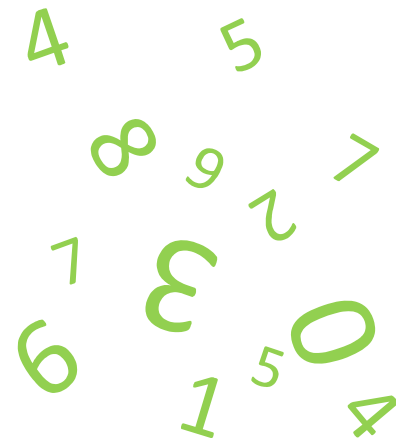


# Data Quality Review (DQR) Data Verification and System Assessment Workshop

## Session 3

### Data Collection Tools



## Learning Objective

Learn the tools used to collect data during the health facility assessment for data quality. Specifically, by the end of the workshop the participants will;

- Review and understand the paper-based data verification tools for the different indicators, at facility and district levels
- Review and understand the System Assessment tool at facility and district levels
- Practice entering data on the paper forms

## SESSION 3

### Data Collection Tools



# General Instructions for Completing the DV/SA

## SESSION 3

### Data Collection Tools

## General Instructions:

- When using the paper questionnaire:
  - ✓ All responses are to be recorded with BLUE ink
- When using the electronic questionnaire:
  - ✓ CPro software must be loaded onto a tablet for mobile data collection
- It is very important that you correctly record the answers and follow all special instructions in the questionnaire.
- Never leave a response blank!



# Questionnaire Structure

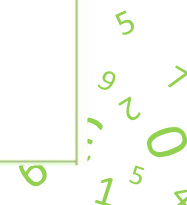
## SESSION 3

### Data Collection Tools

The questionnaire is typically divided into four columns as shown below:

1. The number of the question, with each question uniquely numbered.
2. The questions and instructions to the interviewer for posing questions.
3. Response categories.
4. The instructions to skip to another question or other instructions, if necessary.

1	2	3	4
Number	Question	Result	Skip
<b>MATERNAL HEALTH INDICATOR</b>			
<b>ANTENATAL CARE FIRST VISIT (ANC1)</b>			
<b>DV_100</b>	Does this facility provide antenatal care services?	YES ..... 1 NO ..... 2	→ DV_200
<b>DV_101</b>	Does this facility report ANC data to a reporting system?	YES ..... 1 NO ..... 2	→ DV_200
<b>SOURCE DOCUMENTS AND REPORTS</b>			
<b>DV_102</b>	What is the source document used by this facility for monthly reporting of antenatal care services? We are primarily interested in the main document that is used for <b>compiling</b> the total number of ANC1 visits seen at this facility. Please report if any improvised documents are used.	ANC REGISTER OR INTEGRATED ANC REGISTER ..... 1 TALLY SHEETS ..... 2 PATIENT CARDS ..... 3 OTHER (SPECIFY) ..... 96	



# Questions and Instructions

- Instructions to the data collector generally appear in CAPITAL LETTERS
- These do not need to be read out loud
- Pay attention to instructions because they will help you complete the questionnaire as accurately and completely as possible.

<b>DV_206</b>	For any instance where no monthly report can be found, ask the informant why there is no report.  <b>CIRCLE ALL ANSWERS THAT APPLY.</b>	ALL 3 MONTHLY REPORTS ARE AVAILABLE ..... A THE REPORT WAS SUBMITTED BUT THE COPY CANNOT NOW BE FOUND ..... B NO TRAINED STAFF ARE AVAILABLE TO REPORT ..... C NO REPORTING FORM WAS AVAILABLE.. D WE DON'T HAVE TIME TO REPORT..... E THE FACILITY WAS NOT OPERATING DURING 1 OR MORE OF THE MONTHS.... F OTHER (SPECIFY) .....Y	
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**BASED ON RESPONSE TO QUESTION DV\_102, PLEASE ASK THE PERSON IN THE FACILITY WHO REGULARLY PREPARES THE FACILITY MONTHLY REPORTS TO PROVIDE YOU WITH THE SOURCE DOCUMENT USED TO COMPILE AND SUMMARIZE INFORMATION FOR MONTHLY REPORTING (i.e. REGISTERS, TALLY SHEETS, ETC.) AS WELL AS THE MONTHLY REPORTS FOR MONTH1, MONTH2, AND MONTH3 FOR ANC.**

## SESSION 3

### Data Collection Tools

1 2 3 4 5 6 7 8 9 0

# Skip Patterns

- Example of Instructions: *Skip to...*

Number	Question	Result	Skip
MATERNAL HEALTH INDICATOR			
ANTENATAL CARE FIRST VISIT (ANC1)			
DV_100	Does this facility provide antenatal care services?	YES ..... 1	→DV_200
		NO ..... 2	
DV_101	Does this facility report ANC data to a reporting system?	YES ..... 1	→DV_200
		NO ..... 2	

## SESSION 3

### Data Collection Tools

- The instructions in the “Skip” column indicate to go to the next section (beginning with question DV\_200) if the response to DV\_101 is “No”.



