Bayelsa state
Data Quality Self – Assessment
Brief Report

Q1 2025
Period under Review (Jan-Dec 2024)

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*DATA QUALITY SELF-ASSESSMENT (*INTRODUCTION)

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

DQS rests on 2 pillars namely data accuracy and system quality

The activity is used to assess

- **the *accuracy* of reported numbers of immunizations, and**
- **the *quality* of the immunization monitoring system.**

- **Quality issues are analyzed from data collected at both LGA and HF levels using the quality** questionnaire adapted for Nigerian use.
- Health facility data are recounted from source (Child Immunization Register). This is compared with the recorded data submitted at LGA and DHIS2. This analyzes the accuracy of data submitted.
- **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**
- **Findings are used to correct issues such as reporting, recording, archiving, use of data, demography and accuracy.**

This assessment analyses the strength and weakness in the immunization system of a HF and the LGA with follow up action points to improve the system

OBJECTIVES

- SOPs recommends that each assessor conducts DQS in high and low risk wards per quarter and submit the report
- Identify LGAs/Health Facilities with low quality or inaccurate immunization monitoring.
- To examine the system in place in selected LGAs and HFs to monitor performance of all aspects of the Immunization activities.
- Identify bottlenecks of information flow.
- Raise awareness of use of data for planning immunization at HF and LGA levels.
- Opportunity to provide a "refresher" on good practices.
- To measure any improvement in quality of data overtime.

METHODOLOGY

- 5 priority LGAs were selected (Kolokuma/Opokuma, Ogbia, Sagbama, Southern Ijaw and Yenagoa)
- RI categorization was done by Health Facilities using parameter such as Penta1 and Penta3 coverage, drop out rates, number of unimmunized children, report of outbreaks and zero dose AFP.
- A bottom-top approach was used to collect data and administer questionnaires (Health facilities to LGAs)
- The assessment covered the period January to December 2024
- Assessment was for
  - Precision of reported Data: Looking at RI Register, NHMIS MSF, NHMIS MSF at the LGA and Data reported on DHIS2
  - Quality of monitoring system: Using a structured questionnaire

LIMITATIONS

- Limited time for the exercise
- Poor training due to poor internet access

BAYELSA STATE Q1 2025 DQS POSTING

S/N	LGAs	Activity	Name of Responsible Officer	Name/Designation of Assessor	HFS in VHR & HR wards
1	Kolokuma/Opokuma	Q1 DQS 2025	----- (WHO SM&E)	DDCI, DPHC, LIO,RIO 1, LM&E, LCCO,WHO LGAF	**Sabagreia PHC, Odi South PHC,** Sampou PHC Gbaran-ama PHC
2	Ogbia	Q1 DQS 2025		SM&E, DPHC, LIO,RIO 1, LM&E, LCCO,WHO LGAF	**Abobiri PHC, Demonstration Clinic, Emeyal 2 PHC and Ogbia Town PHC**
3	Sagbama	Q1 DQS 2025		ZTO RI, DPHC, LIO,RIO 1, LM&E, LCCO,WHO LGAF	Adagbabiri PHC, Agorogbene PHC, Ogoibiri PHC, and Sagbama Gen. Hospital.
4	Southern Ijaw	Q1 DQS 2025		DPM SERICC, DPHC, LIO,RIO 1, LM&E, LCCO,WHO LGAF	**Aguobiri PHC, Igeibiri PHC, Oporoma PHC and Angiama PHC**
5	Yenagoa	Q1 DQS 2025		NPHCDA SC, DPHC, LIO,RIO 1, LM&E, LCCO,WHO LGAF	King Malla Sasime Medical Centre**,** Diete-Koki Memorial Hospital, Akaibiri PHC and Ogboloma PHC

LGAs Cum Coverage Jan-Dec 2024

Name of LGA	LGA Cumm <1 yr pop	PENTA 1 Coverage	PENTA 3 Coverage	MCV 1 coverage	DOR	Un-Imm. PENTA 3	Categorization
Kolokuma/Opokuma	5172	76%	72%	50%	5%	1436	3
Ogbia	12040	73%	67%	45%	9%	4033	3
Sagbama	12523	74%	67%	46%	10%	4121	3
Southern Ijaw	21374	49%	48%	41%	2%	11096	3
Yenagoa	23645	57%	56%	51%	3%	10398	3

RESULT OF THE DQS

Q1, Jan 2025

Reported /Corrected Data Penta 1

LGA	No of HF covered	Reported coverage	Accuracy Ratio	Corrected Coverage (Reported Cov/100)*Accuracy Ratio)
Kolokuma/Opokuma	4	78%	71%	55%
Ogbia	4	**70%**	**77%**	**54%**
Sagbama	4	**72%**	**85%**	**61.2%**
Southern Ijaw	4	**40%**	**49%**	**20%**
Yenagoa	4	**57.3%**	**125%**	**72%**

