

EVALUATION TEST
Competency 3
(Data Quality)

Instructions to the participants:

Please circle the correct response. Chose the most appropriate response where more than one response seems applicable. This is an open book test, you can make use of various training material that has been provided to you. Each question carries 1 point.

Total questions: 20

Maximum Score: 40

Time allotted: 30 min

Name: _____

Designation: _____

Office Address: _____

Phone no.: _____

Date: _____

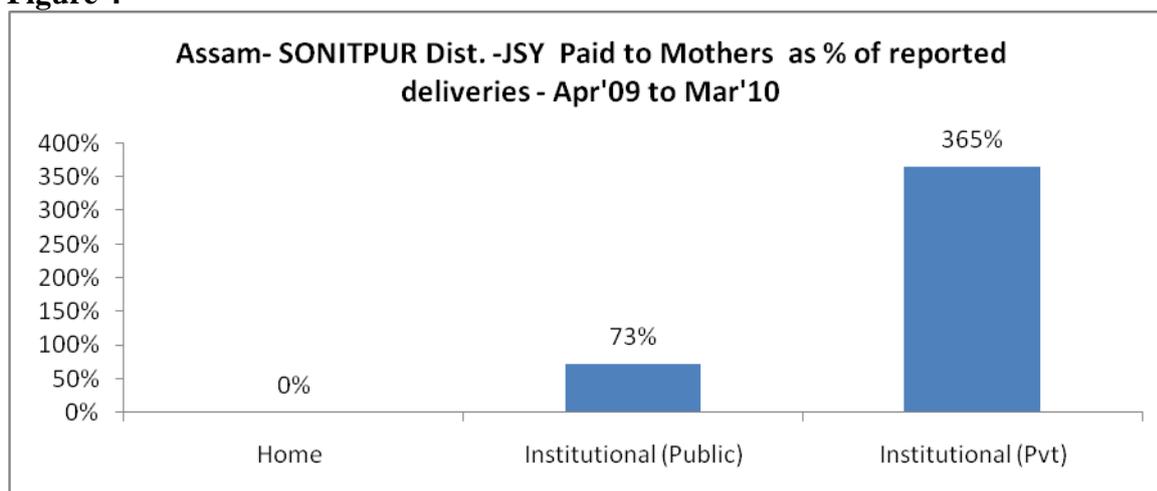
Pre-training
Post-training

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SET: 3C

- 1) District X reported 4838 cases of malaria in a single month. District has API of only 1.5 and in previous 6 months only 500 cases of confirmed malaria were reported. What could be the possible causes for this problem?
- Probably 'Total number of cases examined for blood slides' are being reported here
 - Probably few facilities did not report positive cases during past few months and cleared their "reporting back log" only now
 - Probably there is malaria outbreak and emergency action is required
 - All of the above

Figure 4



- 2) 'Percentage of deliveries who got JSY payment from private institutions' is reported to be 365% in Figure 4. This could be due to any of the following, except...
- There is a backlog of JSY payments from previous year and all were paid together
 - Some of the private facilities are reporting the 'Amount paid' rather than 'Number of beneficiaries' who were paid
 - The deliveries conducted at private sector are not reported properly since there is no system of collecting data from them. However, the payments made data is reported without gaps since records of payment made are well maintained by the accounts division of district and block headquarters.
 - Some of the women who delivered at private institution were paid JSY twice as they gave birth to twins.

To overcome such errors (refer Figure 4), corrective measures are suggested which states that...

"Guidelines are issued to data entry operators to take the data element of private sector institutional deliveries from the payments made list. But even this would underestimate pregnancies seen. Guidelines to encourage monthly reporting of private sector facilities is also put in place."

Q. Please comment on this corrective measure.

- 3) District B reported 8666 cases of measles among children below 5 years. It was found out that majority of cases were reported by only 1 block. Incidence of measles in the State was lower. What could be the possible causes?
 - a. Probably, 'Number of children immunized for measles' are reported here
 - b. There was an outbreak of measles
 - c. "Reporting back-log" was cleared
 - d. Inadvertent data entry error, instead of 86 two extra six were added
 - e. A & D
- 4) 'Total number of fully immunized children' for District X are 150% of live births and 160% of BCG. The most likely errors are all of the following,
 - a. Some facilities are adding number of children immunized for each vaccine to achieve the full immunization figure.
 - b. Dropout rate between BCG to Measles is very high.
 - c. 'Full immunization in 12 to 23 months' and 'Full immunization in 9 to 11 months' are being added.
 - d. Both A & C
- 5) In District C, 'Number of pregnant women given 100 IFA tablets' is 140% against 'ANC registration' of 95%. What could be the possible cause?
 - a. Probably few facilities are reporting 'number of IFA tablets given' instead of 'number of pregnant women who received IFA tablets'
 - b. Probably few facilities are reporting this number even before all 100 IFA tablets are given.
 - c. Probably more than 100 IFA tablets are given to pregnant women because stock is in abundance or because women with moderate anemia require 200 IFA tablets
 - d. Reporting all women, pregnant or not, who were given IFA tablets.
 - e. All of the above.

To overcome this error, the corrective action reads...

"A GO is issued to ANMs to report only number of **pregnant** women receiving **at least** 100 IFA tablets anytime they are given this- and not to count them again if they receive more tablets. This GO is then reinforced during monthly ANM review meeting.

Q. Please comment on the above statement/corrective measure.

- 6) Data from District A shows 'ANC registered in first trimester' higher than 'Total number of ANC registered'. What could be the reason?
 - a. Facilities don't have columns to record this data element in their registers.
 - b. Probably, the instruction itself confuses 'first trimester registration' with 'first ANC' since later data element is not asked for.
 - c. Probably 'ANC registered' are being underreported only those women who were issued MC cards were counted and cards were out of print.



