



RIVERS STATE GOVERNMENT



**HANDBOOK ON
STANDARD OPERATING PROCEDURE FOR RIVERS STATE
HEALTH DATA MANAGEMENT**

PREPARED BY

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This Handbook on the Standard Operating Procedure (SOP) for Rivers State Data Management was prepared as part of the efforts of the Ministry of Health to improve the State Health Information System (HIS) to ensure better performance.

The development of the Handbook was led by the Department of Health Planning, Research and Statistics, Ministry of Health. It is in response to the constitution of a committee during the Saving One Million Lives Programme for Result's Technical Consultative Group (SOML PforR-TCG) meeting in the Ministry when the DPRS from Ministry and the Boards were mandated to develop SOP on data management. The Handbook is expected to complement the training of relevant officers and serve as a guide to all concerned thus giving a clear direction to the processes of data management. The handbook drew extensively from the National Health Management Information guideline.

I sincerely express my special thanks to the Honourable Commissioner for Health, Prof. Princewill Chike, the Permanent Secretary, Mrs Caroline Wali and Dr, Agiriye Harry, the Permanent Secretary Primary Health Care Management Board for creating an enabling environment. Our appreciation goes to CHAI for their technical and financial support in the development and production of the Handbook.

Finally, I commend the efforts of Dr. Clement Edet and Dr. Bright Ogbonda, Directors of Planning, Research & Statistics, Primary Health care Management Board and Hospitals Management Board respectively as well as Mrs Henshaw, State HMIS Officer, and her team in the development and production of this Handbook.

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FOREWORD

The District Health Information System (DHIS2) platform is the health data reporting system in Nigeria. This DHIS2 currently serves as the reporting platform for National Health Management Information System (NHMIS) dataset in Nigeria and subsequently for Rivers State. There are other datasets that capture additional data in the State.

Following poor quality of data capturing, collating and reporting, there is need to improve the State Health Information System (HIS). These capture additional data from various levels of service delivery. This would ensure better performance, maintain a monitoring and evaluation system that responds appropriately to global reporting requirements. In that regard, the State Ministry of Health in collaboration with other actors decided to develop this Standard Operating Procedure for data management in Rivers State.

The mandate of the Department of Planning Research and Statistics (DPRS) of the State Ministry of Health is to coordinate, harmonize the State health data and migration, all ensuring that there is a single warehouse for routine health data in the State which should be accessible to all relevant government agencies as well as Development Partners on demand.

This Handbook drew extensively from consultations and relevant documents from key stakeholders at the Federal and States levels.

I commend the efforts of Dr. Chinwe Atata, Director, Department of Planning, Research & Statistics and her team. I appreciate CHAI for the support given to the Ministry towards the production of this Handbook.

Mrs. Caroline Wali
Permanent Secretary
Ministry of Health
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STANDARD OPERATING PROCEDURE FOR RIVERS STATE DATA MANAGEMENT

1.0 BACKGROUND

The 56th session of the National Council on Health (NCH) passed a resolution to use a single instance of the District Health Information System (DHIS2) platform for health data reporting in the country. The DHIS2 is domiciled in the department of the Planning Research and Statistics (dhis2nigeria.org.ng) which currently serves as the reporting platform for National Health Management Information System (NHMIS) dataset for Rivers State. However, other national datasets exist in the State that also captures additional data from various levels of service delivery – primary health facilities, secondary and tertiary health care facilities.

The mandate of the Department of Planning Research and Statistics (DPRS) of the State Ministry of Health is to coordinate, harmonize the State health data and its migration all ensuring that there is a single warehouse for routine health data in the State which is accessible to all relevant government agencies as well as Development Partners on demand.

2.0 CURRENT NATIONAL DATASETS

The national datasets for routine health data include:

1. NHMIS Monthly Summary (All health facilities in the State)
2. Integrated Disease Surveillance Response/IDSR (All health facilities in the State)
3. Antiretroviral Therapy Monthly Summary (ART designated health facilities)
4. Prevention of Mother to Child Transmission Monthly Summary (PMTCT designated health facilities)
5. HIV Counselling and Testing Monthly Summary (HCT designated health facilities)
6. Vaccine Management Dataset (All health facilities in the State)
7. Secondary/Tertiary Facility Monthly Summary (Secondary and tertiary health facilities)
8. Community-based NHMIS Dataset (All Community Based Organizations (CBOs) and Non-Governmental Organizations (NGOs) working in health sectors at community levels)

3.0 INTRODUCTION TO THE STANDARD OPERATING PROCEDURE

Due to the desire of the various actors to have their health information needs met, there is the dire need to improve the State Health Information System (HIS) to ensure better performance, maintain a monitoring and evaluation system that responds optimally to the National Strategic Health Development Plan (NHSDP), and respond appropriately to global reporting requirements. In that regard, the State Ministry of Health (SMoH) in collaboration with other actors decided to apply best practices for managing routine health data, including the development of this standard operating procedure.

