

Challenges to recording and reporting of uptake of intermittent preventive treatment in pregnancy at facility level in Uganda

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Key messages

- Health workers perceive data recording and reporting as a routine part of their work and believe facility-level data to be generally accurate.
- However, a document and record review revealed widespread inaccuracies with regard to ANC and IPTp indicators at facility level.
- Access to reliable data is essential to assess progress and strategically tailor interventions to the local context.
- Ensuring availability of standard reporting tools and providing clear guidance with regard to recording conventions are likely to improve data quality at the facility level.



Introduction

Malaria infection during pregnancy poses substantial risks to mother and child. The World Health Organization recommends intermittent preventive treatment in pregnancy (IPTp), delivered as part of focused antenatal care (ANC), in areas of moderate or high malaria transmission in Africa as one of three strategies for the prevention and control of malaria in pregnancy. In many countries, IPTp coverage appears to be low despite high ANC attendance. It has been noted, however, that recording and reporting systems are often weak and available data may be inaccurate. In order to continuously assess progress and strategically tailor interventions to the needs of women in different local contexts, policy-makers need access to reliable and up-to-date information from health facilities.

Methods

Accuracy and reliability of data at facility level were assessed through a data and record review at four health facilities representing different levels of ANC providers in Eastern and West Nile regions, Uganda. This involved observing data recording practices and comparing data recorded in facilities' ANC registers with the reports filed by the same facilities to the district level over two six-month periods. Data management issues were further explored through 22 in-depth interviews with facility in-charges, midwives and district-level officials.

Results

In-depth interviews:

- Most health workers stated that recording and reporting of service delivery was part of their routine work and did not pose any significant challenges.
- Health workers and district officials also asserted that the data recorded and reported at facility level was generally accurate.
- Where respondents acknowledged that data inaccuracies occur, they attributed them to health workers' high workload, lack of training, pressure on health workers to report positive coverage figures and use of non-standardised tools.
- It was pointed out that quality assurance mechanisms tended to focus on timeliness and completeness rather than data accuracy.

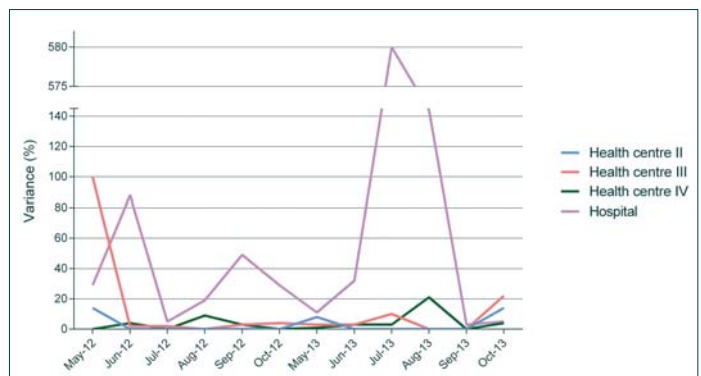
Researcher: In your view how accurate do you think the antenatal registers kept at health facilities are with regard to IPTp provision?

Midwife: They are accurate because everything is straightforward. [...] The information in the register book is very clear. Anybody understands it very well. It does not confuse.

In-depth interview with a senior midwife at a health centre IV

Data and record review:

- Use of non-standard recording tools and inconsistent recording symbols were observed in all facilities visited, compounded by frequent stock-outs of standard recording and reporting tools.
- Both under and over-reporting compared with data recorded in ANC registers were common – in some cases recorded and reported data differed by more than 500 percent.
- High variances tended to be cases where a much higher number was reported compared with what had been recorded.
- Discrepancies tended to be greater at higher-level than at lower-level facilities.



Reporting variance for the provision of the second dose of IPTp, May-Oct 2012 and May-Oct 2013

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