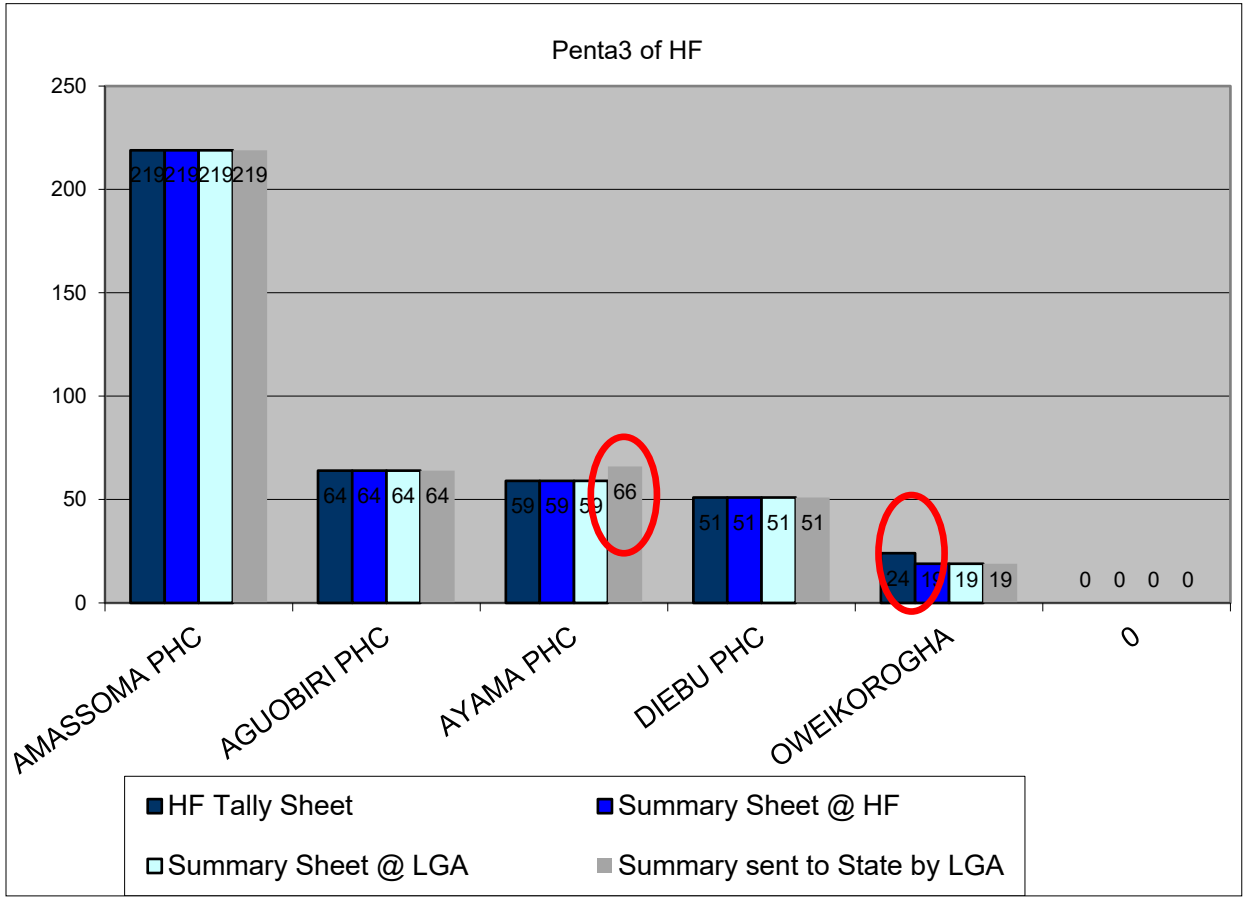


	Y	N	%
Overall	**105**	**36**	**74%**
Recording	15	6	7.14
Archiving	15	9	6.25
Reporting	15	3	8.33
Demographic inform	24	-	10.00
Core output	15	15	5.00
Use of data	21	3	8.75

- Missing data from some Facilities from the month of July to September 2022 at the LGA level
- Major data discrepancies at all Levels of reporting
- Very poor archiving system at the LGA level
- Poor monitoring of Timeliness and Completeness of reporting from HFs
- Poor monitoring of HF performance with Supervision not based on data for action, rather convenience supervision
- No sign of State feedback for action

