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MINISTRY OF HEALTH - ETHIOPIA

Data Quality and Performance monitoring logbook Health center Level

| Region | Zone/Subcity/Woreda | Health Facility Name | Begin Date | End Date |

Instruction for data Quality and performance monitoring logbook

Datum	Description
Health Center department level report timeliness and completeness monitoring form	
S/No	write serial number as 1, 2, 3
Department/Ward	write department or ward name report recived from
# of expected data element	Enter number of expected data element from departments
# of data element completed	Enter number of data elements filled and received from the department
Report received date	Write the date report received from wards or department
Name and signature	Write name and signature of the person issued the report
Remark	Write any thing regarding the department or data
Health Center level report timeliness and completeness monitoring form	
S/ No	write serial number as 1, 2, 3
Health Post Name	Write name of health post expected to report
OPD report received date	write the date OPD report received
Monthly service report received date	write the date monthly Service report received
Quarterly service report received date	write the date quarterly Service report received
Yearly service report received date	write the date yearly Service report received
Lot Quality Assurance Sampling working Template	
S/No	write serial number as 1, 2, 3
Reportable data element	enter selected reportable data elements based on protocol
count on register	enter the counted data value from register
count on Tally Sheet	enter the counted data value from tally sheet
count on report	enter the counted data value from report
Match (write Yes or No)	Write yes if data from register, talley, report is consistent/match or No if it is doesn't match/inconsistent
Intera data element inconsistency checksheet	
S/No	write serial number as 1, 2, 3
Data elemenets with inconsistency	write the data elements with inconsistency get from DHIS 2 data validation output
Possible causes for this inconsistency	write possible causes for this inconsistency after discussion with PMT or finding from assessment
actions taken	Write actions taken as corrected or not corrected
Way forward	write the suggested points for future improvement

Data quality monitoring logbook Health Center Department level report
Timeliness and Completeness monitoring form

Health Center Name--------------------------------------

Month---Year---E.C

S/N	Department/Ward	# of Expected Data Element	# of Data Element Completed	Report Received Date	Name and signature	Remark

Total expected report from departments	
Total received report during the given period from departments	
Total report received timely	
Overall report content completeness in %	

Data Quality Monitoring logbook

Health Center Report Completeness and Timeliness Monitoring Sheet of Catchment Health Posts

MINISTRY OF HEALTH-ETHIOPIA

PHCU: _____ Woreda: _____ Zone: _____ Region: _____

Month _____ Year _____ E.C

S/No	Health Post Name	Disease Report Received Date	Monthly Service Report Received Date	Quarterly Service report Received date	Yearly Service Report Received Date

Total expected report from health Posts	
Total received reported during the given period from health Posts	
Total report received timely	

Lot Quality Assurance Sampling (LQAS)working Template
Service Report

MINISTRY OF HEALTH-ETHIOPIA

Facility Name--- **Woreda**------------------------- **Zone**-------------------- **Region**-----------------

Date--------------------------- **Month**--------------------------- **Year**---------------------

S/N	Reportable Data Element	Count on Register	Count on Tally	Count on Report	Match (write Yes or No)	
1						Signature of PMT members involved on LQAS
2						
3						1. Name--Department------------------------- signature..................
4						2. Name--Department------------------------- signature..................
5						3.Name--Department------------------------- signature..................
6						4. Name--Department------------------------- signature..................
7						5. Name--Department------------------------- signature..................
8						6. Name--Department------------------------- signature..................
9						7. Name--Department------------------------- signature..................
10						8. Name--Department------------------------- signature..................
11						9. Name--Department------------------------- signature..................
12						10. Name--Department------------------------- signature..................
	Total Yes					
	LQAS score					

Decision Rules for sample Sizes of 12 and Coverage Targets /Average of 20-95%

Sample Size	Average Coverage (baselines)/Annual Coverage Targets (Monitoring and Evaluations)																
	Less than 20%	20%	25%	30%	35%	40%	45%	55%	60%	65%	70%	75%	80%	85%	90%	95%	
12	N/A	1	1	2	2	3	4	5	6	7	7	8	8	9	10	11	

