OBJECTIVE

To improve the quality of vitamin A supplementation (VAS) monitoring data at various levels of the National Health Management Information System (HMIS) by identifying errors in reporting of coverage data and suggesting corrective actions.

METHOD

- Validation of VAS coverage was conducted for June 2012 round of the child health and nutrition month in August 2012.
- 16 districts, 48 PHCs and 480 SHCs were randomly selected.
- Personnel from Government health facility, MI and independent volunteers were engaged to collect VAS coverage figures from HMIS reports at SHC, PHC and District levels.
- The figures at lower levels were cross-verified to figures at the next higher HMIS reporting level:
  - Individual SHC coverage figures aggregated by investigators were compared to HMIS coverage aggregates reported by the respective PHC.
  - Individual PHC figures aggregated by investigators were compared to HMIS reported by the respective District.
- Differences were computed by comparing investigator’s SHC aggregates to HMIS PHC aggregates, and by comparing investigator’s PHC aggregates to HMIS District-level aggregates.

RESULTS

- In average there was a 15 percentage points (PP) difference between reports from PHCs and that aggregated from SHCs.
- Differences between coverage reported in District HMIS and coverage aggregated in PHC reports was as large as 8 PP (Figure 1).
- In average there was only 1.40 percentage points (PP) difference between reports from state and that aggregated from districts. However, the differences in specific district HMIS and their respective figures in the state HMIS were as high as 8 PP (Figure 3).

CONCLUSION

Errors were more frequent between SHC and PHC levels but overall the variation was greater between PHC and District levels.

An additional consideration is that the involvement of government functionaries in data collection:

- increased ownership of study results
- facilitated corrective actions

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