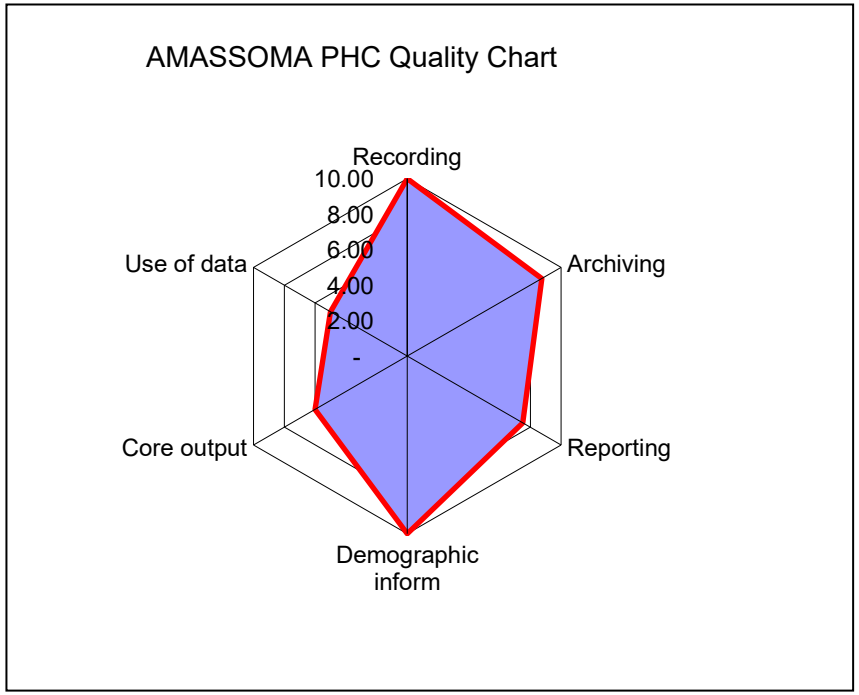
Southern Ijaw LGA





Discrepancies seen in data from tally sheet to summary for one Health Facility (Oweikorogha PHC). Major issue been discrepancies in state summary submissions.

Facility Level Review - Southern Ijaw LGA

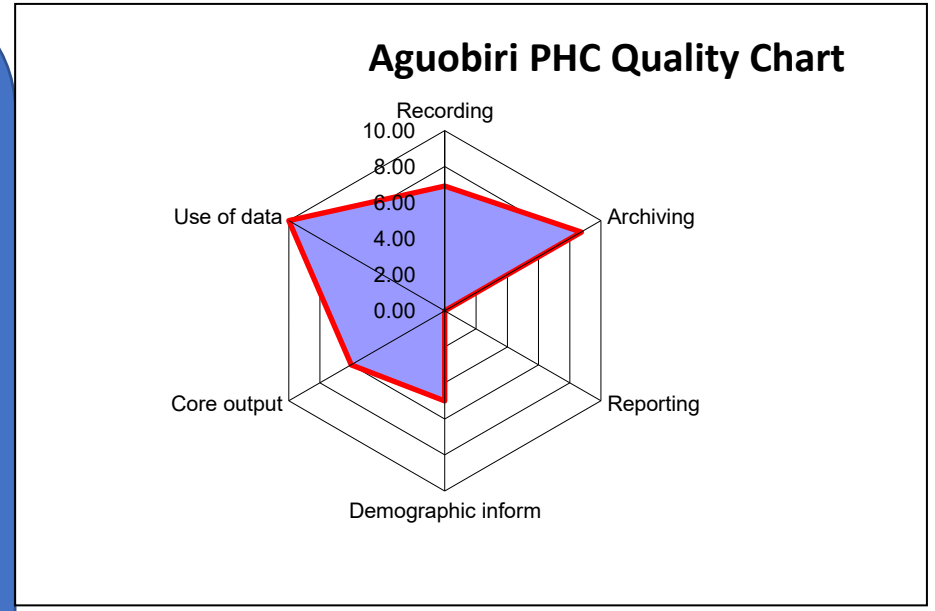


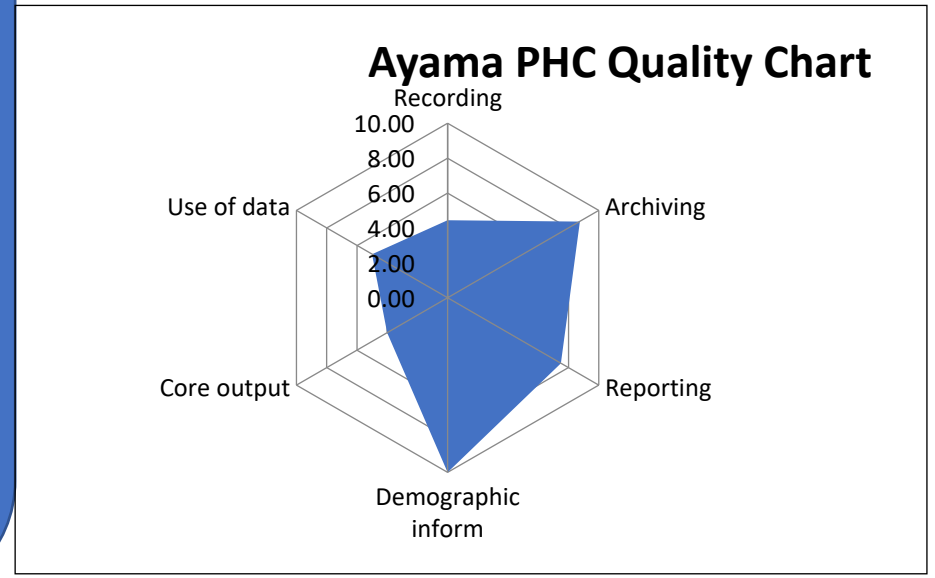
Recording:

- AEFI kits not sighted at any of the facilities visited. Sessions not conducted as planned in all health facilities.
- ALL 5 HF do not have a functional AEFI committee.
- The CCO and the assessed satellite cold chain facilities not consistent in daily monitoring of the cold chain equipment, AM and PM.

