

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



SET: 3B

- 1) All the following statements are correct except...
 - a. Validity: data measures what it intends to measure.
 - b. Reliability: mistakes in data aggregation and computation
 - c. Consistency: data will be the same when measured on repeated times or by different persons.
 - d. Accuracy : correctness of the data collected

- 2) Why completeness is part of data quality?
 - a. If required data are missing then we under-estimate the performance or status and appropriate actions cannot be taken.
 - b. Essential to monitor provision of all services and to provide resources needed to improve service delivery/provision throughout the geographical areas and population covered.
 - c. To monitor both public and private sector for getting a total picture of the health system
 - d. All of the above

- 3) Any of the following could be plausible explanations for total ANC registration being less than expected pregnancies (refer Figure 1). Yet, looking at the pattern which do you think is the most likely?
 - a. Services are not reaching a section of pregnant women.
 - b. A number of facilities are not reporting or are reporting too late because of which data are not getting included.
 - c. Wrong choice of denominator.
 - d. All of the above

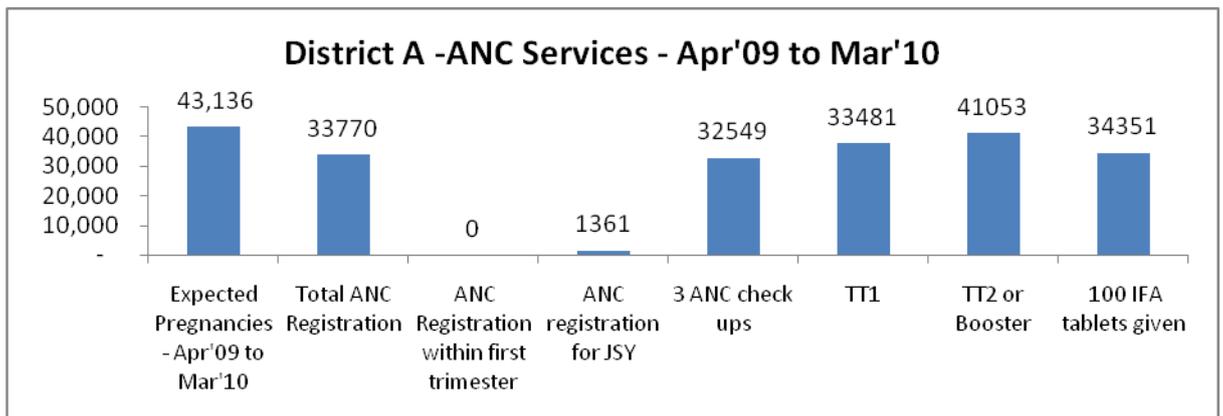


Figure 1



- 4) Examine data in Figure 2. Numbers of fully immunized is very low. Observing the pattern of reports, what would be a probable cause for this?
- Double counting in BCG, DPT3, OPV3, and Measles.
 - Column not available in register to calculate number of fully immunized children
 - Over estimation of live births
 - Very few children are fully immunized

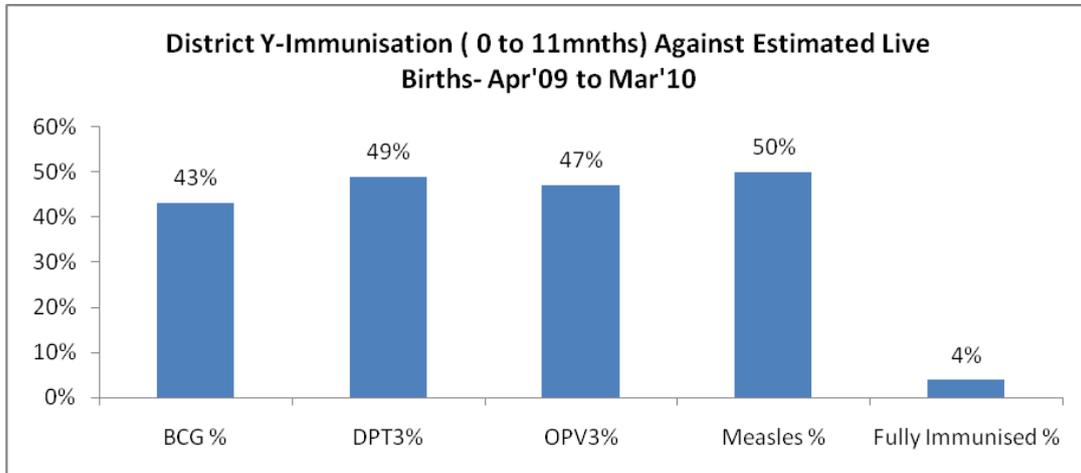


Figure 2

- 5) Refer to the data in Table 1 given below. Rates for fully immunized children are too high, all reasons are plausible, except...
- False reporting by services providers who are being closely monitored for this figure
 - Migrated children also get immunized
 - Many facilities add individual vaccine figures to calculate fully immunized children
 - A wrong denominator has been used
 - All of the above

