

Facility Data Quality Assurance

LO Veasnakiry

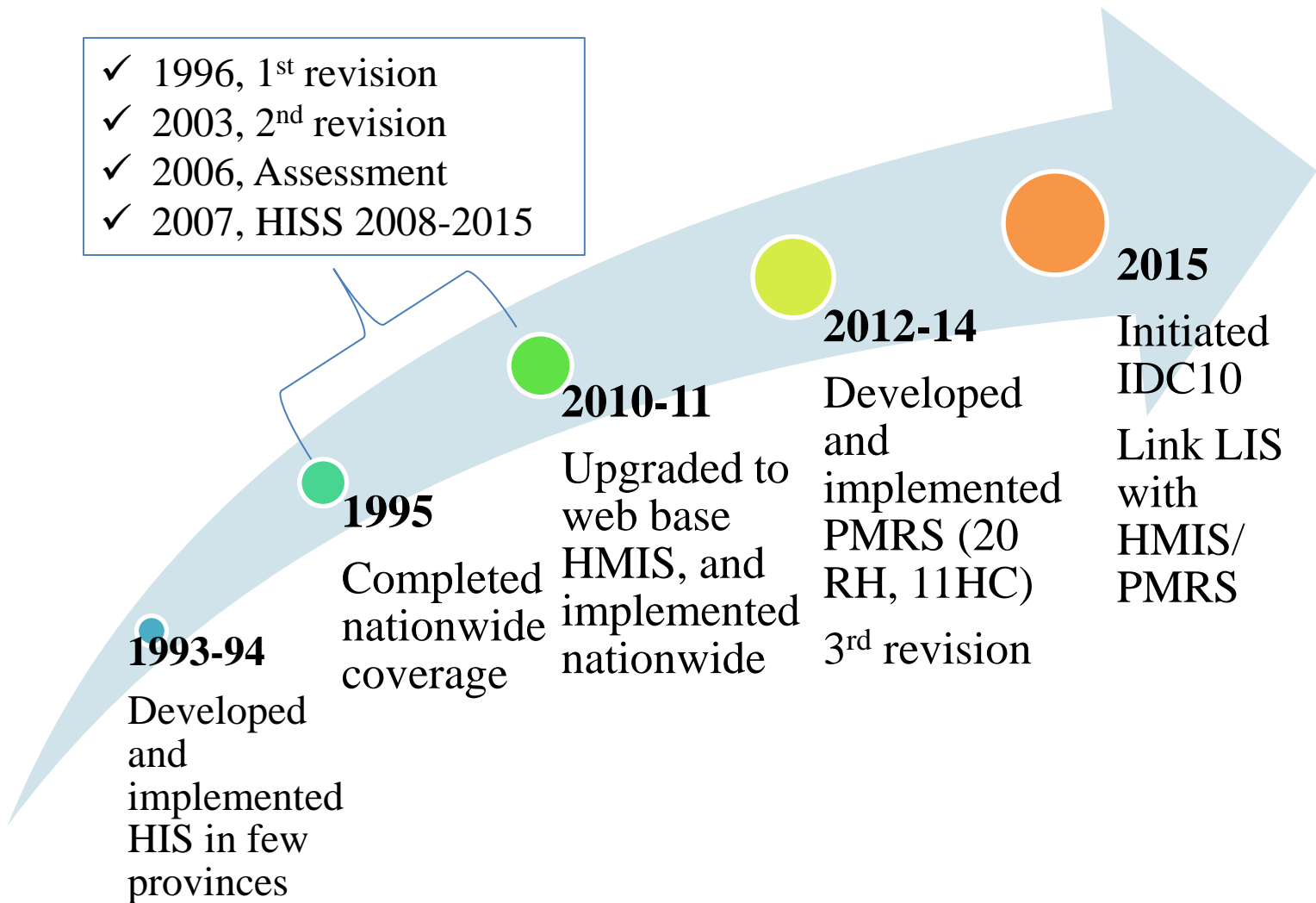
Ministry of Health, CAMBODIA

OUTLINE

- Evolution of HMIS Development
- Use of Information
- Data Quality Assessment
- Future Improvement

1. EVOLUTION OF HMIS Development

- ✓ 1996, 1st revision
- ✓ 2003, 2nd revision
- ✓ 2006, Assessment
- ✓ 2007, HISS 2008-2015



2. USE OF HMIS: HEALTH PROGRESS and PERFORMANCE ASSESSMENT

- Standard health facility-based reporting for both public and private health facilities– routine reports
- Monthly/annual data and subnational data (districts and provinces)
- Often rely on health facility reports / HMIS for quarterly monitoring and bi-annual/annual review for Annual Operational Plan & national strategic plan indicators (M&E framework)-- survey data are available only once every 3-5 years
- But there are data quality issues:
 - How much confidence can we have in the numbers
 - Often many users do not trust the data