The Department of Planning Research and Statistics (DPRS) of State Ministry of Health, the Hospital Management Board and the Primary Health Care Management Board are responsible for coordinating the process of maintaining a structured and integrated system of collecting, aggregating, reporting and managing routine health data at different organisational levels in the Local Government Areas (LGAs) – from community-level as well as from public and private health

facilities. Data from the community and these health institutions pass through the same organised structure, and at every stage of the structure the integrity of data needs to be assessed and addressed.

4.0 HEALTH DATA MANAGEMENT TEAMS

Health data is generated at the facility and as such, the facility takes responsibility for the quality of data that is entered into the DHIS platform. However, in facilities where there are health programme Implementing Partners (IPs), the IPs are expected to support the facility to ensure that optimum quality data is entered into the DHIS platform. The Integrated Health Data Management Team (IHDMT) shall consist of the following, State Health Information Management System (HMIS) officer, All program M&Es/data collection Officers including Integrated Disease Surveillance Response (IDSR) Officers at the LGA and State level, etc.

The Local Government with the support of the Integrated State Health Data Management Team shall conduct integrated and regular monitoring, mentoring, supervision and data audit in health facility to ensure that optimum quality data are generated from health facilities.

The IHDMT shall provide supervisory and Technical support to the Local Government Area (LGA) Health Department. Due to the smooth running of the National server, the Federal Ministry of Health remain the overarching database administrator. However, some level of database administration is also decentralised at State and LGA levels. This means that sub-national database administrators exist at State and LGA levels.

4.1 Responsibilities of Various Actors in the Health Management Information System server (DHIS2) platform

	Administration			Data Production and use	
	Server management	Full Database administration	Partial Database Administration	Data entry	View and extract Data/Report
SMoH(DPRS)	No	No	Yes	No	Yes
SMoH Programmes, Agencies/Boards	No	No	No	No	Yes
LGA (M&E/IHDMT)	No	No	No	Yes	Yes
Health Facilities	No	No	No	Yes	Yes
Development Partners	No	No	No	No	Yes

5.0 HEALTH FACILITY LIST UPDATE

At the beginning of every month and when the need arises, each LGA M&E/IHDMT submits the list of new health facilities that are not yet on the National DHIS platform to the Board (DPRS) whom will forward same list through SMOH (DPRS) to the HMIS Officer who is the Head of IHDMT using the template below, for creation or updating of Organisation/Units on the National DHIS2 platform.

5.1 Format for Registration of New Health Facilities

Date of creation			
Name			
Ward			
LGA			
State			
Code			
Ownership (please tick)	Public	Private	
Level of care (please tick)	Primary	Secondary	Tertiary
Latitude			
Longitude			

Health facility in-charge
(Name & signature)

LGA M&E officer
(Name & signature)

6.0 SUBMISSION OF MONTHLY DATA

At the end of each month the Paper-based Registers from different programmes/service areas (e.g. ART, Immunisation, Family Planning e.t.c) are submitted to the facility Health Information Officer (HIO). While focal persons for service delivery point or thematic areas (e.g. pharmacy, laboratory, DOT, PMTCT) are responsible for the correct maintenance of the data collection tools (cards, form, worksheets and registers), each facility HIO/records officer is responsible for ensuring that all programme data is collated, validated and summarised properly.

Programme M&E/Desk officers at the Health facilities are expected to start the collation of their monthly summaries on the last day of the month and should have their summary ready within the 1st three (3) days of the following month. A copy of this summary must be submitted to the HIO within the 1st five (5) days of the following month. In each LGA, a monthly Integrated Health Programme M&E /validation meeting is convened by the LGA M&E& State team within the first week of each month for the purpose of holding a data performance review;

b) Capacity building in areas with data quality issues and poor understanding; c) where the need arises collecting all Monthly Summary Forms (MSFs) from all the health facilities. Copies of the MSFs are kept in duplicate and distributed as follows; I. Original copy submitted to the LGA M&E officer II. Duplicate copy kept at the medical records office in the facility.