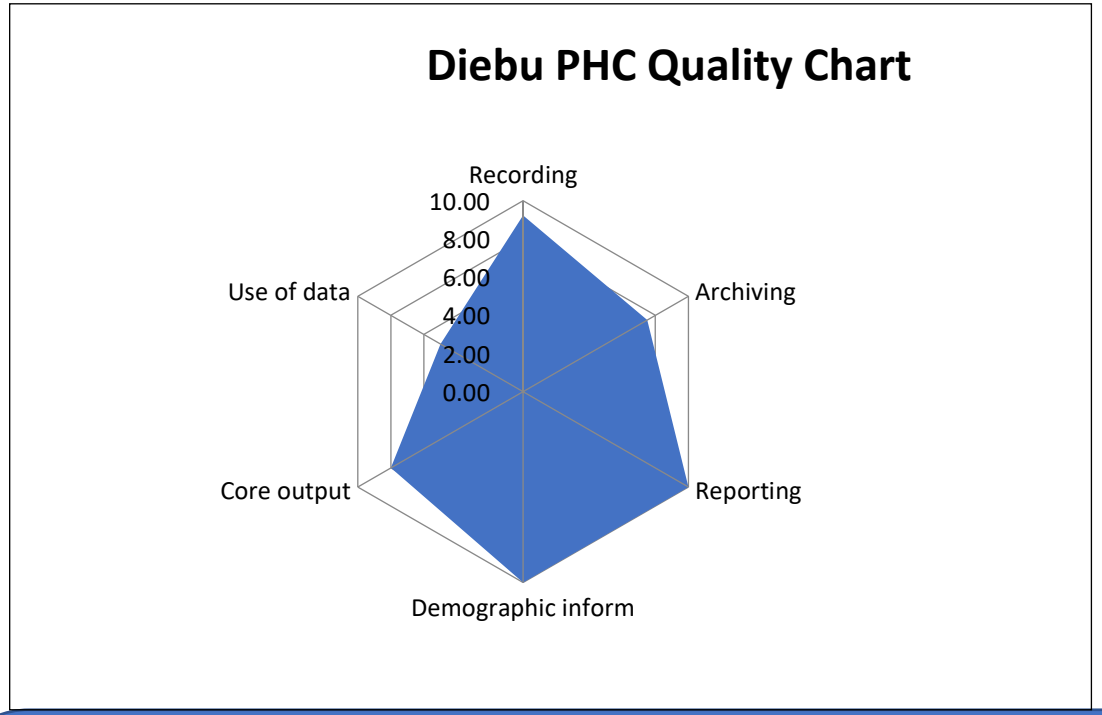
Reporting:

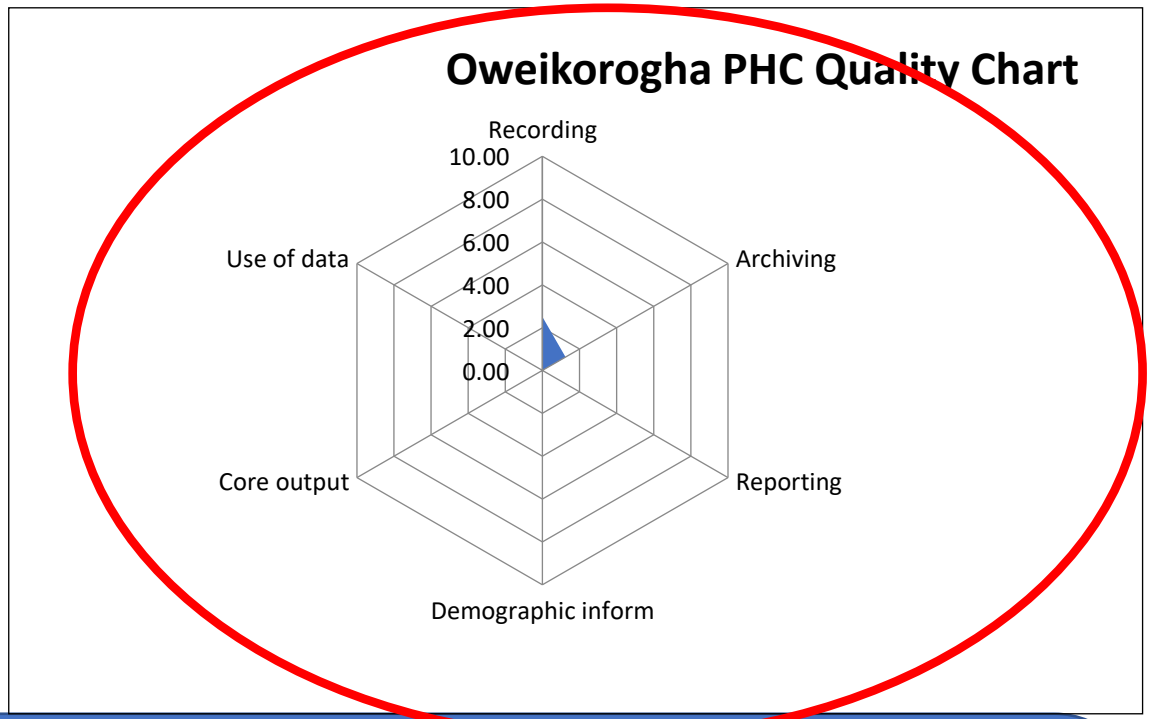
- Discrepancies seen in reporting at all levels (HF to LGA to State).