Reported /Corrected Data PENTA3

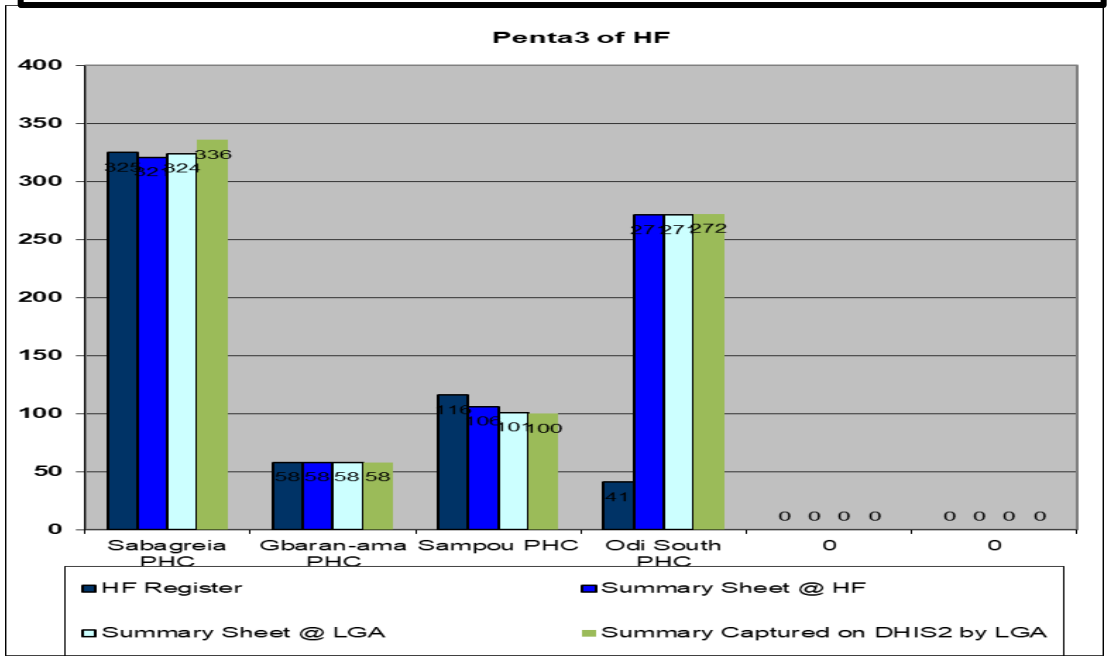
LGA	No of HF covered	Reported coverage	Accuracy Ratio	Corrected Coverage
Kolokuma/Opokuma	4	77%	70%	54%
Ogbia	4	65%	67%	44%
Sagbama	4	71%	73%	52%
Southern Ijaw	4	34%	43%	15%
Yenagoa	4	55.9%	106%	59%

Reported /Corrected Data MCV1

LGA	No of HF covered	Reported coverage	Accuracy Ratio	Corrected Coverage
Kolokuma/Opokuma	4	61%	72%	44%
Ogbia	4	**60%**	**11%**	**7%**
Sagbama	4	**39%**	**64%**	**25%**
Southern Ijaw	4	**28%**	**35%**	**10%**
Yenagoa	4	**51%**	**72%**	**37%**

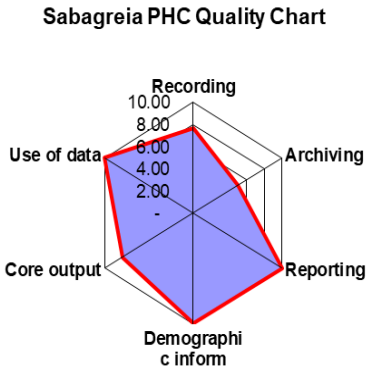
Kolokuma/Opokuma

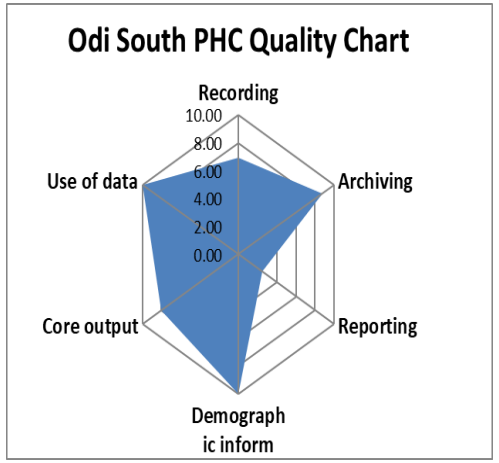
Accuracy of Data

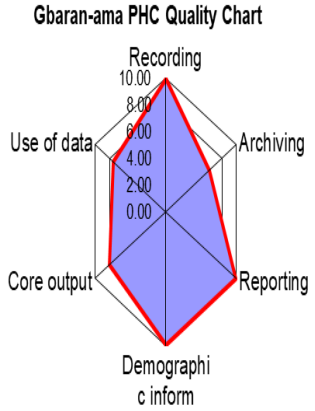


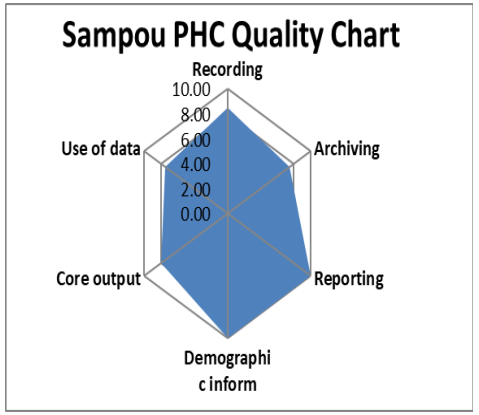
Penta3<1 by source	Kolga
Total of 6HF Recorded in the TALLY SHEET (Calculated Value)	540
Total Health FACILITY Recorded in the RI SUMMARY DATA(Calculated Value)	756
TOTAL OF 6 HF RECORDS FOUND IN NHMIS Data	754
TOTAL OF THE 6HFs RECORDS SUBMITTED TO THE DHIS2	766

