Section A: Multiple Choice Questions (MCQs) ( 10 Pts)

1. Which of the following is NOT a core quality of a good data mentor?  
A. Supportive communication  
B. Command and control leadership  
C. Patience and empathy  
D. Active listening

2. Why is mentorship important in health data systems?  
A. It replaces the need for training materials  
B. It ensures short-term project visibility only  
C. It supports ongoing learning, data use culture, and system sustainability  
D. It reduces the reporting burden only during surveys

3. Good mentors are made, not born. Mentorship requires the following qualities except

A.Communications

B.Open-mindedness

C.Patience

D.Empathy

E.Commanding

4. What is the objective of IMNID

A. Moving from aggregate reporting to individualized electronic data recording

B., Identifying data needs for quality improvement and evidence-informed decision making

C.Digitizing the current register

d.ALL

5, what are the different data source For IMNID

A. Register B. Patient's charts C. Care forms D. All

6. What are the indicators of NID(neonatal inpatient dataset)

A.CPAP coverage b.Neonatal mortality C. KMC coverage d .A&c E .All

7. What are the key components during Data mentorship

A, Review neonatal health coverage indicators using NEST-IT dashboards

B, Conduct data quality check assessments on registers, reporting tools, and care forms

C.Verify the presence and proper use of updated Careform at NICU and L&D wards

D, Analyze and present key findings from NEST-IT to the hospitals’ management

E.all

8.who should have an access for NID dashboard

A.Nurse

B, Physicians

C,Medical director

D,all

9.What is the key purpose of a data dictionary?

A. Translate medical terms into local language B. Describe variables and their formats  
C. Encrypt data before transmission D. Backup all datasets

10.What does an audit trail in a data system track?

A. Data file size B. Changes made to data over time  
C. Server usage D. Time zones

11.Which of the following is considered metadata?

A. The raw values in a dataset B. A participant’s test result

C. Information about variable names and definitions D. A chart summarizing analysis results

12.Which of the following is a benefit of using naming conventions?

A. Hides data B. Improves team collaboration  
C. Encrypts variables D. Increases speed of data entry

13.A researcher wants to predict a numeric value. Which model is most appropriate?

A. Logistic regression B. Classification  
C. Linear regression D. Decision trees

14.Which type of chart is most appropriate for showing trends over time?

A. Pie chart B. Line chart C. Scatter plot D. Boxplot

15.Which of the following describes a structured way to convert raw data into cleaned, organized data for analysis?

A. EDA B. ETL C. Regression D. Validation

16.What is the most suitable data type for a “yes/no” survey question?

A. Integer B. String C. Boolean D. Date

17.What would be the best way to prevent data entry of “20 months” for a newborn's age?

A. Remove the age field B. Use a format check

C. Add an image D. Set a minimum value of 0

Section B: Short Answer & Writing Questions ( 42 Pts)

What is the difference between descriptive statistics and inferential statistics? (3 pts)

Classify the following variables as Nominal, Ordinal, Continuous or Categorical (6 pts)

A, Pain levels (Severe, Moderate, Mild) E, Blood Type (A+, A-, AB+...)

B, ANC Visit Count (1, 2,3..) F, Birth Weight (grams)

C, Parity (births) G, Education Level of Mother (Primary, Secondary, Tertiary)

D, Mode of Delivery (Vaginal, Cesarean…) H, Delivery Outcome (Live birth, Stillbirth, Neonatal death)

The scientist wants to understand whether there is a relationship between Mode of delivery and delivery outcomes (Live/Newborn death).

What test or method should they apply and why? (3 pts)

Section C: Scenario-Based Questions (8 Pts)

Background: Almaz, a 26-year-old woman from the rural town of Wondo Genet, visited her nearest health center on January 15, 2025, to confirm her pregnancy. She was registered into the health facility's DHIS2 Tracker system as part of the Maternal Health Program, which tracks women throughout pregnancy, delivery, and the postnatal period.

Key Events in Almaz’s Journey:

January 15, 2025 – Almaz is registered in the system under the Maternal Health Tracker Program. She receives a unique ID, and her basic details are recorded (name, age, address, phone number, etc.).

February 5, 2025 – Almaz comes for her first ANC visit. A health worker completes a program stage labeled ANC Visit, filling in data like blood pressure, hemoglobin level, and gestational age. This ANC visit stage is repeatable.

March, April, May – Almaz comes for 3 more ANC visits, and each visit is recorded under the ANC Visit program stage.

June 28, 2025 – Almaz goes into labor and delivers a healthy baby at the health center. The delivery is recorded under the Delivery Stage, which is a non repeatable stage in the program. Mode of delivery, complications, and outcome are recorded.

July 5, 2025 – Almaz returns for a postnatal check-up, entered under the Postnatal Care Stage.

Questions:

Who is the tracked entity in this story?

How many programs are there and mention them?

What is the enrollment date?

How many program stages are mentioned? Name them.

How many events were entered under the ANC visit stage?

If another pregnancy occurs later, how would that be recorded in DHIS2? New program or new enrollment?