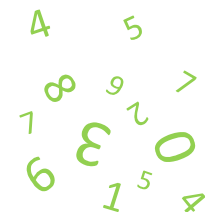
## Pre-coded Numeric Questions

- Pre-coded questions with numeric responses are **SINGLE** select (i.e. only one response option can be selected)

Number	Question	Result	Skip
DV_302	What is the source document used by this facility for monthly reporting of number of patients on ART? We are primarily interested in the main document that is used for <b>compiling</b> the total number of patients on ART seen at this facility. Please report if any improvised documents are used.	PRE-ART REGISTER.....1 ART TALLY SHEET .....2 PATIENT CARDS .....3 ART REGISTER .....4 OTHER (SPECIFY) _____96	

## SESSION 3

### Data Collection Tools



# Pre-coded Numeric Questions with « Other » Response

## SESSION 3

### Data Collection Tools

- In some cases, a pre-coded question will include an “other” category.
- The “other” code should be circled when the answer provided is different from any of the pre-coded responses.
- When you circle the code “other” for a particular question, you must specify what the “other” response is. Write the answer in the space provided. If you need more room, use the margins.
- Please only use “other” if the response given is not present in the pre-coded list of options.

Number	Question	Result	Skip
DV_302	What is the source document used by this facility for monthly reporting of number of patients on ART? We are primarily interested in the main document that is used for <b>compiling</b> the total number of patients on ART seen at this facility. Please report if any improvised documents are used.	PRE-ART REGISTER.....1 ART TALLY SHEET .....2 PATIENT CARDS .....3 ART REGISTER .....4 OTHER (SPECIFY) _____	

96

6 1 5 0 7



## Pre-coded Alpha Questions

- Pre-coded questions with alpha responses are **MULTIPLE** select (i.e. can select as many response options as are applicable/mentioned by the respondent)

<b>DV_305</b>	If there is a discrepancy between the source document data and the monthly report data, ask your informant why.  <b>CIRCLE ALL ANSWERS THAT APPLY.</b>	NO DISCREPANCY ..... A ARITHMETIC ERRORS ..... B TRANSCRIPTION ERRORS..... C SOME DOCUMENTS WERE MISSING WHEN THE REPORT WAS PREPARED ..... D SOME DOCUMENTS ARE NOW MISSING..E OTHER (SPECIFY) ..... Y _____
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## SESSION 3

### Data Collection Tools



# Numeric Responses

- Some questions require a numeric response. Those are indicated by either an empty response field or a set of squares in the response field.

DV_203	Please confirm the availability of the <b>main source document</b> used for reporting of <b>DTP3/Penta3</b> for Month1 to Month 3. If available and information on <b>DTP3/Penta3</b> for children under 1 is recorded, please <b>recount</b> the number of <b>DTP3/Penta3 visits</b> for children under 1 for Month1 to Month3.	(A) SOURCE DOCUMENT AVAILABLE		(B) RECOUNT NUMBER OF DTP3/Penta3 FOR CHILDREN UNDER 1 IN SOURCE DOCUMENT
		YES, SOURCE DOCUMENT AVAILABLE WITH INFORMATION RECORDED FOR DTP3/Penta3*	NO, SOURCE DOCUMENT NOT AVAILABLE OR INFORMATION ON DTP3/Penta3 NOT RECORDED	
01	Month1	1 → B	2 02 ↩	

DV_403	Please confirm the availability of the <b>main source document</b> used for reporting of <b>notified cases of TB</b> for the quarter (Month1 to Month3). If available and information on <b>notified cases</b> is recorded, please <b>recount</b> and record the number of <b>notified cases of TB</b> for the quarter (Month1 to Month3).	(A) SOURCE DOCUMENT AVAILABLE		(B) RECOUNT NUMBER OF NOTIFIED CASES OF TB IN SOURCE DOCUMENT
		YES, SOURCE DOCUMENT AVAILABLE WITH INFORMATION RECORDED FOR NOTIFIED CASES OF TB*	NO, SOURCE DOCUMENT NOT AVAILABLE OR INFORMATION ON NOTIFIED CASES OF TB NOT RECORDED	
01	Quarter (Month 1 to Month 3)	1 → B	2 DV_407 ↩	A= <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>