System Quality



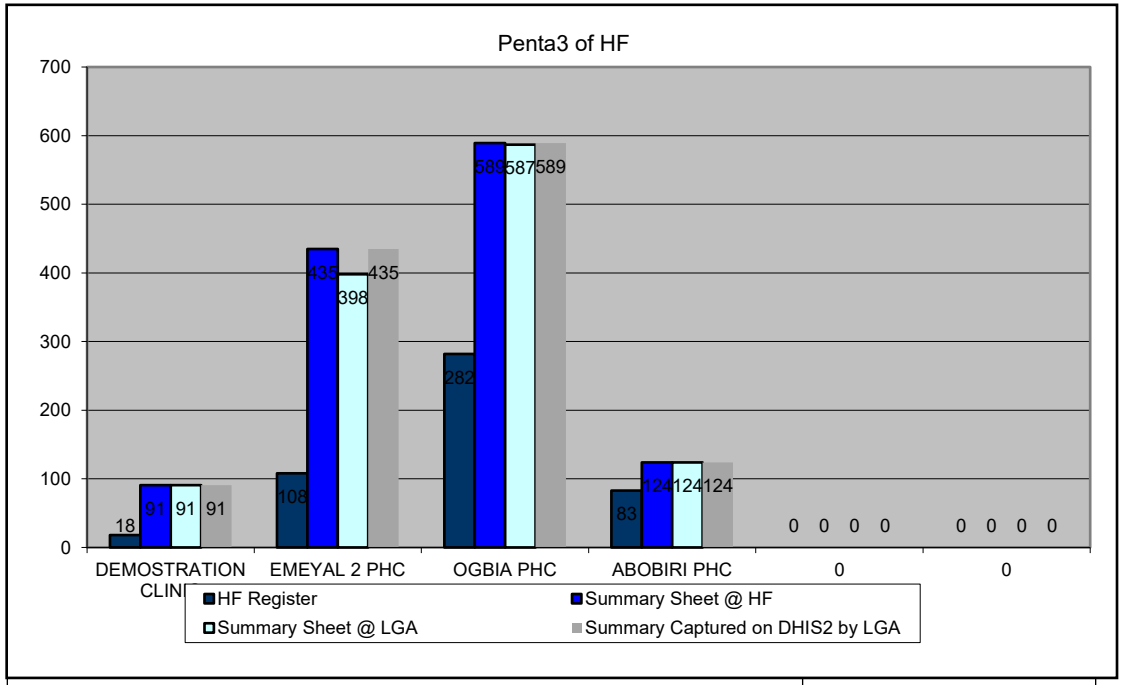






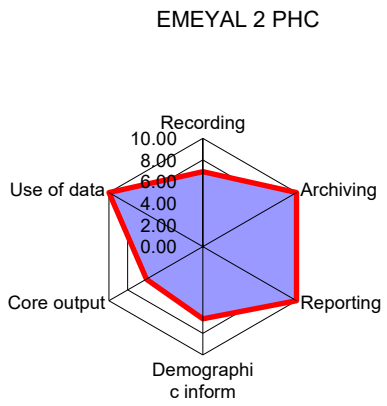
Ogbia LGA

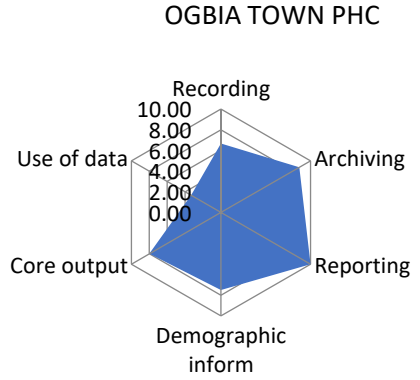
Accuracy of Data

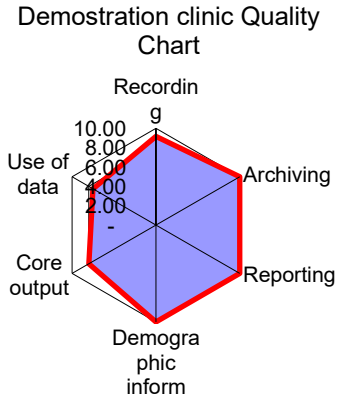


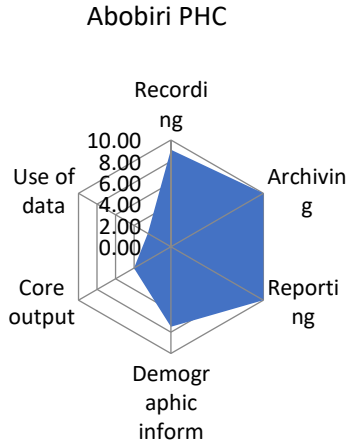
Penta3<1 by source	Ogbia
Total of 6HF Recorded in the TALLY SHEET (Calculated Value)	491
Total Health FACILITY Recorded in the SUMMARY DATA(Calculated Value)	1239
TOTAL OF 6 HF RECORDS FOUND IN LGA	1200
TOTAL OF THE 6HFs RECORDS SUBMITTED TO THE STATE	1239