Vaccine	Coverage rate
BCG	80%
OPV3	98%
DPT 3	100%
Measles	83%
Fully immunized children from 0-11 months	133%

Table 1

- 6) Wet mount test facility is **not** available in your block. However, block level facilities are reporting for this data element. What advice would you give to the facilities during review meetings?
- Mark this item zero
 - Fill a reasonable number
 - Leave this item blank
 - None of the above
- 7) Examine Figure 3. District X (DH exist) had only 0.5% of complicated pregnancies and had no c-sections. If this is a data quality error, what could be the possible reason except?
- Facilities doing C- section are not reporting this data element
 - No facility in the district is attending complicated pregnancies
 - Private facilities attend complications but there is no system of collecting data from them.
 - All of the above

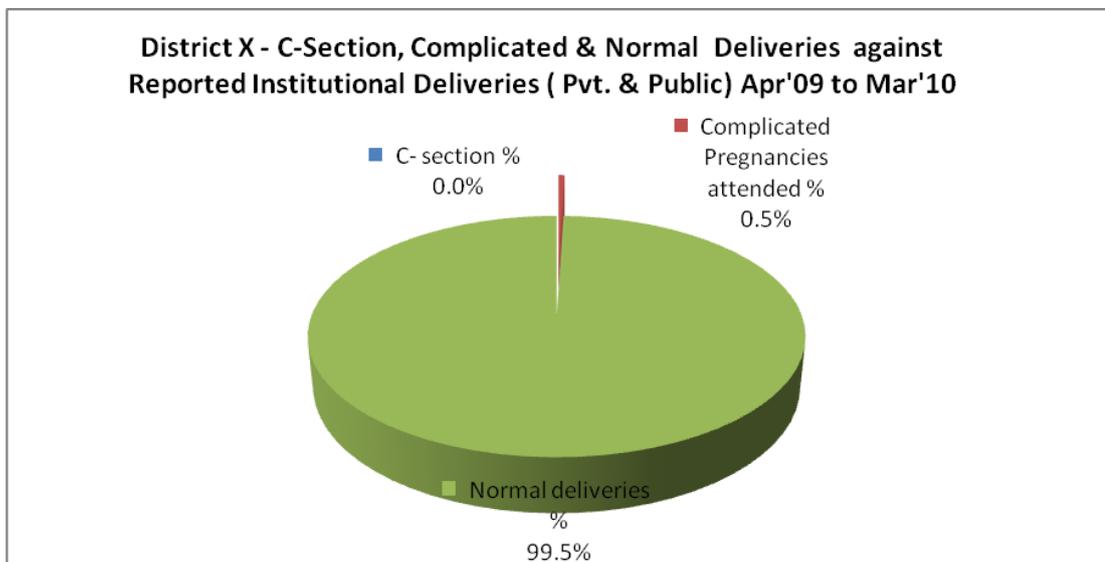


Figure 3

- 8) While analyzing data for District A, 'Number of AWCs conducting VHND days' was abnormally high. What could be the reason for this error except?
- Large number of sessions are planned
 - May be the report showing this figure is erroneous.
 - Probably facilities are reporting 'Number of session held at AW centers' instead of 'Number of AWCs where at least one VHND was held'.
 - Probably reported the number of immunization session in 1 catchment area.
- 9) Comment on the accuracy of the data in Table 2 below

- Above data seems right
- Since MTP is induced abortion this data element should be added to 'Abortions' data element while reporting for abortions (spontaneous/induced)
- Since MTP and abortions are two different data elements MTP should not be added to abortions (spontaneous/induced)
- MTP is recorded in OT Register whereas abortions (spontaneous) are recorded in Labour Room Register, so while reporting 'Abortions(spontaneous/induced)' only spontaneous abortions are being reported

Table 2

	Apr	May	June	July	Aug	Sept	Oct
Abortion (spontaneous/induced)	2003	2415	574	0	2	37	12
Total MTP conducted	2241	6332	2124	2200	633	1252	5598

10) Identify the probable error in calculating fully immunized children, if any, from Table 3.

In Table 3, fully immunised children are high because...

