

HEALTH SYSTEMS STRENGTHENING: Data Quality Checklist

City:			
Health Facility Name:			
Date of Assessment:			
Respondent:		Position:	
Assessor:			

Verification criteria	Yes	No	NA	Comment
1. BHWs/midwives/nurses capturing and recording FP data in the FP registers were trained to collect and enter the data correctly. <i>(Probe unit in charge if staff responsible for FP have been capacity build on how to complete the FP registers)</i>				
2. Midwives and nurses at the health facility have been trained to summarize and report FP indicators correctly. <i>(Probe H/F or unit in charge if staff responsible for FP have had their capacity built on FP indicators and how to summarize data from the FP registers into required indicators and how to complete the FP summary forms)</i>				
3. Correct FP Form 1 and FP TCL are in use in the health facility. <i>(Assessor should verify that only the correct tools are in use)</i>				
4. Correct FP M1 are in use in the health facility. <i>(Assessor should verify that only the correct tools are in use)</i>				
5. The health facility has submitted FP M1 for the past 3 months to City Health Office or equivalent. <i>(Review and check summary tools and confirm data submitted to HMIS)</i>				
6. The health facility's FP M1 for the past 3 months is captured on the City FHSIS FP M1 <i>(Review and check the city FHSIS report to confirm data was encoded on FHSIS)</i>				
7. FP M1 for the past 3 months were all submitted in time. <i>(Review standard FP submission timeliness for FHSIS against date stamps for health facility FP reports submitted to City FHSIS in the past 3 months)</i>				
8. For the last reporting month – there is no discrepancy between the total current end users recorded in the facility compared to the total current end users encoded in the city FHSIS. <i>(Review and check the city FHSIS report to confirm data accuracy)</i>				
9. Did you do any data quality check/validation activity in this facility within the last six months? <i>(Probe who led it? Who participated? Are there meeting notes we can review?)</i>				
Total performance (%) Yes/ (Yes + No)				

Action Plan

Gap Identified	Recommended action	Person responsible	Resources required	Timeline