Performance of Routine Information System Management (**PRISM**)
TOOLKIT

PRISM Tools

March 2019

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MEASURE
Evaluation

ACKNOWLEDGMENTS

For any questions about the tools or implementing any part of the assessment, please contact: measure@measureevaluation.org.

CONTENTS

ABBREVIATIONS

ANC   antenatal care
ANC1   antenatal care first visit
ART   antiretroviral therapy
CBO   community-based organization
CHW   community health worker
DHIS 2   District Health Information Software version 2
DQR   Data Quality Review [Tool]
DTP3   diphtheria-tetanus-pertussis vaccine third dose (Penta3)
EMR   electronic medical record
EPI   expanded program on immunization
eRHIS   electronic routine health information system
FP   family planning
GIS   geographic information system
HCT   HIV counseling and testing
HIS   health information system
HMIS   health management information system
HR   human resources
ICD   International Classification of Diseases (10th revision)
ICT   information and communication technology
IDSR   integrated disease surveillance and response (notifiable diseases)
IPT1   intermittent preventive treatment first dose (malaria)
LLITN   insecticide-treated bed net
LQAS   lot quality assurance sampling
MAT   Management Assessment Tool
MCH   maternal and child health
MFL   master facility list
MOH   Ministry of Health
M&E   monitoring and evaluation
NGO   nongovernmental organization
OBAT   Organizational and Behavioral Assessment Tool
OPD   outpatient department
PICT   provider-initiated counseling and testing
PRISM   Performance of Routine Information System Management
RDQA   routine data quality assessment
RDT   rapid diagnostic test
RHIS   routine health information system
SBA   skilled birth attendance
SDP   service delivery point
SOP   standard operating procedure
TB   tuberculosis
TT   tetanus-toxoid
UN   United Nations
UPS   uninterruptible power supply
USAID   United States Agency for International Development

OVERVIEW OF THE PRISM SERIES

Using data to make evidence-informed decisions is still weak in most low- and middle-income countries. Especially neglected are data produced by routine health information systems (RHIS). RHIS comprise data collected at public, private, and community-level health facilities and institutions. These data, gleaned from individual health records, records of services delivered, and records of health resources, give a granular, site-level picture of health status, health services, and health resources. Most are gathered by healthcare providers as they go about their work, by supervisors, and through routine health facility surveys.

When routine data are lacking, or are not used, the results can be lower-quality services, weak infection prevention and control responses, lack of skilled health workers available where they are needed, and weak supply chains for drugs and equipment. These factors contribute to poor health outcomes for people.

MEASURE Evaluation, which is funded by the United States Agency for International Development (USAID), has provided technical and financial assistance to strengthen RHIS for more than 15 years. We have contributed to best practices at the global level and to the strengthening of RHIS data collection, data quality, analysis, and use at the country level. One of the project's mandates is to strengthen the collection, analysis, and use of these data for the delivery of high-quality health services.

MEASURE Evaluation developed the Performance of Routine Information System Management (PRISM) Framework and suite of tools in 2011 for global use in assessing the reliability and timeliness of an RHIS, in making evidence-based decisions, and in identifying gaps in an RHIS so they can be addressed and the system can be improved. The framework acknowledges the broader context in which RHIS operate. It also emphasizes the strengthening of RHIS performance through a system-based approach that sustains improvements in data quality and use. PRISM broadens the analysis of RHIS performance to cover three categories of determinants that affect performance:

- **Behavioral determinants**: The knowledge, skills, attitudes, values, and motivation of the people who collect, analyze, and use health data

- **Technical determinants**: The RHIS design, data collection forms, processes, systems, and methods

- **Organizational determinants**: Information culture, structure, resources, roles, and responsibilities of key contributors at each level of the health system

Figure 1. PRISM Framework

2018 PRISM Series Offers

With USAID's support, MEASURE Evaluation has revised the PRISM Tools and developed other elements, based on the PRISM Framework, to create a broad array of materials: the "PRISM Series." It's available on the MEASURE Evaluation website (https://www.measureevaluation.org/prism) and has the following components:

- **PRISM Toolkit**

  o PRISM Tools (this document)

  o PRISM Tools to Strengthen Community Health Information Systems

  o PRISM Analysis Tool for Data from a PRISM Assessment

- **PRISM User's Kit** (consisting of four guidance documents)

  o Preparing and Conducting a PRISM Assessment

  o Using SurveyCTO to Collect and Enter PRISM Assessment Data

  o Analyzing Data from a PRISM Assessment

  o Moving from Assessment to Action

- **PRISM Training Kit**

  o Participant's Manual

  o Facilitator's Manual

  o 9 PowerPoint training modules

This new, more comprehensive PRISM Series is useful for designing, strengthening, and evaluating RHIS performance and developing a plan to put the results of a PRISM assessment into action.

The revised "PRISM Tools"—the PRISM Series' core document—offers the following data collection instruments:

RHIS Overview Tool

This tool examines technical determinants, such as the structure and design of existing information systems in the health sector, information flows, and interaction of different information systems. It looks at the extent of RHIS fragmentation and redundancy and helps to initiate discussion of data integration and use.

Performance Diagnostic Tool

This tool determines the overall level of RHIS performance: the level of data quality and use of information. This tool also captures technical and organizational determinants, such as indicator definitions and reporting guidelines, the level of complexity of data collection tools and reporting forms, and the existence of data-quality assurance mechanisms, RHIS data use mechanisms, and supervision and feedback mechanisms.

Electronic RHIS Performance Assessment Tool

This tool examines the functionality and user-friendliness of the technology employed for generating, processing, analyzing, and using routine health data.

Management Assessment Tool

The Management Assessment Tool (MAT) is designed to take rapid stock of RHIS management practices and to support the development of action plans for better management.

Facility/Office Checklist

This checklist assesses the availability and status of resources needed for RHIS implementation at supervisory levels.

Organizational and Behavioral Assessment Tool

The Organizational and Behavioral Assessment Tool (OBAT) questionnaire identifies behavioral and organizational determinants, such as motivation, RHIS self-efficacy, task competence, problem-solving skills, and the organizational environment promoting a culture of information.

Uses of the PRISM Tools

These PRISM tools can be used together to gain an in-depth understanding of overall RHIS performance, to establish a baseline, and to rigorously evaluate the progress and effectiveness of RHIS strengthening interventions every five years, contributing to the national RHIS strategic planning process. Each PRISM tool can also be used separately for in-depth analysis of specific RHIS performance areas and issues.

MODULE 1. RHIS OVERVIEW TOOL

Purpose

1. List the information systems that exist in the country and the type of data they collect.

2. List the recording and reporting tools used at health facility, district, and national levels.

3. Establish the links among the recording tools maintained at the health facility/community level, and the reports generated by the health facility/community health workers (CHWs).

4. Establish the flow of information from health facility/community to each administrative level of the health system.

5. Identify the potential overlaps among these information systems.

Summary of Information Collected Using the RHIS Overview Tool

The RHIS Overview Tool covers:

- **Data collection**. It lists the data recording tools (patient registers, forms, and electronic medical records [EMRs], etc.) used at the health facility, who introduced them, and the type of information captured.

- **Information systems mapping**. It lists the information systems and data transmission tools that exist at each level of the health system, who introduced them, and the type of data reported. Thus, it identifies redundancies, workload, and levels of fragmentation and integration.

- **Information flow**. It illustrates how and when information flows among different levels of the health system, their overlap, and the burden of information and work.

Data Collection Methods

The RHIS Overview Tool is primarily used at the national level to get an overall picture of the RHIS and the integration or fragmentation of the information system. The tool can be completed through a review of RHIS standard operating procedures (SOPs) and by conducting a group discussion with the RHIS unit and health program staff at the national level. It can also be used at the subnational level, by engaging the regional and district program and planning staff in the group discussion. The information collected at the national/regional level should be verified, by using the tool during health facility and district health office visits.

RHIS Overview Tool

SURVEY FACILITATOR		
RHIS_101	Survey date	
RHIS_102	Facilitator name	
RHIS_103	Facilitator code *Enter your 2-character identifier.*	☐☐
RHIS_104	Type of facility *(Country-specific: adapt to the local country context and health system structure)*	1. National referral hospital 2. District/provincial hospital 3. Health center 4. Health clinic 5. Health post 6. District health office 7. Regional/provincial health office 8. Central ministry of health (MOH)
UNIT IDENTIFICATION **[Valid for facility types 6-8]**		
RHIS_105h	Central/region/state/province *Enter the alphanumeric code that identifies this level.*	☐☐
RHIS_106h	District *Enter the alphanumeric code that identifies this district.* [Valid when type of facility is 6]	☐☐
RHIS_108h	Unit name	
RHIS_109h	Location of the unit (Town/city/village)	
RHIS_110h	Office(s) visited <u>Note</u>: *It could be one or more offices from which information is collected. Please list them here.*	_____ _____ _____
FACILITY IDENTIFICATION **[Valid for facility types 1-5]**		
RHIS_105f	Region/state/province *Enter the alphanumeric code that identifies this level.*	☐☐

RHIS_106f	District *Enter the alphanumeric code that identifies this district.*	▢▢
RHIS_107f	Health facility number *Enter a 5-digit unit number. Include leading zeros.*	▢▢▢▢▢
RHIS_108f	Health facility name	
RHIS_109f	Location of the unit (Town/city/village)	
RHIS_111f	Urban/rural	1. Urban 2. Rural
RHIS_112f	Managing authority	1. Government/public 2. Nongovernmental organization (NGO)/ not-for-profit 3. Private-for-profit 4. Mission/faith-based/community-based organization (CBO) 96. Other (specify) _____
RHIS_113	Survey start time (Use the 24-hour clock system, e.g., 14:30)	▢▢ : ▢▢

To complete the tables in Section 1 and Section 2:

1. Ask for copies of the data recording tools or check if the procedures manual lists all data recording tools that are used.
2. At the top of each column, list all existing data recording tools (e.g., patient registers, forms, electronic medical records, etc.) in S1_01 for paper-based tools and in S2_01 for electronic tools.
3. Verify if a given recording tool includes the listed type of service or disease information, and mark an "x" in the corresponding row for S1_02/S2_02.
4. Indicate which organization introduced the recording form and mark an "x" in the corresponding row for S1_03/S2_03.

If there are no paper-based recording tools, leave Section 1 blank.
If there are no electronic recording tools, leave Section 2 blank.

SECTION 1. PAPER-BASED DATA RECORDING TOOLS

S1_02. Purpose (type of information recorded)	S1_01. Name of the register/form													
1. General outpatient department (OPD) services														
2. Inpatient services														
3. Immunization services														
4. Family planning (FP) services														
5. Maternal health services														
6. Child health services														
7. Tuberculosis (TB)														
8. HIV/AIDS														
9. Malaria														
10. Other specific disease(s)														
11. Nutrition services														
12. Notifiable diseases/ integrated disease surveillance and response (IDSR)														
13. Financial information														
14. Medicines, vaccines, contraceptive stock/supply														
15. Human resources (HR)														
16. Equipment														
17. Capital assets														
18. Vital events														
96. Other (specify) _____														

SECTION 1. PAPER-BASED DATA RECORDING TOOLS

S1_03. Primary organization that introduced the register/form	S1_01. Name of the register/form													
1. MOH (standardized national health information system [HIS] tool)														
2. MOH (program specific - name) _____														
3. United Nations (UN) agency (name) _____														
4. Regional/state government														
5. Other partner/donor (name) _____														
6. Locally customized/developed														
96. Other (specify) _____														

SECTION 2. ELECTRONIC DATA RECORDING TOOLS AT FACILITY LEVEL

Information and communication technology (ICT) applications/software used for data recording (e.g., Excel, Access, EMR, DHIS 2, geographic information system [GIS], other software) **S2_02. Purpose (type of information recorded)**	**S2_01. Name of the electronic system**												
1. General OPD services													
2. Inpatient services													
3. Immunization services													
4. FP services													
5. Maternal health services													
6. Child health services													
7. TB													
8. HIV/AIDS													
9. Malaria													
10. Other specific disease(s)													
11. Nutrition services													
12. Notifiable diseases/IDSR													
13. Financial information													
14. Medicines, vaccines, contraceptive stock/supply													
15. HR													
16. Equipment													
17. Capital assets													
18. Vital events													
96. Other (specify) _____													

SECTION 2. ELECTRONIC DATA RECORDING TOOLS AT FACILITY LEVEL														
S2_03. Primary organization that introduced the register/form	**S2_01. Name of the electronic system**													
1. MOH (standardized national HIS tool)														
2. MOH (program specific - name) _____														
3. UN agency (name) _____														
4. Regional/state government														
5. Other partner/donor (name) _____														
6. Locally customized/developed														
96. Other (specify) _____														

To complete the mapping sheet:

1. List all the reporting forms in S3_01.
2. Specify if the reports are paper-based, electronic, or both by marking P, E, or B in each column for S3_02.
3. For electronic forms, mention what type in the appropriate columns for S3_03.
4. Verify if a given reporting form includes the listed type of service or disease information, and mark an "x" in the corresponding column for S3_04.
5. Indicate which organization introduced the reporting form and mark an "x" in the corresponding column for S3_05.

SECTION 3. INFORMATION MAPPING SHEET

S3_01. Name of the report generated by community/ health facility/ district														
S3_02. Paper-based, electronic, or both? *(Mark P, E, or B)*														
S3_03. If electronic, type of electronic system (Excel, Access, DHIS 2, GIS, other software)														
S3_04. Type of data reported														
1. General OPD services														
2. Inpatient services														
3. Immunization services														
4. FP services														
5. Maternal health services														
6. Child health services														
7. TB														
8. HIV/AIDS														
9. Malaria														
10. Other specific disease(s)														
11. Nutrition services														
12. Notifiable diseases/IDSR														
13. Financial information														

SECTION 3. INFORMATION MAPPING SHEET

S3_01. Name of the report generated by community/ health facility/ district															
14. Medicines, vaccines, contraceptive stock/supply															
15. HR															
16. Equipment															
17. Capital assets															
18. Vital events															
96. Other (specify) _____															
S3_05. Primary organization that introduced the report															
1. MOH (standardized national HIS tool)															
2. MOH (program specific - name) _____															
3. UN agency (name) _____															
4. Regional/state government															
5. Other partner/donor (name) _____															
6. Locally customized/developed															
96. Other (specify) _____															

SECTION 4. INFORMATION FLOW SHEET

S4_01. Name of the report generated by the community/ health facility/ district	S4_02. Paper-based, electronic, or both *(Mark P, E or B)*	S4_03. If electronic, type of electronic system (Excel, Access, DHIS 2, GIS, other software)	S4_04. Where the report is sent to															

RHIS_114	Survey end time (Use the 24-hour clock system, e.g., 14:30)	:		

MODULE 2A. RHIS PERFORMANCE DIAGNOSTIC TOOL: DISTRICT LEVEL

Purpose

1. Identify RHIS data quality, gender-disaggregated data, and information use issues.

2. Quantify the levels of data quality (accuracy, reporting timeliness, and completeness) and information use status (access to RHIS data, existence of analyzed data, and use of RHIS data for monitoring and planning).

3. Identify issues/problems with data processing and processes for information use.

Summary of Information Collected Using the RHIS Performance Diagnostic Tool at the District Level

Measuring Data Quality

Through an analysis of program indicators, the RHIS Performance Diagnostic Tool quantifies the status of data availability, completeness, timeliness, and accuracy, and thus provides valuable information on the adequacy of health facility and district data to support planning and monitoring. The data quality assessment section of this tool is aligned with the data verification aspect of the Data Quality Review (DQR) Tool.[1] The RHIS Performance Diagnostic Tool has the following core recommended indicators to assess data quality:

- **Maternal health**: Antenatal care first visit (ANC 1)
- **Immunization**: Diphtheria-tetanus-pertussis vaccine third dose (DTP3) or Pentavalent third dose (Penta3) in children under one year of age
- **HIV**: Clients currently on antiretroviral therapy (ART)
- **Tuberculosis**: TB cases notified (all types)
- **Malaria**: Confirmed malaria cases treated

At the district level, the RHIS Performance Diagnostic Tool compares reported data and the value entered in the district database for the same indicators and reporting period examined at the facility level.

Measuring Information Use

The RHIS Performance Diagnostic Tool also measures the continuous use of information to guide day-to-day operations, track performance, learn from past results, and improve service delivery. The tool focuses on the use of RHIS data for analytic report production, discussion, decision/action, target setting, planning, and monitoring.

Assessing RHIS Data Management Processes

Throughout different sections, this tool assesses various aspects of RHIS data management processes, including:

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[1] World Health Organization (WHO). (2017). Data quality review toolkit. Retrieved from http://www.who.int/healthinfo/tools_data_analysis/dqr_modules/en/

- **Data processing, analysis, and presentation**: the availability of a copy of RHIS data management guidelines; use of standardized RHIS data collection and reporting tools; evidence of data analysis; and visual representation of data.
- **Data quality check**: presence of data quality assurance guidelines and tools; clearly assigned roles and responsibilities for data entry and review; and regular internal data quality checks conducted by the district.
- **Feedback**: existence of formal feedback loops to the staff collecting the data; regular written feedback sent to health facilities on their performance and the quality of reported data.
- **Performance monitoring and planning:** decisions and actions taken based on performance monitoring meetings (e.g., discussing key performance targets); comparisons of district data over time and with national targets; annual planning.