- d. None of the above.
- 7) For District X, DLHS and NFHS reports ‘Number of pregnant women who have had at least 3 ANC checkups’ as 29% and 26%, respectively. However, HMIS reports 79%. What could be the possible reasons for over reporting?
- Each facility has monthly targets probably facilities refer to the target number and report similar numbers.
 - The register only records ‘women received ANC’. Guidelines and space for computation of women receiving 3 ANCs is not available
 - Double counting: both Sub center and the facility where she was seen are reporting.
 - All of the above
- 8) In District B ‘Number of newborns breast fed within 1 hour’ is lower than expected DLHS. What could be the reasons?
- Only few facilities reported
 - There is no space in recording registers to enter this.
 - All facilities reported but only for some months
 - ANM is not including services rendered by ASHA in the report
 - All of the above
- 9) ‘Number of pregnant women given 100 IFA tablets’ is 140% against ANC registration of 95%. What could be the possible causes?
- Probably ‘number of IFA tablets given’ are reported instead of ‘number of pregnant women’
 - Probably reporting before women are given all 100 IFA tablets
 - Reporting all women, pregnant or not, who were given IFA tablets
 - All of the above
- 10) ‘Number of pregnant women given 100 IFA tablets’ is 130% against ANC registration of 95%. What instructions would you give to your health staff to improve the quality of data?
- Report only beneficiaries not the number of tablets.
 - Do not count women who were given 200 IFA tablets as 2 beneficiaries instead of 1.
 - Do not count **All** women who were given IFA tablets, count only pregnant women.
 - All of the above.
- 11) ‘BCG immunization’ is 140%, higher than total number of deliveries. What could be the probable cause for over-reporting?
- Immunization done at camps are also reported
 - Deliveries are under-reported (home and private sector deliveries are being missed)
 - Many children immunized after 1 year of age especially in camps are also included whereas the denominator includes only children <1yr
 - Denominator for immunization has been set very low

- e. All of the above
- 12) 'Breast-feeding in first hour' is 70% in District X but DLHS reports only 20%. The most likely cause for this over-reporting is?
- Since there is no place for recording this in primary register, ANMs guess the number and report.
 - Double counting: Both facility and ANM are reporting.
 - All institutional deliveries are assumed to be breastfeeding in the first hour and marked up.
 - All of the above
- 13) All the following are correct validation rules, except...
- ANC Registration should be equal or greater than TT1
 - Early ANC Registration must be less than or equal to ANC Registration
 - OPV2 should be equal to DPT2
 - Newborns weighed at birth should be equal to total delivery.
- 14) Data for District X shows C-sections at Block PHCs but State has not authorized Block PHCs to perform C-sections. These PHCs should be instructed that...
- The C-section box should be left blank
 - The C-section box should have zero written in it.
 - Since there are no C-sections, put the figure in normal deliveries box.
 - The C-sections done at private facilities in the block can be entered.
- 15) In a Low Performing State (LPS), few blocks have reported 'JSY incentive paid to ANM/AWW' but others have not. Which of the following is true?
- ANM/AWW in LPS are not entitled for incentives, hence the box should be left zero
 - ANM/AWW in LPS are not entitled for incentives, hence the box should be left blank
 - ANM/AWW should be paid and number of those who were paid has to be written.
- 16) You are Block Programme Manager and data for your block shows very high number of 'New cases detected for hypertension in pregnant women'. What is the actual problem?
- Double counting: instead of counting only new cases detected, every follow-up visit by a hypertensive pregnant woman is also being counted.
 - "Reporting back-log"
 - False reporting.
 - None of the above
- 17) 'Pregnant women treated for complications' are under reported in your district. What could be the possible data quality errors for this?
- Only some facilities are reporting this data element.
 - Recording registers do not have columns for recording these data elements.
 - Only complications requiring admission or prolonged stay (like C-section or Eclampsia) are being recorded, those seen by SBA are not recorded.

- d. Complications are recorded in the Labour Room Registers but data is sourced from Pregnancy Tracking Registers.
- e. All of the above
- 18) A district reported 2857 cases of immunization related injection abscess; however, only 10 cases were confirmed on verification. What could be the most common reason for this over-reporting?
- Probably cases of children with minor complications such as pain at site are also reported.
 - Probably cases of abscess whether due to immunization or not are also reported.
 - Probably reported hearsay cases of abscess (not witnessed or examined personally).
 - Data entry error.
 - All of the above
- 19) Data of District A shows that 'Number for ANC TT1' equals 'Number of TT2/booster'. In second pregnancy TT booster is given not TT1. Ideally, TT1 should be less than half of TT2/booster. Why is there this error?
- Data are mechanically entered for TT1 and TT2 against every pregnant woman even when a single injection is given.
 - Most 2nd pregnancies are after 3 years so 2 injections are to be given.
 - There is a "quiet" instruction to give 2 injections to every pregnant woman.
 - None of the above
- 20) '% of home deliveries who got JSY payment' is over 1000% in district in the last quarter. This could be due to any of the following, except...
- Some facilities reported 'amount paid' rather than 'number of beneficiaries paid'.
 - Data on 'payments made' are from one source and 'numbers of home deliveries' are from another source. First is over-reporting or normal reporting and the second is under-reporting.
 - There was a backlog of JSY payments and these were all paid together.
 - Payments for home deliveries are only to BPL home deliveries but denominator being used is all home deliveries.