

Data Quality and Performance monitoring logbook Health Institution Level

Instruction for Data Quality and Performance Monitoring logbook



| Woreda level report timeliness and completeness monitoring form | | | | | |
|---|---|--|--|--|--|
| S/ No | Write serial number as 1, 2, 3 | | | | |
| Health Facility Name | Write name of health Facility report recived from | | | | |
| Facility ownership | Write the ownership of the Facility | | | | |
| OPD report received date | Write the date OPD report received | | | | |
| IPD report received date | Write the date IPD 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 | | | | |
| Intera data element inconsistency checks | heet | | | | |
| S/No | Write serial number as 1, 2, 3 | | | | |
| Data elemenets with inconsistency | Write the data elements with inconsistency 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 | | | | |

Health Insitution/Woreda level Report Timeliness and Completeness Monitoring form

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|---------|-------|--------|--------|------------|-----|
| Region | 7 one | Woreda | Month | Year | H (|
| K681011 | ZOIIC | WOICua | MOHUI | icai | L.C |

| Health Facility Name | Facility ownership | OPD report Received Date | IPD report Re- ceived Date | Monthly Service report Received Date | Quarterly Service report Received Date | Yearly Service report Received Date |
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| | Health Facility Name | Health Facility Name Facility ownership Facility ownership | Health Facility Name Facility ownership OPD report Received Date | Health Facility Name Facility ownership OPD report Received Date IPD report Received Date IPD report Received Date | Health Facility Name Facility ownership OPD report Received Date report Received Date report Received Date report Received Date report Received Date | Health Facility Name Facility ownership OPD report Received Date IPD report Received Date report Received Date |

| Total expected report | |
|---|--|
| Total report received during the given period | |
| Total report received timely | |

Note: Write not applicable (NA) if it is not expected to report or it has not the service such as IPD

Intera Data Inconsistency Checksheet

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Month----- Year ----- E.C

| S.N | Data elemenets with inconsistency | Possible causes for this inconsistency | Actions taken | Way forward |
|-----|-----------------------------------|--|---------------|-------------|
| 1 | | | | |
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| 28 | | | | |

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

Routine Data Quality assessment working Template



Woreda----- Zone ----- Region

| | | | | | | Facility | / Name | | | | | | | Verification |
|--------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|------------|----------------------|
| Data element | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | Cumulative | factor |
| Data element | Reported | Reported/ |
| | Counted | Reported/ Counted |
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Note: RDQA should be conducted quarterly at health center (for HPs) ,woreda, zone and region based on the guideline

PMT Meeting Minute Book

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| Date:_ | _ |
|--------|---|
| Time: | |

| Time | · <u> </u> | | | | | | | |
|------|--------------------|------------------------------|----------------------------|---------------------------------------|----------|---|-----------------------------------|--------|
| Part | icipants: | | | | | | | |
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| Agei | nda: | | | | | | | |
| | | | Performa | nce Monitoring | Template | | | |
| S.N | 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 |
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PMT Meeting Minute Book



| Discussion on the Performance finding |
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| Discussion on the Data Quality |
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PMT Meeting Minute Book



Prioritizing the Problems

| Indicator | Magnitude of the problem* | Serious ness of the problem* | Community concern* | Feasibility of intervention* | Total score |
|-----------|---------------------------|---------------------------------|--------------------|------------------------------|-------------|
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^{*}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 |
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