Facility Level Review - Southern Ijaw LGA





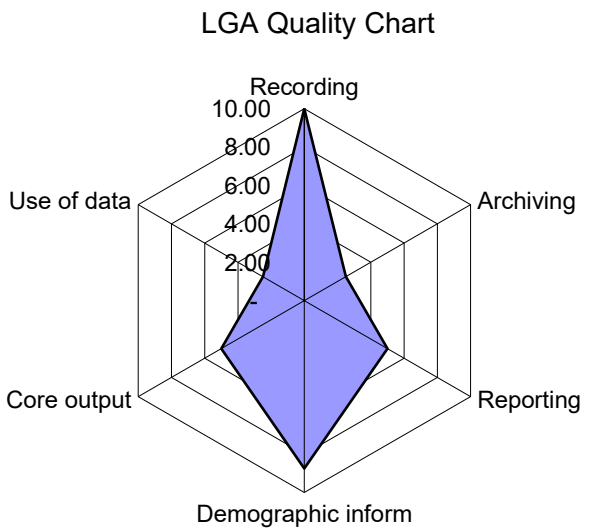
Core output:

- Vaccine wastage not monitored in all HFs.
- No Chart for monitoring VPDs in all health facilities.

Use of Data for Action:

- No evidence of feedback from the LGA to the HF seen.
- Evidence of interaction with community on Immunization not seen in all facilities.

Southern Ijaw LGA



	Y	N	%
Overall	**69**	**72**	**49%**
Recording	21	-	10.00
Archiving	6	18	2.50
Reporting	18	18	5.00
Demographic inform	21	3	8.75
Core output	15	15	5.00
Use of data	6	18	2.50

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.

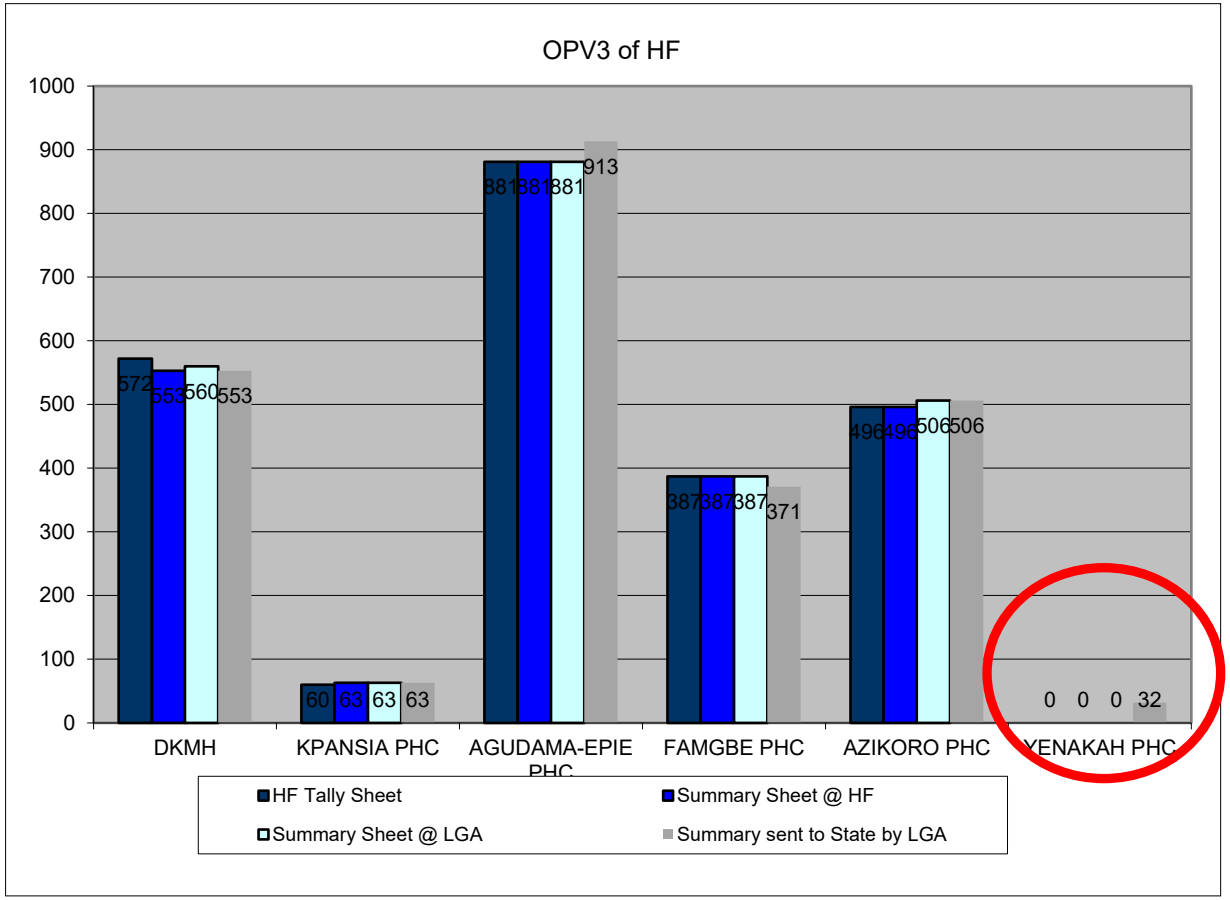
Demographic information:

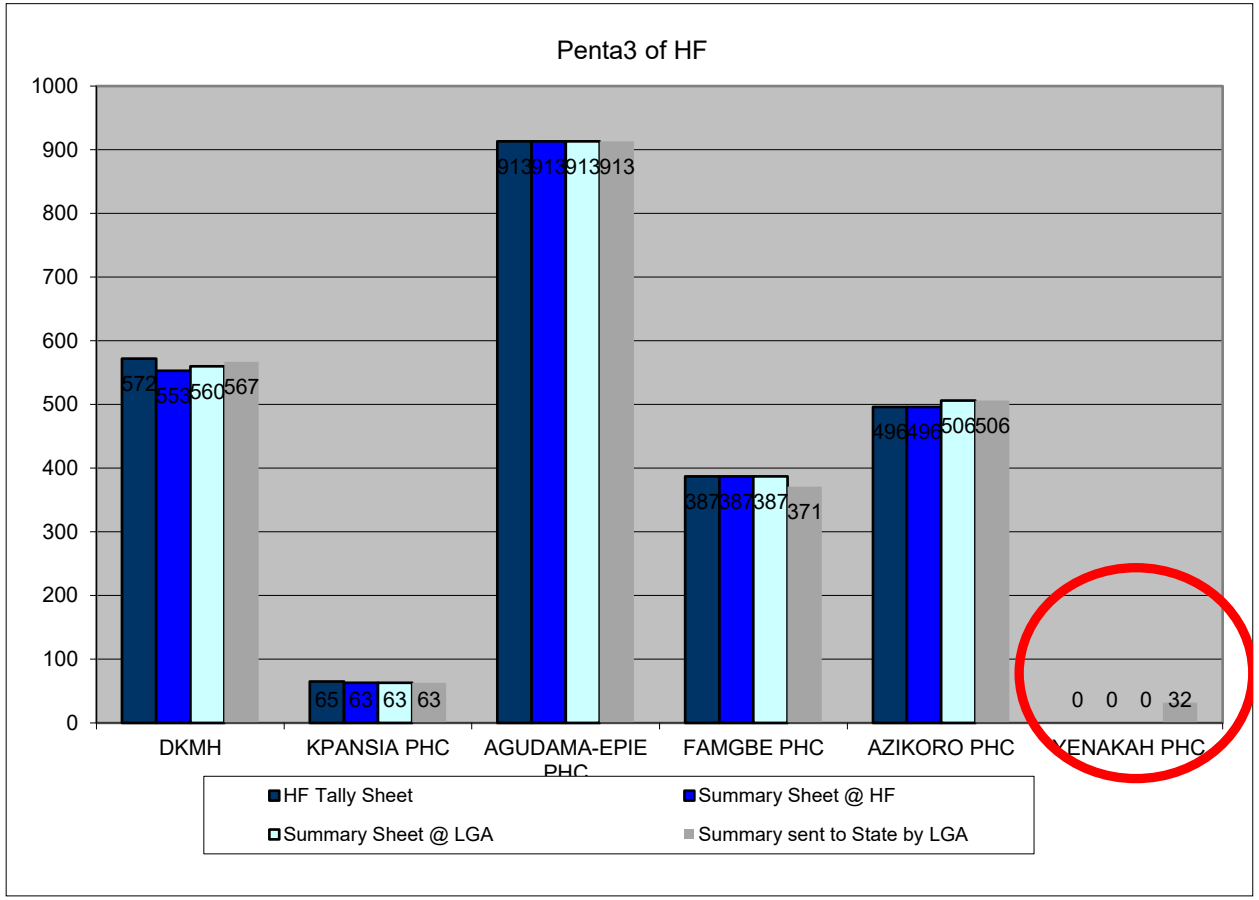
- No visible LGA catchment area map showing target population and type of strategy.

Core output:

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

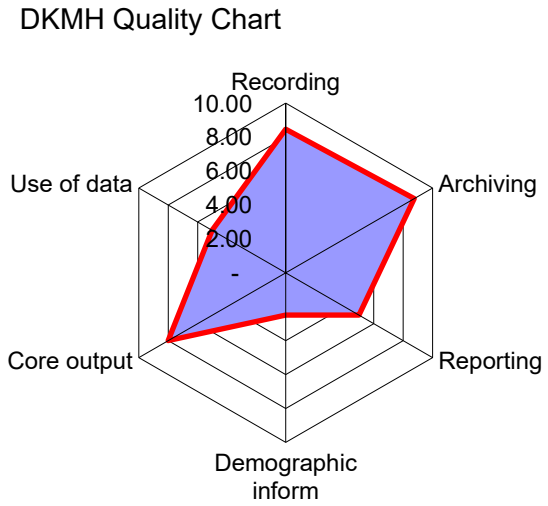
Yenagoa LGA



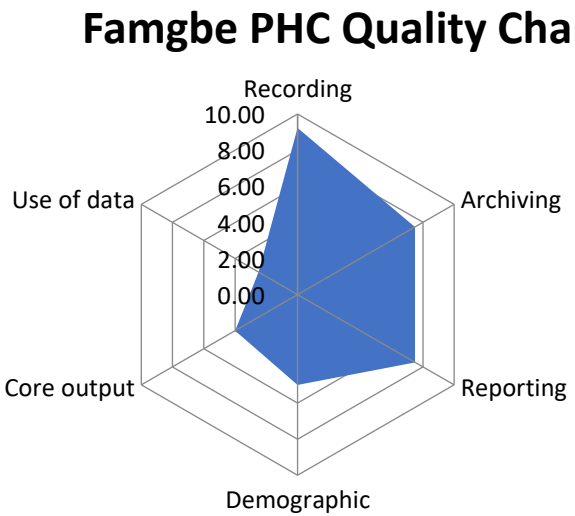


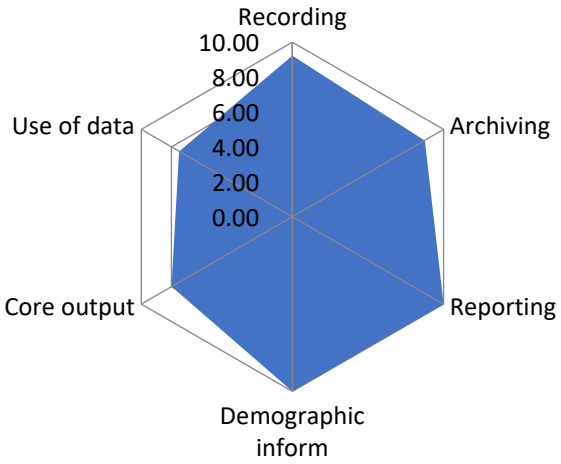
Data Discrepancies noticed across all HFs in the LGA. A major gap was seen in **Yenakah PHC**, with non-availability of Data reports at the Facility level. Poor use of Data tool at the facility with urgent need for retraining of HCW at the facility

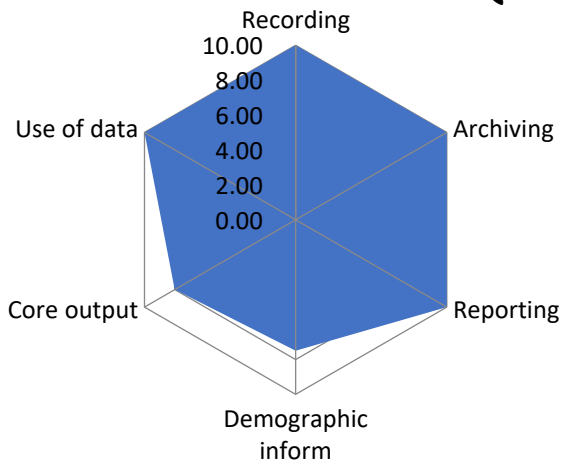
Facility Level Review - Yenagoa LGA



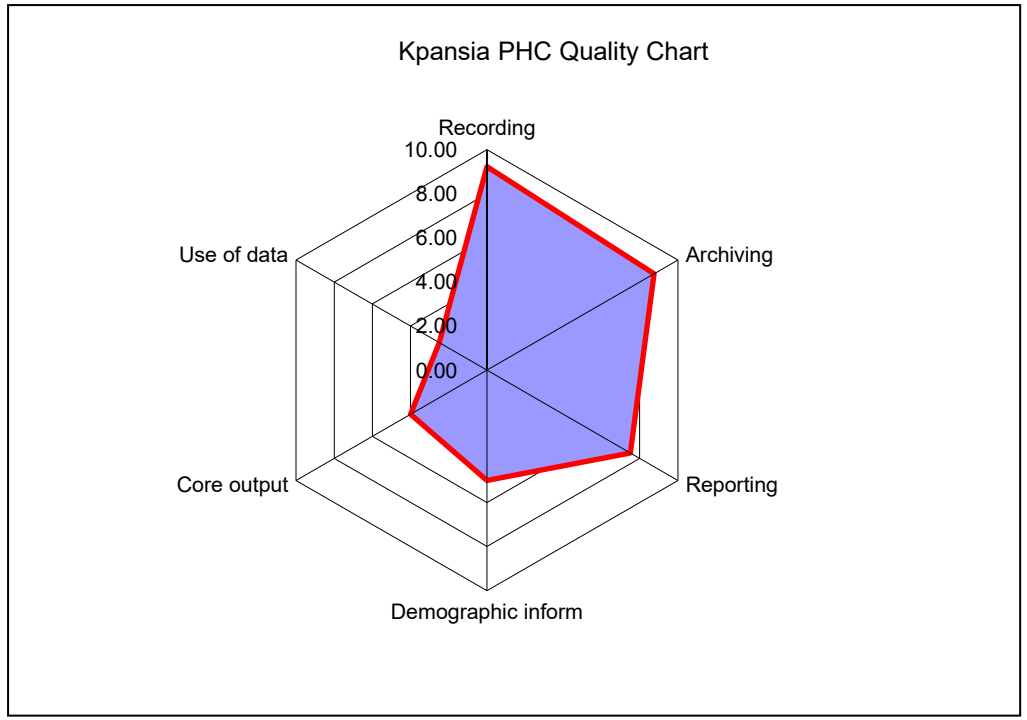
- Major discrepancies in recording between Tally sheet & Summary in DKMH & Kpansia PHC
- Poor use of Child Immunization register in DKMSH
- Catchment Area map not pasted or sighted in most facilities visited
- Poor reporting of AEFI and use of its data tool
- No sighted VPD monitoring chart in any facility visited.