Validation exercises are undertaken prior to and during this meeting to ensure that the data submitted on MSF is an accurate reflection of services delivered and activities undertaken. Where the structure of the M&E meeting does not allow participation by facility M&E focal person or the meeting does not take place for any reason, it will be the responsibility of the LGA IHDMT members to pick up the MSFs from the facilities or service delivery points (SDPs) they have been mapped to support on routine supportive supervision.

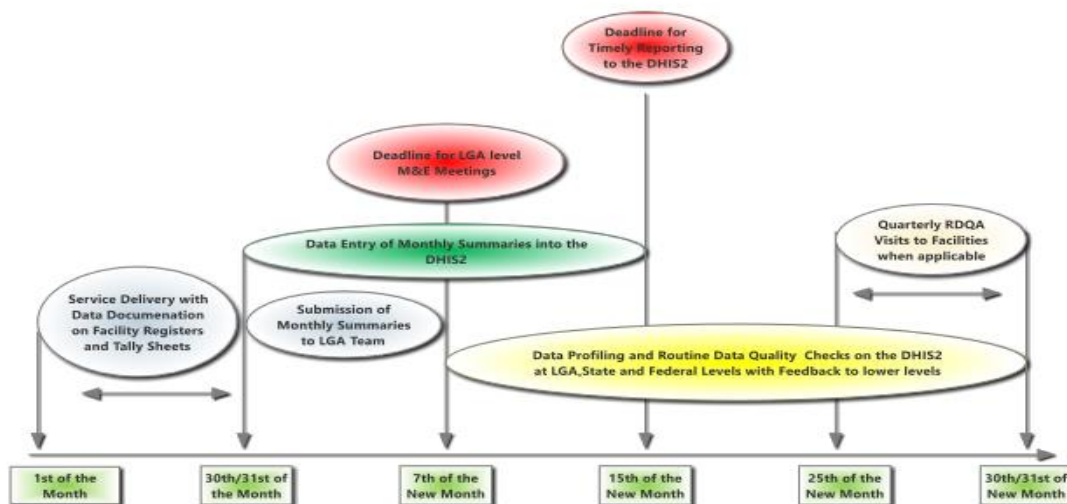
7.0 COLLATING REPORTS FOR FACILITIES ELECTRONIC-BASED METHOD (ODK PHONES)

For those PHCs, within the LGAs that are empowered to use mobile java-enabled phone technology or internet-ready computers to upload their data, data transmission will be by electronic systems but all the paper-trail will be kept safe for easy follow up during data validation and DQA by the LGA IHDMT members.

7.1 ENTRY INTO THE DHIS

The DHIS contains a list of all public and private health facilities in the State, and data is entered according to geographical location of the ward, Local Government Area (LGA) and facility. Data is captured directly onto the DHIS2 platform. Data entry templates have been customised for each programme service area and correspond in layout with monthly summary forms to reduce the potential for data entry errors and improve data quality. At the LGA level the LGA M&E officer is responsible for data entry to the DHIS platform.

7.2 DATA ENTRY TIMELINE



8.0 LGA-LEVEL DATA REVIEW AND APPROVAL

In this process the LGA may assign data entry to data entry clerks, and facilities when necessary to capture data directly to the DHIS2, the team shall be responsible for reviewing the data for accuracy and decision making. It involves carefully examining the data entered into the database

using the data quality modules on the DHIS2 as well as reporting modules, paying great attention to gaps, outliers and validation rule violations so that prompt feedbacks can be provided to the data producers. LGA M&E and HMIS Officer, on monthly basis, will be responsible for liaising with IHDMT members (if any) to ascertain the quality of the data approved for entry into DHIS.

8.1 State-level Data Review and approval process

The State HMIS officer shall be responsible for validating the LGA submissions for compliance with reporting rates and quality of data on the DHIS2 platform. The SHMIS and M&E officers (Boards) and the various programme managers at this level are responsible for reviewing the data for accuracy and usefulness. The State team will provide higher level data quality checks on the data elements captured from the health facilities and ensure that indicators are of high quality.

Monthly data validation and re-validation exercises and Routine data quality assessments (RDQA) as well as data quality checks in the DHIS would sometimes unearth incorrect tallies between the registers and monthly summary forms and questionable data. These errors, once noticed, need to be corrected at the health facility.

