



## **RAPPORT SUR L'AUDIT DE LA QUALITE DES DONNEES (DQA) DE L'ANNEE 2001 – BURKINA FASO**

### **PREMIERE PARTIE**



**PREPARE PAR**

**PRICEWATERHOUSECOOPERS** 

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## 1 Executive Summary

### 1.1 Introduction/background

The Global Alliance for Vaccines and Immunization (GAVI) is a partnership dedicated to ensuring that all children have equal access to vaccines and immunisation against preventable childhood diseases. It also encourages development of new vaccines against major killers that primarily affect the world's poorest people.

In the year 2000, (GAVI) initiated a massive program to improve the immunization of children worldwide. This initiative uses the doses of DTP3 vaccine given to children under one year of age (DTP3<1) as an important criterion for funding and for performance. As part of the terms with countries that receive support, external verification of reported DTP3<1 is to be carried out.

The Immunization Data Quality Audit (DQA) provides the mechanism for determining whether the reporting system of a country is reliable, in order to make reported increases in performance trustworthy. Furthermore, GAVI aims at strengthening the management of immunization services which need to rely on good quality data; therefore the DQA also aims at being used as a capacity building tool to improve the immunization monitoring and reporting systems.

### 1.2 Objectives

The overall goal of the DQA is to assure that management of immunization services and the allocation of GAVI funding for Immunization services are based on sound and accurate data. More specifically the objectives of the DQA are to:

- Assess the quality, accuracy, timeliness and completeness of administrative Immunization Reporting Systems.
- Verify the accuracy of the reported DTP3<1 vaccinations in a specific calendar year and then estimate the National verification factor (recounted / reported vaccinations) for use in the allocation of GAVI Fund shares.
- Provide practical feedback to managers on how to improve the quality of their administrative immunization reporting system

## 2 Summary of findings/conclusions

In the section that follows we have summarised our key findings at each of the levels.

### 2.1 National level

A number of weaknesses were noted at the national level. Section 2 of the main report provides further details and recommendations on each of the summarised findings below.

#### Recording practice

- Lack of written procedures in dealing with late reports.
- The date of receipt is not stamped on the reports received from the districts. This in turn leads to difficulty in the follow-up of the timeliness of the reports.

#### Storing and reporting practices

- Lack of written back up procedures for electronic immunisation data.

#### Monitoring and evaluation

- We could not be provided with the data based on which the calculation of the vaccine percentage wastage reported on the WHO/UNICEF joint report was done.
- There is no follow-up of the completeness and timeliness of the current year's immunization data reports received from the health units.
- Lack of an up-to-date chart or table of the first semester's immunization performance displayed.

#### Denominators

- In some districts, the DTP3 vaccination coverage rates for children under one year were above 100% for the audit year.

#### System design

- The monthly EPI reports of the districts and health units are in different formats for the year under review – 2001.

- Lack of a formal system/process for submission of aggregate reports of adverse events following immunization (AEFI) from regional or district or health unit level

## 2.2 District level

The detailed findings for the district level are provided under Section 3 of the main report. The key findings in each of the districts sampled are summarised below.

### 2.2.1 *Leo and Secteur 15*

#### Recording practice

- At the district level, the receipt date is not systematically stamped or written on all the reports received from the health units.
- Lack of a written procedure for dealing with late reports.
- In the case of Secteur 15, the vaccines stock ledger records were not complete for the year 2001.

#### Storing and Reporting practices

- The recommended national system (ledger book/stock card) for the monitoring of different vaccine batch number and expiry date (lots) is not operational.
- The recommended national system (ledger book/stock card) for the monitoring of the receipt and issuing of injection supplies is not implemented.
- Manual processing of immunization data.
- Absence of adequate report's filing system.

#### Monitoring and evaluation

- The monthly EPI reporting forms and the individual recording forms (tally sheets) from selected health units are not in the same format. It is not clear whether this was due to a change in the format during the year, or a lack of standardization.
- No follow-up is done of the completeness and timeliness of the current year's immunization data reports received from the health units.
- Lack of an operational system for submission of aggregate reports of adverse effects following immunization from the district to the higher level.

- In the case of Leo district, although there exists a routine feedback format for the next lower level, this does not contain any analysis or discussion of the data presented.

Denominator

- For the audit year, the denominator values for child immunization found at the district level are not the same as those used at the National level.

**2.2.2 Dori and Zorgho**

Recording practices

- Lack of a written procedure for dealing with late reports.
- At the district level, the reception date is not systematically stamped or written on all the reports received from the health units.
- Incomplete vaccine stock ledger book for year 2001.

In the case of Zorgho district:

- Immunisation data is manually processed
- There is lack of use of vaccine registers for children and pregnant mothers.

Storing and reporting practices

- The recommended national system (ledger book/stock card) for monitoring the receipt/issuing of injection supplies is not implemented.

In the case of Dori district:

- There is lack of backup procedures for electronic data.
- The EPI reports at the National level are signed by the regional EPI manager instead of the district Director or District EPI manager, which in our view would provide for more clarity of roles and more effective processing.

In the case of Zorgho district:

- Most of the health unit reports for the audit year found at the district level were not signed. EPI monthly reports for the year 2001 for 11 of the health units selected were missing.

Monitoring and evaluation

- Absence of a routine feedback format for the next lower level in 2001.
- The Individual Recording Forms (EPI monthly reports and tally sheets) from the selected health units are not in the same form/format.
- Lack of an operational system available for submission of aggregate reports of adverse events following immunization from the district to the higher level.
- No follow up of the completeness and timeliness of the current year's immunization data reports received from the health units.
- In the case of Zorgho district, lack of an up to date chart/ table on display showing the number of child and pregnant women vaccinations by report period for the current year 2002.

Denominator

- In Zorgho district, the denominator values for child immunizations found at the district level differ from those used at the National level.

**2.3 Health Unit level**

Recording practice

- Lack of vaccines stock or injection supplies cards or registers for the year 2001 and in some cases even 2002 for some health units, hence inadequate monitoring.
- Incomplete, incorrectly filled or non-existent tally sheets.
- Timeliness for the submission of reports to the district office is not respected.
- The immunization registers do not exist and where they do exist, are incorrectly maintained.
- In some health units, the vaccination calendar is not mastered by the persons involved in the vaccination.
- Most of the copies of the Health Unit reports for the audit year found at the Health Unit were neither signed nor dated.

Storing and reporting practices

- Most of the EPI monthly reports for year 2000 and 2001 are missing.
- Lack of an operational system available for submission of adverse events following immunization from the health unit to the district.

Monitoring and evaluation

- Most of the Health Units do not have a system which allows the collection of information about new births in the community.
- Lack of formal feedback reports received from the district. Absence of an up-to-date chart or table on display showing the number of child and pregnant women vaccinations by report period.
- Lack of supervision or lack of recording supervisory activities and dates in a logbook.
- For the audit year, the denominator values for child and pregnant women immunisations found at the district were not always communicated to the health units.

## 2.4 Conclusions

As evidenced in the summary of findings above the areas for improvement are largely in recording practices, storing and reporting and the monitoring and evaluation process. However, other areas as well require improvement. Based on the results of our work, the verification factor for Burkina Faso is 57.6% (with a confidence intervals of 0.188 and 0.964 as lower and upper limits). The country system of EPI is therefore considered as not validated (“**unreliable**”) as the verification factor is below the recommended GAVI rate of 80%.

Overall, we did not observe or suspect any case of fraud or over-reporting during the DQA fieldwork.



### 3 Summary of recommendations

#### 3.1 National level

##### Recording practices

- Prepare and circulate procedures relating to late reporting and back up of computer data.
- Indicate on the monthly reports from the district, the date of reception of these reports.

##### Monitoring and evaluation

- Define the basis for the computation of the vaccine percentage wastage reported in the JRF.
- Display the immunization performance for children and pregnant women by reporting period.

##### System design

- Provide as part of the monthly report, a surveillance of AEFI.
- Standardize the reporting format (monthly reports and tally sheets) at the district and health unit levels.

##### Denominator

Improve reliability of the denominators at the district level.

#### 3.2 District level

##### Recording practice

- Improve on the follow up of timeliness of health unit reports reception and ensure that they are systematically dated and signed. The use of stock card or ledger book for the monitoring of the lots of vaccines' stock should be implemented and adequately maintained.

- Procedures should be drafted and communicated on the process of dealing with late reports.

Storing and reporting practices

- Improve the report filing system by filing the reports by month and health unit.
- The monitoring of injection supplies should be implemented, by introduction of stock movement cards.
- Develop and circulate data back up procedures for immunisation data that is electronically maintained.
- Sign and date the monthly reports.

Monitoring and evaluation

- Improve the regularity of supervisory visits to the health units and provide feedback reports on such visits.
- Standardize the reporting format (monthly reports and tally sheets) and stock ledger book or cards.

Denominator

- Take steps to ensure that the denominator values at national and district levels are harmonised.

### 3.3 Health Unit level

Recording practices

- The use of stock cards or ledger books for the monitoring of the lots of vaccine stock should be implemented and adequately maintained. This should include the date of expiry of the vaccines and the batch number as recommended by the national system.
- Improve the timeliness in sending the monthly reports at the district level.
- Ensure that all those involved in delivering vaccination services master the vaccination calendar.

Storing and reporting practices

- Implement the systematic usage and filing of the immunization tally sheets.
- Improve the filing system of the current and previous monthly reports.

Monitoring and evaluation

- Improve the system of collection of information about new births in the community.
- Display an updated chart or table showing the number of child and pregnant women vaccination by reporting period.
- Implement a logbook to record supervision visits' date and purposes.

## 4 Acknowledgements

We would like to take this opportunity to express our appreciation for the co-operation and courtesy afforded to us during the conduct of the DQA. We especially would like to thank the Secretary General of health, the representatives of International organisations and NGOs, the EPI director and the EPI staff, the Regional and District directors, and the health unit chiefs of post as well as all the officials who took part to the DQA process in Burkina Faso.

## 1 Introduction

### 1.1 Contexte

Le Global Alliance for Vaccines and Immunization (GAVI) est une alliance publique-privée qui a pour but d'assurer que, grâce à la vaccination préventive, tout enfant aura un accès équitable à l'immunisation contre les maladies infantiles. Par ailleurs, le GAVI promeut le développement de nouveaux vaccins pour lutter contre des maladies mortelles qui frappent principalement les plus démunis de la planète.

En 2000, le GAVI a lancé un programme massif avec pour but de relever le taux d'immunisation des enfants dans le monde entier. Comme mesure clef de performance cette initiative se réfère aux doses de vaccin DTC3 administrées aux enfants de moins d'un an ( $DTC3 < 1$ ). Ainsi, une vérification indépendante et externe des doses de  $DTC3 < 1$  rapportées par chaque pays participant fait partie intégrante du partenariat avec le GAVI.

L'Audit de la Qualité des données (DQA) fournit le mécanisme pour déterminer si les systèmes de rapportage des pays sont précis et, partant, si la performance rapportée est exacte. Par ailleurs, le GAVI vise à promouvoir la gestion des services d'immunisation, qui doivent pouvoir s'appuyer sur des données de bonne qualité ; le DQA est ainsi conçu comme un outil de renforcement des capacités pour améliorer les systèmes de rapportage et de monitoring des pays.

### 1.2 Objectifs du DQA

L'objectif principal du DQA consiste à vérifier que la gestion des services d'immunisation et que l'allocation des fonds GAVI dévolus à cet effet se basent sur des données fiables et précises. Plus spécifiquement, le DQA se donne comme objectifs :

- D'évaluer la qualité, l'exactitude, la promptitude et la complétude des systèmes de rapportage administratifs.
- D'évaluer la précision des vaccinations de  $DTC3 < 1$  rapportées pour une année spécifique et de calculer un facteur de correction national (vaccinations recomptées / vaccinations rapportées) comme critère de base pour l'allocation de fonds GAVI.
- De fournir aux responsables du système de vaccination une rétro-information visant à améliorer leur système de rapportage.