System Quality



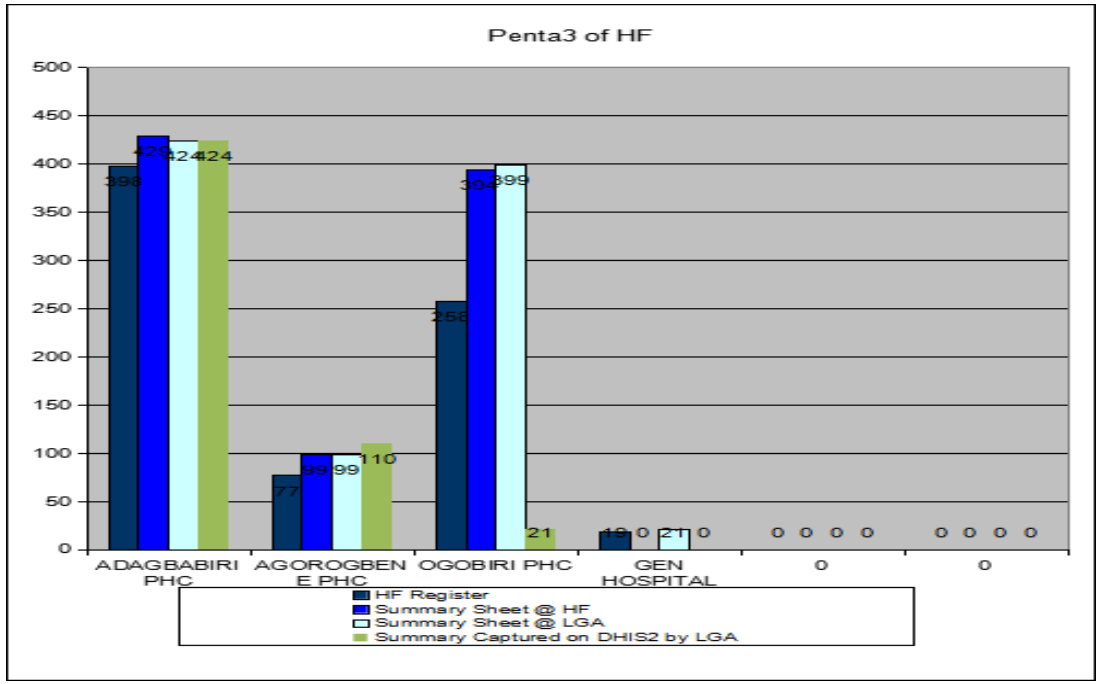






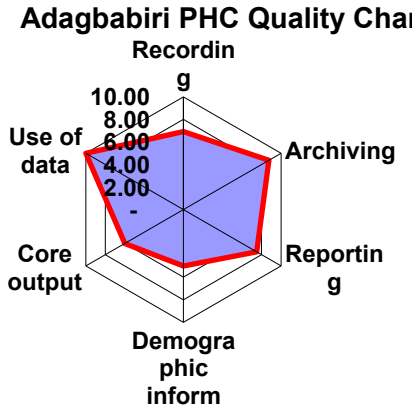
Sagbama LGA

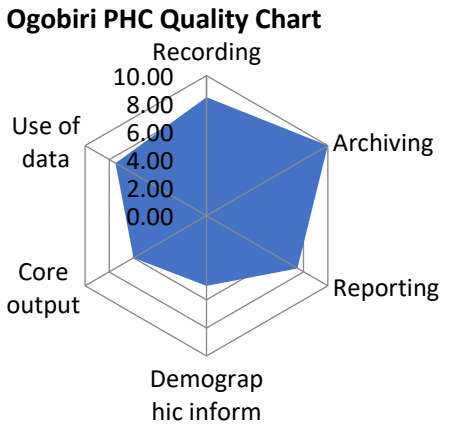
Accuracy of Data

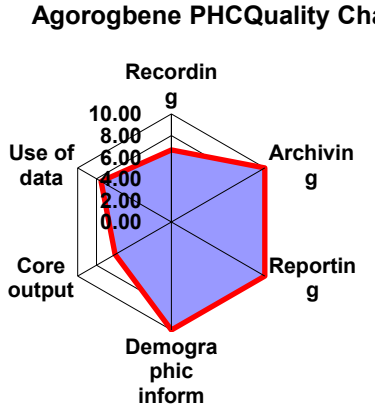


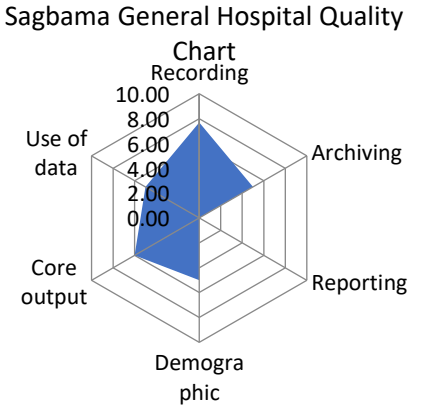
Penta3<1 by source	SAGBAMA
Total of 6HF Recorded in the TALLY SHEET (Calculated Value)	752
Total Health FACILITY Recorded in the SUMMARY DATA(Calculated Value)	922
TOTAL OF 6 HF RECORDS FOUND IN LGA	943
TOTAL OF THE 6HFs RECORDS SUBMITTED TO THE STATE	1035