Data Collection Methods

- Key informant interviews (district manager and district data officer, or those responsible for the compilation, reporting, and analysis of data)

- Document review and observation (RHIS reports, electronic database, planning documents, meeting minutes, feedback reports/notes, guidelines)

RHIS Performance Diagnostic Tool: District Level

SURVEY FACILITATOR		
DQ_101	Survey date	
DQ_102	Facilitator name	
DQ_103	Facilitator code *Enter your 2-character identifier.*	

DISTRICT LEVEL UNIT IDENTIFICATION		
DQ_104	Region/state/province *Enter the alphanumeric code that identifies this level.*	
DQ_105	District *Enter the alphanumeric code that identifies this district.*	
DQ_106	District name	
DQ_107	Name of district office(s) visited <u>Note</u>: *It could be one or more offices from which information is collected. Please list them here.*	_____ _____ _____
DQ_108	Location of the district or district unit (Town/city/village)	

INFORMED CONSENT

READ THE FOLLOWING TEXT TO THE DISTRICT MANAGER OR THE HEAD OF THE DISTRICT UNIT:

Good day! My name is _____. We are here on behalf of [*IMPLEMENTING AGENCY*] conducting a survey of district health offices to help the government know more about the performance of the routine health information system in [*COUNTRY*].

Your district was randomly selected to participate in this study. We will be asking you questions about various health services and routine reporting. This information may be used by [*MOH AND/OR IMPLEMENTING AGENCY*], organizations supporting health services, and researchers, to plan service improvements or to conduct more studies of health services.

Neither your name nor the names of any other respondent participating in this study will be included in the data set or in any report. However, there is a small chance that any of these respondents may be identified later. Nevertheless, we are asking your help to ensure that the information we collect is accurate.

You may refuse to answer any question or choose to stop the interview at any time. However, we hope you will answer all of the questions, which will benefit the clients you serve and the nation.

If there are questions that would be more accurately answered by someone better informed of any specifics we ask about, we would appreciate if you would introduce us to that person to help us collect any missing or incomplete information.

At this point, do you have any questions about the study? Do I have your agreement to proceed? _____ INTERVIEWER'S SIGNATURE INDICATING CONSENT OBTAINED		_____ / _____ / _____ DAY MONTH YEAR
DQ_109	May I begin the interview?	1. Yes 2. No ➜ **End survey**
DQ_110	Survey start time (Use the 24-hour clock system, e.g., 14:30)	☐☐ : ☐☐

Part 1. Data Quality: District Assessment Form

ASSESSMENT REVIEW MONTHS	
Enter the three review months that will be used during this assessment.	
Month 1	☐☐☐☐☐☐ MONTH YEAR
Month 2	☐☐☐☐☐☐ MONTH YEAR
Month 3	☐☐☐☐☐☐ MONTH YEAR

RESOURCES FOR DATA ASSESSMENT			
DQ_010	Does the district have a designated person responsible for entering data/compiling reports from health facilities?	1. Yes 2. No	
DQ_011	Does the district have a designated person to review the quality of compiled data prior to submission to the next level, e.g., to regional/provincial offices, to the central health management information system (HMIS)?	1. Yes 2. Partly (the data are reviewed but no one is designated with the responsibility) 3. Not at all	
DQ_012	Does the district have written guidelines for: **(OBSERVE)**		
	A. Data entry/compilation	1. Yes	2. No
	B. Data review and quality control	1. Yes	2. No
DQ_013	Are designated staff trained on:		

	A. Data entry/compilation	1. Yes (staff have received training in the past two years) 2. Mostly (all staff have received training but not in the past two years) 3. Partly (some staff have received training) 4. Not at all
	B. Data review and quality control	1. Yes (staff have received training in the past two years) 2. Mostly (all staff have received training but not in the past two years) 3. Partly (some staff have received training) 4. Not at all

COMPLETENESS OF HEALTH FACILITIES REPORTING TO DISTRICT

DQ_014	Does the district keep copies of monthly RHIS reports (paper-based or electronic) sent by the health facilities? **(CHECK THE REPORTS FROM MONTH 1 TO MONTH 3)**	1. Yes, paper-based copies only 2. Yes, electronic copies only 3. Yes, both paper-based and electronic copies (all health facilities submit both types of reports) 4. Yes, mixed (some health facilities submit paper-based reports; others submit electronic reports) 5. No
DQ_015	How many health facilities in the district are supposed to submit the monthly RHIS report to the district and by what method? **(FOR DQ_015 and DQ_016 A-C, SPECIFY THE FACILITY TYPE ACCORDING TO THE STRUCTURE OF THE COUNTRY'S HEALTH SYSTEM)**	

Health facility type	A. Paper-based report only	B. Electronic report only	C. Both paper and electronic reports
1. Hospitals			
2. Health centers/clinics			
3. Health posts/community-level facilities			
4. Private clinics (all types)			

DQ_016	**How many health facilities in the district actually submitted monthly RHIS reports for the following months?**

(CHECK THE MONTHLY RHIS REPORTS SUBMITTED BY THE HEALTH FACILITIES DURING THE REVIEW PERIOD)

A. Month 1 _____ year_____

Health facility type	A. Paper-based report only	B. Electronic report only	C. Both paper and electronic reports
1. Hospitals			
2. Health centers/clinics			
3. Health posts/community-level facilities			
4. Private clinics (all types)			

B. Month 2 _____ year_____

Health facility type	A. Paper-based report only	B. Electronic report only	C. Both paper and electronic reports
1. Hospitals			
2. Health centers/clinics			
3. Health posts/community-level facilities			
4. Private clinics (all types)			

C. Month 3 _____ year_____

Health facility type	A. Paper-based report only	B. Electronic report only	C. Both paper and electronic reports
1. Hospitals			
2. Health centers/clinics			
3. Health posts/community-level facilities			
4. Private clinics (all types)			

DQ_017	If health facilities are not submitting monthly RHIS reports, what are the possible reasons for this?	1. Storage or archiving problems 2. Staffing issues 3. Absence of reporting forms 4. Transportation issues 5. Internet connectivity issues 6. Presence of other vertical reporting requirements 96. Other (specify) _____

REPORT TIMELINESS		
DQ_018	1. Is there a deadline for submission of the monthly RHIS report by the health facilities?	1. Yes 2. No → **Go to DQ_021**
	2. If yes, what is the deadline? Reporting deadline: _____	
DQ_019	Does the district office record receipt dates of monthly RHIS reports? **(CONSULT REGISTER/COMPUTER)**	1. Yes 2. No → **Go to DQ_021**
DQ_020	If yes, how many reports were received on time (before or on the deadline)? **(CHECK THE RECEIPT DATES FOR THE THREE REVIEW MONTHS)**		

Health facility type	A. Month 1	B. Month 2	C. Month 3
1. Hospitals			
2. Health centers/clinics			
3. Health posts/community-level facilities			
4. Private clinics (all types)			

DQ_021	Does the district office keep a record of its submission of monthly aggregated RHIS reports to regional and/or national offices? **(CONSULT REGISTER/COMPUTER)**	1. Yes 2. No → **Go to DQ_023**
DQ_022	If yes, are monthly RHIS reports submitted on time to _____? **(IN THE SPACE ABOVE, SPECIFY THE NEXT REPORTING LEVEL[S] ACCORDING TO THE EXISTING NATIONAL REPORTING PROTOCOL)** **(CHECK THE SUBMISSION DATES OF THE AGGREGATE RHIS REPORTS FOR THE THREE REVIEW MONTHS)**	

A. Month 1	B. Month 2	C. Month 3
1. Yes	1. Yes	1. Yes
2. No	2. No	2. No

REPORTED DATA COMPLETENESS ON SELECTED INDICATORS

Please answer the following questions for each of the selected indicators.

DQ_023	How many facilities were expected to report on the selected indicators?

Indicators	A. Month 1	B. Month 2	C. Month 3
1. Number of ANC1 visits			
2. Number of DTP3 (Penta3) in children under one			
3. Number of clients currently on ART			
4. Number of TB cases notified (all types)			
5. Number of confirmed malaria cases treated			

DQ_024

(CONSULT REGISTER/COMPUTER)

A. Month 1 _____ year_____

Quarter for TB _____year _____

Indicators	A. How many facilities actually reported on the selected indicators?	B. How many reports were complete (meaning that the report contains the data relevant to the selected indicators)?
1. Number of ANC1 visits		
2. Number of DTP3 (Penta3) in children under one		
3. Number of clients currently on ART		
4. Number of TB cases notified (all types)-Quarter		
5. Number of confirmed malaria cases treated		

B. Month 2 _____ year_____

Indicators	A. How many facilities actually reported on the selected indicators?	B. How many reports were complete (meaning that the report contains the data relevant to the selected indicators)?
1. Number of ANC1 visits		
2. Number of DTP3 (Penta3) in children under one		
3. Number of clients currently on ART		
4. Number of TB cases notified (all types)	(NA)	(NA)
5. Number of confirmed malaria cases treated		

C. Month 3 _____ year_____

Indicators	A. How many facilities actually reported on the selected indicators?	B. How many reports were complete (meaning that the report contains the data relevant to the selected indicators)?
1. Number of ANC1 visits		
2. Number of DTP3 (Penta3) in children under one		
3. Number of clients currently on ART		
4. Number of TB cases notified (all types)	(NA)	(NA)
5. Number of confirmed malaria cases treated		

DQ_025	If any monthly RHIS reports were not complete, what are the possible reasons for the missing data?	1. Staffing issues 2. Not understanding the data element(s) 3. Presence of other vertical reporting requirements 96. Other (specify) _____

DATA ACCURACY

Manually count the reported figures for the following indicators from the RHIS monthly reports that are submitted by the health facilities for the three review months. Compare the figures with the aggregated RHIS reports, either electronic or paper-based, that are submitted by the district to regional/national offices.

DQ_026	Month 1: _____ Indicators	A. Manual count from the source documents, i.e., facility reports (if none, enter 0; if missing or not applicable, leave blank)	B. Reported data from district's electronic database or paper-based reports submitted by the district, as applicable (if missing or not available, leave blank)	C. Reason for observed discrepancy (if A ≠ B) 1. Data entry errors 2. Arithmetic errors 3. Information from submitted reports not compiled correctly 4. Monthly reports not available 96. Other (specify) _____
	1. Number of ANC1 visits			
	2. Number of DTP3 (Penta3) in children under one			
	3. Number of clients currently on ART			

		A. Manual count from the source documents, i.e., facility reports (if none, enter 0; if missing or not applicable, leave blank)	B. Reported data from district's electronic database or paper-based reports submitted by the district, as applicable (if missing or not available, leave blank)	C. Reason for observed discrepancy (if A ≠ B)
	4. Number of TB cases notified (all types)(Months 1–3 or quarter)			
	5. Number of confirmed malaria cases treated			
DQ_027	**Month 2: _____** **Indicators**	**A. Manual count from the source documents, i.e., facility reports** (if none, enter 0; if missing or not applicable, leave blank)	**B. Reported data from district's electronic database or paper-based reports submitted by the district, as applicable** (if missing or not available, leave blank)	**C. Reason for observed discrepancy (if A ≠ B)** 1. Data entry errors 2. Arithmetic errors 3. Information from submitted reports not compiled correctly 4. Monthly reports not available 96. Other (specify) _____
	1. Number of ANC1 visits			
	2. Number of DTP3 (Penta3) in children under one			
	3. Number of clients currently on ART			
	4. Number of TB cases notified (all types)	(NA)	(NA)	(NA)
	5. Number of confirmed malaria cases treated			
DQ_028	**Month 3: _____** **Indicators**	**A. Manual count from the source documents, i.e., facility reports** (if none, enter 0; if missing or not applicable, leave blank)	**B. Reported data from district's electronic database or paper-based reports submitted by the district, as applicable** (if missing or not available, leave blank)	**C. Reason for observed discrepancy (if A ≠ B)** 1. Data entry errors 2. Arithmetic errors 3. Information from submitted reports not compiled correctly 4. Monthly reports not available 96. Other (specify) _____
	1. Number of ANC1 visits			
	2. Number of DTP3 (Penta3) in children under one			
	3. Number of clients currently on ART			

4. Number of TB cases notified (all types)	(NA)	(NA)	(NA)	
5. Number of confirmed malaria cases treated				

DATA QUALITY ASSESSMENT MECHANISMS

DQ_029	Does the district have written guidelines on routine health data quality assessment/assurance? **(OBSERVE)**	1. Yes, observed 2. No
DQ_030	Does the district conduct data quality assessments at health facilities?	1. Yes 2. No → **Go to DQ_034**
DQ_031	If yes, does the district use data quality assessment tools (e.g., lot quality assurance sampling [LQAS], routine data quality assessment [RDQA], in-built electronic data quality validation rules/system)? **(OBSERVE)**	1. Yes, observed 2. No
DQ_032	Does the district maintain a record of health facility data quality assessments conducted in the past 12 months? **(OBSERVE)**	1. Yes, observed 2. No
DQ_033	Does the district maintain a record of feedback to health facilities on data quality assessment findings? **(OBSERVE)**	1. Yes, observed 2. No

DATA PROCESSING AND ANALYSIS

DQ_034	Does the district use an electronic database/system to enter and analyze routine health data?	1. Yes 2. No → **Go to DQ_036**
DQ_035	If yes, indicate the type of electronic system used for routine data entry and analysis	

Electronic system	A. For data entry		B. For data analysis	
	1. Yes	2. No	1. Yes	2. No
1. National open-source data processing system (e.g., DHIS 2)				
2. National proprietary software				
3. Excel-based spreadsheet				
4. Access-based data processing module				
96. Other (specify) _____				

DQ_036	**Ask relevant staff in the district office to show up-to-date (i.e., not more than one year old) reports, documents, and/or displays that contain the following information. Record the observations accordingly.**	
	A. Aggregated/summary RHIS report within the past three months. **(OBSERVE)**	1. Yes, observed 2. No

	B. Demographic data on the catchment population of the district for calculating coverages. **(OBSERVE)**	1. Yes, observed 2. No
	C. Indicators (e.g., Penta3 coverage) calculated for each facility catchment area in the district within the past three months. **(OBSERVE)**	1. Yes, observed 2. No
	D. Comparisons among facilities in the district (e.g., for Penta3 coverage). **(OBSERVE)**	1. Yes, observed 2. No
	E. Comparisons with district/national targets. **(OBSERVE)**	1. Yes, observed 2. No
	F. Comparisons of data over time (monitoring trends) (e.g., for antenatal care [ANC], Penta3, etc.). **(OBSERVE)**	1. Yes, observed 2. No
	G. Comparisons of sex-disaggregated data (e.g., for Penta3, HIV testing, provider-initiated counseling and testing [PICT], etc.). **(OBSERVE)**	1. Yes, observed 2. No
	H. Comparisons of service coverage (e.g. ANC, tetanus-toxoid [TT] immunization, skilled birth attendance [SBA], etc.). **(OBSERVE)**	1. Yes, observed 2. No

Part 2. Use of Information: District Assessment Form

INFORMATION USE GUIDELINES AND STRATEGIC DOCUMENTS		
DU_001	Are there any written guidelines on RHIS information display, use, and feedback? **(OBSERVE)**	1. Yes, copy available at the district office 2. Yes, but copy not available at the district office 3. No
DU_002	Does the district office have copies of the national RHIS strategic plans, district annual plans, and/or district performance targets? **(OBSERVE)**	1. Yes, copy available at the district office 2. Yes, but copy not available at the district office 3. No

DATA VISUALIZATION		
DU_003	Does the district office prepare data visuals (graphs, tables, maps, etc.) showing achievements toward targets (indicators, geographic and/or temporal trends, and situation data)? **(OBSERVE)**	1. Yes, paper or electronic copies of data visuals observed at the district offices 2. No → **Go to DU_005**
DU_004	If *yes*, what type of information is captured in the data visuals?	
	1. Maternal health care **(OBSERVE)**	1. Yes, observed 2. No
	2. Neonate and child health care (other than the Expanded Program on Immunization [EPI]) **(OBSERVE)**	1. Yes, observed 2. No
	3. Top causes of morbidity and mortality **(OBSERVE)**	1. Yes, observed 2. No
	96. Other (specify) _____	1. Yes, observed 2. No

RHIS ANALYTIC REPORT PRODUCTION		
DU_005	Does the district have access to analyzed RHIS data (e.g., summary tables, charts, maps)? **(OBSERVE)**	1. Yes, observed paper-based 2. Yes, observed electronic 3. No
DU_006	Does the district office produce any report or bulletin (annual, quarterly, etc.) based on an analysis of RHIS data? **(OBSERVE)** (Excluding the monthly summary/aggregate reports submitted to the higher level)	1. Yes, observed 2. No → **Go to DU_009**
DU_007	If yes, list the reports and indicate the frequency of the reports and number of times the reports were actually issued in the past 12 months.		

