Facility data use guide

This guide is intended to be a quick reference sheet to use in building data use at the facility level and also provides suggestions on how common challenges may be resolved. By ensuring that information is properly captured, entered, analyzed, and reported, appropriate decisions can be made from the data to help ensure efficient and effective provision of immunization services. This in turn will contribute to saving children’s lives by preventing vaccine-preventable diseases.

A recommended practice is to use this guide as a discussion tool in the facility as you compile the monthly report. Additionally, this can be used together with the instructions provided at the front of the immunization registers to refresh your knowledge on how information is supposed to be filled in.

For each area where the current situation is not in line with the desired situation, you can use the DECIDE model to help establish potential causes of the problem and a possible solution.[[1]](#endnote-1) This decision-making model was developed for health care workers and health care managers to make higher-quality decisions.

D–Define the problem. What is the issue and what are the possible reasons for its occurrence?

E–Establish the criteria. What are the alternative situations to the current situation?

C–Consider all the alternatives. Which alternatives will most likely contribute to your goal?

I–Identify the best alternative. Which of the alternatives are most doable?

D–Develop and implement a plan of action.

E–Evaluate and monitor the solution and feedback when necessary. Check if your selected alternative contributed to solving the problem identified.

**Table 1: Use the table below to walk through your data for each category to identify if your data have a common challenge observed in the situation and what the potential resolution might be. Use the resolutions, options, and questions to identify the potential challenges with your data.**

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| **Category** | **Situation** | **Resolution** | **Options and questions to consider** |
| Attendance of children less than 5 years old | Attendance not equal to number of children weighed. | All children who have attended the clinic should be recorded. |  |
| Attendance versus catchment population target not within acceptable levels. | Use the DECIDE framework. | Implement and evaluate your decision. |
| Consistent number of children outside of catchment area attending clinic. | Only include “true visitors” as those from outside catchment. Those who have permanently relocated to your facility should be added to your catchment. | Find out why they are attending your facility.  Have they permanently moved?  Are they consistently coming from another clinic?  Why?  Which clinic? |
| Growth monitoring | Z-scores not completely entered; sum of CHN2-020 to CHN2-060 should be equal to CHN2-015. | Enter each weight on the appropriate Z-score. | Provide appropriate nutritional advise and linkage to other services. |
| Immunization | BCG doses consistently more than OPV 0. | BCG and OPV 0 should ideally be administered to a child at the same time within 13 days after birth. | Do you order and receive stock on time?  Do you know the patterns of when you usually run out of stock?  Does your buffer stock often get depleted?  Encourage mothers to bring their children for OPV 0 within 13 days after birth.  Follow up all children who miss OPV 0 to ensure they get OPV 4. |
| Counts of antigen given together not matching. | Counts of antigen administered to a child at the same time should be equal. | Do you have sufficient stock for all antigens?  Do you order stock and receive stock on time?  Tally each antigen administered correctly and appropriately. |
| Number of 3rd dose antigens consistently higher than 1st and 2nd dose antigens. | 3rd dose antigen should follow a natural pattern, which means that 3rd doses should either be equal to or, in most cases, less than the 1st and 2nd doses.  Follow up with children who miss their 2nd doses.  Reverse dropout is indicative of a problem usually related to reporting to meet targets. Use the DECIDE framework to establish why you are having reverse dropout. | Tally each antigen administered correctly and appropriately.    Implement and evaluate your decision. |
| Number of children less than 1 year old immunized with measles 1st dose equal to number of fully immunized children. | Verify that each fully immunized child has received all antigens. | Follow up defaulters to ensure that maximum fully immunized is achieved. Inform all immunization staff about correct criteria for fully immunized as communicated by the district. |

Note: BCG, bacille Calmette-Guérin vaccine; OPV, oral polio vaccine.

1. Guo KL. DECIDE: a decision-making model for more effective decision making by health care managers. *The Health Care Manager*. 2008:27 (2):118–127. Available at <https://journals.lww.com/healthcaremanagerjournal/Abstract/2008/04000/DECIDE__A_Decision_Making_Model_for_More_Effective.5.aspx>. [↑](#endnote-ref-1)