### 1.3 Notre approche

Le DQA a été développé par l'Organisation Mondiale de la Santé (OMS) comme outil de mesure de performance mais également comme moyen d'améliorer les systèmes de monitoring et de rapportage de l'immunisation, d'où son accent mis sur la qualité du rapportage à tous les niveaux: national, district, centre de Santé.

Notre approche se base sur cette méthodologie, et elle est par conséquent standardisée. Nous l'avons appliquée de manière homogène dans tous les pays participant au DQA de cette année que nous avons eu l'avantage d'auditer.

Les travaux au niveau national ont été menés de concert avec nos partenaires nationaux. Deux équipes distinctes ont été formées par la suite, composées d'un auditeur « externe » de PricewaterhouseCoopers et d'un auditeur « interne » nommé par les responsables du pays. Chacune de ces équipes a mené le DQA dans deux districts et dans six centres de santé au sein de chaque district, pour un total de quatre districts et 24 centres de santé audités dans le pays.

### 1.4 Résumé des travaux

Le DQA au Burkina Faso s'est déroulé du 4 au 13 septembre 2002. Afin de remplir les objectifs du DQA mentionnés ci-dessus, nous avons procédé aux démarches prévues dans la méthodologie du DQA, à savoir :

- Echantillonnage de quatre (4) Districts et de vingt quatre (24) Centres de santé ;
- Discussion du système d'immunisation en place, y compris les méthodes d'enregistrement, d'archivage et de rapportage; le système de monitoring et d'évaluation ; et des questions relatives au dénominateur ;
- Visite de l'entrepôt de vaccins et évaluation des procédures de gestion de stock ;
- Revue des procédures et pratiques de sécurité en place ;
- Exercice "Carte de vaccination" enfantine;

- Rétro-information continue aux travailleurs de santé, aux différents niveaux sur les améliorations possibles du système, ainsi que sur les éventuelles contraintes ou difficultés prévisibles dans l'implémentation de ces recommandations.

## 1.5 Les équipes

Les deux équipes formées pour mener le DQA au Burkina Faso étaient composées d'un auditeur externe de PricewaterhouseCoopers et d'un auditeur interne nommé par les responsables du pays. Au niveau national les deux équipes ont travaillé ensemble ; puis elles se sont séparées pour auditer chacune, deux districts et douze centres de santé.

Le 4 septembre 2002 avant de démarrer leurs travaux, les auditeurs externes ont eu l'avantage de présenter au Ministère de la Santé les domaines concernés, les objectifs, et la méthodologie du DQA.

Une fois les travaux achevés, une restitution des travaux a été organisée par le Ministère de la Santé Publique le 13 septembre 2002, à laquelle ont assisté les membres du Comité de Coordination Inter Agence (CCIA).

Les équipes d'auditeurs du DQA au Burkina Faso pour l'année 2002 étaient composées comme suit:

<b>Auditeurs externes (PricewaterhouseCoopers)</b>	<b>Auditeurs internes</b>	<b>Districts et centres de santé audités</b>
Didier Logon	Sayouba Somlaré	District de Léo Centres de santé de : Secteur 1, Boura, Biéha, Niabouri, Koalga, Koumbogoro.
Didier Logon	Sayouba Somlaré	District Bobo Dioulasso Secteur 15 Centres de santé de : Tounouma, Sarfalao, Kouentou, Léguéma, Déguélin, Kotégougou.
Annick Koné	Robert Yaméogo	District de Dori Centres de santé de : Dori,

Auditeurs externes (PricewaterhouseCoopers)	Auditeurs internes	Districts et centres de santé audités
		Touka Bayel, Gorgadji, Seytenga, Katchirga et Bani.
Annick Koné	Robert Yaméogo	District de Zorgho Centres de santé de : Zorgho, Wayalgui V2, Dawaka, Zam, Sapaga, Kabouda.

La collaboration au sein des deux équipes du DQA était bonne.

*L'Annexe I présente la liste complète des personnes interviewées pendant le DQA.*

## 2 Niveau national – constats et recommandations

### 2.1 Aperçu

#### 2.1.1 Constats

Les différents constats effectués au niveau national sont présentés ci-dessous :

#### **Pratiques d'archivage et de rapportage**

- Les dates de réception des rapports mensuels des districts reçus au niveau de la Direction du Programme Elargi de Vaccination (PEV) n'étaient pas systématiquement reportées sur ceux-ci. Ce constat a pour corollaire le fait qu'il est difficile de mesurer à tout moment la promptitude des rapports reçus à la Direction du PEV.
- Par ailleurs, nous avons noté que le système de transmission des données concernant les effets secondaires dus aux vaccins du centre de santé vers le district sanitaire et le niveau national n'est pas fonctionnel.

#### Recommandation 1 :

Nous recommandons au service du PEV d'indiquer au fur et à mesure de l'arrivée des rapports des districts les dates de réception et leur centralisation dans un tableau dit de promptitude des rapports.

*Commentaires de la Direction du PEV*

#### Recommandation 2 :

Nous recommandons la mise en service d'un formulaire trimestriel intégrant le rapportage des cas d'effets secondaires liés à la vaccination.

*Commentaire de la Direction du PEV :*



### **Pratiques d'archivage et de rapportage**

Nous avons noté lors de nos travaux plusieurs faiblesses liées à l'absence de formalisation des procédures en vigueur. Il s'agit notamment de :

- L'absence de procédures écrites relatives au traitement des retards des rapports mensuels ;
- L'absence de procédures écrites relatives aux sauvegardes des données informatiques ;
- L'absence de procédures écrites relatives à l'utilisation des formulaires de collecte et rapportage des données ;

#### Recommandation 3

Nous recommandons la rédaction et la diffusion de procédures relatives à la sauvegarde des données informatiques. Ces procédures couvriraient la périodicité des sauvegardes, la définition des supports de sauvegarde et les sites de conservation des différents supports utilisés.

*Commentaire de la Direction du PEV :*

### **Dénominateurs**

Nous avons noté lors de notre mission que les taux de couverture relatifs à la vaccination des enfants et des femmes enceintes sont supérieurs à 100% dans certaines localités (Kongoussi).

### **Suivi et évaluation**

Nous n'avons pas obtenu, à la date du présent rapport, les données de base ayant servi au calcul du taux de perte des vaccins figurant dans le rapport conjoint OMS/UNICEF au titre de l'année 2001.

## Conception du système

Les rapports mensuels et les fiches de pointage rapportant les données du Programme Elargi de Vaccination (PEV) des différents districts et centres de santé visités n'étaient pas du même format en 2001.

### Recommandation 3 :

Nous recommandons l'utilisation systématique par les centres de santé et districts des formats de rapports et fiches de pointages reconnus par la Direction du PEV.

*Commentaires du Secrétariat Permanent :*

## 2.2 Flux des données PEV au niveau national

Centres de _____	Rapports mensuels _____	Districts _____	Rapports mensuels _____	Region _____	Direction PEV
Santé	des centres		Des Districts (Consolidation des données des centres)	Consolidation des données des Districts	Consolidation nationale

## 2.3 Index "Qualité du système"

Au terme de nos travaux, un coefficient de 63,6% a été affecté à la qualité du système. Ce taux correspond au pourcentage de bonnes réponses données suite à l'administration d'un questionnaire portant sur : la conception du système, les questions relevant du dénominateur, l'enregistrement des données, le rapportage et l'archivage, le monitoring et l'évaluation.

Les notes obtenues par thème sont :

i)	Conception du système :	1,5/5
ii)	Questions relevant du dénominateur :	4,5/5
iii)	Enregistrement des données :	3,33/5
iv)	Rapportage et archivage :	3,75/5
v)	Monitoring et évaluation :	3,21/5

## 2.4 Taux de perte

Le taux de perte au niveau national (le taux de perte systémique) s'établit à 3,1% pour l'année 2001.

## 2.5 Sécurité de l'immunisation

La Direction du PEV se propose d'intégrer dans son nouveau formulaire des rapports mensuels, une rubrique pour surveiller des effets adverses de la vaccination.

Lors de nos travaux, il nous a été donné de constater que les agents de santé n'étaient pour l'essentiel pas sensibilisés au rapportage de ce type d'informations.

## 2.6 Promptitude et complétude

<b>Promptitude et Complétude 2000 et 2001</b>		
Date	% Rapports des Districts retrouvés à la Direction du PEV	% Rapports de District arrivés à temps à la Direction du PEV
2000	100%	0%
2001	100%	12,6%

Au cours de l'année 2001, 100% des rapports des différents districts ont été retrouvés à la Direction du PEV et 12,6% des rapports étaient arrivés à temps.

## 2.7 Taux de couverture rapporté du DTC3, et évolution

Le taux de couverture rapporté du DTC3<1 est de 64,3% en 2001 contre 57,3% en 2000. Par ailleurs, l'évolution du nombre d'enfants vaccinés au DTC3<1 entre 2000 et 2001 correspond à une hausse de 57 069 enfants.

## 2.8 Facteur de correction et exactitude des données

Le facteur de correction se calcule à partir des données collectées pendant le DQA, et son résultat aide à vérifier la performance rapportée au niveau national.

Pour le DQA de l'année 2001 le facteur de correction est de 57,6% (intervalle de confiance 0.18 limite inférieure – 0.96 limite supérieure), soit en dessous du taux de 80% utilisé par le GAVI pour valider le système d'un pays.

Ce taux s'explique pour l'essentiel par le mauvais archivage des documents servant de base à l'enregistrement des séances de vaccination (feuilles de pointage et registres de vaccination).

Aucun cas d'inflation des chiffres ou de fraude avéré n'a été noté lors de nos travaux.

### **3 Niveau des Districts – constats et recommandations**

#### **3.1 Aperçu (Qualité des données)**

##### **CONSTATS**

Les différents constats effectués au niveau district sont présentés ci-dessous par district visité :

#### **3.2 Districts de Léo-Bobo-Dioulasso Commune 15**

##### **Pratiques de collecte**

- Promptitude des rapports des centres de santé vers le district non-mesurée pour 2001, les dates de réception ne figurant pas sur les rapports.
- Gestion des stocks de vaccins par lots et par date de péremption pas fonctionnel.
- Pas de procédure écrite pour le traitement des rapports en retards.

##### **Pratiques d'archivage et de rapportage**

- Pas de suivi des stocks du matériel d'injection.
- Traitement manuel des données de la vaccination.

##### **Suivi et évaluation**

- Les rapports mensuels des centres de santé ne sont pas du même format.
- Les feuilles de pointages des centres de santé ne sont pas du même format.
- Absence de tableau de complétude et de promptitude des rapports.
- Système de rapportage des MAPI non fonctionnel.

##### **Dénominateur**

- Valeur du dénominateur utilisée par les districts différente de celle disponible au niveau national pour les enfants de 0 à 11 mois.

### **Point spécifique à Léo**

- Existence de rapport de rétro-information ; cependant un déficit d'analyse des résultats est à noter.

### **Point spécifique au Secteur 15 B**

- Le registre des stocks était non-exhaustif pour l'année 2001.

## **3.3 Districts de Dori et Zorgho**

Nos travaux aux districts de Dori et Zorgho ont révélé les constats suivants :

### **Pratiques de collecte**

- Absence de procédures écrites relatives aux traitements des rapports en retard.
- Registre de stock non-exhaustif pour l'année 2001.
- Pas de mention des dates d'arrivée des rapports des centres de santé au niveau du district.

### **Archivage et Rapportage**

- Absence de monitoring du matériel d'injection par les chargés de la gestion des stocks.

### **Suivi et évaluation**

- Absence en 2002 de format de retro information entre le district et les centres de santé.
- Absence de système pour le rapportage des MAPI.
- Les rapports mensuels des centres de santé ne sont pas du même format.
- Les feuilles de pointages des centres de santé ne sont pas du même format.
- Absence de tableau de complétude des rapports.

## Recommandations

Les recommandations que nous présentons au niveau des districts sont pour la plupart liées aux constats développés ci-dessus.