	A. Title of the report	B. Number of times this report is supposed to be issued per year	C. Number of times this report was actually issued in the past 12 months	D. Target audience of the report (e.g., MOH, civil administration, parliament, community forums, general population)
01				
02				
03				

DU_008	Do any of these reports and/or bulletins contain discussions and decisions/recommendations based on key performance targets and based on RHIS data? Such as:	
	1. Coverage of service such as ANC, delivery, EPI, or TB	1. Yes 2. No
	2. Hospital/health center performance indicators	1. Yes 2. No
	3. Disease data (e.g., top ten diseases)	1. Yes 2. No
	4. Identification of emerging issues/epidemics	1. Yes 2. No
	5. Medicine stockout	1. Yes 2. No
	6. Human resource management	1. Yes 2. No
	7. Sex-disaggregated data	1. Yes 2. No

	FEEDBACK TO HEALTH FACILITIES	
DU_009	Did the district send feedback reports using RHIS information to health facilities in the past three months? **(OBSERVE THE REPORT AND CHECK THE DATE)**	1. Yes, observed 2. No **→ Go to DU_011**
DU_010	If yes, indicate the types of feedback reports:	
	1. Feedback on data quality (including data accuracy, reporting timeliness, and/or report completeness) **(OBSERVE)**	1. Yes, observed 2. No
	2. Feedback on service performance based on reported RHIS data (e.g., appreciation/acknowledgement of good performance; resource allocation/mobilization) **(OBSERVE)**	1. Yes, observed 2. No

	ROUTINE DECISION-MAKING FORUMS AND PROCESSES AT THE DISTRICT OFFICE	
DU_011	Does the district have a performance monitoring or management team?	1. Yes 2. No
DU_012	Does the district have routine team meetings to discuss performance monitoring and management?	1. Yes 2. No **→ Go to DU_020**
DU_013	If yes, how often are the performance review/management meetings supposed to take place?	1. Weekly 2. Monthly 3. Quarterly 4. Biannually 5. Annually 6. No schedule
DU_014	How many times did the performance monitoring/ management meetings take place during the past three months?	1. More than four times 2. Four times 3. Three times 4. Two times 5. One time 6. Not once
DU_015	Were minutes of the performance monitoring/management meetings maintained for the three review months from _____ to _____? **(OBSERVE)**	1. Yes 2. No **→ Go to DU_020**

DU_016	If *yes*, please check the performance monitoring/management meeting records for the review months and see if the following topics were discussed.	
A	Did they have any discussions on RHIS management, such as data quality, completeness, or timeliness of reporting?	1. Yes 2. No → **Go to DU_016D**
B	If *yes*, have they made any decisions based on the discussions of RHIS-related issues (including no interventions required at this time)?	1. Yes 2. No → **Go to DU_016D**
C	If *yes*, has any follow-up action taken place on the decisions made during the previous meetings on RHIS-related issues (e.g., referring RHIS-related issues/problems for solution to the higher level)?	1. Yes 2. No
D	Were discussions held to review key performance targets (tracking progress against targets) based on RHIS data? Such as:	

D	1. Coverage of services like ANC, delivery, EPI, or TB	1. Yes 2. No	
	2. Hospital/health center performance indicators	1. Yes 2. No	
	3. Disease data (e.g., top ten diseases)	1. Yes 2. No	
	4. Identification of emerging issues/epidemics	1. Yes 2. No	→ **Go to DU_018** (if all are No)
	5. Medicine stockouts	1. Yes 2. No	
	6. Human resource management	1. Yes 2. No	
	7. Sex-disaggregated data	1. Yes 2. No	

E	If yes, pick one discussion topic for which performance was reviewed using RHIS data. Record the decisions and the follow-on discussion on that topic in the subsequent meeting minutes. Use this section to prepare a qualitative report on instances of RHIS information use.
	_____ _____ _____ _____ _____ _____ _____

DU_017	Were any decisions made based on the discussion of the district and/or health facility's performance? Such as:		
	1. Formulation of plans	1. Yes	2. No
	2. Budget preparation	1. Yes	2. No
	3. Budget reallocation	1. Yes	2. No
	4. Medicine supply and drug management	1. Yes	2. No
	5. Human resource management (training, reallocation, etc.)	1. Yes	2. No
	6. Advocacy for policy, programmatic, or strategic decisions from the higher level	1. Yes	2. No
	7. Health services (preventive, promotive, clinical, rehabilitative) planning	1. Yes	2. No
	8. Promotion of service quality/improvement	1. Yes	2. No
	9. Reducing the gender gap in the provision of health services	1. Yes	2. No
	10. Involvement of the community and local government	1. Yes	2. No
	11. No action required at this time	1. Yes	2. No
DU_018	Were the performance review/management meeting minutes circulated to all members?	1. Yes 2. No	
DU_019	Did the head of the district health office attend any of the performance review/management meetings?	1. Yes 2. No	

ANNUAL PLANNING

DU_020	Does the district have an annual plan for the current year?	1. Yes 2. No → **Go to DU_023**
DU_021	If yes, does that annual plan use data from the RHIS for problem identification and/or target setting?	1. Yes 2. No → **Go to DU_023**
DU_022	If yes, does the annual plan contain activities and/or targets related to improving or addressing any of the following?	

	1. Coverage of service like ANC, delivery, EPI, or TB	1. Yes	2. No
	2. Hospital/health center performance	1. Yes	2. No
	3. Diseases, e.g., top ten diseases	1. Yes	2. No
	4. Emerging issues/epidemics	1. Yes	2. No
	5. Medicine stockouts	1. Yes	2. No
	6. Human resource management	1. Yes	2. No
	7. Gender disparity in health services coverage	1. Yes	2. No

DATA DISSEMINATION OUTSIDE THE HEALTH SECTOR

DU_023	Does the district have to submit/present health sector performance reports to a district council/district administration?	1. Yes 2. No → **Go to DU_026**
DU_024	If yes, did the district submit/present health sector performance reports to a district council/district administration in the past one year?	1. Yes 2. No
DU_025	Do those reports/presentations use data from the RHIS to assess the health sector's progress?	1. Yes 2. No
DU_026	Is there a website updated at least annually for accessing the district's RHIS data by the general public?	1. Yes 2. No
DU_027	Are district performance data shared with the general public via bulletin boards, chalkboards, and/or local publications?	1. Yes 2. No

DQ_111	Survey end time (Use the 24-hour clock system, e.g., 14:30)	☐☐ : ☐☐

MODULE 2B. RHIS PERFORMANCE DIAGNOSTIC TOOL: HEALTH FACILITY LEVEL

Purpose

1. Identify RHIS data quality, gender-disaggregated data, and information use issues.

2. Quantify the levels of data quality (accuracy, reporting timeliness, and completeness) and information use status (access to RHIS data, existence of analyzed data, and use of RHIS data for monitoring and planning).

3. Identify issues/problems with data processing and processes for information use.

Summary of Information Collected Using the RHIS Performance Diagnostic Tool at the Health Facility Level

Measuring Data Quality

Through an analysis of program indicators, the RHIS Performance Diagnostic Tool quantifies the status of data completeness, timeliness, and accuracy, and thus provides valuable information on the adequacy of health facility data to support planning and monitoring. The data quality assessment section of this tool is aligned with the data verification aspect of the DQR Tool.[2] The RHIS Performance Diagnostic Tool has the following core recommended indicators to assess data quality:

- **Maternal health**: Antenatal care first visit (ANC 1)
- **Immunization**: Diphtheria-tetanus-pertussis vaccine third dose (DTP3) or Pentavalent third dose (Penta3) in children under one year of age
- **HIV**: Clients currently on antiretroviral therapy (ART)
- **Tuberculosis**: TB cases notified (all types)
- **Malaria**: Confirmed malaria cases treated

At the facility level, the RHIS Performance Diagnostic Tool compares the reported value of an indicator for a selected reporting period to recorded data by reviewing the source document for the same facility and period. The result is an estimate of the accuracy of reporting for the indicators in question for the whole program.

Measuring Information Use

The RHIS Performance Diagnostic Tool also measures the continuous use of information to guide day-to-day operations, track performance, learn from past results, and improve service delivery. The tool focuses on the use of RHIS data for analytic report production, discussion, decision/action, target setting, planning, and monitoring.

Assessing RHIS Data Management Processes

Throughout different sections, this tool assesses various aspects of RHIS data management processes, including:

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[2] World Health Organization (WHO). (2017). Data quality review toolkit. Retrieved from http://www.who.int/healthinfo/tools_data_analysis/dqr_modules/en/

- **Data processing, analysis, and presentation**: the availability of a copy of RHIS data management guidelines; use of standardized RHIS data collection and reporting tools; evidence of data analysis; and visual representation of data.
- **Data quality check**: presence of data quality assurance guidelines and tools; clearly assigned roles and responsibilities for data entry and review; and regular internal data quality checks conducted by the health facility.
- **Supervision quality**: supervision frequency; checking data quality; using data for discussion; helping in decision making; and supervisory feedback.

Data Collection Methods

- Key informant interviews (health facility in-charge and data manager, or those responsible for compilation, reporting, and analysis of data)

- Document review and observation (RHIS recording tools/source documents, RHIS reports, electronic database, planning documents, meeting minutes, feedback reports/notes, guidelines)

RHIS Performance Diagnostic Tool: Health Facility Level

SURVEY FACILITATOR		
FQ_101	Survey date	
FQ_102	Facilitator name	
FQ_103	Facilitator code *Enter your 2-character identifier.*	☐☐
FACILITY IDENTIFICATION		
FQ_104	Region/state/province *Enter the alphanumeric code that identifies this level.*	☐☐
FQ_105	District *Enter the alphanumeric code that identifies this district.*	☐☐
FQ_106	Health facility number *Enter a 5-digit unit number. Include leading zeros.*	☐☐☐☐☐
FQ_107	Health facility name	
FQ_108	Location of the health facility (Town/city/village)	
FQ_109	Type of health facility *(Country-specific: adapt to the local country context and health system structure)*	1. National referral hospital 2. District/provincial hospital 3. Health center 4. Health clinic 5. Health post
FQ_110	Urban/rural	1. Urban 2. Rural
FQ_111	Managing authority	1. Government/public 2. NGO/not-for-profit 3. Private-for-profit 4. Mission/faith-based/CBO 96. Other (specify) _____

INFORMED CONSENT

READ THE FOLLOWING TEXT TO THE MANAGER, THE PERSON IN CHARGE OF THE FACILITY, OR THE MOST SENIOR HEALTH WORKER RESPONSIBLE FOR OUTPATIENT SERVICES WHO IS PRESENT AT THE FACILITY:

Good day! My name is _____. We are here on behalf of [*IMPLEMENTING AGENCY*] conducting a survey of health facilities to help the government know more about the performance of the routine health information system in [*COUNTRY*].

Your health facility was randomly selected to participate in this study. We will be asking you questions about various health services and routine reporting. This information may be used by [*MOH AND/OR IMPLEMENTING AGENCY*], organizations supporting health services, and researchers, to plan service improvements or to conduct more studies of health services.

Neither your name nor the names of any other respondent participating in this study will be included in the data set or in any report. However, there is a small chance that any of these respondents may be identified later. Nevertheless, we are asking your help to ensure that the information we collect is accurate.

You may refuse to answer any question or choose to stop the interview at any time. However, we hope you will answer all of the questions, which will benefit the clients you serve and the nation.

If there are questions that would be more accurately answered by someone better informed of any specifics we ask about, we would appreciate if you would introduce us to that person to help us collect any missing or incomplete information.

At this point, do you have any questions about the study? Do I have your agreement to proceed?

_____   _____ / _____ / _____

INTERVIEWER'S SIGNATURE INDICATING CONSENT OBTAINED   DAY   MONTH   YEAR

FQ_112	May I begin the interview?	1. Yes 2. No → **End survey**
FQ_113	Survey start time (Use the 24-hour clock system, e.g., 14:30)	☐☐ : ☐☐

Part I. Data Quality: Health Facility Assessment Form

ASSESSMENT REVIEW MONTHS	
Enter the three review months that will be used during this assessment.	
Month 1	MONTH YEAR
Month 2	MONTH YEAR
Month 3	MONTH YEAR

RESOURCES FOR DATA ASSESSMENT		
FQ_011	Is there a designated person to enter data/compile reports from the different units in the health facility?	1. Yes 2. No
FQ_012	Is there a designated person to review the quality of compiled data prior to submission to the next level, e.g., to districts, to regional offices, to the central HMIS, etc.?	1. Yes 2. Partly (the data are reviewed but no one is designated with the responsibility) 3. Not at all
FQ_013	Are designated staff trained in:	
	A. Data entry/compilation?	1. Yes (staff have received training in the past two years) 2. Mostly (all staff have received training but not in the past two years) 3. Partly (some staff have received training) 4. Not at all
	B. Data quality review or data quality check?	1. Yes (staff have received training in the past two years) 2. Mostly (all staff have received training but not in the past two years) 3. Partly (some staff have received training) 4. Not at all

INDICATOR DEFINITIONS AND REPORTING GUIDELINES				
FQ_014	Does the health facility have standard written definitions for the following indicators? *(Recommended indicators; adapt for the country, as necessary)*			
	1. Number of ANC1 visits	1. Yes	2. No	3. N/A
	2. Number of DTP3 (Penta3) in children under one	1. Yes	2. No	3. N/A
	3. Number of clients currently on ART	1. Yes	2. No	3. N/A
	4. Number of TB cases notified (all types)	1. Yes	2. No	3. N/A
	5. Number of confirmed malaria cases treated	1. Yes	2. No	3. N/A
	96. Other (specify) _____	1. Yes	2. No	3. N/A
FQ_015	Are there written guidelines available at the health facility on reporting protocols for the program/HMIS, including the following?			
	1. What they are supposed to report on	1. Yes 2. Mostly (there are guidelines, but they are not printed, or available at the facility) 3. Partly (there are guidelines, but they are informal, i.e., not written or not standard) 4. Not at all		
	2. How reports are to be submitted, e.g., in what specific format	1. Yes 2. Mostly (there are guidelines, but they are not printed, or available at the facility) 3. Partly (there are guidelines, but they are informal, i.e., not written or not standard) 4. Not at all		
	3. To whom the reports should be submitted	1. Yes 2. Mostly (there are guidelines, but they are not printed, or available at the facility) 3. Partly (there are guidelines, but they are informal, i.e., not written or not standard) 4. Not at all		
	4. When the reports are due	1. Yes 2. Mostly (there are guidelines, but they are not printed, or available at the facility) 3. Partly (there are guidelines, but they are informal, i.e., not written or not standard) 4. Not at all		

MATERNAL HEALTH INDICATOR		
ANTENATAL CARE FIRST VISIT (ANC1)		
FQ_016	Does this facility provide ANC services?	1. Yes 2. No → **Go to FQ_024**
SOURCE DOCUMENTS AND REPORTS		
FQ_017	If yes, does this facility report ANC data to a reporting system?	1. Yes 2. No → **Go to FQ_024**

FQ_018	If yes, to which of the following reporting systems does the facility report ANC data?		
	1. Health management information system (HMIS)	1. Yes	2. No
	2. Program specific reporting system for maternal and child health (MCH)	1. Yes	2. No
	3. Nongovernmental organizations (NGOs) or institutions	1. Yes	2. No
	96. Other reporting system If yes, specify _____	1. Yes	2. No

FQ_019	What is the source document used by this facility for monthly reporting of ANC services? We are primarily interested in the main document that is used for **compiling** the total number of ANC1 visits at this facility. Please report if any customized documents are used.	1. ANC register or integrated ANC register 2. Tally sheets 3. Patient cards 96. Other (specify) _____

Review the source document used to compile and summarize information for monthly reporting (i.e., register, tally sheet) for ANC1 visits and answer the following questions:

FQ_020	Please confirm the availability of the **source document** for ANC visits for month 1 to month 3. If available, please **recount** the number of ANC1 visits recorded in the **main source document** for month 1 to month 3.	**A. Source document available**				**B. Recount the number of ANC1 visits in the source document** (if none, enter 0)
		Yes, available and complete*	**Yes, available but partly** complete**	**Yes, available but no data recorded**	**No**	
01	**Month 1**	1	2	3	4	
02	**Month 2**	1	2	3	4	
03	**Month 3**	1	2	3	4	

*COMPLETE means that the source document contains the data relevant to the selected indicator. Take the last 50 entries recorded in the register for each reporting period and check if all the data elements relevant to the selected indicator are filled in.

**PARTLY means that the register is available, but some information is missing.

Review the monthly reports for ANC1 and answer the following questions:

FQ_021	Please confirm the availability of the **monthly reports** for ANC visits for month 1 to month 3. If available, please **record** the number of ANC1 visits recorded in the **monthly reports** for month 1 to month 3.	A. Monthly report available				B. Record the number of ANC1 visits from the monthly reports (if missing, leave blank)
		Yes, available and complete*	Yes, available but partly** complete	Yes, available but no data recorded	No	
01	**Month 1**	1	2	3	4	
02	**Month 2**	1	2	3	4	
03	**Month 3**	1	2	3	4	

*COMPLETE means that the monthly report contains the data relevant to the selected indicator.