→ **Initiated Data Quality Assessment(s)**

3. DATA QUALITY ASSESSMENTS-01

1st Round 2012

Data input: HMIS 2011,
CDHS 2010

Selected indicators for analysis:

ANC2 visit
Measles immunization
Institutional deliveries
Total OPD cases
Total malaria cases

2nd Round 2013

Facilities surveyed 110

- ▶ 70 Health Centers
- ▶ 40 Hospitals

Data input HMIS 2012,
CDHS 2010

Selected indicators

ANC2
Measles immunization
Institutional delivery
OPD cases
Malaria OPD & IPD

3rd Round 2014

Facilities surveyed 122

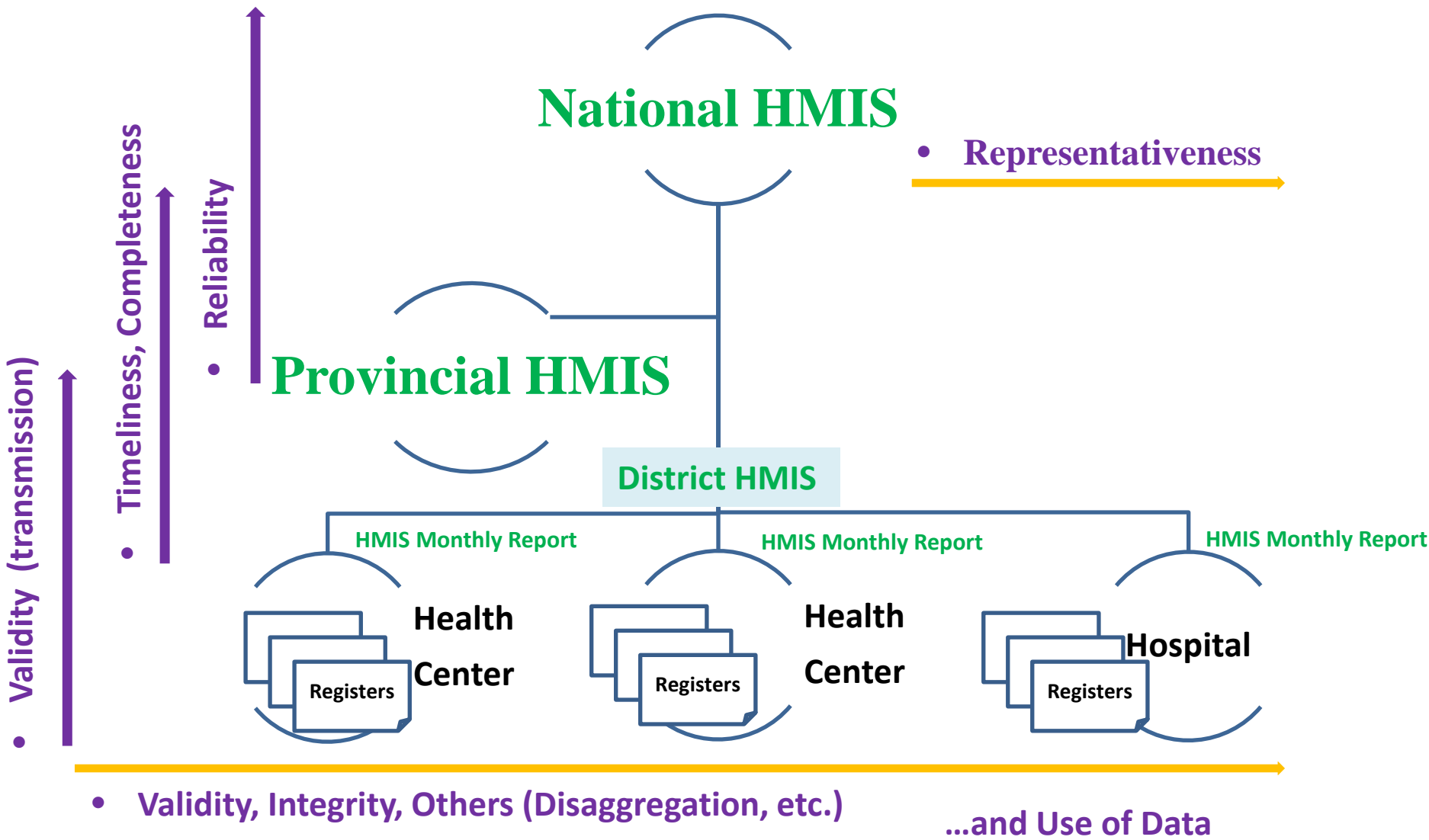
- ▶ 82 Health Centers
- ▶ 40 Hospitals

Data input HMIS 2013,
CDHS 2014 (NA)