## Pratiques de collecte

### Recommandation 1

Nous recommandons l'amélioration dans la tenue et la conservation des fiches et des registres de stock de vaccins. Ces fiches doivent être gérées en tenant compte des lots de vaccins et des dates de péremption.

*Commentaires de la Direction du PEV*

## Pratiques d'archivage et de rapportage

### Recommandation 2

Nous recommandons la mise en place d'un système d'archivage des informations par centres de santé. Nous suggérons l'ouverture de dossier par centre de vaccination où seraient archivés dans un ordre chronologique les rapports mensuels, les formulaires de rétro information, les rapports de mission de supervision ainsi que toutes autres correspondances.

*Commentaires de la Direction du PEV*

### Suivi et évaluation

#### Recommandation 3

Etablir et afficher les tableaux de bords relatifs aux résultats obtenus par le district pour l'année en cours et les périodes précédentes.

*Commentaires de la Direction du PEV :*

#### Recommandation 4

Accroître la supervision du niveau district vers les centres de santé dans le cadre spécifique des activités de vaccination. La supervision devant faire l'objet de rétro-information formalisée.

*Commentaires de la Direction du PEV :*

#### Recommandation 5

Nous recommandons la diffusion des populations cible des enfants et des femmes enceintes aux centres de santé par les districts.

*Commentaires de la Direction du PEV*

### 3.4 Index "Qualité du système"

<b>District</b>	<b>Dori</b>	<b>Léo</b>	<b>Secteur 15</b>	<b>Zorgo</b>
Index qualité du système	66,7%	78,1%	73,5%	48,6%
Enregistrement	2,5/5	4,17/5	2,5/5	2,5/5
Rapportage et Archivage	3/5	4/5	4,29/5	1,25/5
Monitoring et Evaluation	2,92/5	3,46/5	3,46/5	1,92/5
Dénominateur	5/5	4,38/5	4,38/5	4,38/5



### 3.5 Taux de perte

**District de Dori :** Le taux de perte n'a pu être calculé pour ce district en 2001.

**District de Léo :** Le taux de perte n'a pu être calculé pour ce district en 2001.

**District de Bobo Dioulasso Secteur 15 :** Le taux de perte n'a pu être calculé pour ce district en 2001.

**District de Zorgho :** Le taux de perte n'a pu être calculé pour ce district en 2001.

### 3.6 Promptitude et complétude

District	Dori	Léo	Secteur 15	Zorgho
Promptitude	41,7%	8,3%	0%	0%
Complétude	91,7%	91,7%	91,7%	75%

## 4 Niveau des Centres de Santé – constats et recommandations

### 4.1 Aperçu (Qualité des données)

#### 4.1.1 CONSTATS

Nous allons développer dans cette partie du rapport relatif au niveau des centres de santé les points relevés qui ont été retrouvés dans la plupart des centres de santé.

#### Pratique de collecte

- Absence de fiches ou registres de stock de vaccins et de matériel d'injection pour l'année 2001 et parfois 2002 ;
- Fiches de pointage des vaccinations non exhaustives (défaut de conservation) ou inexistantes ;
- Mauvaise promptitude des rapports ;
- Mauvaise tenue des registres de vaccination ;
- Les copies des rapports retrouvés au niveau des centres de santé n'étaient pas toutes signées ou datées.

#### Recommandation 1

Mettre en place ou améliorer les fiches ou registres de stock de vaccins et de matériel d'injection.  
Effectuer un suivi des vaccins par lot et dates de péremption.

*Commentaires de la Direction du PEV :*

#### Recommandation 2

Améliorer le délai de transmission des rapports des centres de santé vers le niveau district sanitaire.

*Commentaires de la Direction du PEV :*

### Pratiques d'archivage et de rapportage

- Absence de la plupart des rapports mensuels de vaccination pour l'année 2000 et de certains rapports de 2001 ;
- Système pour la transmission des données concernant les effets secondaires dus aux vaccins du centre de santé vers le district non fonctionnel.

#### Recommandation 3

Utilisation et archivage systématique des fiches de pointage, des registres de vaccination (enfants et femmes enceintes) ainsi que des rapports pour l'année en cours et les années antérieures.

*Commentaires de la Direction du PEV :*

#### Recommandation 4

Mise en œuvre d'un système de transmission des données concernant les effets secondaires dus à la vaccination. A ce titre les chefs de poste et leurs collaborateurs doivent être sensibilisés au rapportage de ce type de données.

*Commentaires de la Direction du PEV :*

### Suivi et évaluation

- Les populations cibles d'enfants et de femmes enceintes ne sont pas toujours connues des centres de santé ;
- Pas de système mis en place pour la collecte des nouvelles naissances dans la communauté ;
- La gestion des stocks de vaccins ne se fait pas en tenant compte du monitoring des différents lots ;
- Les centres de santé ne reçoivent pas toujours de rapport de rétro information des différents districts ;

- Absence de table affichée montrant le nombre d'enfants vaccinés par période de rapportage en 2002 ;
- Absence de table affichée montrant le nombre de femmes vaccinées par période de rapportage en 2002 ;
- Absence de supervision des centres de santé par les districts sur les activités de vaccination.

Recommandation 5

Mettre en place un système de collecte des nouvelles naissances au niveau des communautés.

*Commentaires de la Direction du PEV :*

Recommandation 6

Afficher au niveau de chaque centre de santé des tableaux de bord montrant le nombre d'enfants et de femmes enceintes vaccinés par période de rapportage.

*Commentaires de la Direction du PEV :*

Recommandation 7

Mettre en place un registre pour l'enregistrement des dates et activités de supervision.

*Commentaires de la Direction du PEV :*

# I INDICATEURS DE PERFORMANCE NATIONAUX

## Burkina Faso - Audit Year 2001

Start date of audit 04.09.02

### A. Performance Indicators - 2000 and 2001

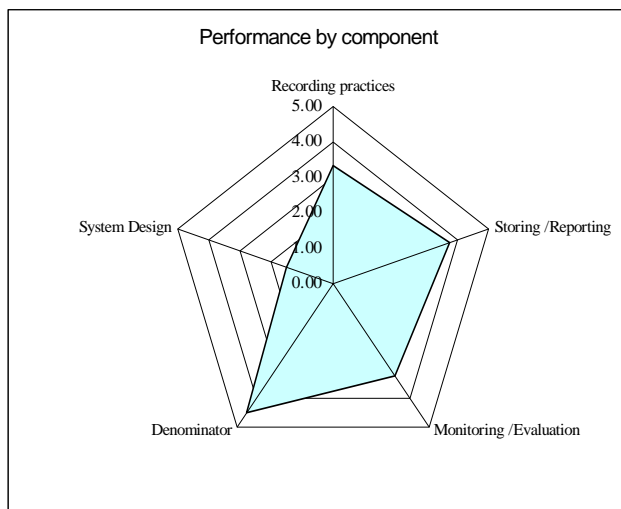
Calendar year	Reported DTP3 < 1	Change in reported DTP3 < 1	DTP3 < 1 coverage rate	%Districts DTP3 < 1 coverage > = 80%	% dropout DTP1 < 1 to DTP3 < 1	%Districts dropout < 10%	%DTP vaccine system wastage	Quality of the System Index Score
2000	266'917		57.3%	15.1%	32.1%	11.3%		
2001	323'986	57'069	64.3%	22.6%	25.5%	15.1%	3.1%	63.6%

Based on most recent national totals

### B. Completeness -2000 and 2001

Date on WHO /UNICEF report	Districts reporting rate to National Level	% Districts reports on time at National Level
15.04.02	100.0%	0.0%
	100.0%	12.6%

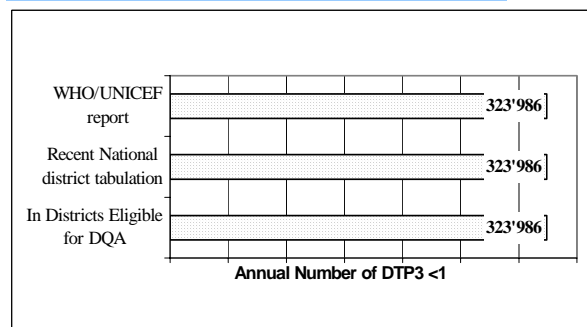
### C. Quality of the System Index by Component



### D. Preliminary Accuracy Estimate of DTP3 < 1 for the year 2001

0.576	Verification Factor
0.188	0.964 95% Confidence Interval

### Reported DTP3 < 1 for the year 2001 by source



## II INDICATEURS DE PERFORMANCE DES DISTRICTS

### Dori - Audit Year 2001

Audit Date: 05.09.02

#### A. Performance Indicators - 2000 and 2001

Calendar year	Reported DTP3 < 1	Change in reported DTP3 < 1	DTP3 < 1 coverage rate	% dropout DTP1 < 1 to DTP3 < 1	% DTP vaccine system wastage	Quality of System Index Score
2000	3'955		61.7%	46.1%		
2001	9'130	5'175	93.5%	18.4%	missing	66.7%

Based upon annual totals at District Office

#### B. Completeness - 2001

National level % District's reports found at Nat. level	District level % District's reports on time at Nat. lev.	Nos. HUs reporting in audit year	% HU reports found at district level
91.7%	41.7%	12	89.6%

Based on HUs included in HU samplin

#### C. Quality of the System Index by Component

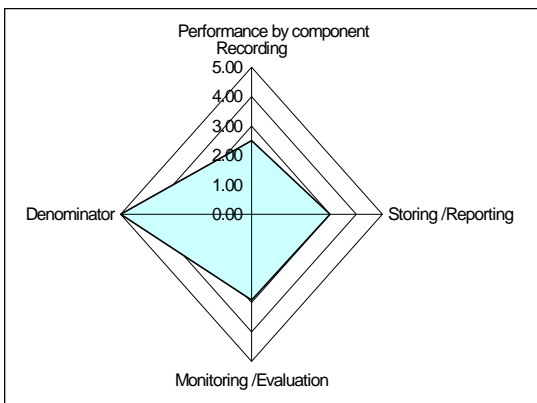
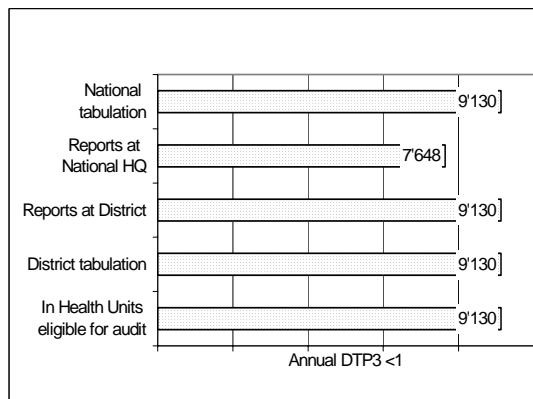


Chart based on a scale "0" to "5" for each component

#### D. Annual DTP3 < 1 by Source for Year 2001



## Leo - Audit Year 2001

Audit Date: 09.09.02

### A. Performance Indicators - 2000 and 2001

Calendar year	Reported DTP3 < 1	Change in reported DTP3 < 1	DTP3 < 1 coverage rate	% dropout DTP1 < 1 to DTP3 < 1	% DTP vaccine system wastage	Quality of System Index Score
---------------	-------------------	-----------------------------	------------------------	--------------------------------	------------------------------	-------------------------------

2000	1'882		37.3%	47.8%		
2001	3'931	2'049	74.7%	31.9%	0.1%	78.1%

Based upon annual totals at District Office

### B. Completeness - 2001

National level % District's reports found at Nat. level	District level % reporting in audit year time at Nat. lev.	Nos. HUs reporting in audit year	% HU reports found at district level
---	--	----------------------------------	--------------------------------------

91.7%	8.3%	18	81.9%
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Based on HUs included in HU samplin