**PARTLY means that the monthly report is available, but some information is missing.

DATA COMPLETENESS

FQ_022	If the source document and/or monthly reports are not completely filled in, what are the possible reasons for the missing data?	1. Storage or archiving problems 2. Staffing issues 3. Not understanding the data element(s) 4. Presence of other vertical reporting requirements 96. Other (specify) _____

DISCREPANCIES

FQ_023	If there was a discrepancy observed between the **main source document** and the **monthly reports**, what are the reasons for the discrepancy?	1. Data entry errors 2. Arithmetic errors 3. Information from all source documents not compiled correctly 96. Other (specify)_____

IMMUNIZATION INDICATOR

DTP3 (PENTA3) IN CHILDREN UNDER ONE

FQ_024	Does this facility provide immunization services?	1. Yes 2. No → **Go to FQ_032**

SOURCE DOCUMENTS AND REPORTS

FQ_025	If yes, does this facility report immunization data to a reporting system?	1. Yes 2. No → **Go to FQ_032**

FQ_026	If yes, to which of the following reporting systems does the facility report immunization data?		
	1. HMIS	1. Yes	2. No
	2. Immunization/EPI program	1. Yes	2. No
	3. NGOs or institutions	1. Yes	2. No
	96. Other reporting system If yes, specify _____	1. Yes	2. No

FQ_027	What is the source document used by this facility for monthly reporting of immunization services? We are primarily interested in the main document that is used for **compiling** the total number of DTP (Penta3) immunizations in children under one at this facility. Please report if any customized documents are used.	1. Child register or child immunization register 2. Immunization tally sheets 3. Child health/immunization cards 96. Other (specify) _____

Review the source document used to compile and summarize information for monthly reporting (i.e., register, tally sheet) for DTP3 (Penta3) in children under one and answer the following questions:						
FQ_028	Please confirm the availability of the **source document** for DTP3 (Penta3) for month 1 to month 3. If available, please **recount** the number of DTP (Penta3) immunizations in children under one recorded in the **main source document** for month 1 to month 3.	**A. Source documents available**				**B. Recount the number of DPT3 immunizations in children under one in the source document** (if none, enter 0)
		Yes, available and complete*	**Yes, available but partly** complete**	**Yes, available but no data recorded**	**No**	
01	**Month 1**	1	2	3	4	
02	**Month 2**	1	2	3	4	
03	**Month 3**	1	2	3	4	

*COMPLETE means that the source document contains the data relevant to the selected indicator. Take the last 50 entries recorded in the register for each reporting period and check if all the data elements relevant to the selected indicator are filled in.

**PARTLY means that the register is available, but some information is missing.

Review the monthly reports for DTP3 (Penta3) and answer the following questions:

FQ_029	Please confirm the availability of the **monthly reports** for DTP3 (Penta3) for month 1 to month 3. If available, please **record** the number of DTP3 (Penta3) immunizations in children under one recorded in the **monthly reports** for month 1 to month 3.	**A. Monthly reports available**				**B. Record the number of DPT3 immunizations in children under one from the monthly reports** (if missing, leave blank)
		Yes, available and complete*	**Yes, available but partly** complete**	**Yes, available but no data recorded**	**No**	
01	**Month 1**	1	2	3	4	
02	**Month 2**	1	2	3	4	
03	**Month 3**	1	2	3	4	

*COMPLETE means that the monthly report contains the data relevant to the selected indicator.

**PARTLY means that the monthly report is available, but some information is missing.

DATA COMPLETENESS

FQ_030	If the source document and/or monthly reports are not completely filled in, what are the possible reasons for the missing data?	1. Storage or archiving problems 2. Staffing issues 3. Not understanding the data element(s) 4. Presence of other vertical reporting requirements 96. Other (specify) _____

DISCREPANCIES

FQ_031	If there was a discrepancy observed between the **main** **source document** and the **monthly reports**, what are the reasons for the discrepancy?	1. Data entry errors 2. Arithmetic errors 3. Information from all source documents not compiled correctly 96. Other (specify)_____

	HIV INDICATORS		
**CLIENTS CURRENTLY ON ART**

FQ_032	Does this facility provide ART services?	1. Yes 2. No → **Go to FQ_040**

SOURCE DOCUMENTS AND REPORTS

FQ_033	If yes, does this facility report ART data to a reporting system?	1. Yes 2. No → **Go to FQ_040**	
FQ_034		If yes, to which of the following reporting systems does the facility report ART data?
	1. HMIS	1. Yes	2. No
	2. National HIV/AIDS program	1. Yes	2. No
	3. NGOs or institutions	1. Yes	2. No
	96. Other reporting system If yes, specify _____	1. Yes	2. No
FQ_035	What is the source document used by this facility for monthly reporting of ART services? We are primarily interested in the main document that is used for **compiling** the total number of clients on ART seen at this facility. Please report if any customized documents are used.		1. Pre-ART register 2. ART tally sheet 3. Patient cards 4. ART register 96. Other (specify) _____

Review the source document used to compile and summarize information for monthly reporting (i.e., register, tally sheet) for clients on ART and answer the following questions:

FQ_036	Please confirm the availability of the **source document** for ART clients for month 1 to month 3. If available, please **recount** the number of clients on ART recorded in the **main source document** for month 1 to month 3.		**A. Source document available**	**B. Recount the number of clients on ART in the source document** (if none, enter 0)
		Yes, available and complete*	**Yes, available but partly** complete**	**Yes, available but no data recorded**	**No**	
01	**Month 1**	1	2	3	4	
02	**Month 2**	1	2	3	4	
03	**Month 3**	1	2	3	4	

*COMPLETE means that the source document contains the data relevant to the selected indicator. Take the last 50 entries recorded in the register for each reporting period and check if all the data elements relevant to the selected indicator are filled in.

**PARTLY means that the register is available, but some information is missing.

Review the monthly reports for ART and answer the following questions:

FQ_037	Please confirm the availability of the **monthly reports** for ART clients for month 1 to month 3. If available, please **record** the number of clients on ART recorded in the **monthly reports** for month 1 to month 3.	A. Monthly report available				B. Record the number of clients on ART from the monthly reports (if missing, leave blank)
		Yes, available and complete*	Yes, available but partly** complete	Yes, available but no data recorded	No	
01	**Month 1**	1	2	3	4	
02	**Month 2**	1	2	3	4	
03	**Month 3**	1	2	3	4	

*COMPLETE means that the monthly report contains the data relevant to the selected indicator.
**PARTLY means that the monthly report is available, but some information is missing.

DATA COMPLETENESS

FQ_038	If the source document and/or monthly reports are not completely filled in, what are the possible reasons for the missing data?	1. Storage or archiving problems 2. Staffing issues 3. Not understanding the data element(s) 4. Presence of other vertical reporting requirements 96. Other (specify) _____

DISCREPANCIES

FQ_039	If there was a discrepancy observed between the **main** source document and the **monthly reports**, what are the reasons for the discrepancy?	1. Data entry errors 2. Arithmetic errors 3. Information from all source documents not compiled correctly 96. Other (specify)_____

TB INDICATOR			
TB CASES NOTIFIED (ALL TYPES)			
FQ_040	Does this facility provide TB services?	1. Yes 2. No → **Go to FQ_051**	
SOURCE DOCUMENTS AND REPORTS			
FQ_041	If *yes*, does this facility report TB data to a reporting system?	1. Yes 2. No → **Go to FQ_051**	
FQ_042	If *yes*, to which of the following reporting systems does the facility report TB data?		
	1. HMIS	1. Yes	2. No
	2. National TB program	1. Yes	2. No
	3. NGOs or institutions	1. Yes	2. No
	96. Other reporting system If *yes*, specify _____	1. Yes	2. No
FQ_043	What is the source document used by this facility for monthly/quarterly reporting of TB services? We are primarily interested in the main document that is used for **compiling** the total number of TB cases notified (all types) at this facility. Please report if any customized documents are used. Note: *if multiple documents are used, please indicate the summary document used (compiling all the information) as the source document for reporting.*	1. TB register 2. Presumptive TB register 3. Patient cards 4. TB laboratory register 5. Outpatient register 6. Electronic patient record system 96. Other (specify) _____	

	Review the source document used to compile and summarize information for monthly/quarterly reporting for TB cases notified (all types) and answer the following questions:						

FQ_044	Please confirm the availability of the **source document** for TB cases notified for month 1 to month 3 (or for the quarter). If available, please **recount** the number of TB cases notified (all types) recorded in the **main source document** for month 1 to month 3 (or for the quarter).	**A. Source document available**				**B. Recount the number of notified cases of TB (all types) in the source document** (if none, enter 0)	
		Yes, available and complete*	**Yes, available but partly** complete**	**Yes, available but no data recorded**	**No**		
01	**Quarter (month 1 to month 3)**	1	2	3	4	**(A) =**	
				→ **Go to FQ_047** (if 3 or 4)			

*COMPLETE means that the source document contains the data relevant to the selected indicator. Take the last 50 entries recorded in the register for each reporting period and check if all the data elements relevant to the selected indicator are filled in.

**PARTLY means that the register is available, but some information is missing.

FQ_045	From the TB register (or the main source document), count the total number of TB cases **that were transferred in** for the verification period (month 1 to month 3). Please record the total number for the quarter. *(If none, enter 0)*	**(B) =**
FQ_046	**CALCULATE C:** Total number of TB cases from the TB register (or the main source document) <u>minus</u> the transferred-in cases. *(Transferred-in cases are not included in the receiving unit's case registrations)*	**TB cases that should be reported:** **C = A – B =**

	Review the monthly/quarterly report(s) for TB cases and answer the following questions:					
FQ_047	Please confirm the availability of the **monthly/quarterly report(s)** for TB cases notified for month 1 to month 3 (or for the quarter). If available, please **record** the number of TB cases notified (all types) recorded in the **monthly/quarterly report(s)** for month 1 to month 3 (or for the quarter).	**A. Monthly/quarterly report(s) available**				**B. Record the number of TB cases notified (all types) from the monthly/quarterly report(s)** (if missing in the quarterly report, leave blank)
		Yes, available and complete*	**Yes, available but partly** complete**	**Yes, available but no data recorded**	**No**	
01	**Quarterly report (month 1 to month 3)**	1	2	3	4	**D =** ☐☐☐☐

*COMPLETE means that the quarterly report contains the data relevant to the selected indicator.
**PARTLY means that the quarterly report is available, but some information is missing.

DATA COMPLETENESS

FQ_048	If the source document and/or quarterly reports are not completely filled in, what are the possible reasons for the missing data?	1. Storage or archiving problems 2. Staffing issues 3. Not understanding the data element(s) 4. Presence of other vertical reporting requirements 96. Other (specify) _____

DISCREPANCIES

FQ_049	**CALCULATE THE DIFFERENCE BETWEEN C (from FQ_046) AND D (from FQ_047 part B)**	**C − D =** ☐☐☐☐ → **If 0, go to FQ_051**
FQ_050	If C − D ≠ 0, what are the reasons for the discrepancy between C and D?	1. Data entry errors 2. Arithmetic errors 3. Information from all source documents not compiled correctly 96. Other (specify)_____

MALARIA
CONFIRMED MALARIA CASES TREATED

CONFIRMED MALARIA CASES TREATED		
FQ_051	Does this facility provide malaria services?	1. Yes 2. No → **Go to FQ_060**
SOURCE DOCUMENTS AND REPORTS		
FQ_052	If yes, does this facility report malaria data to a reporting system?	1. Yes 2. No → **Go to FQ_060**
FQ_053	If yes, what indicator definition is used when reporting malaria cases?	1. Total malaria cases treated (presumed and confirmed) 2. Confirmed malaria cases (either by microscopy or rapid diagnostic test [RDT]) 3. Suspected malaria cases tested 96. Other (specify) _____

FQ_054	To which of the following reporting systems does the facility report malaria data?		
	1. HMIS	1. Yes	2. No
	2. National malaria program	1. Yes	2. No
	3. NGOs or institutions	1. Yes	2. No
	96. Other reporting system If yes, specify _____	1. Yes	2. No

FQ_055	What is the source document used by this facility for monthly reporting of malaria services? We are primarily interested in the main document that is used for **compiling** the total number of confirmed malaria cases treated at this facility. Please report if any customized documents are used.	1. OPD register 2. Tally sheets 3. Patient cards 4. Lab register 96. Other (specify) _____

Review the source document used to compile and summarize information for monthly reporting (i.e., register, tally sheet) for confirmed malaria cases treated and answer the following questions:			
FQ_056	Please confirm the availability of the **source document** for malaria cases for month 1 to month 3. If available, please **recount** the number of confirmed malaria cases treated recorded in the **main source document** for month 1 to month 3.	**A. Source document available**	**B. Recount the number of confirmed malaria cases treated in the source document** (if none, enter 0)

		Yes, available and complete*	Yes, available but partly** complete	Yes, available but no data recorded	No	
01	**Month 1**	1	2	3	4	
02	**Month 2**	1	2	3	4	
03	**Month 3**	1	2	3	4	

*COMPLETE means that the source document contains the data relevant to the selected indicator. Take the last 50 entries recorded in the register for each reporting period and check if all the data elements relevant to the selected indicator are filled in.
**PARTLY means that the register is available, but some information is missing.

Review the monthly reports for malaria cases and answer the following questions:

FQ_057	Please confirm the availability of the **monthly reports** for malaria cases for month 1 to month 3. If available, please **record** the number of confirmed malaria cases treated recorded in the **monthly reports** for month 1 to month 3.	**A. Monthly report available**				**B. Record the number of confirmed malaria cases treated in the monthly reports** (if missing, leave blank)
		Yes, available and complete*	Yes, available but partly** complete	Yes, available but no data recorded	No	
01	**Month 1**	1	2	3	4	
02	**Month 2**	1	2	3	4	
03	**Month 3**	1	2	3	4	

*COMPLETE means that the monthly report contains the data relevant to the selected indicator.
**PARTLY means that the monthly report is available, but some information is missing.

DATA COMPLETENESS

FQ_058	If the source document and/or monthly reports are not completely filled in, what are the possible reasons for the missing data?	1. Storage or archiving problems
		2. Staffing issues
		3. Not understanding the data element(s)
		4. Presence of other vertical reporting requirements
		96. Other (specify) _____

DISCREPANCIES		
FQ_059	If there was a discrepancy observed between the **main source document** and the **monthly reports**, what are the reasons for the discrepancy?	1. Data entry errors 2. Arithmetic errors 3. Information from all source documents not compiled correctly 96. Other (specify)_____

REPORT TIMELINESS		
FQ_060	1. Is there a deadline for submission of the monthly RHIS report by the health facilities?	1. Yes 2. No ➔ **Go to FQ_063**
	2. If yes, what is the deadline? Reporting deadline: _____	
FQ_061	Does the health facility record the dates of submission of monthly RHIS reports to the district? **(SEE REGISTER/COMPUTER)**	1. Yes 2. No ➔ **Go to FQ_063**
FQ_062	If yes, are the RHIS monthly reports submitted on time (before or on the deadline)? **(REVIEW THE RECORDS AND CHECK THE DATES OF SUBMISSION FOR THE THREE REVIEW MONTHS)**		

1. Month 1	1. Yes	2. No
2. Month 2	1. Yes	2. No
3. Month 3	1. Yes	2. No

DATA QUALITY ASSESSMENT MECHANISM		
FQ_063	Does the health facility have written instructions/guidelines on how to perform a data quality review or data quality check? **(OBSERVE)**	1. Yes, observed 2. No
FQ_064	Does the health facility conduct regular data accuracy checks (data quality self-assessment)?	1. Yes 2. No ➔ **Go to FQ_068**
FQ_065	If yes, does the health facility have access to data quality self-assessment tools (paper or electronic)? **(OBSERVE)**	1. Yes, observed 2. No
FQ_066	Does the health facility maintain a record of health facility data accuracy self-assessments conducted in the past three months? **(OBSERVE)**	1. Yes, observed 2. No
FQ_067	Does the health facility maintain records of feedback to staff on data quality self-assessment findings? **(OBSERVE)**	1. Yes, observed 2. No

	DATA PROCESSING AND ANALYSIS	
FQ_068	Does the health facility use an electronic database/system to enter and analyze routine health data?	1. Yes 2. No → **Go to FQ_070**

FQ_069 | If yes, indicate the type of electronic system used for routine data entry and analysis.