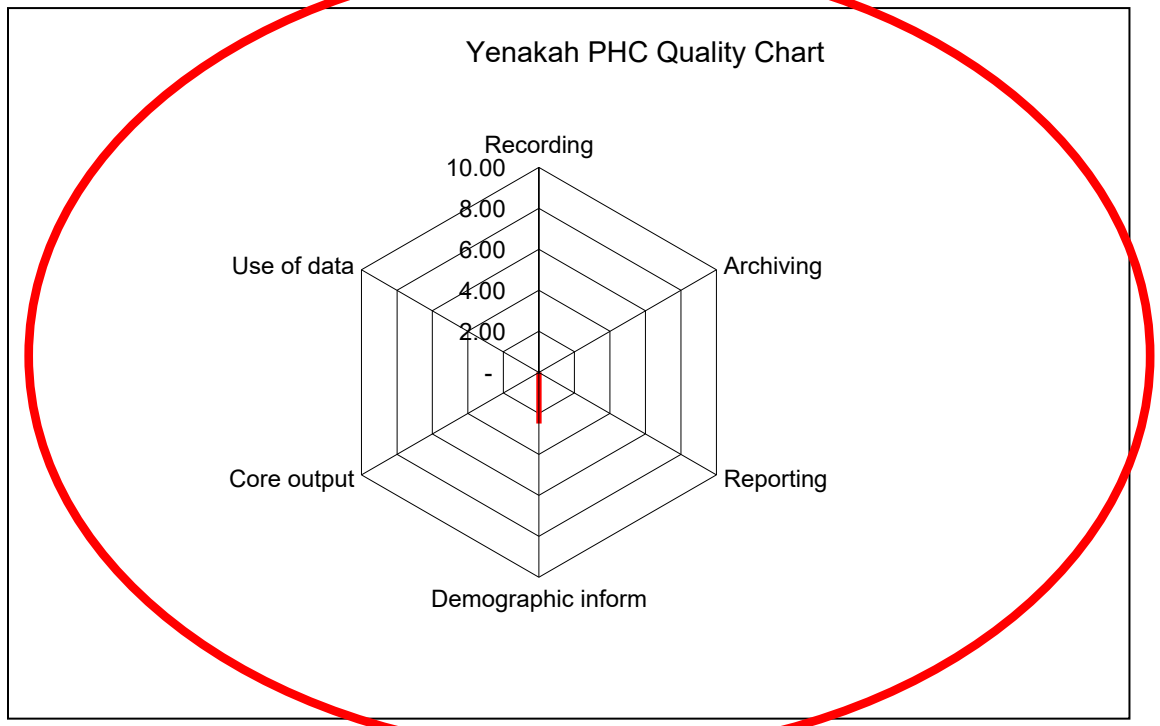






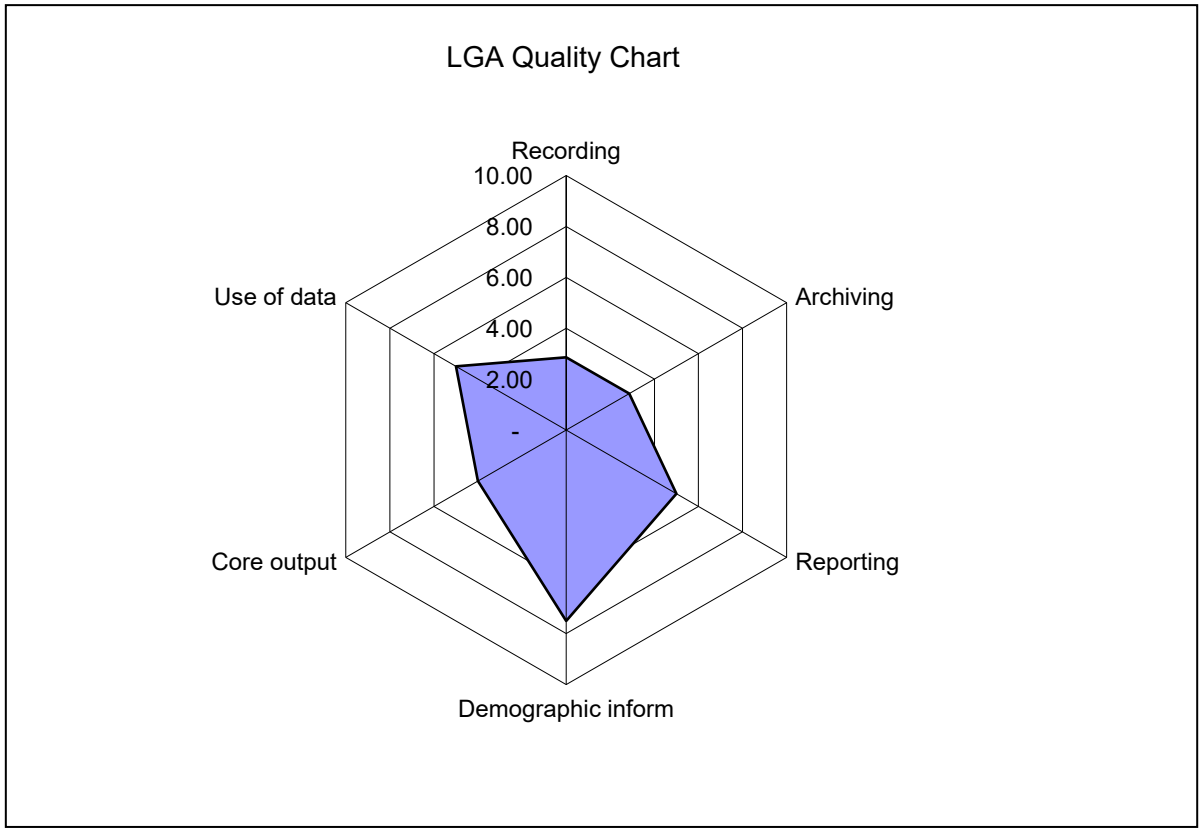
Facility Level Review - Yenagoa LGA





The need for Support at Yenakah PHC in terms of Documentation cannot be Overemphasized with plans in place towards strengthening documentation

Yenagoa LGA



	Y	N	%
Overall	63	75	46%
Recording	6	15	2.86
Archiving	6	15	2.86
Reporting	9	9	5.00
Demographic inform	18	6	7.50
Core output	12	18	4.00
Use of data	12	12	5.00

At the LGA Level, there is need to strengthen various thematic areas, with Poor archiving system (Limited space available), Poor records of HF reports seen, No feedback report sighted on ground. AEFI committee non functional as well as other issues previously raised

Summary of Major Gaps Identified/Challenges

- With the Flood disaster occurring in the month of September – mid November 2022, with most HFs submerged, there was late conduct of QTR 3 DQAs exercise in the state, with few facilities not visited.
- Challenges in submerged facilities, with some documents lost during the flood disaster
- **RECORDING**
  - ❖ Poor use of the Immunization tally sheet as well as immunization registers in few facilities, hence data discrepancies
  - ❖ Improper use of the TT Register cutting across most facilities assessed in the state
  - ❖ VM data tools used properly in most facilities, but a major gap in documentation of Vaccine issuance (Vaccine receipts) across 90% of facilities assessed
  - ❖ Availability of Temperature monitoring chart across the facilities with CCEs, but very few using it properly.
  - ❖ Major gap in functionality of the AEFI committee leading to poor AEFI reporting across all LGAs

Summary of Major Gaps Identified/Challenges

- **ARCHIVING**
  - ❖Significant gap in terms of Archiving of documents both at the Facility and LGA level in the state with the need for improvement.
  - ❖Issues for Feedbacks from meetings or supervision not properly archived at any level, hence no evidence of feedbacks seen.
- **REPORTING**
  - ❖ LGA do not have a standard procedure for dealing with late submission of report, hence no accountability put in place
  - ❖Issues with Hard copies of data submitted from Facilities to the LGA level.
  - ❖Non submission of Hard copy reports to the State. Only electronic submission via DHIS2 Platform.

Summary of Major Gaps Identified/Challenges

- **USE OF DATA**