### C. Quality of the System Index by Component

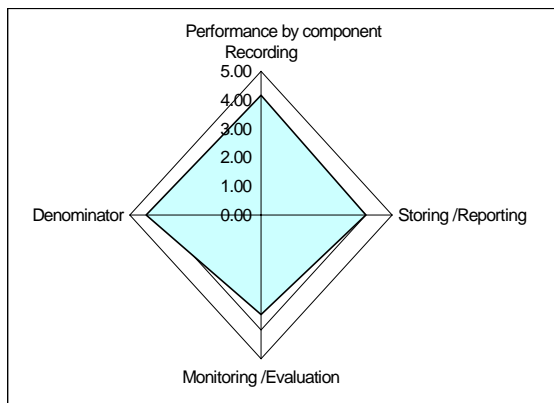
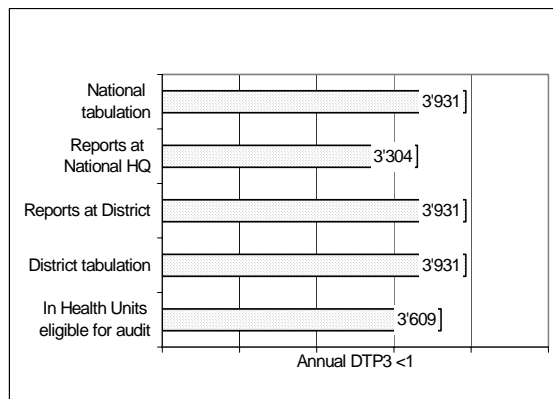


Chart based on a scale "0" to "5" for each component

### D. Annual DTP3 < 1 by Source for Year 2001



## Secteur 15B - Audit Year 2001

Audit Date: 05.09.02

### A. Performance Indicators - 2000 and 2001

Calendar year	Reported DTP3 < 1	Change in reported DTP3 < 1	DTP3 < 1 coverage rate	% dropout DTP1 < 1 to DTP3 < 1	% DTP vaccine system wastage	Quality of System Index Score
---------------	-------------------	-----------------------------	------------------------	--------------------------------	------------------------------	-------------------------------

2000	5'260		38.7%	missing		
2001	12'395	7'135	86.6%	-1.1%	missing	73.5%

Based upon annual totals at District Office

### B. Completeness - 2001

National level % District's reports found at Nat. level	District level % HU reports found at district level
---	---

91.7%	0.0%	24	0.0%
-------	------	----	------

Based on HUs included in HU sampling

### C. Quality of the System Index by Component

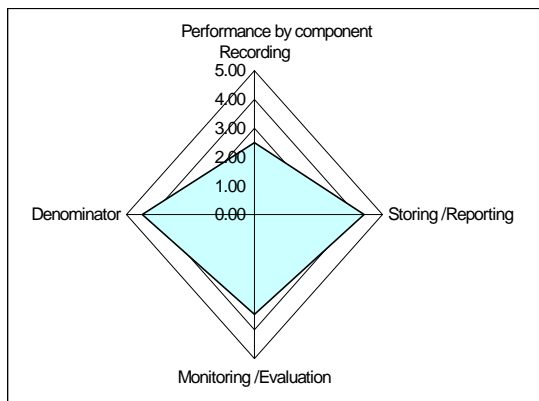
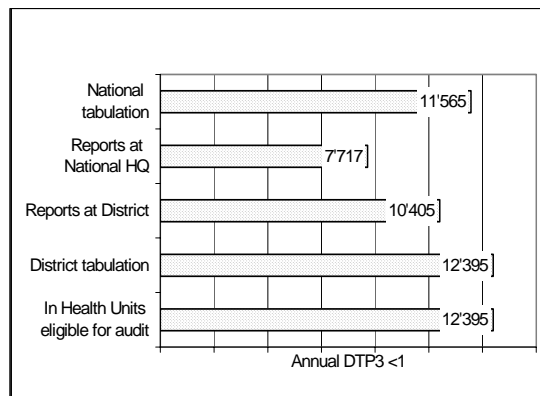


Chart based on a scale "0" to "5" for each component

### D. Annual DTP3 < 1 by Source for Year 2001





## Zorgho - Audit Year 2001

Audit Date: 09.09.02

### A. Performance Indicators - 2000 and 2001

Calendar year	Reported DTP3 < 1	Change in reported DTP3 < 1	DTP3 < 1 coverage rate	% dropout DTP1 < 1 to DTP3 < 1	% DTP vaccine system wastage	Quality of System Index Score
---------------	-------------------	-----------------------------	------------------------	--------------------------------	------------------------------	-------------------------------

2000	6'414		53.6%	34.5%		
2001	5'396	-1'018	44.0%	37.3%	missing	48.6%

Based upon annual totals at District Office

### B. Completeness - 2001

National level %	District level %	Nos. HUs reporting in audit year	% HU reports found at district level
------------------	------------------	----------------------------------	--------------------------------------

75.0%	0.0%	30	0.0%
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Based on HUs included in HU sampling

### C. Quality of the System Index by Component

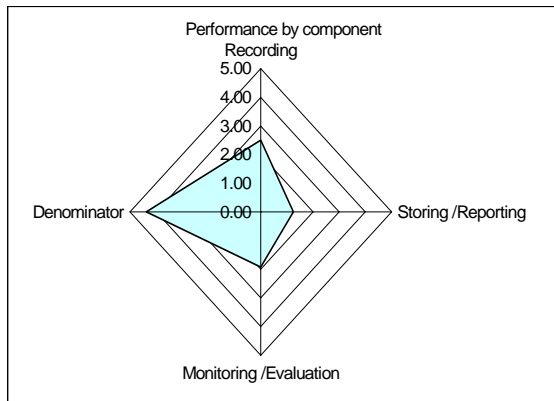
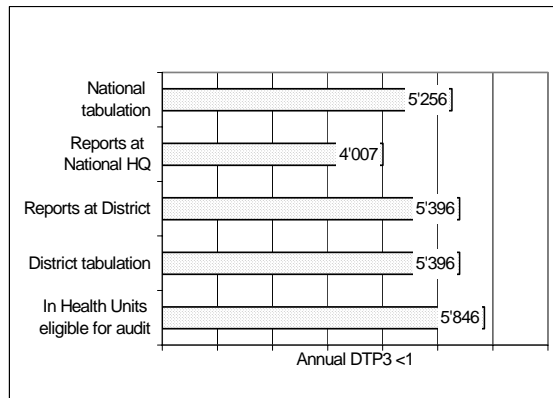


Chart based on a scale "0" to "5" for each component

### D. Annual DTP3 < 1 by Source for Year 2001



III INDICATEURS DE PERFORMANCE DES CENTRES DE SANTE

**CSFS urbain Dori, Dori District - Audit Year 2001**

Audit date: 05.09.02

**A. Performance Indicators - 2000 and 2001**

Calendar Year	Reported DIP3 < 1	Change in reported DIP3 < 1	% dropout DIP3 < 1	%DIP vaccine wastage	Quality of System Index Score
---------------	-------------------	-----------------------------	--------------------	----------------------	-------------------------------

2000	missing				
2001	missing	missing	missing	missing	55.6%

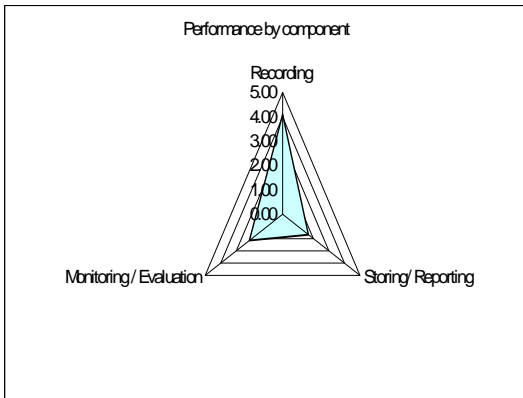
Based on information found at the Health Unit

**B. Completeness for Year 2001**

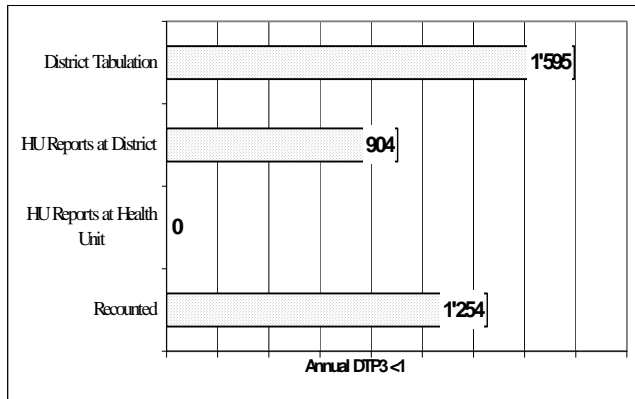
% of year's report found at District level	% reports on time at District level	% of year's report found at Health Unit level
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33.3%	0.0%	0.0%
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**C. System Index Quality by Component Year 2001**



**D. Annual DIP3 by Source for Year 2001**



## Touka Bayel, Dori District - Audit Year 2001

Audit date: 06.09.02

### A. Performance Indicators - 2000 and 2001

Calendar Year	Reported DIP3<1	Change in reported DIP3<1	% dropout DIP1<1 to DIP3<1	%DIP vaccine wastage	Quality of System Index Score
2000	340				
2001	302	-38	25.4%	28.5%	53.6%

2000	340				
2001	302	-38	25.4%	28.5%	53.6%

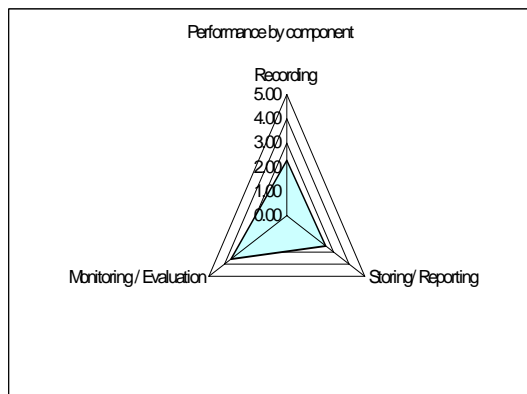
Based on information found at the Health Unit

### B. Completeness for Year 2001

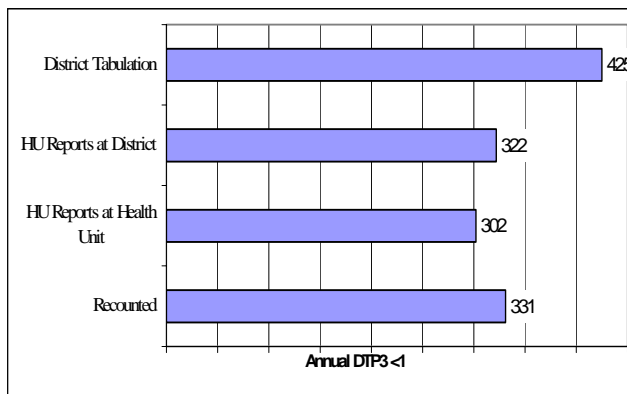
% of year's report found at District level	% reports on time at District level	% of year's report found at Health Unit level
50.0%	0.0%	50.0%

50.0%	0.0%	50.0%
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### C. System Index Quality by Component Year 2001



### D. Annual DIP3 by Source for Year 2001



## Gogadji, Dori District - Audit Year 2001

Audit date: 06.09.02

### A. Performance Indicators - 2000 and 2001

Calendar Year	Reported DIP3<1	Change in reported DIP3<1	% dropout DIP3<1	%DIP vaccine wastage	Quality of System Index Score
2000	339				
2001	683	354	36.3%	16.7%	60.7%

2000	339				
2001	683	354	36.3%	16.7%	60.7%

Based on information found at the Health Unit

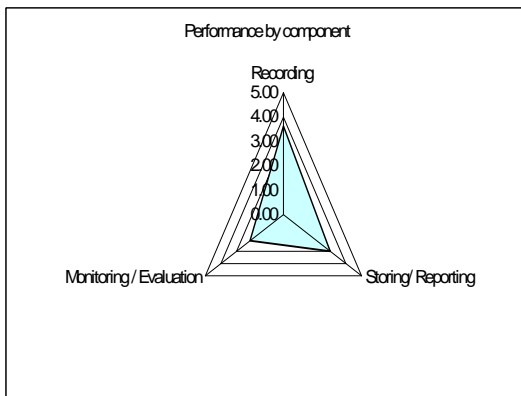
### B. Completeness for Year 2001

% of year's report found at District level	% reports on time at District level	% of year's report found at Health Unit level
50.0%	0.0%	50.0%