Electronic system	A. For data entry		B. For data analysis	
	1. Yes	2. No	1. Yes	2. No
1. National open-source data processing system (e.g., DHIS 2)				
2. National proprietary software				
3. Excel-based spreadsheet				
4. Access-based data processing module				
96. Other (specify) _____				

FQ_070 | **Ask relevant staff in the health facility office to show up-to-date (i.e., not more than one year old) reports, documents, and/or displays that contain the following. The assessor should record the observations accordingly.**

A. Aggregated/summary RHIS report within the past three months. **(OBSERVE)**	1. Yes, observed 2. No
B. Demographic data on the catchment population of the health facility for calculating coverages. **(OBSERVE)**	1. Yes, observed 2. No
C. Indicators (e.g., Penta3 coverage) calculated for the health facility catchment area within the past three months. **(OBSERVE)**	1. Yes, observed 2. No
D. Comparisons between health facility and district/national targets. **(OBSERVE)**	1. Yes, observed 2. No
E. Comparisons of data over time, i.e., monitoring trends (e.g., for ANC, Penta3). **(OBSERVE)**	1. Yes, observed 2. No
F. Comparisons of sex-disaggregated data (e.g., for Penta3, HIV testing, PICT). **(OBSERVE)**	1. Yes, observed 2. No
G. Comparisons of service coverage (e.g., ANC, TT immunization, SBA). **(OBSERVE)**	1. Yes, observed 2. No

Part 2. Use of Information: Health Facility Assessment Form

INFORMATION USE GUIDELINES AND STRATEGIC DOCUMENTS		
FU_001	Are there written national/regional guidelines on RHIS information display and use at health facilities?	1. Yes, copies available at the health facility 2. Yes, but copy not available at the health facility 3. No
FU_002	Does the health facility have copies of the national/district strategic plans, health facility annual plans, and/or health facility performance targets?	1. Yes, copies available at the health facility 2. Yes, but copy not available at the health facility 3. No

DATA VISUALIZATION		
FU_003	Does the health facility prepare data visuals (graphs, tables, maps, etc.) showing achievements toward targets (indicators, geographic and/or temporal trends, and situation data)? **(OBSERVE)**	1. Yes, paper or electronic copies of data visuals observed at the health facility 2. No **→ Go to FU_005**
FU_004	If *yes*, what type of information is captured in the data visuals? **(OBSERVE)**		
	1. Maternal health care	1. Yes, observed	2. No
	2. Neonate and child health care (other than EPI)	1. Yes, observed	2. No
	3. Top causes of morbidity and mortality	1. Yes, observed	2. No
	96. Other (specify) _____	1. Yes, observed	2. No

RHIS ANALYTIC REPORT PRODUCTION		
FU_005	Does the health facility have access to analyzed RHIS data (e.g., summary tables, charts, maps)? **(OBSERVE)**	1. Yes, observed 2. No
FU_006	Does the health facility produce any report or bulletin (annual, quarterly, etc.) based on an analysis of RHIS data? **(OBSERVE)** *(Excluding the monthly summary/aggregate reports submitted to the higher level)*	1. Yes, observed 2. No **→ Go to FU_009**
FU_007	If *yes*, list the reports, indicating the frequency of the reports and the number of times the reports were actually issued in the past 12 months	

	A. Title of the report/bulletin	B. Number of times this report is supposed to be issued per year	C. Number of times this report was actually issued in the past 12 months	D. Target audience of the report (e.g., MOH, civil administration, parliament, community forums, general population)
01				
02				
03				
FU_008	Do any of these reports and/or bulletins contain discussions and decisions/recommendations based on key performance targets and based on RHIS data, such as:			
	1. Coverage of service like ANC, delivery, EPI and TB	1. Yes	2. No	
	2. Hospital/health center performance indicators	1. Yes	2. No	
	3. Disease data (e.g., top ten diseases)	1. Yes	2. No	
	4. Identification of emerging issues/epidemics	1. Yes	2. No	
	5. Medicine stockout	1. Yes	2. No	
	6. Human resource management	1. Yes	2. No	
	7. Sex-disaggregated data	1. Yes	2. No	

FEEDBACK TO HEALTH FACILITIES		
FU_009	Did the health facility receive feedback reports from the district office/MOH based on RHIS information in the past three months? **(OBSERVE THE REPORT AND CHECK THE DATE)**	1. Yes, observed 2. No → **Go to FU_011**
FU_010	If *yes*, indicate the types of feedback reports:	
	A. Feedback on data quality (including data accuracy, reporting timeliness, and/or report completeness) **(OBSERVE)**	1. Yes, observed 2. No
	B. Feedback on service performance based on reported RHIS data (e.g., appreciation/acknowledgement of good performance; resource allocation/mobilization) **(OBSERVE)**	1. Yes, observed 2. No

ROUTINE DECISION-MAKING FORUMS AND PROCESSES AT THE HEALTH FACILITY		
FU_011	Does the health facility have a performance monitoring or management team?	1. Yes 2. No
FU_012	Does the health facility have routine team meetings for performance monitoring and/or management?	1. Yes 2. No → **Go to FU_019**
FU_013	If yes, how often are the performance review/management meetings supposed to take place?	1. Weekly 2. Monthly 3. Quarterly 4. Biannually 5. Annually 6. No schedule
FU_014	How many times did the performance monitoring/ management meetings take place during the past three months?	1. More than four times 2. Four times 3. Three times 4. Two times 5. One time 6. Not once
FU_015	Were minutes of performance monitoring/management meetings maintained for the three review months of _____ to _____?	1. Yes 2. No → **Go to FU_019**
FU_016	If yes, please check the performance monitoring/management meeting records for the selected months and determine if the following topics were discussed:	
A	Did they have discussions on RHIS management, such as data quality, completeness, or timeliness of reporting?	1. Yes 2. No → **Go to FU_016D**
B	If yes, have they made any decisions based on the discussions on RHIS-related issues (including no interventions required at this time)?	1. Yes 2. No → **Go to FU_016D**
C	If yes, has any follow-up action taken place on the decisions made during the previous meetings on RHIS-related issues (e.g., referring RHIS-related issues/problems for solution to the higher level)?	1. Yes 2. No
D	Were discussions held to review key performance targets (tracking progress against targets) based on RHIS data, such as:	

D	1. Coverage of services like ANC, delivery, EPI, or TB	1. Yes 2. No	
	2. Hospital/health center performance indicators	1. Yes 2. No	
	3. Disease data (e.g., top ten diseases)	1. Yes 2. No	→ **Go to FU_018 (if all are No)**
	4. Identification of emerging issues/epidemics	1. Yes 2. No	
	5. Commodity stockout	1. Yes 2. No	

	6. Human resource management	1. Yes 2. No	
	7. Sex disaggregated data	1. Yes 2. No	
E	If yes, pick one discussion topic for which performance was reviewed using RHIS data. Record the decisions and the follow-on discussion on that topic in the subsequent meeting minutes. Use this section to prepare a qualitative report on instances of RHIS information use. _____ _____ _____ _____ _____		

FU_017	Were any decisions made based on the discussions of the health facility's performance? Such as:		
	1. Formulation of plans	1. Yes	2. No
	2. Budget preparation	1. Yes	2. No
	3. Budget reallocation	1. Yes	2. No
	4. Medicine supply and drug management	1. Yes	2. No
	5. Human resource management (training, reallocation, etc.)	1. Yes	2. No
	6. Advocacy for policy, programmatic, or strategic decisions from higher levels	1. Yes	2. No
	7. Promotion of service quality/improvement	1. Yes	2. No
	8. Reducing the gender gap in the provision of health services	1. Yes	2. No
	9. No action required at this time	1. Yes	2. No
FU_018	Were the performance review/management meeting minutes circulated to all members?	1. Yes	2. No

ANNUAL PLANNING		
FU_019	Does the health facility have an annual plan for the current year?	1. Yes 2. No → **Go to FU_022**
FU_020	If yes, does that annual plan use data from the RHIS for problem identification and/or target setting?	1. Yes 2. No

FU_021	Does the annual plan contain activities and/or targets related to improving or addressing any of the following?		
	1. Coverage of services like ANC, delivery, EPI or TB	1. Yes	2. No
	2. Hospital/health center performance	1. Yes	2. No
	3. Diseases (e.g., top ten diseases)	1. Yes	2. No
	4. Emerging issues/epidemics	1. Yes	2. No
	5. Commodity stockout	1. Yes	2. No
	6. Human resource management	1. Yes	2. No
	7. Gender disparity in health services coverage	1. Yes	2. No

SUPERVISION BY THE DISTRICT

FU_022	How many times did the district supervisor visit your health facility over the past three months?	1. More than four times 2. Four times 3. Three times 4. Two times 5. One time 6. Not once → **Go to FU_028**
FU_023	Did the supervisor check the data quality?	1. Yes 2. No → **Go to FU_025**
FU_024	If *yes*, did the supervisor use a checklist to assess the data quality?	1. Yes 2. No
FU_025	During the visit, did the district supervisor discuss your health facility's performance based on the RHIS information?	1. Yes 2. No → **Go to FU_027**
FU_026	If *yes*, did the supervisor help you to make a decision or to take corrective action based on the discussion?	1. Yes 2. No
FU_027	Did the supervisor send a report/ written feedback on the past supervisory visit(s)?	1. Yes 2. No

DATA DISSEMINATION OUTSIDE HEALTH SECTOR

FU_028	Does the health facility have to submit/present performance reports to a council of public representatives/civil administration?	1. Yes 2. No → **Go to FU_031**
FU_029	If *yes*, did the health facility submit/present health sector performance reports to a council of public representatives /civil administration in the past 12 months?	1. Yes 2. No → **Go to FU_031**
FU_030	If *yes*, do those reports/presentations use data from the RHIS to assess the health sector's progress?	1. Yes 2. No

FU_031	Is there a website updated at least annually for accessing the health facility's RHIS data by the general public?	1. Yes 2. No
FU_032	Are health facility performance data shared with the general public via bulletin boards, chalkboards, and/or local publications?	1. Yes 2. No

FQ_114	Survey end time (Use the 24-hour clock system, e.g., 14:30)	☐☐ : ☐☐

MODULE 3. ELECTRONIC RHIS FUNCTIONALITY AND USABILITY ASSESSMENT TOOL

Purpose

With technological advancements in HIS, electronic health information systems are an essential component of routine health data processing, dissemination, and use. The focus of this tool is the assessment of an electronic RHIS (eRHIS) that is used mainly for capturing and processing aggregate-level routine health data. The purpose of this tool is to:

1. Assess how well the eRHIS is designed in the context of the desired tasks that the system is expected to perform (**system functionality**).
2. Assess how well staff are able to use the eRHIS to carry out those functions or tasks (**system usability**).

Summary of Information Collected Using the Electronic RHIS Functionality/Usability Assessment Tool

This assessment tool collects information on whether the eRHIS can perform the desired RHIS functions, and whether the RHIS staff are able to carry out those functions. The functions are:

- Use of unique identifiers for health facilities and health administrative units (e.g., a master facility list [MFL])
- Aggregate report generation
- Coverage calculation using population estimates
- Data integration
- Data disaggregation by age and sex
- Data analysis and visualization

Data Collection Methods

The functionality of the eRHIS is assessed at the central level against the functions desired/intended by the MOH or other relevant authority. The eRHIS functions are examined by experts against relevant documents that describe the conceptual design of the electronic system(s). The questions in this assessment tool are generic—for any electronic RHIS—and can be customized accordingly.

The usability of the eRHIS is assessed at the regional, district, and/or health facility levels, where staff use the eRHIS for data entry, aggregation, transmission, and/or analysis. Data on usability are collected through systematic observation of a set of relevant tasks carried out by the RHIS staff at the regional, district, and/or health facility levels using the electronic system.

Electronic RHIS Functionality and Usability Assessment Tool

Part 1. Functionality

The functionality of the electronic RHIS (eRHIS) should be assessed at one location only and against the functions desired/intended by the MOH. Check if any document is available that describes the conceptual design of the electronic systems in terms of functions. The assessment questions below are generic for any eRHIS and may be customized accordingly.

SURVEY FACILITATOR		
ESF_101	Survey date	
ESF_102	Facilitator name	
ESF_103	Facilitator code *Enter your 2-character identifier.*	☐☐
UNIT IDENTIFICATION		
ESF_104	Administrative level *(Country-specific: adapt to the local country context and health system structure)*	7. Regional/provincial health office 8. Central MOH
ESF_105	Central/region/state/province *Enter the alphanumeric code that identifies this level.*	☐☐
ESF_106	Unit name	
ESF_107	Location of the unit (Town/city/village)	
INFORMED CONSENT		

READ THE FOLLOWING TEXT TO THE MANAGER OR PERSON IN CHARGE OF THE CENTRAL/REGIONAL/PROVINCIAL RHIS UNIT:

Good day! My name is _____. We are here on behalf of [*IMPLEMENTING AGENCY*] conducting a survey to help the government know more about the performance of the routine health information system in [*COUNTRY*].

Your unit was selected to participate in this study. We will be asking you questions about various health services and routine reporting. This information may be used by [*MOH AND/OR IMPLEMENTING AGENCY*], organizations supporting health services, and researchers, to plan service improvements or to conduct more studies of health services.

Neither your name nor the names of any other respondent participating in this study will be included in the data set or in any report. However, there is a small chance that any of these respondents may be identified later. Nevertheless, we are asking your help to ensure that the information we collect is accurate.

You may refuse to answer any question or choose to stop the interview at any time. However, we hope you will answer all of the questions, which will benefit the clients you serve and the nation.

If there are questions that would be more accurately answered by someone better informed of any specifics we ask about, we would appreciate if you would introduce us to that person to help us collect any missing or incomplete information.

	At this point, do you have any questions about the study? Do I have your agreement to proceed?	
	_____ _____ / _____ / _____ INTERVIEWER'S SIGNATURE INDICATING CONSENT OBTAINED DAY MONTH YEAR	
ESF_108	May I begin the interview?	1. Yes 2. No → **End survey**
ESF_109	Survey start time (Use the 24-hour clock system, e.g., 14:30)	☐☐ : ☐☐
ESF_110	Name of the electronic system: _____	

RHIS REPORTING		
ESF_010	Does the RHIS software allow users to determine the number and percentage of monthly reports received out of the total number of expected reports?	1. Yes 2. No
ESF_011	Does the system allow users to analyze the trend in reporting completeness for a year by facility? (Does the system enable users to identify which health facility has recurring reporting problems?)	1. Yes 2. No
ESF_012	Does the system allow users to determine the number and percentage of reports that were received on time?	1. Yes 2. No

ESF_013 Does the RHIS software generate summary reports for the different levels and periods?

(OBSERVE AND SELECT ACCORDINGLY)

Levels:	A. Monthly	B. Quarterly	C. Annually	D. Customized reporting period
1. National				
2. Regional				
3. District				
4. Health facility				
5. Community-level service delivery point (SDP)				

POPULATION ESTIMATES AND COVERAGE CALCULATION			
ESF_014	Does the RHIS software have population estimates to calculate denominators?	1. Yes 2. No	
ESF_015	Can the system calculate coverages for:		
	1. Antenatal care first visit (ANC1) **(OBSERVE)**	1. Yes, observed 2. No	**→ Go to ESF_017 (if all *no*)**
	2. Deliveries at health facilities **(OBSERVE)**	1. Yes, observed 2. No	
	3. Measles **(OBSERVE)**	1. Yes, observed 2. No	
ESF_016	If yes, *observed*, at which levels are they available?		
	1. Region **(OBSERVE)**	1. Yes, observed 2. No	
	2. District **(OBSERVE)**	1. Yes, observed 2. No	
	3. Health facility **(OBSERVE)**	1. Yes, observed 2. No	
	4. Community-level SDP **(OBSERVE)**	1. Yes, observed 2. No	

DATA INTEGRATION		
ESF_017	Are there other parallel disease or program specific software applications in use?	1. Yes 2. No **→ Go to ESF_020**
ESF_018	If yes, please list the disease or program specific software application(s) that is/are in use. _____ _____	
ESF_019	Does the RHIS software interoperate with those parallel systems? **(OBSERVE AND TAKE NOTE OF HOW THE INTEGRATION/INTEROPERABILITY TAKES PLACE)**	1. Yes (it interoperates with all parallel systems listed) 2. Yes, partially (it interoperates with only some of the parallel systems listed) 3. No
ESF_020	Does the RHIS software have human resources information or integrate with a human resources information system (HRIS)?	1. Yes 2. No
ESF_021	Does the RHIS software have or integrate with logistics information?	1. Yes 2. No

ESF_022	Does the RHIS software have financial information?	1. Yes 2. No
ESF_023	Does the RHIS software have or integrate with the integrated disease surveillance and response (IDSR)/notifiable diseases?	1. Yes 2. No

AGE AND SEX DISAGGREGATED DATA		
ESF_024	Does the RHIS software capture data disaggregated by age?	1. Yes 2. No
ESF_025	Does the RHIS software capture data disaggregated by sex?	1. Yes 2. No

UNIQUE IDENTIFIERS FOR HEALTH FACILITIES AND HEALTH ADMINISTRATIVE UNITS		
ESF_026	1. Does the RHIS software use an existing master facility list (MFL)?	1. Yes → **Go to ESF_027** 2. No
	2. If *no*, does the eRHIS have a built-in facility list that acts as a MFL?	1. Yes 2. No → **Go to ESF_028**
ESF_027	Is there a working mechanism to keep the MFL updated?	1. Yes 2. No
ESF_028	What percentage of the health facilities have geographic coordinates attached to them?	1. None 2. 1-25% of facilities 3. 26-50% of facilities 4. 51-75% of facilities 5. 76-100% of facilities
ESF_029	Does the RHIS software use unique identifiers for districts and regions?	1. Yes 2. No → **Go to ESF_031**
ESF_030	If *yes,* is there a framework or agreement in place such that those unique identifier lists are available for general use by other programs, e.g., human resources (HR), logistics, financial, implementing partners?	1. Yes 2. No

DATA VISUALIZATION	
ESF_031	**SELECT THREE INDICATORS FROM THE NATIONAL RHIS**
	1. Indicator 1 _____

	2. Indicator 2 _____		
	3. Indicator 3 _____		
ESF_032	Does the RHIS software generate tabular data arranged in listing format (i.e., facilities in rows, data elements/indicators in columns, and rows for district/region/national aggregations)?		
	1. Indicator 1	1. Yes	2. No
	2. Indicator 2	1. Yes	2. No
	3. Indicator 3	1. Yes	2. No
ESF_033	Does the RHIS software allow users to present data in time trend graphs? **(CHECK IF THE THREE INDICATORS ARE IN A TIME TREND GRAPH)**		
	1. Indicator 1	1. Yes	2. No
	2. Indicator 2	1. Yes	2. No
	3. Indicator 3	1. Yes	2. No
ESF_034	Does the RHIS software allow users to visualize data using graphs for comparing facilities/districts/regions? **(CHECK IF THE THREE INDICATORS USE GRAPHS FOR COMPARISON)**		
	1. Indicator 1	1. Yes	2. No
	2. Indicator 2	1. Yes	2. No
	3. Indicator 3	1. Yes	2. No
ESF_035	Does the RHIS software allow users to visualize data using thematic maps?		
	1. By region	1. Yes	2. No
	2. By district	1. Yes	2. No
	3. By facility	1. Yes	2. No
	4. By community-level SDP	1. Yes	2. No
ESF_036	Does the RHIS software generate the major causes of institution-based (inpatient, emergency) mortality?	1. Yes 2. No	
ESF_037	Does the RHIS software generate the major morbidity diagnoses for inpatient and outpatient services (e.g., top ten diseases)?	1. Yes 2. No	

ESF_111	Survey end time (Use the 24-hour clock system, e.g., 14:30)	☐☐ : ☐☐

Part 2. Usability

This tool can be used at each level that an electronic RHIS (eRHIS) is in use. Ask the RHIS user to carry out the functions described in the assessment. Observe the user's ease/difficulty in carrying out each function.