## SESSION 3

### Data Collection Tools

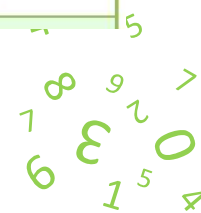
# Correcting Mistakes

- If you make a mistake recording an answer or the respondent changes his/her mind, put two horizontal lines through the incorrect response.
- Do not try to erase, white out or write over an answer.

Number	Question	Result	Skip
MATERNAL HEALTH INDICATOR			
ANTENATAL CARE FIRST VISIT (ANC1)			
DV_100	Does this facility provide antenatal care services?	YES ..... <del>1</del> NO ..... <del>2</del>	→DV_200
DV_101	Does this facility report ANC data to a reporting system?	YES ..... 1 NO ..... 2	→DV_200

## SESSION 3

### Data Collection Tools



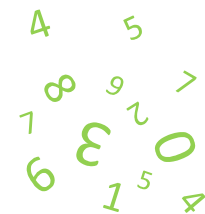
Indicators  
and reporting  
period to be  
assessed

## SESSION 3

Data Collection Tools

Countries adapt this slide to show:

1. indicators to be assessed, and
2. the reporting period (which 3 months)



# Respondents

## SESSION 3

### Data Collection Tools

Who should you interview to obtain DV/SA information?

- Depends on the facility type and who is available.
  - Small facilities have few options – ideally the person responsible for compiling the indicators each month should be the one responding.
  - Alternatively, the facility in-charge or other responsible staffer can respond.
  - At larger facilities there may be more options. Again the person responsible for compiling the monthly report should be interviewed. It may be different people for different program areas.
  - Find a staffer knowledgeable of data management practices across program areas, if possible (e.g. a data manager)



AC7  
AC10  
DR1  
D.B.2

# Program-Specific Data Verification at Facility Level

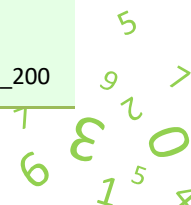
## SESSION 3

Data Collection Tools

### Data verification – Facility level

- Program-specific data verification sections
- Each indicator-specific section checks:
  - whether the service is provided by the facility
  - If the facility reports service delivery results to an information system (e.g. HMIS)
  - If no to either the section is skipped.

MATERNAL HEALTH INDICATOR			
ANTENATAL CARE FIRST VISIT (ANC1)			
<b>DV_100</b>	Does this facility provide antenatal care services?	YES .....1 NO .....2	→DV_200
<b>DV_101</b>	Does this facility report ANC data to a reporting system?	YES .....1 NO .....2	→DV_200



## Slide 14

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- AS7** Slides 12-19 are hard to follow. is this supposed to be a detailed walk through of the questionnaire? if so, perhaps it needs to have screen shots of the actual questionnaire or something. I'd suggest the questionnaire is read and reviewed at least once in full by the entire group. Maybe this should happen here.  
Ashley Sheffel, 12/9/2019
- AS10** There is also a gap in discussing who the respondent(s) should be for each section of the questionnaire.  
Ashley Sheffel, 12/9/2019
- D.B.1** This is an overview of the questionnaire - the detailed walk-through is in the group work exercise associated with the session.  
David Boone, 4/22/2020
- D.B.2** The previous slide addresses who respondents should be - adequate?  
David Boone, 4/22/2020

# Program-Specific Data Verification at Facility Level

## SESSION 3

### Data Collection Tools

## Program-specific DV sections:

- Source documents and reports – what source documents are used to record data on service delivery (e.g. a register)
- For a selected three-month period, are the source documents available and what are the monthly recounted/validated values of the indicator?
- For a selected three-month period, are the monthly aggregate reports available and what are the monthly reported values of the indicator?