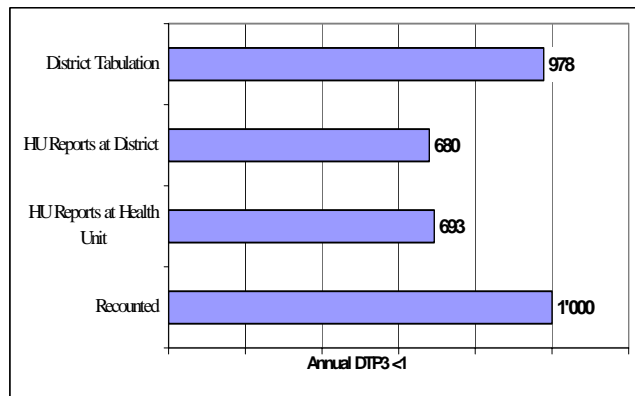
50.0%	0.0%
-------	------

50.0%
-------

### C. System Index Quality by Component Year 2001



### D. Annual DIP3 by Source for Year 2001



## Seytenga, Dori District - Audit Year 2001

Audit date: 06.09.02

### A. Performance Indicators - 2000 and 2001

Calendar Year	Reported DIP3<1	Change in reported DIP3<1	%dropout DIP3<1	%DIP vaccine wastage	Quality of System Index Score
2000	443				
2001	300	-143	-17.2%	missing	57.1%

2000	443				
2001	300	-143	-17.2%	missing	57.1%

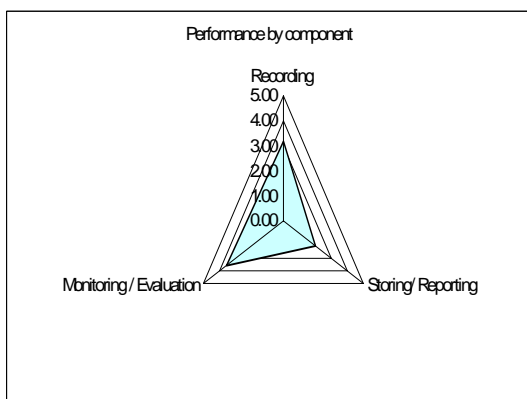
Based on information found at the Health Unit

### B. Completeness for Year 2001

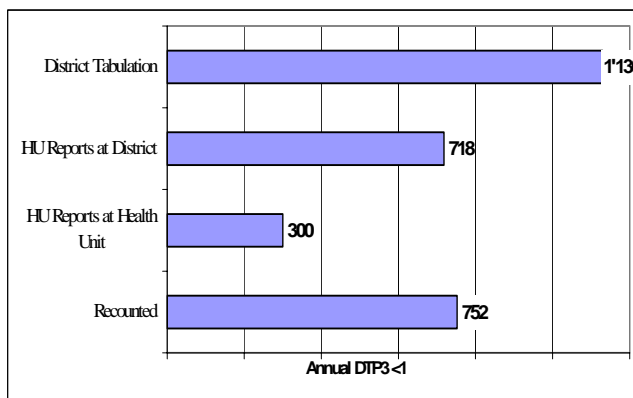
% of year's report found at District level	% reports on time at District level	% of year's report found at Health Unit level
58.3%	0.0%	25.0%

58.3%	0.0%	25.0%
-------	------	-------

### C. System Index Quality by Component Year 2001



### D. Annual DIP3 by Source for Year 2001



## Sector 1, Leo District - Audit Year 2001

Audit date: 11.09.01

### A. Performance Indicators - 2000 and 2001

Calendar Year	Reported DIP3<1	Change in reported DIP3<1	% dropout DIP3<1	%DIP vaccine wastage	Quality of System Index Score
2000	363				
2001	694	331	22.5%	missing	75.0%

2000	363				
2001	694	331	22.5%	missing	75.0%

Based on information found at the Health Unit

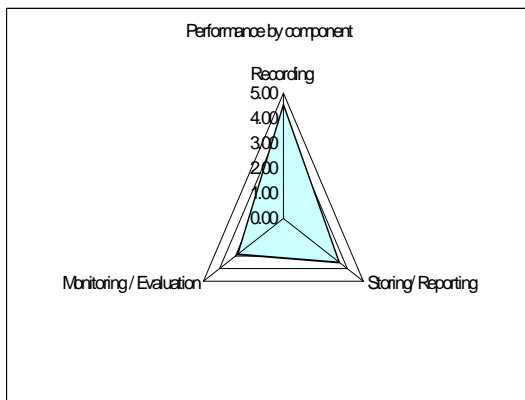
### B. Completeness for Year 2001

% of year's report found at District level	% reports on time at District level	% of year's report found at Health Unit level
100.0%	0.0%	100.0%

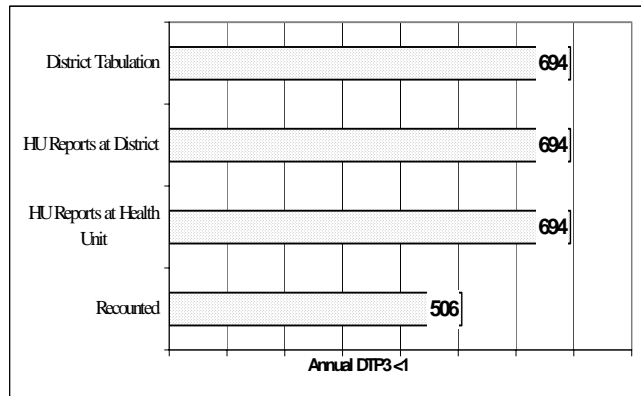
100.0%	0.0%
--------	------

100.0%
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### C. System Index Quality by Component Year 2001



### D. Annual DIP3 by Source for Year 2001



## Bani, Dori District - Audit Year 2001

Audit date: 07.09.02

### A. Performance Indicators - 2000 and 2001

Calendar Year	Reported DIP3<1	Change in reported DIP3<1	% dropout DIP3<1	%DIP vaccine wastage	Quality of System Index Score
2000	710				
2001	733	23	49.4%	37.5%	60.7%

2000	710				
2001	733	23	49.4%	37.5%	60.7%

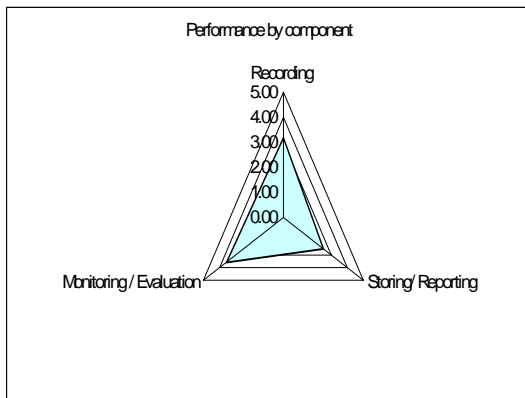
Based on information found at the Health Unit

### B. Completeness for Year 2001

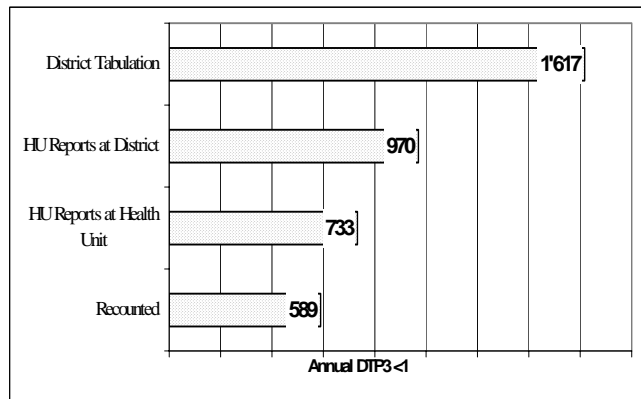
% of year's report found at District level	% reports on time at District level	% of year's report found at Health Unit level
58.3%	0.0%	41.7%

58.3%	0.0%	41.7%
-------	------	-------

### C. System Index Quality by Component Year 2001



### D. Annual DIP3 by Source for Year 2001



## Kachinga, Dori District - Audit Year 2001

Audit date: 07.09.02

### A. Performance Indicators - 2000 and 2001

Calendar Year	Reported DIP3<1	Change in reported DIP3<1	% dropout DIP3<1	%DIP vaccine wastage	Quality of System Index Score
2000	390				
2001	695	305	6.6%	9.1%	53.6%

2000	390				
2001	695	305	6.6%	9.1%	53.6%

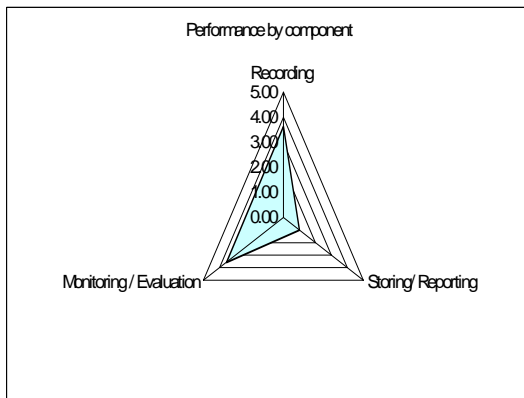
Based on information found at the Health Unit

### B. Completeness for Year 2001

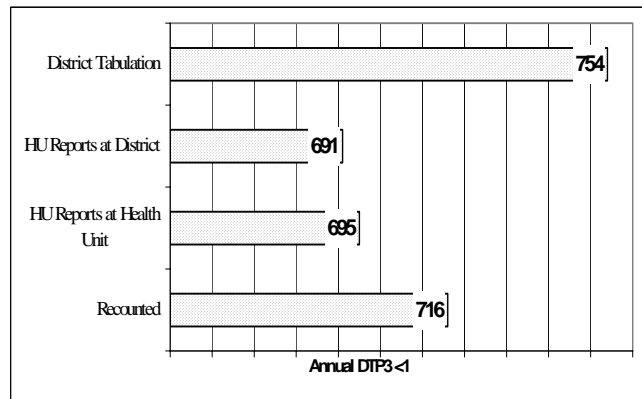
% of year's report found at District level	% reports on time at District level	% of year's report found at Health Unit level
58.3%	0.0%	58.3%

58.3%	0.0%	58.3%
-------	------	-------

### C. System Index Quality by Component Year 2001



### D. Annual DIP3 by Source for Year 2001





## Biéha, Leo District - Audit Year 2001

Audit date: 10.09.01

### A. Performance Indicators - 2000 and 2001

Calendar Year	Reported DIP3<1	Change in reported DIP3<1	% dropout DIP3<1	%DIP vaccine wastage	Quality of System Index Score
2000	60				
2001	218	158	8.8%	missing	57.1%

2000	60
2001	218

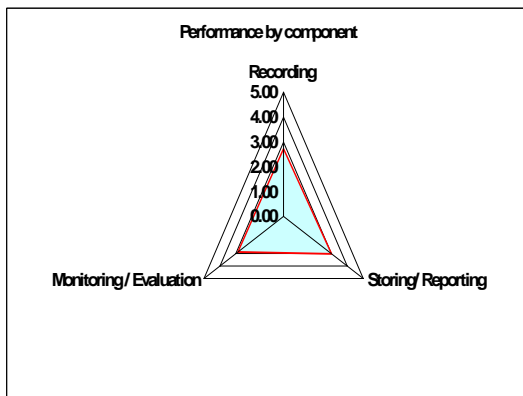
Based on information found at the Health Unit