9.0 NHMIS DATA TOOLS REQUIRED FOR DATA CAPTURE

- Daily General Attendance Register
- OPD Register (Out-Patient Department)
- IPC Register (In-patient Care Register)
- Growth Monitoring Promotion Register
- Ante-Natal Care Register
- Labour and Delivery Register
- PMTCT Register
- Tetanus Toxoid Register
- Child Immunization Register
- Immunization tally sheet Register
- Monthly Facility Immunization Summary Register
- Family Planning Register
- Monthly Summary Form

10.0 SPECIFIC ROLES AND RESPONSIBILITIES OF DATA MANAGERS

10.1 Facility M&Es/ focal persons

The M&E focal persons are trained medical records staff, nurses, clinicians, lab technicians and other trained health workers who usually have direct interface with the patients. They are stationed at the facilities to support and provide services to patients and ensure that activities are properly documented. Their responsibilities include:

- ✓ Reading and extracting patients' records from folders into service delivery point registers
- ✓ Ensuring that changes to records on the registers are properly authenticated and documented
- ✓ Supporting service providers to capture summary data from service registers

- ✓ Undertaking advocacy to other focal persons in their facilities to ensure the correct and consistent use of data collection tools.

Further responsibilities in ensuring data quality assurance include:

- ✓ Review of the linkage between patient encounter data and summary data on registers for accuracy
- ✓ Aggregation of data from registers and other recording tools into monthly summary forms.
- ✓ Validation of the summary data prepared by other focal persons against registers.
- ✓ Participation in validation exercises at monthly M&E meetings using their own data at the facility level
- ✓ Participation in validation exercises during routine DQA visits by board/state level officers

10.2 LGA M&E officer

- Ensuring availability of data collection and reporting tools in all HFs
- Providing support to facility M&E focal persons to ensure the completeness of registers and other source documents forming part of the national HMIS data collection system
- Ensuring the completeness and accuracy of data transferred from registers and other source documents into monthly summary forms for each programme area
- Capturing data from the MSF onto DHIS
- Ensuring that all data is ready and submitted on time as part of the monthly reporting cycle
- Ensuring that all copies of duly signed monthly summary forms from facilities are properly filed by facility HIO
- Uses Performance Indicator results & charts to support service quality improvement at the facility level
- Apply data quality checks on the DHIS2 – Validation Rule Analysis, Min – Max Analysis and Standard Deviation Analysis on captured data to detect possible abnormalities in the data.
- Reviewing the data from facilities using pivot tables and other reporting modules of the DHIS after data has been entered.
- Disseminating relevant information from the DHIS to LGA programme officers and development partners

Further responsibilities in ensuring data quality assurance include:

- Providing on-the-job mentoring to facility M&E focal persons and health care providers on the correct use of routine data collection and reporting tools.
- Conducting quarterly DQA visits to facilities, using the standard DQA tools.
- Ensuring that updates to database from DQA visits are entered into the DHIS.
- Ensuring adequate documentation for audit purposes in the form of files and folders at the LGA office and that information in these files and folders matches what is kept in the facilities.

10.3 IPs M&E Technical Officers

- Support the above activities of M&E officers and facility M&E focal persons with respect to maintaining good data management practices.
- Support LGA IHDMT to enter data from the MSF onto the National DHIS platform.
- Support generation of information products like charts and PowerPoint presentations (progress report) for monthly M&E meetings at the LGA/state office.
- Support dissemination of data analysis products to officer-in-charge of facilities and those involved in the data management process to stimulate performance and data improvements.
- Bringing data management or performance-related issues that they are unable to resolve to the attention of programme managers at LGA and state level. If problems are not resolved at this level, they should notify the DPRS.

10.4 LGAS and State Programme Coordinators

- ❖ Supporting the M&E teams to maintain the completeness and quality of data in their zones.
- ❖ In a situation where there are persistent data management issues, the above coordinators should bring it to the attention of facility managers, and if necessary, LGA health Dept./Boards/state ministry of health officials.
- ❖ Ensuring that complete datasets are submitted to the next level in a timely manner.
- ❖ Reviewing and endorsing key performance indicators.
- ❖ Seeking technical assistance from the IHDMT when required.

10.5 HMIS Officers At SMOH

- Ensure that reports disseminated are an accurate reflection of what is contained in the database.
- To screen data submissions from LGA for missing facilities, missing data elements and unlikely trends.
- Carry out spot checks to ensure data contained in the database is an accurate reflection of what's collected from the facilities.
- Undertake DQA visits when visiting LGA offices, including monitoring compliance to this SOP.
- Support all other DQA activities and procedures outlined above, including the provision of technical assistance when necessary.