SURVEY FACILITATOR		
ESU_101	Survey date	
ESU_102	Facilitator name	
ESU_103	Facilitator code *Enter your 2-character identifier.*	☐☐
ESU_104	Type of facility *(Country-specific: adapt to the local country context and health system structure)*	1. National referral hospital 2. District/provincial hospital 3. Health center 4. Health clinic 5. Health post 6. District health office 7. Regional/provincial health office 8. Central MOH
UNIT IDENTIFICATION [Valid for facility types 6-8]		
ESU_105h	Central/region/state/province *Enter the alphanumeric code that identifies this level.*	☐☐
ESU_106h	District *Enter the alphanumeric code that identifies this district.* [Valid when type of facility is 6]	☐☐
ESU_108h	Unit name	
ESU_109h	Location of the unit (Town/city/village)	
ESU_110h	Office(s) visited <u>Note</u>: *It could be one or more offices from which information is collected. Please list them here.*	_____ _____ _____
FACILITY IDENTIFICATION [Valid for facility types 1-5]		
ESU_105f	Region/state/province *Enter the alphanumeric code that identifies this level.*	☐☐

ESU_106f	District *Enter the alphanumeric code that identifies this district.*	□ □
ESU_107f	Health facility number *Enter a 5-digit unit number. Include leading zeros.*	□ □ □ □ □
ESU_108f	Health facility name	
ESU_109f	Location of the unit (Town/city/village)	
ESU_110f	Urban/rural	1. Urban 2. Rural
ESU_111f	Managing authority	1. Government/public 2. NGO/not-for-profit 3. Private-for-profit 4. Mission/faith-based/CBO 96. Other (specify) _____

INFORMED CONSENT

At the central, regional, or provincial level:

READ THE FOLLOWING TEXT TO THE MANAGER OR PERSON IN CHARGE OF THE CENTRAL/REGIONAL/PROVINCIAL RHIS UNIT:

Good day! My name is _____. We are here on behalf of [*IMPLEMENTING AGENCY*] conducting a survey to help the government know more about the performance of the routine health information system in [*COUNTRY*].

Your unit was selected to participate in this study. We will be asking you questions about various health services and routine reporting. This information may be used by [*MOH AND/OR IMPLEMENTING AGENCY*], organizations supporting health services, and researchers, to plan service improvements or to conduct more studies of health services.

Neither your name nor the names of any other respondent participating in this study will be included in the data set or in any report. However, there is a small chance that any of these respondents may be identified later. Nevertheless, we are asking your help to ensure that the information we collect is accurate.

You may refuse to answer any question or choose to stop the interview at any time. However, we hope you will answer all of the questions, which will benefit the clients you serve and the nation.

If there are questions that would be more accurately answered by someone better informed of any specifics we ask about, we would appreciate if you would introduce us to that person to help us collect any missing or incomplete information.

At the district level:

READ THE FOLLOWING TEXT TO THE MANAGER OR THE HEAD OF THE DISTRICT UNIT:

Good day! My name is _____. We are here on behalf of [*IMPLEMENTING AGENCY*] conducting a survey of district health offices to help the government know more about the performance of the routine health information system in [*COUNTRY*].

Your district office was randomly selected to participate in this study. We will be asking you questions about various health services and routine reporting. This information may be used by [*MOH AND/OR IMPLEMENTING AGENCY*],

organizations supporting health services, and researchers, to plan service improvements or to conduct more studies of health services.

Neither your name nor the names of any other respondent participating in this study will be included in the data set or in any report. However, there is a small chance that any of these respondents may be identified later. Nevertheless, we are asking your help to ensure that the information we collect is accurate.

You may refuse to answer any question or choose to stop the interview at any time. However, we hope you will answer all of the questions, which will benefit the clients you serve and the nation.

If there are questions that would be more accurately answered by someone better informed of any specifics we ask about, we would appreciate if you would introduce us to that person to help us collect any missing or incomplete information.

At the health facility level:

READ THE FOLLOWING TEXT TO THE MANAGER, THE PERSON IN CHARGE OF THE FACILITY, OR THE MOST SENIOR HEALTH WORKER RESPONSIBLE FOR OUTPATIENT SERVICES WHO IS PRESENT AT THE FACILITY:

Good day! My name is _____. We are here on behalf of [*IMPLEMENTING AGENCY*] conducting a survey of health facilities to help the government know more about the performance of the routine health information system in [*COUNTRY*].

Your health facility was randomly selected to participate in this study. We will be asking you questions about various health services and routine reporting. This information may be used by [*MOH AND/OR IMPLEMENTING AGENCY*], organizations supporting health services, and researchers, to plan service improvements or to conduct more studies of health services.

Neither your name nor the names of any other respondent participating in this study will be included in the data set or in any report. However, there is a small chance that any of these respondents may be identified later. Nevertheless, we are asking your help to ensure that the information we collect is accurate.

You may refuse to answer any question or choose to stop the interview at any time. However, we hope you will answer all of the questions, which will benefit the clients you serve and the nation.

If there are questions that would be more accurately answered by someone better informed of any specifics we ask about, we would appreciate if you would introduce us to that person to help us collect any missing or incomplete information.

At this point, do you have any questions about the study? Do I have your agreement to proceed?

_____   _____ / _____ / _____

INTERVIEWER'S SIGNATURE INDICATING CONSENT OBTAINED   DAY   MONTH   YEAR

ESU_112	May I begin the interview?	1. Yes 2. No ➜ **End survey**
ESU_113	Survey start time (Use the 24-hour clock system, e.g., 14:30)	☐☐ : ☐☐
ESU_114	Name of the electronic system: _____	

ESU_115	Title of the person completing the questionnaire **(CIRCLE ANSWER)** *(Country-specific: adapt to the local country context and health system structure)*	1. National/regional /provincial director general 2. Provincial HMIS focal person 3. District health office manager 4. District RHIS focal person 5. Facility in-charge 96. Other (specify) _____

RHIS SOFTWARE FUNCTIONS: SUMMARY REPORTS

ESU_010	Does the RHIS software produce a report on the number and percentage of reports received out of the total number of expected reports?	1. Yes	2. No	3. N/A
ESU_011	Does the RHIS software generate summary reports for the following aggregate levels and periods?			
	A. National/regional summary			
	1. For a month	1. Yes	2. No	3. N/A
	2. For a quarter	1. Yes	2. No	3. N/A
	3. For the year	1. Yes	2. No	3. N/A
	B. District summary			
	1. For a month	1. Yes	2. No	3. N/A
	2. For a quarter	1. Yes	2. No	3. N/A
	3. For the year	1. Yes	2. No	3. N/A
	C. Health facility summary			
	1. For a month	1. Yes	2. No	3. N/A
	2. For a quarter	1. Yes	2. No	3. N/A
	3. For the year	1. Yes	2. No	3. N/A
	D. Community-level SDP summary			
	1. For a month	1. Yes	2. No	3. N/A
	2. For a quarter	1. Yes	2. No	3. N/A
	3. For the year	1. Yes	2. No	3. N/A

RHIS SOFTWARE FUNCTIONS: USER ABILITIES			
ESU_012	**SELECT THREE INDICATORS** (e.g., ANC1, deliveries at health facility, measles coverages) 1. Could the user calculate coverage for **indicator 1**: _____ at the following levels?			
	A. National	1. Yes	2. No	3. N/A
	B. Region	1. Yes	2. No	3. N/A
	C. District	1. Yes	2. No	3. N/A
	D. Health facility	1. Yes	2. No	3. N/A
	E. Community-level SDP	1. Yes	2. No	3. N/A
	2. Could the user calculate coverage for **indicator 2**: _____ at the following levels?			
	A. National	1. Yes	2. No	3. N/A
	B. Region	1. Yes	2. No	3. N/A
	C. District	1. Yes	2. No	3. N/A
	D. Health facility	1. Yes	2. No	3. N/A
	E. Community-level SDP	1. Yes	2. No	3. N/A
	3. Could the user calculate coverage for **indicator 3**: _____ at the following levels?			
	A. National	1. Yes	2. No	3. N/A
	B. Region	1. Yes	2. No	3. N/A
	C. District	1. Yes	2. No	3. N/A
	D. Health facility	1. Yes	2. No	3. N/A
	E. Community-level SDP	1. Yes	2. No	3. N/A
ESU_013	1. **SELECT ONE INDICATOR** (e.g., TB, HIV, malaria indicator) _____			
	2. Ask to show age and sex disaggregation for the selected indicator	1. Yes	2. No	3. N/A
ESU_014	**SELECT TWO INDICATORS** 1. Could the use generate the following for **indicator 1**: _____?			
	A. Time trend graphs	1. Yes	2. No	3. N/A

	B. Bar graphs for comparing facilities, districts, or regions	1. Yes	2. No	3. N/A
	C. Thematic maps, by region, district, or health facility	1. Yes	2. No	3. N/A
	2. Could the use generate the following for **indicator 2**: _____?			
	A. Time trend graphs	1. Yes	2. No	3. N/A
	B. Bar graphs for comparing facilities, districts, or regions	1. Yes	2. No	3. N/A
	C. Thematic maps, by region, district, or health facility	1. Yes	2. No	3. N/A
ESU_015	Could the user generate major causes of institution-based (inpatient, emergency) mortality? **(OBSERVE)**	1. Yes	2. No	3. N/A
ESU_016	Could the user generate major morbidity diagnoses for inpatient and outpatient services (e.g., top ten diseases)? **(OBSERVE)**	1. Yes	2. No	3. N/A

USER PERSPECTIVE OF eRHIS		
ESU_017	How do you classify/rate the eRHIS software based on your experience?	1. Easy to use 2. Moderate 3. Difficult to use 4. N/A → **End survey**
ESU_018A	Are there any improvements you would like to see in the eRHIS software?	1. Yes 2. No → **End survey**
ESU_018B	If *yes*, please describe the improvements you would like to see. _____ _____ _____ _____ _____ _____ _____	

ESU_116	Survey end time (Use the 24-hour clock system, e.g., 14:30)	☐☐ : ☐☐

MODULE 4. MANAGEMENT ASSESSMENT TOOL (MAT)

Purpose

This tool is designed to rapidly assess RHIS management practices and to aid in developing recommendations for better RHIS management. The tool is used to:

1. Assess the level of RHIS management functions, such as governance, planning, training, supervision, quality standards, and finance.
2. Identify the RHIS management functions that are weak and set priorities for actions.
3. Conduct a comparative analysis to understand the effects of the management functions on RHIS performance, RHIS processes, promotion of a culture of information, and behavioral determinants.

Summary of Information Collected Using the MAT

The MAT is primarily used at the district level and above to measure the effectiveness of RHIS management functions, including:

- **RHIS governance**: the organizational arrangements, mission, roles, and functions of the RHIS; presence of SOPs; description of who is doing what, how, and with what resources to manage and maintain the RHIS
- **Planning**: the availability of a copy of a multiyear national, regional, or district HIS/RHIS plan and targets for improving RHIS data quality and information use
- **Training**: existence of a national- or subnational-level RHIS training needs assessment and training plan, along with training manuals
- **Supervision**: existence of RHIS supervision guidelines/checklists, supervision plan, and feedback reports
- **Finance**: availability of financial resources dedicated to HIS (to cover recording and reporting supplies, training, and supervision costs)

Data Collection Methods

Desk review of office organogram/organizational chart; HIS/RHIS plans and reports (including a three- or five-year national RHIS/HIS strategic plan, a national HIS situation analysis/assessment; a training needs assessment, etc.); SOPs; training plan and manuals; supervision tools (guidelines, checklists, plans, calendars) and feedback reports/notes; financial plans/reports; etc.

Management Assessment Tool

Apply this questionnaire by conducting a desk review of relevant documents at the district and higher levels. Ask the person in charge of the RHIS unit to provide you with the relevant documents to respond to the following questions.

SURVEY FACILITATOR		
MAT_101	Survey date	
MAT_102	Facilitator name	
MAT_103	Facilitator code *Enter your 2-character identifier*	☐☐
MAT_104	Type of administrative unit *(Country-specific: adapt to the local country context and health system structure)*	6. District health office 7. Regional/provincial health office 8. Central MOH
UNIT IDENTIFICATION		
MAT_105	Central/region/state/province *Enter the alphanumeric code that identifies this level.*	☐☐
MAT_106	District *Enter the alphanumeric code that identifies this district.* [Valid when type of facility is 6]	☐☐
MAT_107	Unit name	
MAT_108	Location of the unit (Town/city/village)	
MAT_109	Office(s) visited <u>Note</u>*: It could be one or more offices from which information is collected. Please list them here.*	_____ _____ _____

MAT_110	Survey start time (Use the 24-hour clock system, e.g., 14:30)	☐☐ : ☐☐

GOVERNANCE		
MAT_005	Does the central/region/district office have a written document describing the RHIS mission, roles, and responsibilities that are related to strategic and policy decisions at the district and higher levels?	1. Yes 2. No
MAT_006	Does the central/region/district office have a current health service organizational and staff chart showing positions related to health information?	1. Yes 2. No
MAT_007	A. Does the central/region/district office have written standard operating procedures (SOPs) and procedural guidelines for the RHIS that include: • Data definitions • Data collection and reporting • Data aggregation, processing, and transmission • Data analysis, dissemination, and use • Data quality assurance • Master facility list (MFL) • International Classification of Diseases (ICD) codes • Data security • Data storage • Performance improvement processes **Select** *yes, partially* **if written SOPs and procedural guidelines for the RHIS are available, but they do not have all the listed RHIS data management areas.**	1. Yes 2. Yes, partially* 3. No
	B. *If yes, partially*, please identify the SOPs/guidelines that are lacking:	1. Data definitions 2. Data collection and reporting 3. Data aggregation, processing, and transmission 4. Data analysis, dissemination, and use 5. Data quality assurance 6. MFL 7. ICD codes 8. Data security 9. Data storage 10. Performance improvement processes
MAT_008	Does the central/region/district office have an overall framework and plan for information and communication technology (ICT), for example describing the required equipment and plans for training in the use of ICT for RHIS?	1. Yes 2. No
MAT_009	Does the central/region/district office maintain a list/documentation of the dissemination of the RHIS monthly/quarterly reports to the various health program staff in the district, the community, local administration, nongovernmental organizations (NGOs), etc.?	1. Yes 2. No

PLANNING

MAT_010	Does the central/region/district office have a copy of the national HIS situation analysis/assessment report that is less than three years old? *(Not applicable if there was no national assessment done in the past three years.)*	1. Yes 2. No 3. N/A
MAT_011	Does the central/region/district office have a copy of the national three or five-year HIS strategic plan? *(Not applicable if there was no national three- or five-year HIS strategic plan.)*	1. Yes 2. No 3. N/A
MAT_012	Has the central/region/district office set RHIS performance targets (data accuracy, completeness, and timeliness) for their respective administrative area (country/region/district)?	1. Yes 2. No

CAPACITY DEVELOPMENT/TRAINING

MAT_013	Does the central/region/district office have a copy of the national or regional HIS training needs assessment report? *(Not applicable if there was no national or regional HIS training needs assessment.)*	1. Yes 2. No 3. N/A
MAT_014	Does the central/region/district office have an RHIS training manual?	1. Yes 2. No → **Go to MAT_016**
MAT_015	If yes, has the central/region/district office conducted RHIS training in the past three years using the RHIS training manual?	1. Yes 2. No
MAT_016	Does the central/region/district office have a costed training and capacity development plan that has benchmarks, timelines, and mechanisms for on-the-job RHIS training, RHIS workshops, and orientation for new staff?	1. Yes 2. No
MAT_017	Does the central/region/district office have a schedule for planned training?	1. Yes, for one year 2. Yes, for two years or more 3. No

SUPPORTIVE SUPERVISION		
MAT_018	Does the central/region/district office have copies of RHIS supervisory guidelines and checklists?	1. Yes 2. No
MAT_019	Does the central/region/district office maintain a schedule for RHIS supervisory visits?	1. Yes 2. No
MAT_020	Does the central/region/district office have copies of the reports from RHIS supervisory visits conducted during the current fiscal year?	1. Yes 2. No
MAT_021	Do the health facilities that received a supervisory visit have copies of the report from the latest supervisory visit in which commonly agreed action points are listed? **[Verify that copies of the latest supervisory visit reports were sent to health facilities]**	1. Yes 2. No

FINANCING		
MAT_022	Does the central/region/district office have a budget for RHIS supplies (e.g., registers, forms, guidelines)?	1. Yes 2. No 3. N/A
MAT_023	Do the central/region/district office HIS/monitoring and evaluation (M&E) officers have access to financial and logistics resources for RHIS supervision?	1. Yes 2. No
MAT_024	Does the central/region/district office have a copy of the long-term financial plan for supporting RHIS activities?	1. Yes 2. No

MAT_111	Survey end time (Use the 24-hour clock system, e.g., 14:30)	☐☐ : ☐☐

MODULE 5. FACILITY/OFFICE CHECKLIST

Purpose

The facility/office checklist inventories available resources, such as equipment, utilities, storage of information, communication capacity, and RHIS forms and registers. Specific uses of the checklist are:

1. Assessing the availability of resources.
2. Monitoring the availability of resources over time.
3. Making management decisions to replenish resources.
4. Developing recommendations to deal with resource issues.