### B. Completeness for Year 2001

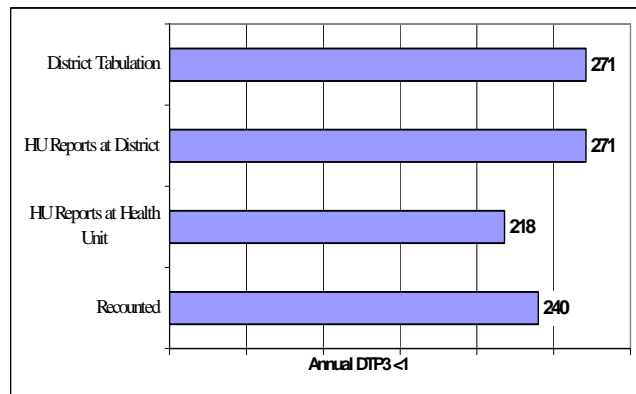
% of year's report found at District level	% reports on time at District level	% of year's report found at Health Unit level
91.7%	0.0%	50.0%

91.7%	0.0%	50.0%
-------	------	-------

### C. System Index Quality by Component Year 2001



### D. Annual DIP3 by Source for Year 2001



## Bura, Leo District - Audit Year 2001

Audit date: 09.09.02

### A. Performance Indicators - 2000 and 2001

Calendar Year	Reported DIP3< 1	Change in reported DIP3< 1	% dropout DIP3< 1	%DIP vaccine wastage	Quality of System Index Score
---------------	------------------	----------------------------	-------------------	----------------------	-------------------------------

2000	84				
2001	308	224	-13.2%	missing	50.0%

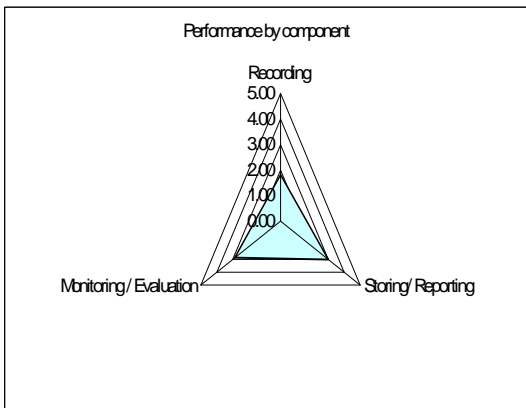
Based on information found at the Health Unit

### B. Completeness for Year 2001

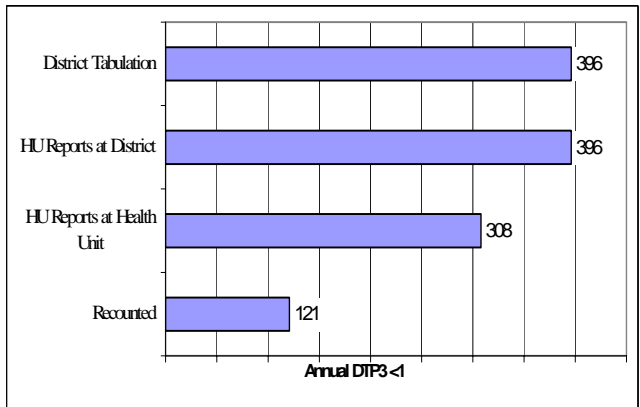
% of year's report found at District level	% reports on time at District level	% of year's report found at Health Unit level
--	-------------------------------------	---

91.7%	0.0%	75.0%
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### C. System Index Quality by Component Year 2001



### D. Annual DIP3 by Source for Year 2001



## Niabouri, Leo District - Audit Year 2001

Audit date: 10.09.02

### A. Performance Indicators - 2000 and 2001

Calendar Year	Reported DIP3<1	Change in reported DIP3<1	% dropout DIP3<1	%DIP vaccine wastage	Quality of System Index Score
2000	14				
2001	106	92	52.5%	missing	42.9%

2000	14				
2001	106	92	52.5%	missing	42.9%

Based on information found at the Health Unit

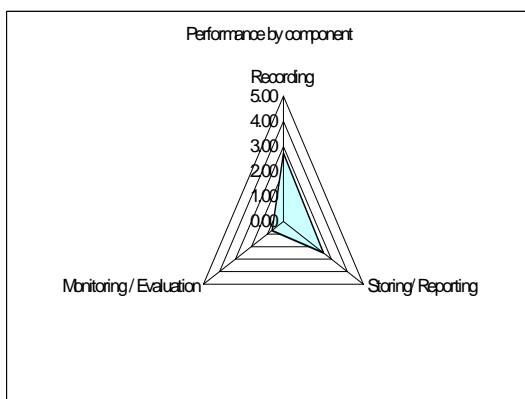
### B. Completeness for Year 2001

% of year's report found at District level	% reports on time at District level	% of year's report found at Health Unit level
75.0%	0.0%	33.3%

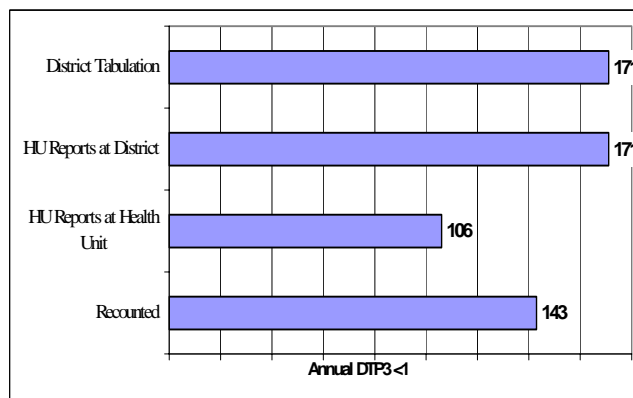
75.0%	0.0%
-------	------

33.3%
-------

### C. System Index Quality by Component Year 2001



### D. Annual DIP3 by Source for Year 2001



## Koalga, Leo District - Audit Year 2001

Audit date: 09.09.02

### A. Performance Indicators - 2000 and 2001

Calendar Year	Reported DIP3<1	Change in reported DIP3<1	% dropout DIP3<1	%DIP vaccine wastage	Quality of System Index Score
2000	16				
2001	112	96	-0.9%	missing	39.3%

2000	16				
2001	112	96	-0.9%	missing	39.3%

Based on information found at the Health Unit

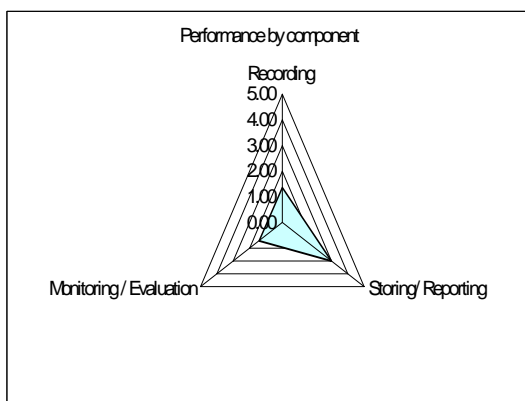
### B. Completeness for Year 2001

% of year's report found at District level	% reports on time at District level	% of year's report found at Health Unit level
91.7%	0.0%	58.3%

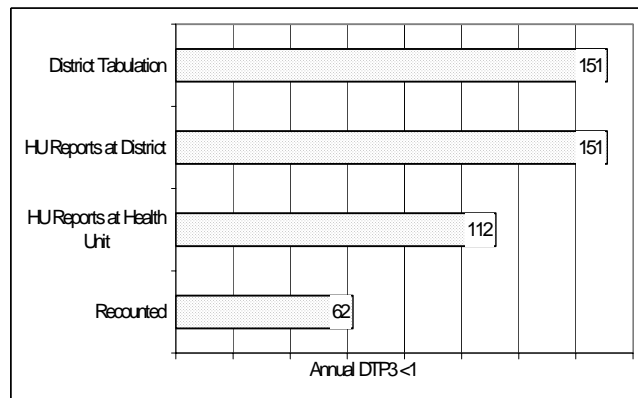
91.7%    0.0%

58.3%

### C. System Index Quality by Component Year 2001



### D. Annual DIP3 by Source for Year 2001



## Kumbhoro, Leo District - Audit Year 2001

Audit date: 10.09.01

### A Performance Indicators - 2000 and 2001

Calendar Year	Reported DIP3<1	Change in reported DIP3<1	% dropout DIP3<1	%DIP vaccine wastage	Quality of System Index Score
2000	missing				
2001	130	missing	50.6%	missing	60.7%

2000	missing				
2001	130	missing	50.6%	missing	60.7%

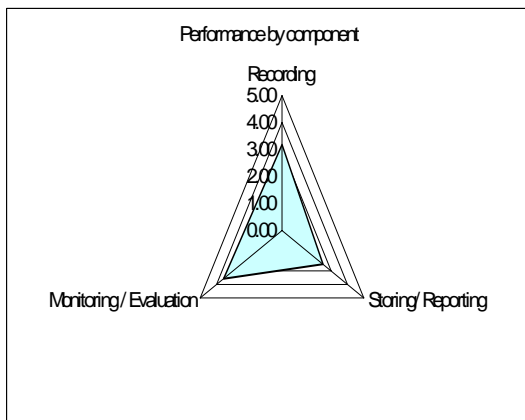
Based on information found at the Health Unit

### B Completeness for Year 2001

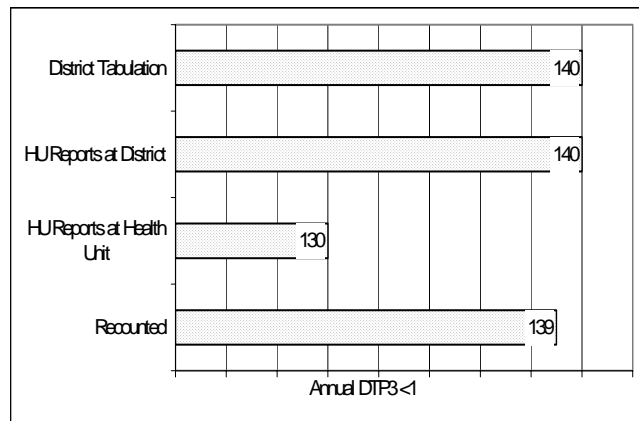
% of year's report found at District level	% reports on time at District level	% of year's report found at Health Unit level
100.0%	0.0%	50.0%

100.0%	0.0%	50.0%
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### C System Index Quality by Component Year 2001



### D Annual DIP3 by Source for Year 2001



## Tounoua, Secteur 15B District - Audit Year 2001

Audit date: 06.09.02

### A. Performance Indicators - 2000 and 2001

Calendar Year	Reported DIP3<1	Change in reported DIP3<1	% dropout DIP3<1	%DIP vaccine wastage	Quality of System Index Score
2000	missing				
2001	1'002	missing	8.2%	missing	60.7%

2000	missing				
2001	1'002	missing	8.2%	missing	60.7%

Based on information found at the Health Unit

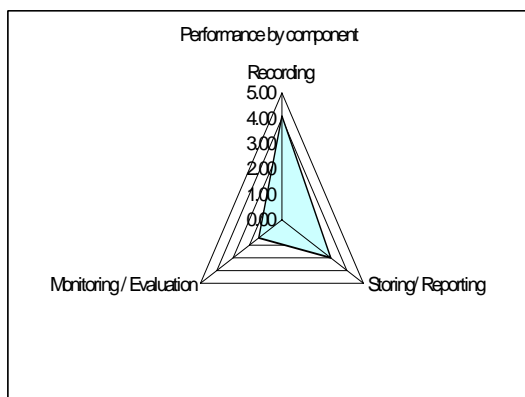
### B. Completeness for Year 2001

% of year's report found at District level	% reports on time at District level	% of year's report found at Health Unit level
100.0%	0.0%	100.0%

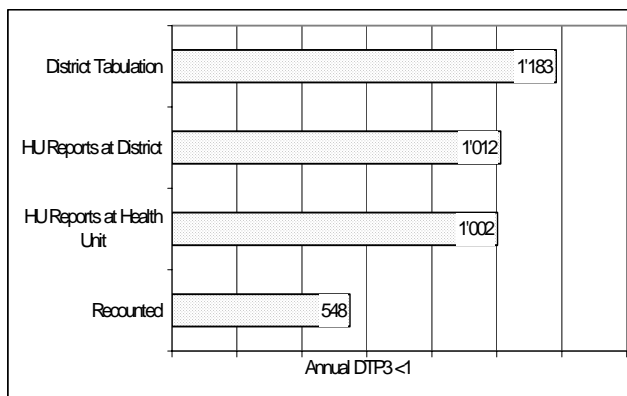
100.0%	0.0%
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100.0%
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### C. System Index Quality by Component Year 2001



