

Assessment of Data Quality for Maternal and Child Health Department at Primary Health Care Directorate Tulkarm

Students:

Tamara Sameer

Rafiq Awwad

Supervisor:

Dr. Zaher Nazzal

Abstract:

Introduction:

The information associated to maternal and child health (MCH) is an important pointer for health communities and outlines the situation of the health of generations. Perhaps more importantly, this information must be accurate, timely, and consistent for enabling communities in managing their health systems effectively.

Objectives:

The study aimed to provide an assessment for the quality of MCH information at Primary Health Care (PHC) Directorate in Tulkarm, Palestine. This was achieved by observing the performance of PHC staff (nurses and midwives) for MCH data collection protocol in PHC, checking completeness of protocol components in MCH files and assessing the completeness, timeliness and accuracy of monthly MCH reports for 2014.

Methods:

This assessment was carried out from December 2014 to January 2015 at 10 Antenatal care (ANC) and child care clinics in the Tulkarm district: Northern, Shwiekeh, Anabta, Beet Lied, Ateel, Sida, Baqa Sharqia, Nazlet Esa, Kofr Jammal and Kofr Sour. A cross-sectional study was conducted within a health facility context. We observed the performance of 25 nurses within the data collection process for 476 cases (mothers and children) in 40 days. We compiled a systematic random sample of MCH files in 2014 and assessed it for their completeness and documentations (338 files). Also all MCH monthly reports (240) in 2014 were assessed for their completeness, accuracy and timeliness. Data was collected using checklists. A pilot study was conducted in October 2014 in Beet Foreek clinic at Nablus Health Directorate.

Results:

Data was collected using manually filled formats. Overall performance for nurses' tasks was very good, ranging from 91% to 99% in ANC and child care clinics, except filling III III registration book; only 23% of ANC clinics, and 89% of child care clinics were found complete) and daily statistic book (DSB) where 35% of ANC clinics and 86% of child care clinics were found complete. The level of privacy in MCH and ANC clinics was unacceptable (31%, 54% respectively). Some of those low percentages significantly associated with workload (p value ≤ 0.001 or $=0.01$), also with the total number of nurses and clients in the observation days (p value < 0.001 , 0.003 , or 0.043). A good level of documentations (98% to 100%) was achieved for ANC and child files in 2014, except some items like general data (66%) and doctors' note (87%)

in ANC files, as well as hemoglobin level (49%) and supplements given (67%) in children files. Some of those items are significantly associated with some of clinics characteristics that we have studied; doctor attendance, midwives existence, nurse attendance per month, days of nurse attendance in 2014 and number of clients in 2014(p value 0.01, 0.029, 0.002 or <0.001). For ANC clinics, only Baqa Sharqiya clinic had one incomplete report. Baqa Sharqiya and Kofr Jammal clinics have one unmatched reports. At Anabta clinic, DSB for the year of 2014 wasn't found so we couldn't assess their reports. In contrast, there were one to five uncompleted and unmatched reports per every child clinic. Unfortunately, we were unable to assess the timeliness of all reports.

Conclusion:

This assessment gives us an obvious idea about the MCH information system in Tulkarm, which reinforces the need for improvements and additional monitoring. Applying routinely assessment for MCH information in PHC clinics with MOH direct supervision is recommended so as to make an effective and evidence based decisionmaking