Summary of Information Collected Using the Facility/Office Checklist

The checklist is used at health facilities, district offices, and higher levels to assess the availability of resources, including:

- **RHIS hardware/equipment**: the availability digital equipment in working condition (computers, printers, modems, uninterruptible power supply [UPS]), backup unit, communication units, etc.
- **RHIS infrastructure**: the availability of consistent electricity and back-up power, access to the Internet, storage facilities with proper temperature controls, etc.
- **RHIS supplies**: RHIS data collection and reporting forms.
- **Human resources**: staffing levels (number and type of staff at facility or office level, disaggregated by gender), RHIS trained staff, types of RHIS training received, and dates of most recent trainings.

Data Collection Methods

- Key informant interview involving the district RHIS unit director, health facility in-charge, and/or data manager.

- Office inventory visit/tour, desk review, and observations.

Facility/Office Checklist

Interview the facility manager or person in charge of the RHIS at the district office or the health facility.

SURVEY FACILITATOR		
FOC_101	Survey date	
FOC_102	Facilitator name	
FOC_103	Facilitator code *Enter your 2- character identifier.*	☐☐
FOC_104	Type of facility *(Country-specific: adapt to the local country context and health system structure)*	1. National/regional referral hospital 2. District/provincial hospital 3. Health center 4. Health clinic 5. Health post 6. District health office 7. Regional/provincial health office

UNIT IDENTIFICATION [Valid for facility types 6 or 7]		
FOC_105h	Central/region/state/province *Enter the alphanumeric code that identifies this level.*	☐☐
FOC_106h	District *Enter the alphanumeric code that identifies this district.* [Valid when type of facility is 6]	☐☐
FOC_108h	Unit name	
FOC_109h	Location of the unit (Town/city/village)	
FOC_110h	Office(s) visited Note: *It could be one or more offices from which data are collected. Please list them here.*	_____ _____ _____

FACILITY IDENTIFICATION [Valid for facility types 1-5]		
FOC_105f	Region/state/province *Enter the alphanumeric code that identifies this level.*	☐☐

FOC_106f	District *Enter the alphanumeric code that identifies this district.*	
FOC_107f	Health facility number *Enter the 5-digit unit number. Include leading zeros.*	
FOC_108f	Health facility name	
FOC_109f	Location of the unit (Town/city/village)	
FOC_110f	Urban/rural	1. Urban 2. Rural
FOC_111f	Health managing authority	1. Government/public 2. NGO/not-for-profit 3. Private-for-profit 4. Mission/faith-based/CBO 96. Other (specify) _____

INFORMED CONSENT

READ THE FOLLOWING TEXT TO THE DISTRICT MANAGER OR THE HEAD OF THE DISTRICT UNIT OR HEALTH FACILITY:

Good day! My name is _____. We are here on behalf of [*IMPLEMENTING AGENCY*] conducting a survey of health facilities and offices to help the government know more about the performance of routine health information systems in [*COUNTRY*].

Your facility/office was randomly selected to participate in this study. We will be asking you questions about the organization of your unit/facility and its staff. This information may be used by [*MOH AND/OR IMPLEMENTING AGENCY*], organizations supporting services at your facility/office, and researchers, to plan service improvements or to conduct more studies of health services.

Neither your name nor the names of any respondent participating in this study will be included in the data set or in any report. However, there is a small chance that any of these respondents may be identified later. Nevertheless, we are asking your help to ensure that the information we collect is accurate.

You may refuse to answer any question or choose to stop the interview at any time. However, we hope you will answer all of the questions, which will benefit the clients you serve and the nation.

If there are questions that would be more accurately answered by someone better informed of any specifics we ask about, we would appreciate if you would introduce us to that person to help us collect any missing or incomplete information.

At this point, do you have any questions about the study? Do I have your agreement to proceed?

_____   _____ / _____ / _____

INTERVIEWER'S SIGNATURE INDICATING CONSENT OBTAINED   DAY   MONTH   YEAR

FOC_112	May I begin the interview?	1. Yes 2. No ➜ **End survey**

FOC_113	Survey start time (Use the 24-hour clock system, e.g., 14:30)	☐☐ : ☐☐

EQUIPMENT INVENTORY AND CONDITION

	Please verify if the following equipment or type of service is available in the facility or office.	**A. Total quantity** (If none, enter 0)	**B. Total quantity that are in working condition** (If none, enter 0)
FOC_011	Laptop computer		
FOC_012	Desktop computer		
FOC_013	Printers		
FOC_014	Modems		
FOC_015	Uninterruptible power supply (UPS)		
FOC_016	Circuit breaker		
FOC_017	Generators		
FOC_018	Calculator		

EQUIPMENT AND SERVICES INVENTORY

Please use the following checklist to assess whether or not the facility/office has the following inventory:

FOC_019	Data back-up unit → **If all answers are *no*, go to FOC_021**	1. Server	1. Yes	2. No
		2. USB key	1. Yes	2. No
		3. CD (compact disc)	1. Yes	2. No
		4. External hard drive	1. Yes	2. No
		5. Zip drive	1. Yes	2. No
FOC_020	Back-up unit(s) is/are kept on site		1. Yes	2. No
FOC_021	Telephone (regular or radio)		1. Yes	2. No

FOC_022	Facility/office official mobile phone with access to telephone network	1. Yes	2. No
FOC_023	Personal mobile phone with access to telephone network	1. Yes	2. No
FOC_024	Fax	1. Yes	2. No
FOC_025	Is there access to an Internet network?	1. Yes	2. No → **Go to FOC_028**
FOC_026	If *yes*, on average, how many days in a month do you have Internet access?	1. 20 days or more 2. 10-19 days 3. Less than 10 days	
FOC_027	Wi-Fi (Wireless Fidelity)	1. Yes	2. No

UTILITIES		
FOC_028	Is there a continuous electricity supply?	1. Yes → **Go to FOC_030** 2. No
FOC_029	If *no*, on average, how many days in a month is the electricity supply interrupted?	1. 20 days or more 2. 10-19 days 3. Less than 10 days
FOC_030	Does the room where the computer hardware is kept have air-conditioning?	1. Yes	2. No

AVAILABILITY OF REGISTERS/FORMS				
FOC_031	FOC_032	FOC_033	FOC_034	FOC_035
Type of records, tally sheets, or reports Please enter the name of the records, tally sheets, or reporting forms that are used at the facility/office level in this column	**Is the tool available?**	**Is the tool a standard RHIS tool?**	**Have you run out of this form in the past six months?**	**If yes, for how long were you out of stock?**
	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	
	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	
	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	
	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	
	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	
	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	
	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	
	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	
	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	
	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	
	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	
	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	

For the next sections:
- ➔ Go to **FOC_036** if the assessment is being conducted at a **health facility**
- ➔ Go to **FOC_040** if the assessment is being conducted at a **district office**

ORGANIZATION OF THE HEALTH FACILITY [*SKIP THIS SECTION AT THE DISTRICT LEVEL*]

FOC_036	Please describe the total number of people under each category below. *(Adapt according to the country context)*

Title/ post	Number by sex (If none, enter 0; if post not applicable, leave blank)		Title/ post	Number by sex (If none, enter 0; if post not applicable, leave blank)	
	M	F		M	F
1. Medical officer			10. Health educator		
2. Comprehensive nurse registered			11. Health inspector		
3. Comprehensive nurse enrolled			12. Laboratory technician		
4. Nursing assistant			13. Public health dental assistant		
5. Clinical officer			14. Anesthetic officer		
6. Laboratory assistant			15. Midwife		
7. Health assistant			16. Support staff		
8. Dispenser			96. Other (specify)		
9. Health information assistant			_____		

FOC_037	Who is responsible for filling out the registers at the facility? **(ANSWER USING THE NUMBER CODES FROM FOC_036)**	

FOC_038	Who is responsible for preparing/completing the monthly HMIS reports? **(ANSWER USING THE NUMBER CODES FROM FOC_036)**	

FOC_039	List the staff members who received any training in the following skills during the past three years, the number of trainings received, and the year of the latest training.

1. Title/post (Use the number codes from question FOC_036)	2. Number of training courses/sessions received by this person in the past three years	3. Year of last training (Within the past three years)	4. Topic(s) of last training Use the following codes and list all that apply: 1. Data collection 2. Data analysis 3. Data display 4. Data reporting 5. Using data for decision making

ORGANIZATION OF THE DISTRICT OR HIGHER-LEVEL OFFICE [*SKIP THIS SECTION AT THE FACILITY LEVEL*]

FOC_040 — Please describe the total number of people under each category below.

(Adapt according to the country context)

Title/ post	Number by sex (If none, enter 0; if post not applicable, leave blank)		Title/ post	Number by sex (If none, enter 0; if post not applicable, leave blank)	
	M	F		M	F
1. Head of district health office			4. M&E/HMIS officer		
2. Program officer			5. Data clerk		
3. Disease surveillance officer			96. Other (specify) _____		

FOC_041	Total number of people who are supposed to work in the district RHIS office and/or who are responsible for HIS management and oversight, if they exist?			
FOC_042	Total number of people working in the district RHIS office and/or who are responsible for HIS management and oversight, if they exit?			
FOC_043	Who is responsible for data compilation of reports submitted that are coming from the lower levels? **(ANSWER USING THE NUMBER CODES FROM FOC_040)**			
FOC_044	Who is responsible for checking the quality of reports submitted from the lower levels? **(ANSWER USING THE NUMBER CODES FROM FOC_040)**			
FOC_045	Who is responsible for data analysis (producing comparison tables, graphs, dashboards)? **(ANSWER USING THE NUMBER CODES FROM FOC_040)**			
FOC_046	Who is responsible for maintaining the eRHIS server, if it exists? **(ANSWER USING THE NUMBER CODES FROM FOC_040)**			

FOC_047	List the staff members who received any training in the following skills during the past three years, the number of trainings received, and the year of the latest training.			
	1. Title/post (Use the number codes from question FOC_040)	**2. Number of training courses/sessions received by this person in the past three years**	**3. Year of last training** (Within the past three years)	**4. Topic(s) of last training** Use the following codes and list all that apply: 1. Data entry 2. Check and verify the quality of data 3. Generating aggregate reports 4. Data analysis and interpretation 5. Using data for decision making

FOC_114	Survey end time (Use the 24-hour clock system, e.g., 14:30)	☐☐ : ☐☐

MODULE 6. ORGANIZATIONAL AND BEHAVIORAL ASSESSMENT TOOL (OBAT)

Purpose

1. Assess whether the organizational mechanisms are in place for producing the desired results in RHIS performance.
2. Explore the extent to which a culture of information exists in the organization.
3. Identify the commitment and support of upper management for enhancing an information system.
4. Quantify the health staff's motivation, knowledge, and skills to perform RHIS tasks.

Summary of Information Collected Using the OBAT

Promotion of an information culture
- Emphasis on data quality
- Use of RHIS information (for planning, day-to-day operations, and monitoring)
- Problem solving and feedback
- Sense of responsibility
- Empowerment/accountability

Individual skills and behaviors
- Perception of self-competency to perform RHIS tasks
- Knowledge of the RHIS (including rationale for data collection and how to perform data quality checks)
- Skills to perform RHIS tasks (such as identification and problem solving, visually presenting data, calculating rates and percentages, data interpretation, and evidence-based decision making)
- Motivation

Data Collection Methods

Paper and pencil-based self-assessment to be completed by:
- Health facility and district managers
- Regional/state/provincial RHIS/monitoring and evaluation (M&E) unit leads
- Health facility and district data managers or those responsible for the compilation, analysis, and reporting of data
- District- and higher-level health program supervisors or focal persons

The OBAT has the following parts:
- A survey relevant for staff and management at all levels (Part 1)
- Three cadre-specific competency surveys (Parts 2-4); district and higher-level staff should only fill out Part 2, health facility in-charge should only fill out Part 3, and health facility data management staff should only fill out Part 4

Organizational and Behavioral Assessment Tool

SURVEY FACILITATOR		
OBAT_101	Survey date	
OBAT_102	Facilitator name	
OBAT_103	Facilitator code *Enter your 2-character identifier.*	☐☐
OBAT_104	Type of facility *(Country-specific: adapt to the local country context and health system structure)*	1. National referral hospital 2. District/provincial hospital 3. Health center 4. Health clinic 5. Health post 6. District health office 7. Regional/provincial health office 8. Central MOH
UNIT IDENTIFICATION [Valid for facility types 6-8]		
OBAT_105h	Central/region/state/province *Enter the alphanumeric code that identifies this level.*	☐☐
OBAT_106h	District *Enter the alphanumeric code that identifies this district.* [Valid when type of facility is 6]	☐☐
OBAT_108h	Unit name	
OBAT_109h	Location of the unit (Town/city/village)	
OBAT_110h	Office(s) visited Note*: It could be one or more offices from which information is collected. Please list them here.*	_____ _____ _____
FACILITY IDENTIFICATION [Valid for facility types 1-5]		
OBAT_105f	Region/state/province *Enter the alphanumeric code that identifies this level.*	☐☐

OBAT_106f	District *Enter the alphanumeric code that identifies this district.*	☐☐
OBAT_107f	Health facility number *Enter a 5-digit unit number. Include leading zeros.*	☐☐☐☐☐
OBAT_108f	Health facility name	
OBAT_109f	Location of the unit (Town/city/village)	
OBAT_110f	Urban/rural	1. Urban 2. Rural
OBAT_111f	Managing authority	1. Government/public 2. NGO/not-for-profit 3. Private-for-profit 4. Mission/faith-based/CBO 96. Other (specify) _____

Part 1. For Staff and Management at All Levels

INTRODUCTION
This survey is part of [*IMPLEMENTING AGENCY OR PROGRAM/PROJECT*]'s *assessment* to improve routine health information systems (RHIS) in [*COUNTRY*]. The objective of this survey is to identify strengths and weaknesses in the RHIS with a view to developing interventions for system strengthening. As you fill out the following survey, please express your opinions honestly. Your responses will remain confidential and will not be shared with anyone, except in aggregate and anonymous formats. Please let us know if you have any questions or require clarification about any section of the survey. We appreciate your assistance and cooperation in completing this study. Thank you.

| OBAT_112 | Survey start time
(Use the 24-hour clock system, e.g., 14:30) | | : | | |

SECTION 1.1: RESPONDENT BACKGROUND		
DDI	Current job title **(CIRCLE ANSWER)** *(Country-specific: adapt to the local country context and health system structure)*	1. National/regional /provincial director general 2. Provincial HMIS focal person 3. District health office manager 4. District RHIS focal person 5. Facility in-charge 96. Other (specify) _____
DD2	Sex	1. Male 2. Female 3. Other
DD3a	Highest level of education achieved **(CIRCLE ONE ANSWER)**	1. None 2. Primary/Elementary 3. Secondary/High School 4. Post-secondary or higher
DD3b	If you received formal medical training, specify what type **(CIRCLE ALL THAT APPLY)**	1. Physician 2. Nurse/Midwife 3. Pharmacist 4. Epidemiologist 5. Laboratory 6. Technician 96. Other (specify) _____

DD4a	Number of years of employment (not just in current role)	
DD4b	Number of years working with health data or RHIS (not just in current role)	
DD5a	Have you ever received formal RHIS training?	1. Yes 2. No → **Go to Section 1.2**
DD5b	If yes, what type of formal RHIS training have you received in the past? **(CIRCLE ALL THAT APPLY)**	1. Health statistics 2. RHIS data management (data collection, transmission, storage, and/or data quality assurance) 3. Data analysis and use 4. Gender or gender M&E 5. ICT or data management/analysis applications 96. Other (specify)_____
DD5c	Did you receive training in RHIS-related activities in the past year?	1. Yes 2. No

SECTION 1.2: PROMOTION OF INFORMATION CULTURE

We would like to know your opinion (how strongly you agree or disagree) regarding certain aspects of the RHIS in (*COUNTRY*). There is no right or wrong answer, only an expression of your opinion based on a scale.