### D. Annual DIP3 by Source for Year 2001



## Kouentou, Secteur 15B District - Audit Year 2001

Audit date: 06.09.02

### A. Performance Indicators - 2000 and 2001

Calendar Year	Reported DIP3<1	Change in reported DIP3<1	%dropout DIP3<1	%DIP vaccine wastage	Quality of System Index Score
2000	288				
2001	459	171	23.6%	missing	53.6%

2000	288				
2001	459	171	23.6%	missing	53.6%

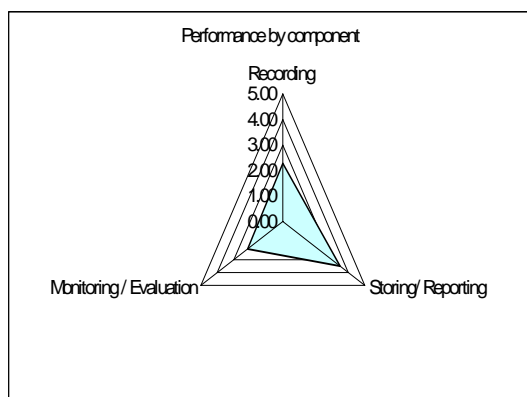
Based on information found at the Health Unit

### B. Completeness for Year 2001

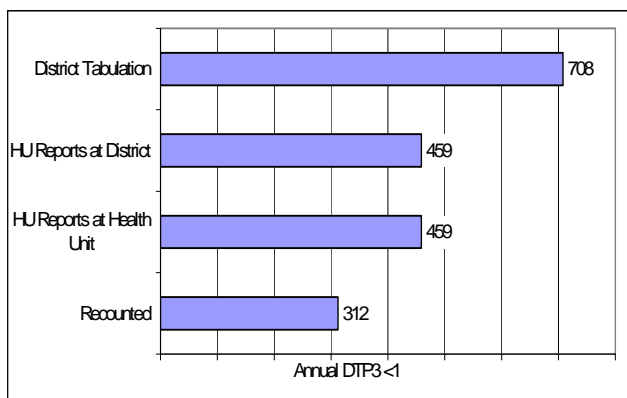
% of year's report found at District level	% reports on time at District level	% of year's report found at Health Unit level
100.0%	0.0%	100.0%

100.0%	0.0%	100.0%
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### C. System Index Quality by Component Year 2001



### D. Annual DIP3 by Source for Year 2001



## Sarhalao, Secteur 15B District - Audit Year 2001

Audit date: 05.09.02

### A. Performance Indicators - 2000 and 2001

Calendar Year	Reported DIP3<1	Change in reported DIP3<1	% dropout DIPI<1 to DIP3<1	%DIP vaccine wastage	Quality of System Index Score
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2000	missing				
2001	missing	missing	missing	missing	60.0%

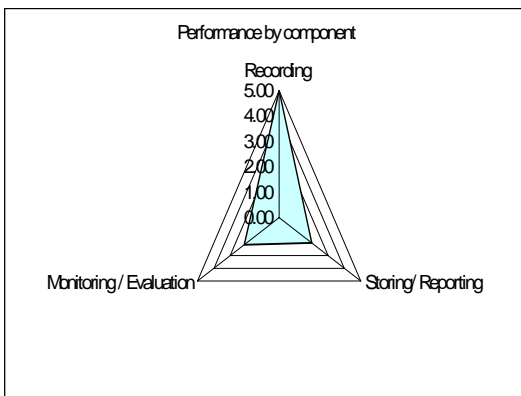
Based on information found at the Health Unit

### B. Completeness for Year 2001

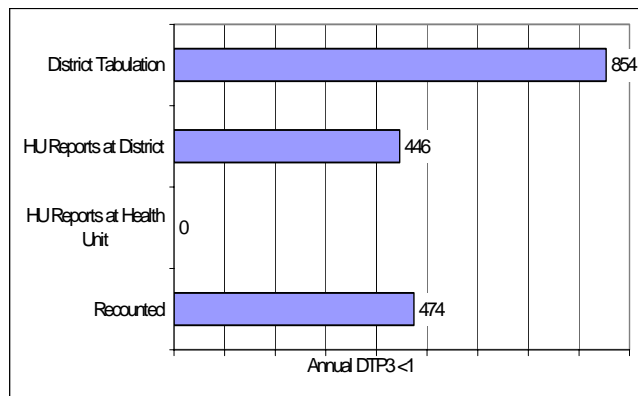
% of year's report found at District level	% reports on time at District level	% of year's report found at Health Unit level
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91.7%	0.0%	0.0%
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### C. System Index Quality by Component Year 2001



### D. Annual DIP3 by Source for Year 2001





## Déguelin, Secteur 15B District - Audit Year 2001

Audit date: 07.09.02

### A. Performance Indicators - 2000 and 2001

Calendar Year	Reported DIP3<1	Change in reported DIP3<1	% dropout DIP3<1	%DIP vaccine wastage	Quality of System Index Score
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2000	6				
2001	142	136	58.4%	missing	57.1%

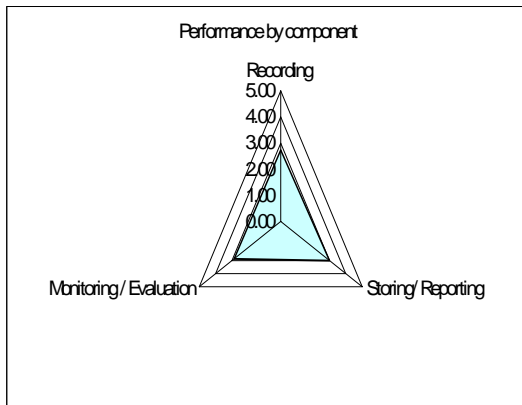
Based on information found at the Health Unit

### B. Completeness for Year 2001

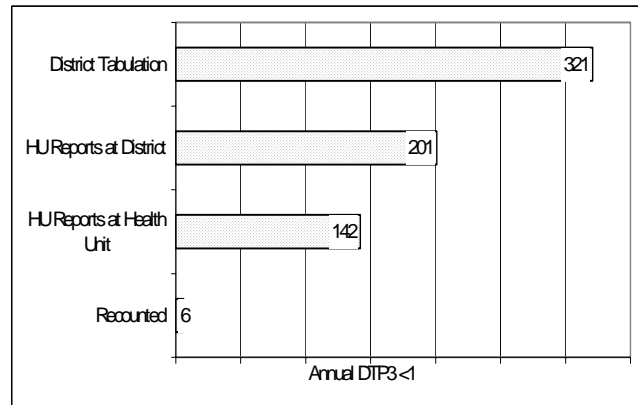
% of year's report found at District level	% reports on time at District level	% of year's report found at Health Unit level
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100.0%	0.0%	91.7%
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### C. System Index Quality by Component Year 2001



### D. Annual DIP3 by Source for Year 2001



## Léguéma, Secteur 15B District - Audit Year 2001

Audit date: 06.09.02

### A Performance Indicators - 2000 and 2001

Calendar Year	Reported DIP3<1	Change in reported DIP3<1	% dropout DIP3<1 to DIP3<1	%DIP vaccine wastage	Quality of System Index Score
2000	154				
2001	341	187	7.3%	missing	44.4%

2000	154				
2001	341	187	7.3%	missing	44.4%

Based on information found at the Health Unit

### B Completeness for Year 2001

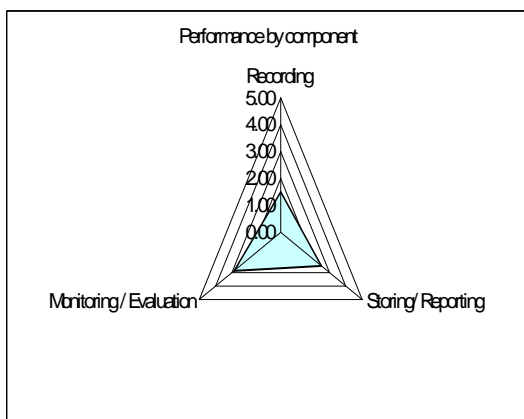
% of year's report found at District level	% reports on time at District level	% of year's report found at Health Unit level
100.0%	0.0%	83.3%

100.0%

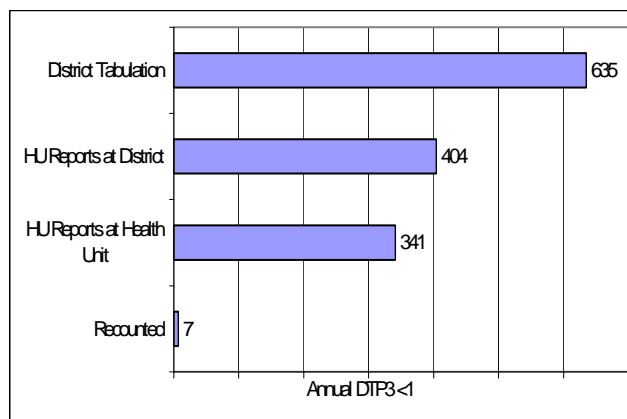
0.0%

83.3%

### C System Index Quality by Component Year 2001



### D Annual DIP3 by Source for Year 2001



## CMA Zorgho, Zorgho District - Audit Year 2001

Audit date: 09.09.02

### A. Performance Indicators - 2000 and 2001

Calendar Year	Reported DIP3<1	Change in reported DIP3<1	% dropout DIP3<1	%DIP vaccine wastage	Quality of System Index Score
2000	missing				
2001	651	missing	22.5%	missing	23.1%

2000	missing
2001	651

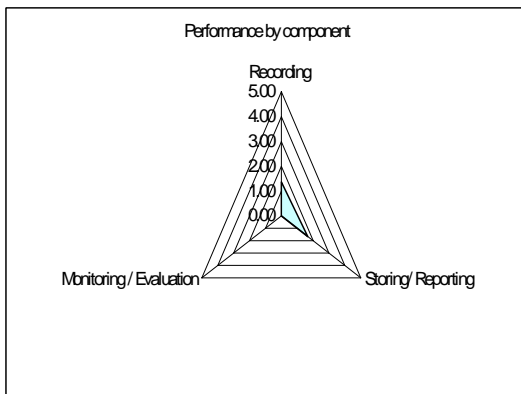
Based on information found at the Health Unit

### B. Completeness for Year 2001

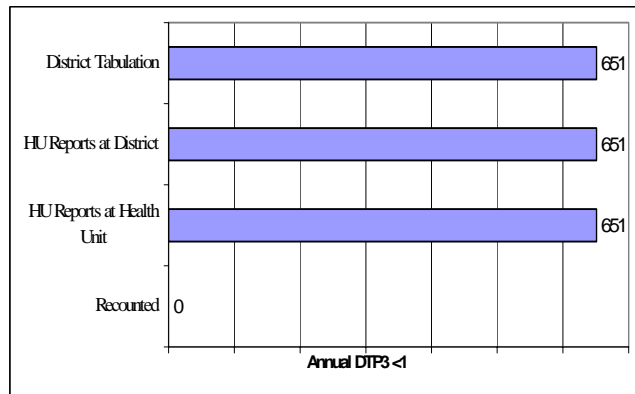
% of year's report found at District level	% reports on time at District level	% of year's report found at Health Unit level
100.0%	0.0%	100.0%

100.0%	0.0%	100.0%
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### C. System Index Quality by Component Year 2001