  - ❖ Evidence of feedback from the LGA to the HF not seen in most facility (Poor feedback)
  - ❖ Very poor plan in place to address issue of Low access or utilization of vaccines in most LGA
  - ❖ Poor Community involvement in Health related/ RI activities evidenced by the Lack of Functional VDCs or Evidence of interaction with community on Immunization.
- **DEMOGRAPHIC INFORMATION**
  - ❖ Poor Catchment area maps seen in some facilities, with some not having any.
  - ❖ Suboptimal data on the number of infants born in their catchment area.
  - ❖ Poor System in place for collection of information about new births. Key issue expected to be addressed with time by the newly recruited H-H Mobilizers
- **CORE OUTPUTS**
  - ❖ Lack of VPD monitoring charts in facilities/LGAs
  - ❖ Poor monitoring of timeliness and completeness of reports at LGA Level with no evidence seen
  - ❖ Poor use of vaccine wastage feedback for proper action, with supervisory plan mainly convenience based

Recommendations

- Need for strategic support to very poor performing Facilities (Yenakah PHC, Isoni PHC, Oweikorogha PHC, Agbakabiriyai, Peretorugbene & Kpansia PHC)
- Meeting with CCOs on the need for proper issuance of Vaccine receipts on distribution of vaccines
- Quarterly meeting of State & LGA AEFI committee towards strengthening AEFI Reporting in the state.
- Electronic copies (DHIS 2 Submission) DON'T replace Hard copy submission of reports to the state.
- Support the LGAs with drafting a Timeliness and Completeness template to monitor HFs performance
- Make use of the Data Validation meetings at the LGA level to share feedbacks of gaps identified from DQAs, supervision as well as other activities towards strengthening RI
- Support the various LGAs in developing a VPDs monitoring chart/Disease trend.
- Strategic positioning of H-H mobilizers to strengthen Community linkage and newborn linelisting

Recommendations

- Proper archiving of records by provision of shelves.
- LGA should have a system in place in dealing with staff of late submission of RI data.
- LGA team should maintain analysis of reports monthly and disseminate feedback to Health facilities
- LGA team should ensure all supervisory plans are strictly followed to ensure identified poor performances in facilities are bridged.
- LGA to devise a system for monitoring immunization safety.
- VDC to be re-activated in all HFs and Minutes of meetings conducted archived monthly.