System Quality



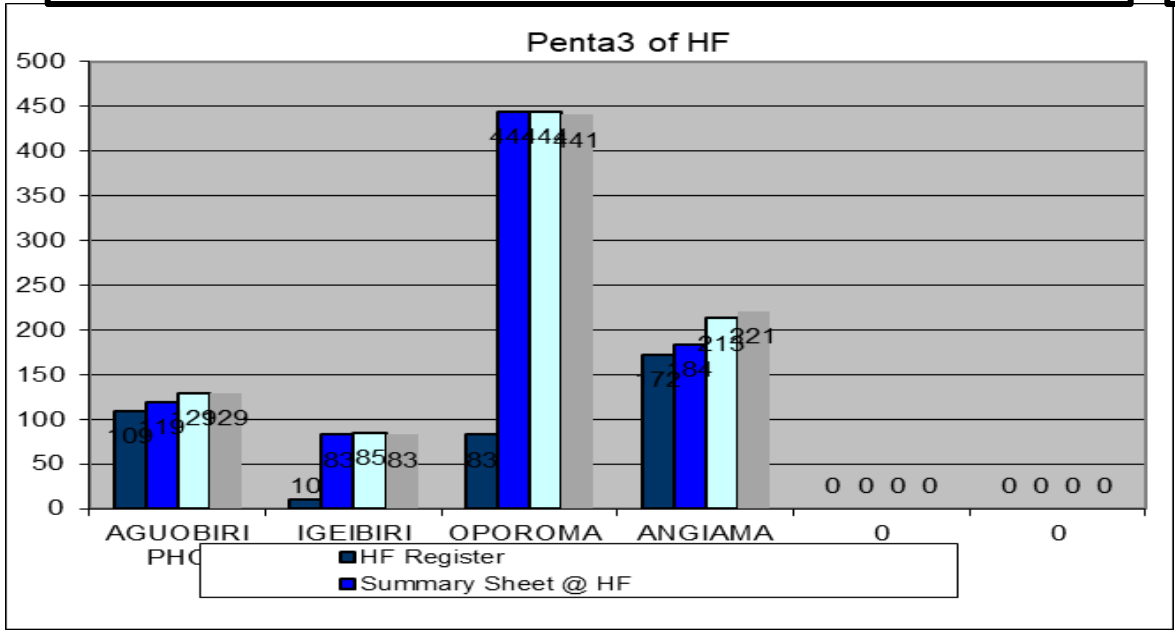






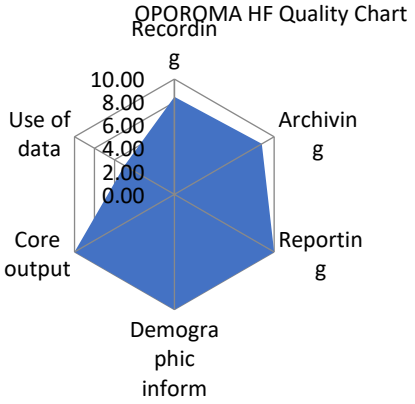
Southern Ijaw LGA

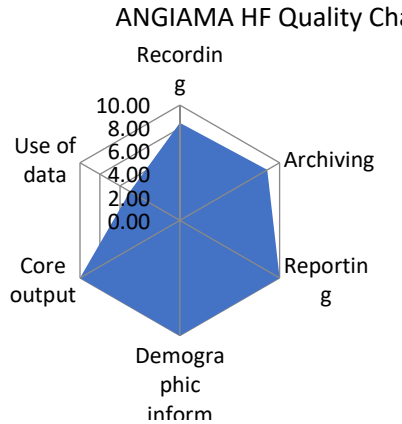
Accuracy of Data

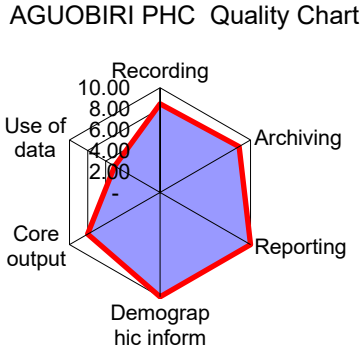


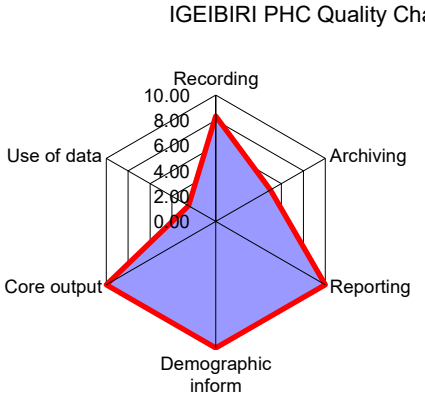
Penta3<1 by source	Southern Ijaw
Total of 6HF Recorded in the TALLY SHEET (Calculated Value)	374
Total Health FACILITY Recorded in the SUMMARY DATA(Calculated Value)	830
TOTAL OF 6 HF RECORDS FOUND IN LGA	871
TOTAL OF THE 6HFs RECORDS SUBMITTED TO THE STATE	874