### D. Annual DIP3 by Source for Year 2001



## Kotédougou, Secteur 15B District - Audit Year 2001

Audit date: 06.09.02

### A. Performance Indicators - 2000 and 2001

Calendar Year	Reported DIP3<1	Change in reported DIP3<1	% dropout DIP3<1	%DIP vaccine wastage	Quality of System Index Score
2000	77				
2001	169	92	45.8%	missing	71.4%

2000	77				
2001	169	92	45.8%	missing	71.4%

Based on information found at the Health Unit

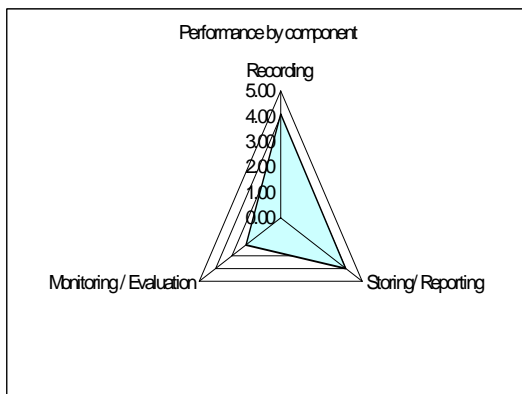
### B. Completeness for Year 2001

% of year's report found at District level	% reports on time at District level	% of year's report found at Health Unit level
100.0%	0.0%	100.0%

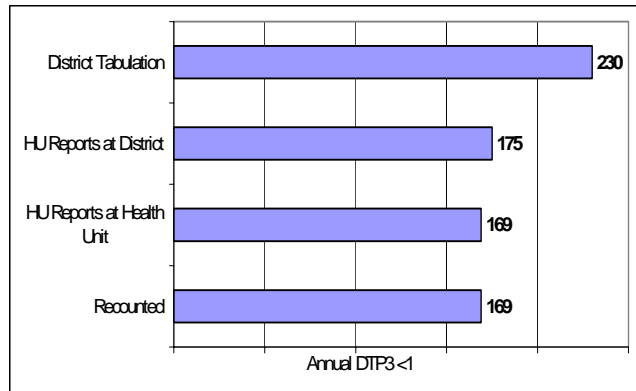
100.0%	0.0%
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100.0%
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### C. System Index Quality by Component Year 2001



### D. Annual DIP3 by Source for Year 2001



## CSFS Wayalgi V2, Zorgho District - Audit Year 2001

Audit date: 09.09.02

### A. Performance Indicators - 2000 and 2001

Calendar Year	Reported DIP3<1	Change in reported DIP3<1	% dropout DIP3<1	%DIP vaccine wastage	Quality of System Index Score
2000	missing				
2001	307	missing	33.8%	missing	32.1%

2000	missing				
2001	307	missing	33.8%	missing	32.1%

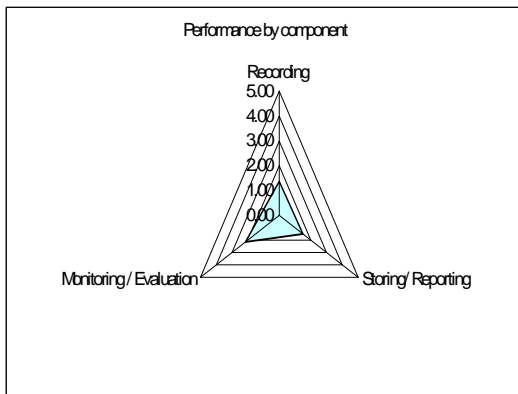
Based on information found at the Health Unit

### B. Completeness for Year 2001

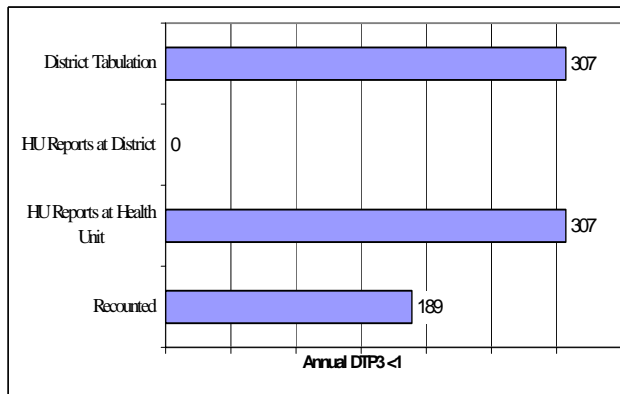
% of year's report found at District level	% reports on time at District level	% of year's report found at Health Unit level
0.0%	0.0%	100.0%

0.0%	0.0%	100.0%
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### C. System Index Quality by Component Year 2001



### D. Annual DIP3 by Source for Year 2001



## Dispensaire Dawaka, Zorgho District - Audit Year 2001

Audit date: 10.09.02

### A. Performance Indicators - 2000 and 2001

Calendar Year	Reported DIP3<1	Change in reported DIP3<1	% dropout DIP3<1	%DIP vaccine wastage	Quality of System Index Score
2000	missing				
2001	missing	missing	missing	missing	25.0%

2000	missing				
2001	missing	missing	missing	missing	25.0%

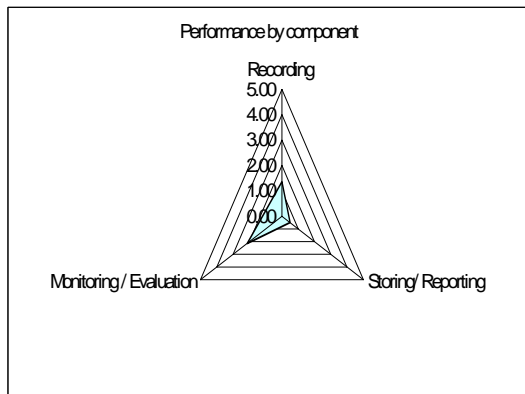
Based on information found at the Health Unit

### B. Completeness for Year 2001

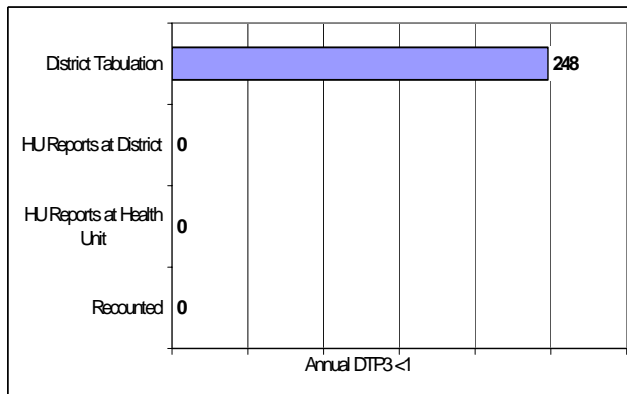
% of year's report found at District level	% reports on time at District level	% of year's report found at Health Unit level
0.0%	0.0%	0.0%

0.0%	0.0%	0.0%
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### C. System Index Quality by Component Year 2001



### D. Annual DIP3 by Source for Year 2001



## CSPS Zam, Zorgho District - Audit Year 2001

Audit date: 10.09.02

### A. Performance Indicators - 2000 and 2001

Calendar Year	Reported DIP3<1	Change in reported DIP3<1	% dropout DIP3<1	%DIP vaccine wastage	Quality of System Index Score
2000	missing				
2001	192	missing	34.7%	missing	42.9%

2000	missing				
2001	192	missing	34.7%	missing	42.9%

Based on information found at the Health Unit

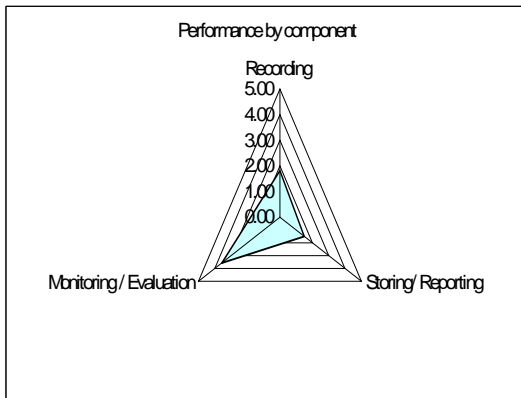
### B. Completeness for Year 2001

% of year's report found at District level	% reports on time at District level	% of year's report found at Health Unit level
100.0%	0.0%	100.0%

100.0% 0.0%

100.0%

### C. System Index Quality by Component Year 2001



### D. Annual DIP3 by Source for Year 2001



## CSPS Sapaga, Zorgho District - Audit Year 2001

Audit date: 10.09.02

### A. Performance Indicators - 2000 and 2001

Calendar Year	Reported DIP3<1	Change in reported DIP3<1	% dropout DIP3<1	%DIP vaccine wastage	Quality of System Index Score
2000	missing				
2001	107	missing	-664.3%	missing	42.9%

2000	missing				
2001	107	missing	-664.3%	missing	42.9%

Based on information found at the Health Unit

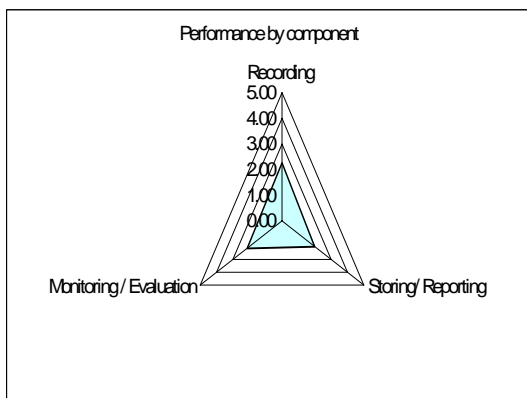
### B. Completeness for Year 2001

% of year's report found at District level	% reports on time at District level	% of year's report found at Health Unit level
100.0%	0.0%	100.0%

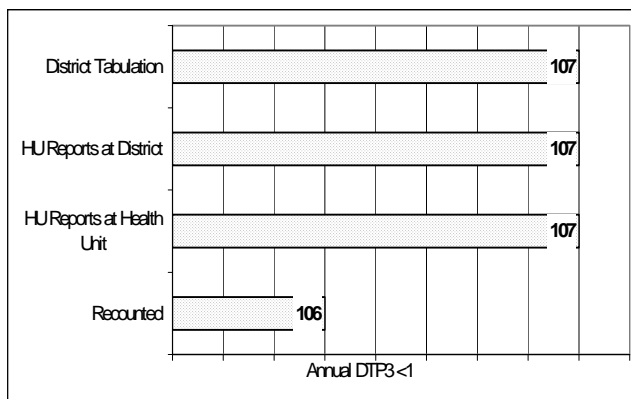
100.0%	0.0%
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100.0%
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### C. System Index Quality by Component Year 2001



### D. Annual DIP3 by Source for Year 2001





## CSFS Kabouda, Zorgho District - Audit Year 2001

Audit date: missing

### A. Performance Indicators - 2000 and 2001

Calendar Year	Reported DIP3<1	Change in reported DIP3<1	%dropout DIP3<1	%DIP vaccine wastage	Quality of System Index Score
2000	missing				
2001	missing	missing	missing	missing	17.9%

2000	missing				
2001	missing	missing	missing	missing	17.9%

Based on information found at the Health Unit

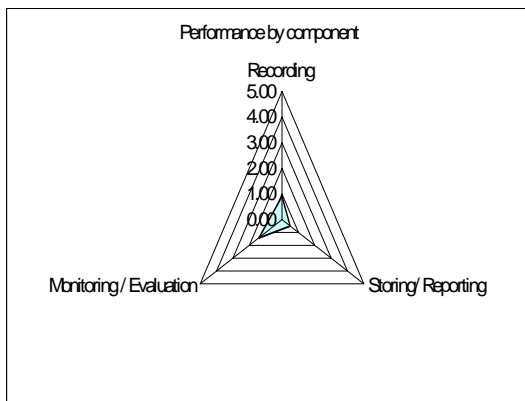
### B. Completeness for Year 2001

% of year's report found at District level	% reports on time at District level	% of year's report found at Health Unit level
0.0%	0.0%	0.0%

0.0%	0.0%
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0.0%
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### C. System Index Quality by Component Year 2001



### D. Annual DIP3 by Source for Year 2001