REVIEW SOURCE DOCUMENT FOR ANC1 AND ANSWER THE FOLLOWING QUESTIONS				
DV_103	Please confirm the availability of the <b>main source</b> document used for reporting of ANC visits for Month1 to Month3. If available and information on ANC visits is recorded, please <b>recount</b> the number of ANC1 visits for Month1 to Month3.	(A) SOURCE DOCUMENT AVAILABLE		(B) RECOUNT NUMBER OF ANC1 IN SOURCE DOCUMENT
		YES, SOURCE DOCUMENT AVAILABLE WITH INFORMATION RECORDED FOR ANC VISITS*	NO, SOURCE DOCUMENT NOT AVAILABLE OR INFORMATION ON ANC VISITS NOT RECORDED	
01	Month1	1 → B	2 02 ↻	
02	Month2	1 → B	2 03 ↻	4 5
03	Month3	1 → B	2 DV_104 ↻	

\*Even if information is only partially filled (for example for a few days in the month, you would answer YES)

6 3 0  
1 5 4



# Program-Specific Data Verification at Facility Level

## SESSION 3

### Data Collection Tools

## Program-specific DV sections:

- Discrepancies:
  - What are the reasons for discrepancies between the indicator values derived from recounts on source documents and the values reported by the facility?

DISCREPANCIES		
DV_105	<p>If there is a discrepancy between the source document data and the monthly report data, ask your informant why.</p> <p><b>CIRCLE ALL ANSWERS THAT APPLY.</b></p>	<p>NO DISCREPANCY ..... A</p> <p>ARITHMETIC ERRORS ..... B</p> <p>TRANSCRIPTION ERRORS ..... C</p> <p>SOME DOCUMENTS WERE MISSING WHEN THE REPORT WAS PREPARED ..... D</p> <p>SOME DOCUMENTS ARE NOW MISSING..E</p> <p>OTHER (SPECIFY) ..... Y</p> <p>_____</p>
DV_106	<p>For any instance where no monthly report can be found, ask the informant why there is no report.</p> <p><b>CIRCLE ALL ANSWERS THAT APPLY.</b></p>	<p>ALL 3 MONTHLY REPORTS ARE AVAILABLE ..... A</p> <p>THE REPORT WAS SUBMITTED BUT THE COPY CANNOT NOW BE FOUND ..... B</p> <p>NO TRAINED STAFF ARE AVAILABLE TO REPORT ..... C</p> <p>NO REPORTING FORM WAS AVAILABLE.. D</p> <p>WE DON'T HAVE TIME TO REPORT ..... E</p> <p>THE FACILITY WAS NOT OPERATING DURING 1 OR MORE OF THE MONTHS.... F</p> <p>OTHER (SPECIFY) ..... Y</p> <p>_____</p>

- Reasons for missing monthly reports



# Program-Specific Data Verification at Facility Level

## SESSION 3

### Data Collection Tools

## Indicator-specific requirements

- “Current” indicators (e.g. Current on ART) require only one value from source documents – the value on the last day of the reporting period.
- TB is typically reported quarterly and also only requires one value across the 3-month period.
- For TB: number of missing values in source documents for priority data elements
  - Year of registration: the year the patient began treatment for TB at the facility (value in the register)
  - 07: count each patient (line in the register) with at least one missing value across the priority fields

DV_406	MISSING DATA: ASK TO SEE THE TB REGISTER Count the number of cases in the quarter (MONTH 1 to MONTH 3) with missing information for each of the following columns in the unit TB register.	NUMBER OF CASES (ROWS) WITH MISSING DATA <i>If N/A, please use 9999</i>	
01	Year of registration	<input type="text"/>	
02	Sex	<input type="text"/>	
03	Age	<input type="text"/>	
04	Disease classification/Anatomical site of disease	<input type="text"/>	
05	Type of patient /History of previous TB treatment/Patient registration group	<input type="text"/>	
06	Bacteriological results	<input type="text"/>	
07	Number of cases missing data in at least 1 of the 6 columns listed above	<input type="text"/>	

6 3 0  
1 5 4

# System Assessment at Facility Level

## SESSION 3

### Data Collection Tools

- System Assessment (generic to program):
  - Designated staff to:
    - enter data and compile reports
    - Check data quality prior to report submission
  - Staff have received training
  - Existence of guidelines on reporting
  - Stock-out of data collection and reporting forms
  - Existence of supervision with feedback
  - Data use:
    - Production of charts and graphs
    - For performance reviews
    - For planning



# CSPPro – Practice Data Entry

## SESSION 3

### Data Collection Tools

## Practice

- **Data collectors:** In teams of two, practice an interview using the tablets and the Facility DV application
- **Supervisors:** In teams of two, practice an interview using the tablets and the District DV application
- In about 20 minutes, we will switch so both groups practice both tools.