System Quality



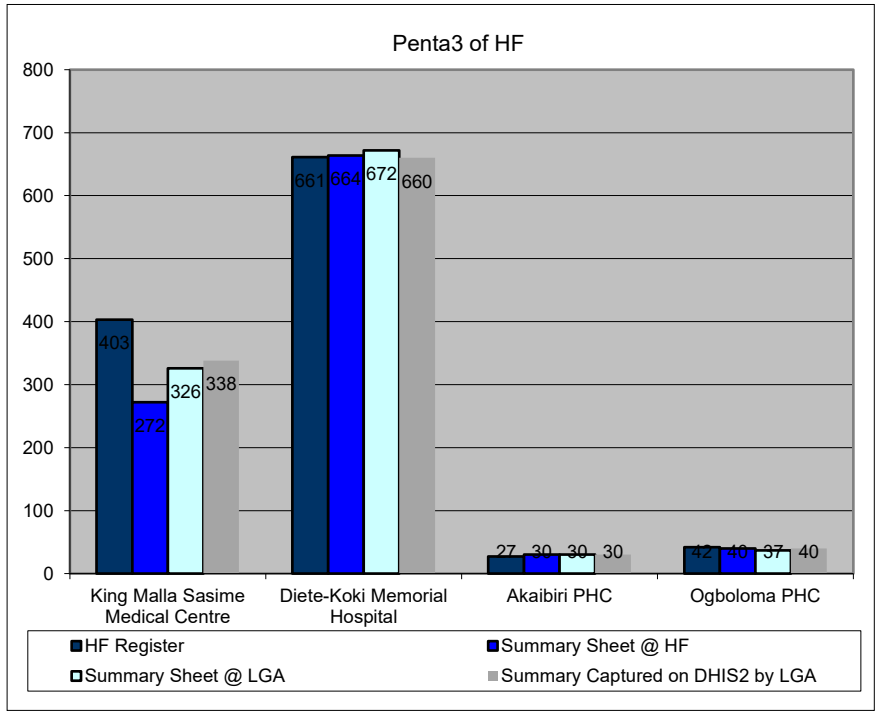






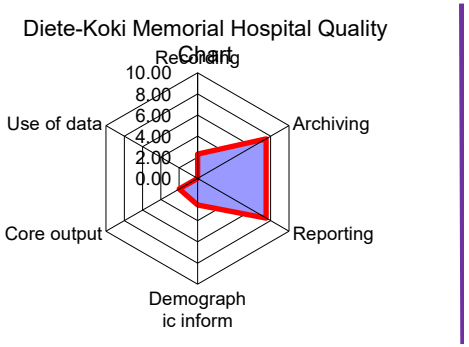
Yenagoa LGA

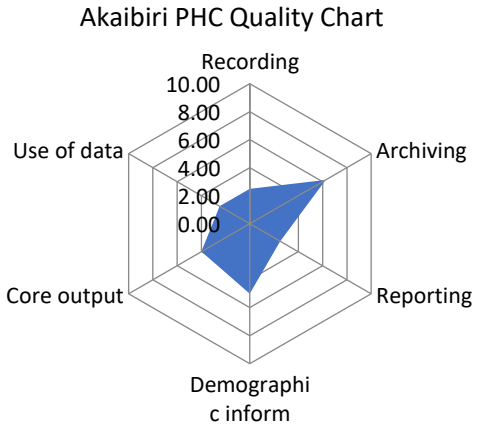
Accuracy of Data

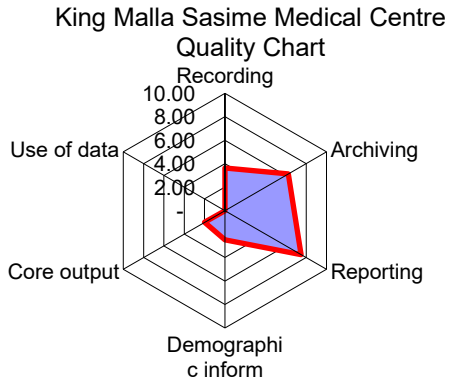


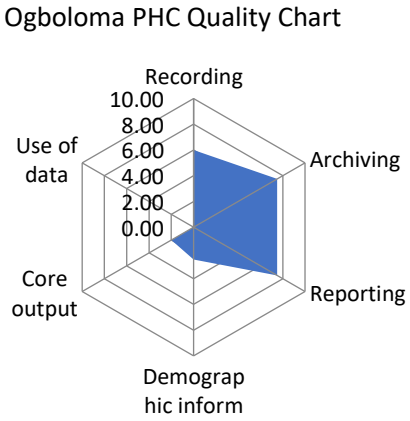
Penta3<1 by source	Yenagoa
Total of 6HF Recorded in the TALLY SHEET (Calculated Value)	1133
Total Health FACILITY Recorded in the SUMMARY DATA(Calculated Value)	1133
TOTAL OF 6 HF RECORDS FOUND IN LGA	1065
TOTAL OF THE 6HFs RECORDS SUBMITTED TO THE STATE	1068

System Quality









Major Findings

- **Data Accuracy**:
- 100% of the LGAs accessed over reported MCV1. While 80% over reported Penta 1 and 3; Yenagoa is the only LGA that under reported penta 1 and 3
- **Recording:**
- There is great improvement in the use of standard RI data tools with proper documentation in most HFs across the assessed 5 LGAs
- Poor documentation by some health facilities & LGAs.
- AEFI reporting & line-listing forms seen in some HFs but not appropriately utilized. Documentation on AEFIs including zero reports not seen in most HFs.
- Discrepancies between data recorded on the RI register & HF summary observed in most health facilities.
- Sub-optimal vaccine transaction documentation seen in almost all the 20 HFs assessed in the 5 LGAs
- All sessions conducted as planned across all health facility except few in Yenagoa
- Sub-optimal use of the TD register in most HFs, while the Tally sheet are in use

Major Findings

ARCHIVING:

- Most HFs and all LGAs visited except Sagbama do not have well constructed shelves with arch files to store and archive data tools.
- Southern Ijaw, Ogbia do not have enough office space.
- RI reports seen in all LGAs while most LGAs have no separate files for appropriate archiving of HFs RI reports making it difficult to retrieve data for some months under review.
- Evidence of documented feedback to HFs available in soft copies at LGA level but not health facilities.
- Late reports not captured & reported by some LGAs.
- Most feedbacks by supervisors are not concise and elaborate enough for follow up.
- Supervisory plans are available in the LGAs, analysis on supervisory visits are not done in all LGAs and reports are not documented at the LGAs
- Documents in the computers at the LGA are not backed up. Also, poor data sharing observed across all LGA Program Officers

Major Findings

- **Reporting**:
- All HFs shared their data with LGA and LGA with the State for the period assessed.
- Discrepancies seen in reporting across data tools in the HFs. Especially between RI register and NHMIS MSF.
- LGA do not have a standard procedure for dealing with late submission of report
- Supportive supervisory visits to HFs are not properly documented for analysis.

Major Findings Cont…

- **Demographic information**:
- Same population used across programs in all HFs and LGAs
- Catchment area maps available in all LGAs, but not displayed in some. However, some maps needs update and target by strategy indicated on it
- Health facilities use H2H mobilizers to track new born within the health facility catchment area.

- **Core output**:
- Supervisory plan not monitored at all LGAs.
- No charts for monitoring all antigens across all HFs and LGAs except Pentavalent vaccine.
- All LGAs do not have a selected indicator for monitoring immunization safety.
- Evidence of LGAs monitoring performance of health facilities seen.
- Vaccine wastage not well monitored in all HFs.
- Chart for monitoring VPDs available in all HFs, but available at all LGA levels

Major Findings

- **Use of Data for Action**:
- Evidence of feedback from the LGA to the HF not sighted at facility level except WHATSAPP group feedbacks.
- Evidence of analysis of HF performance by LGA not seen in some LGAs. However, the seen analysis are not always elaborate to identify pertinent challenges.
- No documented plan available to address issues of low access and high dropouts
- Poor and no evidence of interaction with community on Immunization seen in most health facilities

Recommendations

- State, LGA team and partners to sustain capacity building/training of RI focal persons and other program managers to minimize data quality issues.
- Construction of shelves for proper archiving of RI reports is encouraged by all LGAs.
- Ensure RI data is verified at all levels before transmission to the next level to avoid data falsification and error.
- Provide monthly/quarterly feedback to health facilities in all LGAs.
- State, LGA and partners to sustain supportive supervision at LGAs/HFs & on the job training of HWs to strengthen service delivery.
- Authority to ensure even distribution of staff at all levels (to avoid over staffing or running a 1-man HF or closed facilities).
- HF OICs should ensure they thoroughly supervise the activities of the health workers in the facilities especially in regards to management of Routine Immunization data tools.
- Step down training should be conducted by OICs

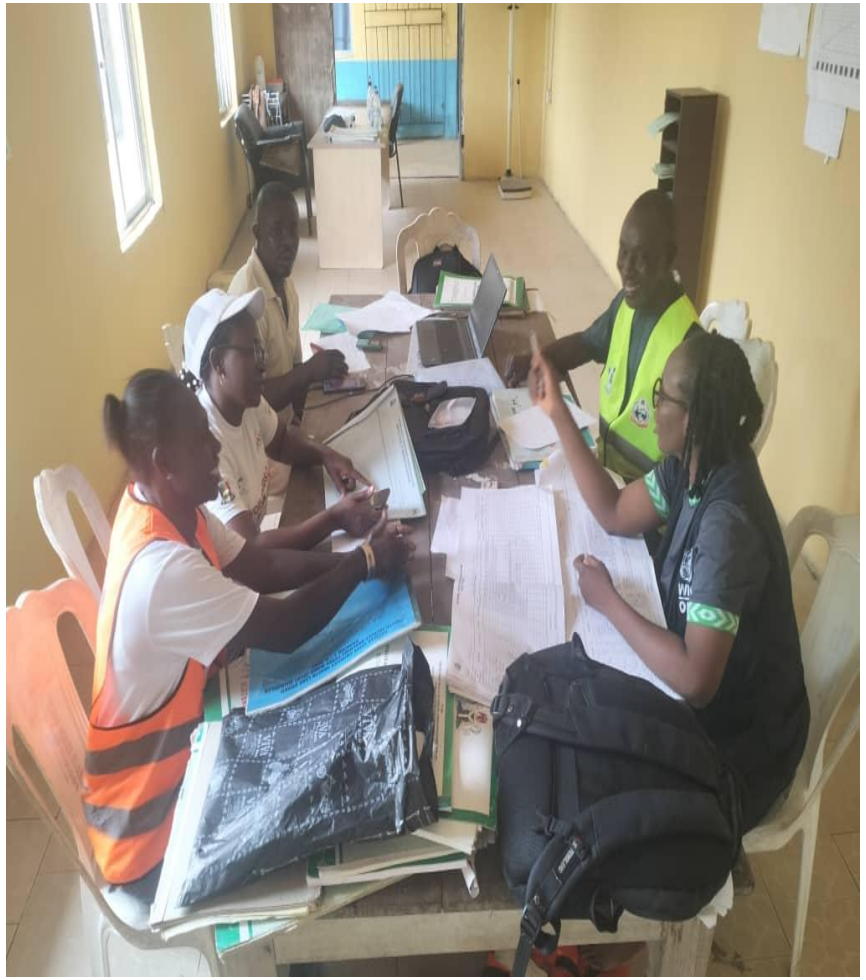
Call To Action: State Government and EPI Partners