Note: LQAS should be done for both service and disease report

Lot Quality Assurance Sampling (LQAS) working Template
OPD Report

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MINISTRY OF HEALTH-ETHIOPIA

Facility Name-- Woreda------------------------- Zone-------------------- Region-----------------

Date---------------------------- Month---------------------------- Year----------------------

S/N	Reportable Data Element	Count on Register	Count on Tally	Count on Report	Match (write Yes or No)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
	Total Yes				
	LQAS score				

Signature of PMT members involved on LQAS

1. Name---Department------------------------- signature...................

2. Name---Department------------------------- signature...................

3.Name---Department------------------------- signature...................

4. Name---Department------------------------- signature...................

5. Name---Department------------------------- signature...................

6. Name---Department------------------------- signature...................

7. Name---Department------------------------- signature...................

8. Name---Department------------------------- signature...................

9. Name---Department------------------------- signature...................

10. Name---Department------------------------- signature...................

Decision Rules for sample Sizes of 12 and Coverage Targets /Average of 20-95%																
Sample Size	Average Coverage (baselines)/Annual Coverage Targets (Monitoring and Evaluations)															
	Less than 20%	20%	25%	30%	35%	40%	45%	55%	60%	65%	70%	75%	80%	85%	90%	95%
12	N/A	1	1	2	2	3	4	5	6	7	7	8	8	9	10	11

Note: LQAS should be done for both service and disease report

Lot Quality Assurance Sampling (LQAS)working Template
IPD Report

Facility Name--- **Woreda**------------------------- **Zone**-------------------- **Region**----------------

Date---------------------------- **Month**---------------------------- **Year**----------------------

S/N	Reportable Data Element	Count on Register	Count on Tally	Count on Report	Match (write Yes or No)	
1						
2						Signature of PMT members involved on LQAS
3						1. Name---Department------------------------------- signature....................
4						2. Name---Department------------------------------- signature....................
5						3.Name---Department------------------------------- signature....................
6						4. Name---Department------------------------------- signature....................
7						5. Name---Department------------------------------- signature....................
8						6. Name---Department------------------------------- signature....................
9						7. Name---Department------------------------------- signature....................
10						8. Name---Department------------------------------- signature....................
11						9. Name---Department------------------------------- signature....................
12						10. Name---Department------------------------------- signature....................
	Total Yes					
	LQAS score					

Decision Rules for sample Sizes of 12 and Coverage Targets /Average of 20-95%																
Sample Size	Average Coverage (baselines)/Annual Coverage Targets (Monitoring and Evaluations)															
	Less than 20%	20%	25%	30%	35%	40%	45%	55%	60%	65%	70%	75%	80%	85%	90%	95%
12	N/A	1	1	2	2	3	4	5	6	7	7	8	8	9	10	11

Note: LQAS should be done for both service and disease report

Intera Data Element Inconsistency Checksheet

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Month------------------------------Year--

S/N	Data Elemenets with Inconsistency	Possible Causes for this Inconsistency	Actions Taken	Way Forward
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

Note: Data elements with inconsistencies are exported or printed from DHIS 2 database and presented for PMT members then write it on the above template or attached on this log book

PMT Meeting Minute Book

MINISTRY OF HEALTH-ETHIOPIA
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Date:_____

Time:_____

Participants:			
S/N	**Full Name**	**Department**	**Position**	**Signature**
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Agenda:

Performance Monitoring Template							
S.No	**Selected indicator**	**Current Month Performance**	**Previous month performance**	**Cummulative to date Performance**	**Target**	**Previous year the same reporting period performance**	**Investigation need (Yes,No)**	**Remark**
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

Discussion on the Performance Finding

Discussion on the Data Quality

Prioritizing the Problems

Indicator	Magnitude of the Problem*	Seriousness of the Problem*	Community Concern*	Feasibility of Intervention*	Total score

*Point System: 3-High, 2-medium, 1-low

Action Plan

Indicators to be investigated	Main Reason(s)	Possible Cause(s)	Solutions/Action Points	Responsible Person/Section	Time