

The Union

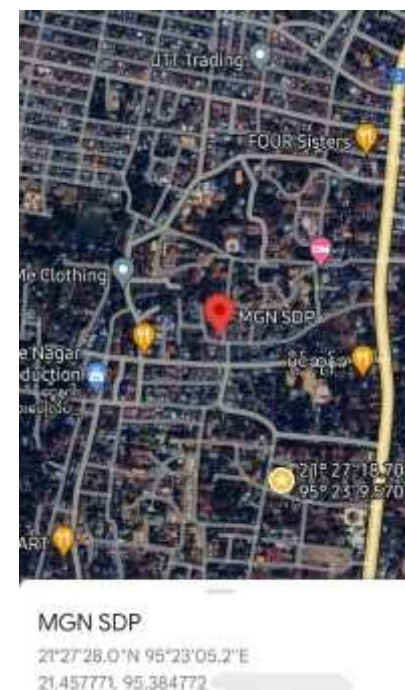
International Union Against
Tuberculosis and Lung Disease

RDQA Report (Myingyan PICTS)

MEAL TB (GF)

RDQA Township Information

Name of the Project -	PICTS2
Project Township -	Myingyan
Responsible FO -	Ms. Chaw Su Aung (Project Officer) (Because FO Nang Sai Ko was on maternity leave)
RDQA Period -	From January 2023 to September 2023
RDQA done by -	Dr. Kyaw Lwin Oo (MEAL Manager TB)
RDQA Date -	06/11/2023 to 08/11/2023



Location of Myingyan Clinic

Methodology

1. All available variables primary to the donor indicators were checked on the 3 main data quality :
 - a. Confidential and systematic keeping
 - b. Completeness
 - c. Consistency
 - d. Uniqueness
2. 10% of available volunteer forms (Form 1, 2 and 6) were cross check with soft copy data/web data
3. Provide supportive supervision and feedback to M&E activities

Data Quality Overview



Confidentiality and
systematic record keeping



Completeness



Consistency

Confidentiality and Systematic Record Keeping

1. All records and reports were kept in 2 separate Cupboards in the Large Scale Clinic
2. Records and Reports were organized systematically with ledger files
 1. Large green one for 2023
 2. Small one for 2022

Recommendation

→ To maintain the systematic keeping of records and reports



Completeness

1. The quality of completeness is checked on the important variables of Donor indicator in the following forms if available;
 - FO reports, Form 1, Form 2, Form 6, presumptive registers, Notified register, DOT outcome verification form
2. The following incompleteness were noticed
 - In Presumptive register – 8 data field of outcome TB code was missing
 - In Notified register – 5 outcomes were missing
3. All other forms were completely recorded

Recommendation

→ To coordinate with MEAL unit for missing data field to entry in respective register

Consistency

1. *The quality of consistency was assessed on the important variables for Donor Report in the following forms*
 - FO reports, Form 1, Form 2, Form 6, presumptive registers, Notified register, DOT outcome verification form
2. *The following inconsistency were notice ;*
 - *Presumptive register – 4 inconsistencies with presumptive patients list in the web*
 - *Notified register – 5 inconsistencies found*
3. *All other forms were consistence with database or web.*

Recommendation

- To correct in original registers by PO in 1 week
- To correct in web by DA in 1 week

Other findings

1. All M&E reporting flow were print out and put in visible area

Proposed Action Plans

Project Officer

- Coordinate with MEAL unit for missing data field to entry in respective register
- To correct inconsistency forms

MEAL Unit

- To correct and fill inconsistency data in the web
- To provide FO necessary information/ data to correct and ensuring data quality

Acknowledgement

Thanks to

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- Dr. Su Myet Chel Oo (Programme Manager) and Ms. Chaw Su Aung (Project Officer) for cooperation and supporting during the RDQA