s/n	Name of LGA	Problem(s) Identified	Key Activities to be conducted	Timeline	Responsible person	Monitoring Indicator	Implementation Status
1	ALL	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	Monthly (1st week).	State FP LGA M&Es	Data accuracy ratio	Pending
2	ALL	Few Health facilities 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	June 2025	State FPs LGA M&Es RIOs	The availability of evidence of monitoring disease trends across all HFs	Pending
3	ALL	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 and supervisory visits	1. Monthly (1st week).	State Supervisors, LIO, LGA M&E, RIOs	Availability of analyzed data and evidence of use of data for action at all levels	Pending
4	ALL	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 via mails	June 2025	State FP LGA M&Es/LGA RIOs/CCOs	Regular backup updates of files and evidence of data sharing among the LGA Team	Pending
5	ALL	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	April 2025	State FPs, LGA M&Es	Timely sharing of data sets and evidence of immunization safety monitoring at all levls	Pending
6	ALL	Gap in use of Vaccine monitoring tools at the HF and LGA levels (physical count not same in ledger, ledger not update, no issue receipt at the HF etc)	To ensure physical count and records are harmonized weekly at all levels.	Weekly	State CCO, State supervisor, LGA CCO	Vaccine data accuracy at all level across all data tools and physical count.	Pending

Call To Action: State Government and EPI Partners

s/n	Name of LGA	Problem(s) Identified	Key Activities to be conducted	Timeline	Responsible person	Monitoring Indicator	Implementation Status
7	ALL	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	June 2025	State FP LGA M&Es/LGA RIOs/CCOs	Updated catchment area map on display in all HFs and LGAs	Pending
8	ALL	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	June 2025.	State FPs, LGA M&Es	Evidence of timely data sharing monitoring tool at all LGAs and timely sharing of data at all levels	Pending
9	ALL	Most HFs and all LGAs visited except Sagbama do not have well constructed shelves with arch files to store and archive data tools.	Provision of constructed shelves with arch files to store and archive data tools at the HFs and LGA levels	Monthly and when it necessary	OICs and DPHC	Availability and of constructed shelves with arch files and their use to store data tools.	Pending
10	ALL	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 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	Monthly June 2025	State M&E, Partners	Availability of analysis of data and its use in planning and delivery of PHC services	Pending

Southern Ijaw LGA SNAP SHOTS TAKEN DURING DQS



Data Quality Assessment at facility level



Data Quality Assessment at facility level



System Quality Assessment of LGA data

Sagbama SNAP SHOTS TAKEN DURING DQS

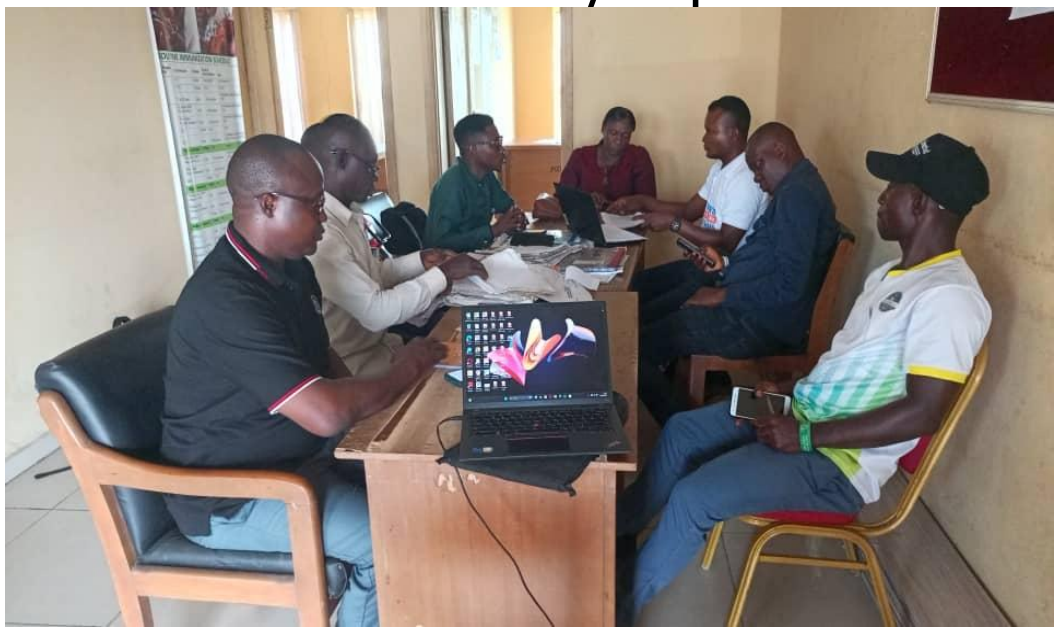


Data Quality Check in the LGA



Data Quality Check in ADAGBABIRI PHC

Kolokuma/Opokuma SNAP SHOTS TAKEN DURING DQS



Data Quality Check in the LGA



Quality Check in Garan-ama PHC



Data Quality Check in Sabageria PHC

Yenagoa / Ogbia SNAP SHOTS TAKEN DURING DQS



Quality check in Yenagoa LGA



Quality check in Ogbia LGA



Thank you