- Fully immunization is calculated by adding individual vaccine doses given, and not total number of children who were fully immunised.
- Total fully immunized should be higher than measles.
- Total immunization figure is gross false reporting.
- None of the above

Table 3

Child Immunization	Number of children
BCG	12017
DPT1	12172
DPT2	11804
DPT3	11721
OPV 0 (Birth Dose)	49040
OPV1	10167
OPV2	11803



OPV3	11422
Hepatitis-B1	8000
Hepatitis-B2	6200
Hepatitis-B3	5000
Measles	11621
Total number of fully immunized children between 0-11 months	163567

11) Refer to Table 3 above and specify maximum figure which is close to 'Total number of fully immunized children'.

- 11621 (Cannot be more than measles doses).
- 11422 (Cannot be more than the lowest of the mandatory vaccine doses and OPV 3 is the lowest)
- 5000 (Cannot be higher than the lowest of the vaccine doses, i.e., Hepatitis 3)
- 12017 (Cannot be more than BCG which is the starting dose of vaccination schedule)
- We cannot state such a maximum

12) You visited Facility A in your block and found that the facility was reporting 'Number of women having hemoglobin <11gm % (tested cases)'. However, you also found that haemoglobinometer has been out of order for last 3 months. What was the basis of reporting and what would you advise them? Circle correct response (a-d) given at the bottom.

- Reporting anemia was based on mere clinical examination of nails and eyes for pallor. This is acceptable and may be continued.
- Reporting anemia was based on mere clinical examination of nail and eyes. This is unacceptable.
- Probably pregnant women who got Hb tested from private facilities were reported. This should not be included in the reporting form.
- Probably pregnant women who got Hb tested from accredited private labs were reported. This is acceptable.

Chose correct answer:

- i and iii
- ii and iii
- ii and iv
- i and iv

13) Refer to data in Table 4. What could be reason for such a high % of ANC registration?



- a. The likely cause is double counting of pregnancies (Same woman is registered when she took pregnancy test, was found +ve, and also when she came for the first time to the facility).
- b. Double counting (Same woman was reported from sub-center when she came for first ANC and from PHC/CHC where she went for a laboratory check up).
- c. Women from other areas are coming to these blocks for ANC because it has a functional CHC.
- d. ANMs are reporting on all pregnancies in their area, whether or not they come to her for ANC.
- e. All of the above, except D.

Table 4

	Block A	Block B
Estimated pregnancies	1053	1945
Reported ANC registration	1664	2685
% of ANC registration against expected pregnancies	158%	138%

GO 1

A Govt. Order (GO) issued to correct the problem related to duplicate counting of pregnancies/women states...

“Only women who are provided ANC services by that ANM or PHC Medical Officer should be registered – whether or not they are from the area served by that facility – but before registering her, we should confirm that she has not visited another public health facility or a private facility known to be sending reports. A mere visit for taking a pregnancy test should not be registered. In most situations, first ANC and registration of pregnant woman would be the same event – the only exception being where the first ANC has been done in a private health facility which is not reporting data to HMIS on a regular basis. At the time of first ANC every woman must be given a filled out MCH card but if for some reason this is not done, it should still be noted as registration of pregnancy. Since pregnancy tests immediately show positive or negative, every effort should be made to complete first ANC and issuing of the registration card in the same visit where her pregnancy was detected”.

14) Refer to GO1 stated above. Would you welcome such a detailed GO?

- a. Yes
- b. No

15) Can GO1 be modified by Programme Managers request?

- a. Yes
- b. No

16) One NGO alleges that such programmed confusions are not accidental and that many Programme Managers prefer to have some confusion around such details (refer GO1). Do you think it is agreeable?

- a. Yes



- b. No
- c. No, and confusions can be reduced by analyzing programme specific data.

17) District A reported 2108 cases of polio in a single month. Whereas until previous month only 2 cases of confirmed polio were reported (also confirmed in WHO surveillance). What could be the cause for this over reporting?

- a. Probably AFP cases are entered
- b. Probably entered number of children who received polio vaccine instead of those diagnosed with polio
- c. Data entry error
- d. All of above

18) Suppose District A reported 2108 cases of polio in a single month. What will be your corrective action to locate the error

- a. Drill down exercise to identify the facility which reported high figures
- b. Verify the data from the recording registers of the facility
- c. Make the corrections accordingly
- d. All of the above

19) While analyzing data for your district, you found that some facilities are reporting 'Centrochroman pills given' and some are not. On enquiry you found that there is no supply of centrochroman pills from the State itself. What could be the possible reasons for such reporting?

- a. Centrochroman pills were assume (by few districts) to be synonymous with oral pills and hence centrochroman pills are reported
- b. Few districts have stock of previous quarter
- c. Centrochroman pills are being given by private sector
- d. All 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...

- a. Some facilities reported 'amount paid' rather than 'number of beneficiaries paid'.
- b. 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.
- c. There was a backlog of JSY payments and these were all paid together.
- d. Payments for home deliveries are only to BPL home deliveries but denominator being used is all home deliveries.