Selected indicators

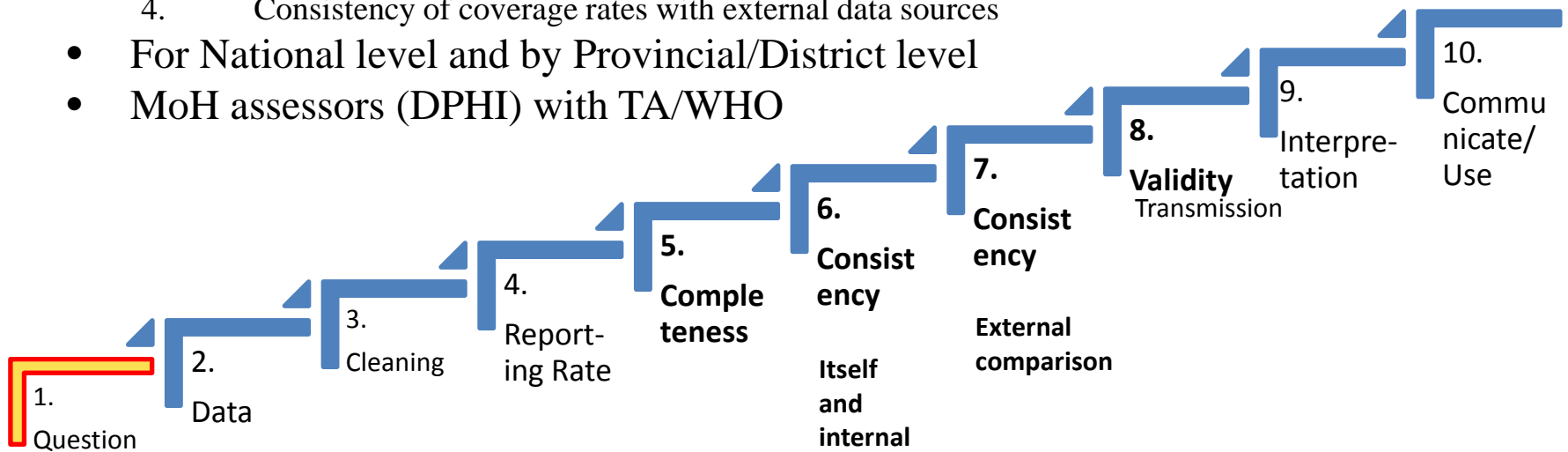
ANC2
Measles immunization
Institutional delivery
OPD cases
Malaria OPD & IPD

3. DATA QUALITY ASSESSMENTS-02

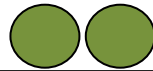


3. DQA: METHOD-03

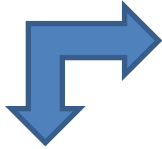
- Systematic assessment of the quality of facility reported data (HMIS):
 - Identifies data quality strengths as well as areas that require further improvement
 - Allows tracking of progress in improving data quality over time (applied annually)
- Using WHO data quality report card
 1. Completeness of reporting
 2. Internal consistency of reported data
 3. Consistency of denominators
 4. Consistency of coverage rates with external data sources
- For National level and by Provincial/District level
- MoH assessors (DPHI) with TA/WHO



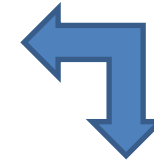
3. DQA 2014 RESULT: Overall Rating (preliminary findings)-04



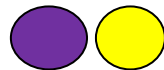
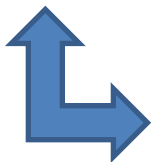
Reporting
All facilities/administrative units reports timely and completely
a.Reporting Rate
b.Completeness



Consistency
Data is found to be consistent with each other.
a. Internal with relevant indicator
b. External with survey



Transmission Validity
Data was transmitted correctly from the register.
a. Total matching
b. Verification Factor



Representativeness
Data can be generalized to represent the population.
a. Private health facilities include?
b. Denominators?



- Very good
- Good
- To be improved
- Cannot conclude

4. FUTURE IMPROVEMENT

1. Regular and simplified DQA at national and subnational level
2. First level of health facility or Operational district level
 - Incentive to improve quality of data and services
 - Promote the use of data to improve the coverage and efficiency, and follow-up
 - Link to the community for denominators and actions
 - SOP to improve the consistency and reliability
3. Innovation and ICT on National HMIS Database: built in quality and consistency checking function, mapping and scorecard.
4. Review the HMIS indicators according to Health Strategic Plan 2016-2020 (HSP3) priorities (--reduce indicators)
5. Analyse the key HMIS indicators, particularly service delivery indicators, to disseminate for monitoring and use.
6. Enforce private health facilities: inventory and reporting (shorten list of indicators)
7. Window of opportunity: HSP3, Quality Assessment Process, Global initiatives including CRVS.....