The scale assesses the intensity of your belief and ranges from "strongly disagree" (score of 1) to "strongly agree" (score of 5).

This information will remain confidential and will not be shared with anyone, except presented as an aggregated data report. Please be frank and choose your answers honestly.

Strongly disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree
1	2	3	4	5

To what extent, do you agree with the following statements, on a scale of 1-5?

Number	In the health department, decisions are based on:	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
D1	Personal preference of decision makers	1	2	3	4	5
D2	Superiors' directives	1	2	3	4	5
D3	Evidence/facts/data	1	2	3	4	5
D4	History (e.g., what was done last year)	1	2	3	4	5
D5	Funding directives from higher levels	1	2	3	4	5
D6	Political considerations	1	2	3	4	5
D7	Official health sector strategic objectives	1	2	3	4	5
D8	Locally identified health needs of the population	1	2	3	4	5
D9	The relative cost of interventions	1	2	3	4	5
D10	Participatory decision making, by obtaining input from relevant staff	1	2	3	4	5

Number	In the health department, superiors (managers or higher-level supervisors):	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
S1	Seek input from relevant staff	1	2	3	4	5
S2	Emphasize that data quality procedures be followed in the compilation and submission of periodic reports (e.g., monthly reports)	1	2	3	4	5
S3	Promote multidirectional feedback mechanisms to share/present information within the team, and to lower and upper levels of the health system	1	2	3	4	5
S4	Use RHIS data for service performance monitoring and target setting	1	2	3	4	5
S5	Emphasize the need to use RHIS data to identify potential gender-related disparities in service delivery or use	1	2	3	4	5
S6	Conduct routine data quality checks at points where data are captured, processed, or aggregated	1	2	3	4	5
S7	Ensure that regular meetings are held where data and information are discussed, performance reports are presented and reviewed, decisions are made, follow-up actions are identified, and their implementation is monitored	1	2	3	4	5
S8	Provide regular feedback on reported data quality (e.g., accuracy of data compilation/reporting) to the staff responsible for compiling and reporting the data	1	2	3	4	5
S9	Recognize or reward staff for good work performance	1	2	3	4	5

To what extent, do you agree with the following statements, on a scale of 1-5?

Number	In the health department, staff:	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
	To what extent, do you agree with the following statements, on a scale of 1-5?					
P1	Complete RHIS tasks (reporting, processing/aggregation, and/or analysis) in a timely manner (i.e., meet appropriate deadlines)	1	2	3	4	5
P2	Display commitment to the RHIS mission (i.e., to generate and use good-quality—accurate, complete, and timely—data for evidence-based decision making)	1	2	3	4	5
P3	Pursue national targets and set feasible local targets for essential service performance	1	2	3	4	5
P4	Feel "personal responsibility" for failing to reach performance targets	1	2	3	4	5
P5	Use RHIS data for day-to-day management of the facility and district (e.g., service delivery, financial, commodities, and human resource management)	1	2	3	4	5
P6	Use RHIS data to solve common problems in service delivery	1	2	3	4	5
P7	Use sex-disaggregated or gender-sensitive RHIS data to identify and/or solve gender-related problems in service delivery	1	2	3	4	5
P8	Prepare data visuals (graphs, tables, maps, etc.) showing progress toward targets (indicators, geographic and/or temporal trends, or situation data)	1	2	3	4	5
P9	Can evaluate whether an intervention achieved the target(s) or goal(s)	1	2	3	4	5
P10	Are able to make decisions appropriate to their job descriptions in response to the findings of data analysis (e.g., changes in service delivery or management practices)	1	2	3	4	5

	To what extent, do you agree with the following statements, on a scale of 1-5?					
Number	In the health department, staff:	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
P11	Are held accountable for poor performance (e.g., failure to meet reporting deadlines)	1	2	3	4	5
P12	Admit mistakes if/when they occur and take corrective action	1	2	3	4	5

	To what extent, do you agree with the following statements, on a scale of 1-5?					
Number	Personal feelings:	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
BC1	I feel discouraged when the data that I collect/record are not used for taking action (either for monitoring or decision making)	1	2	3	4	5
BC2	I find collecting/recording data to be tedious (i.e., repetitive or duplicative)	1	2	3	4	5
BC3	I find that the data that I collect burdens my workload, making it difficult for me to complete my other duties	1	2	3	4	5
BC4	Collecting data is meaningful/useful for me	1	2	3	4	5
BC5	I feel that the data I collect are important for monitoring the performance of the health services provided at my facility/unit	1	2	3	4	5
BC6	My work of collecting data is appreciated and valued by supervisors	1	2	3	4	5
BC7	I feel that data collection/recording is not the responsibility of healthcare providers	1	2	3	4	5

SECTION 1.3: RHIS KNOWLEDGE

Describe at least three reasons for collecting or using the following types of data a monthly basis:

U1A	Diseases
	1.
	2.
	3.
U1B	Immunization
	1.
	2.
	3.
U1C	Age of clients
	1.
	2.
	3.
U1D	Sex of clients
	1.
	2.
	3.
U1E	Geographical data or residence of clients
	1.
	2.
	3.
U1F	Why are population data needed (e.g., information on the number of people living in the catchment area, disaggregated by relevant characteristics, such as age and sex)?
	1.
	2.

	3.	
U2	Describe at least three aspects of data quality:	
	1.	
	2.	
	3.	
U3	Describe at least three ways of ensuring data quality, as relevant to your job classification/responsibilities:	
	1.	
	2.	
	3.	

SECTION 1.4: CASE STUDY ON DATA QUALITY

Dr. Akram, District Health Executive Officer, read a recent report prepared by the HIS Officer after a supervision visit made to five out of eight health facilities in the district. The supervisor cross-checked the reported data with the recorded data from the source document. The supervision report showed that the average data accuracy for the indicator—antenatal care 1st visit (ANC1)—was only 40% and Dr. Akram felt very disturbed by it. "I need to take action," he said aloud. He set up a meeting with the entire district health team to identify the reasons for the discrepancy and think about next steps to improve data quality. After some discussion with his team about the potential reasons for the low percentage of data accuracy, the district team started preparing an action plan for all health facilities in the district.

PSa	Describe how Dr. Akram and his team defined the data quality problem in this scenario: _____ _____ _____ _____ _____ _____	
PSb	List potential reasons for the data quality problem encountered:	
	1.	
	2.	

	3.	
	4.	
PSc	Describe what major activities/actions Dr. Akram and his team may have included in the district action plan to improve data quality:	
	1.	
	2.	
	3.	
	4.	
	5.	

SECTION 1.5: SELF-PERCEPTION OF COMPETENCY TO PERFORM RHIS TASKS

This part of the questionnaire is about how you perceive your competence in performing tasks related to health information systems. A high perception of competence suggests that the person can perform the task, while a low perception of competence could indicate a need for improvement or training. We are interested in knowing how competent you feel in performing RHIS-related tasks. Please be frank and rate your competence honestly.

Please rate your competence in accomplishing various RHIS activities on a scale from 0–10, where 0 is "no competence" and 10 is "very strong competence".

Rate your competence in accomplishing the following RHIS activities/tasks on a scale from 0 to 10:

SE1	I can check data accuracy	0	1	2	3	4	5	6	7	8	9	10
SE2	I can calculate percentages/rates correctly	0	1	2	3	4	5	6	7	8	9	10
SE3	I can plot a trend on a chart	0	1	2	3	4	5	6	7	8	9	10
SE4	I can explain the implication of the results of data analysis	0	1	2	3	4	5	6	7	8	9	10
SE5	I can use data for identifying service performance gaps and setting performance targets	0	1	2	3	4	5	6	7	8	9	10
SE6	I can use data for making operational/management decisions (e.g., for service delivery, budget allocation, distribution of roles and responsibilities, staff assignment, and logistics distribution)	0	1	2	3	4	5	6	7	8	9	10

Part 2. For Staff and Management at District and Higher Levels

This survey is designed for the district or regional RHIS manager or staff responsible for the analysis and interpretation of aggregate district/regional data.

We would like you to solve the following problems in compiling data, calculating percentages, plotting data, and interpreting information.

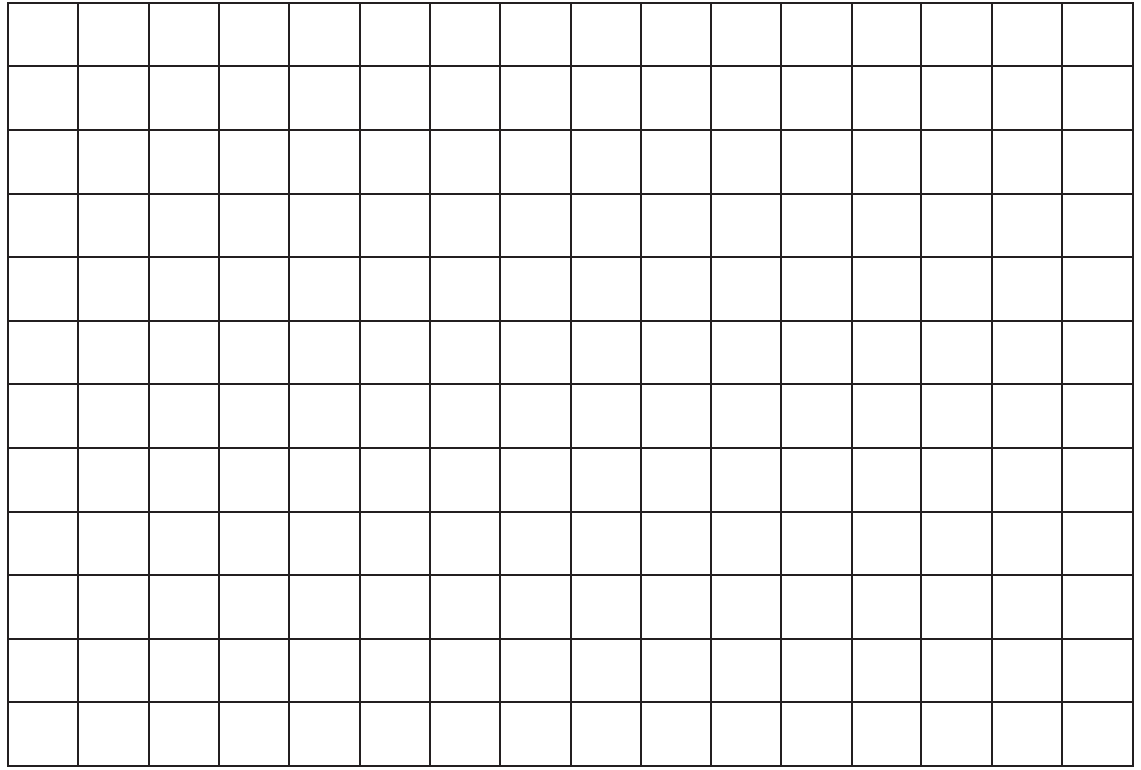| CD1	The estimated number of pregnant mothers in the district catchment area for the current period is 760. The health facilities in your district have registered 456 pregnant mothers for antenatal care—first visit (ANC1). Calculate the percentage of pregnant mothers in the district attending ANC in the current period.

CD2 — The table below shows the monthly HIV counseling and testing (HCT) results for Coast District. In this district, government facilities provide HCT services. During a recent review of the data, it was discovered that youth (younger than age 24) account for a significant number of new HIV infections. In response to these data, clinics in Coast District regularly review HCT data to inform decisions related to increasing the uptake of HCT services among youth.

Table 1. HIV counseling and testing (HCT) monthly summary, December 2009

		Facility # 1		Facility # 2		Facility # 3		Facility # 4	
		Age of client (in years)							
HCT Indicators		<24	24+	<24	24+	<24	24+	<24	24+
HCT1	Number of clients counseled	341	401	61	226	501	623	108	151
HCT2	Number of clients tested for HIV	339	399	53	220	494	600	108	151
HCT4	Number of clients who received their test results and received post-test counseling this month	338	399	40	214	431	487	107	151
HCT5	Number of clients who tested positive	30	41	9	63	96	141	17	19
HCT7	Number of clients referred to support groups	30	41	4	41	84	98	4	8

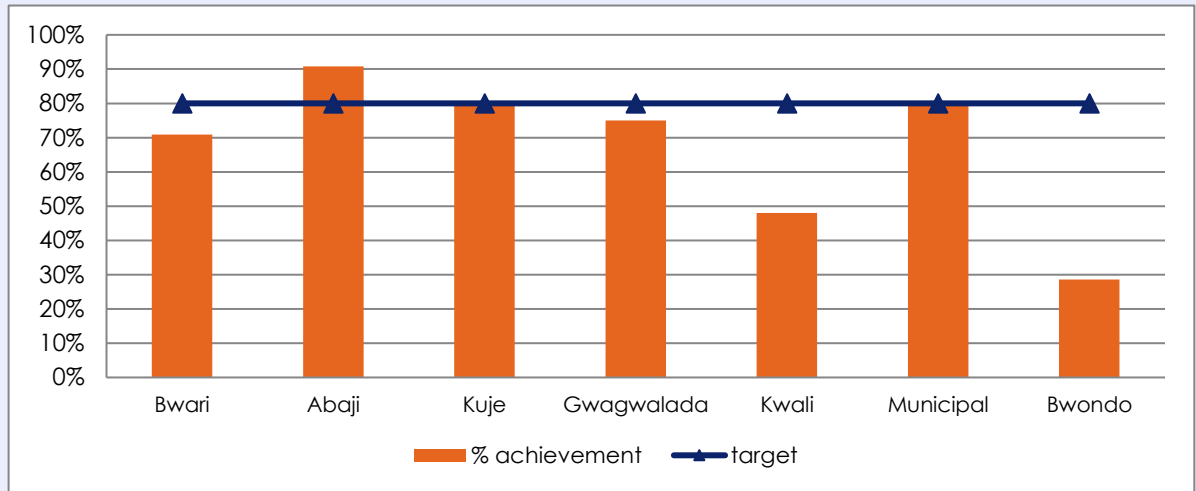| CD2a	Develop a bar chart depicting the distribution across the ages of clients tested for HIV at the four facilities in Coast District.

CD2b	**Figure 1. Long-lasting insecticide-treated bed nets (LLITNs) distributed in the period of January to December 2017 by a local government agency, as compared to the national target** Interpret the graph above: _____ _____ _____ _____ _____ _____
CD2c	The proportion of pregnant women in the general population is estimated at 5 percent. The government's National Malaria Strategic Plan (2014-2020) set universal coverage targets of key interventions for those at risk for malaria, particularly pregnant women and children under five years of age. To meet this goal, the National Malaria Control Program began distributing long-lasting insecticide-treated bed nets (LLITN) to pregnant women. The LLITN coverage target for pregnant women for the end of 2017was set at 80%.
CD2c1	Among the districts shown in the above graph, which attained the target coverage rate (80%) by the end of 2017?

CD2c2	What guidance could you provide to districts and programs based on these data?
CD2d	**Provide at least one use of the above chart findings at the:**
CD2d1	Facility level
	1.
	2.
	3.
CD2d2	Community level
	1.
	2.
	3.
CD2d3	District level
	1.
	2.
	3.
CD3	A survey in the facility catchment area found 500 children under five years of age who were malnourished. The total population of children less than five years of age was 5,000. What is the malnutrition rate?
CD4	If the malnutrition rate in children under two years of age was 20 percent and the total number of children less than two years of age was 10,000, calculate the number of children who are malnourished.

Part 3. For Health Facility In-Charge

SECTION 3.1: COMPETENCY TO PERFORM RHIS TASKS	

This survey is designed for a facility in-charge or staff responsible for the analysis and interpretation of health facility data.

We would like you to solve these problems in compiling data, calculating percentages, plotting data, and interpreting information.

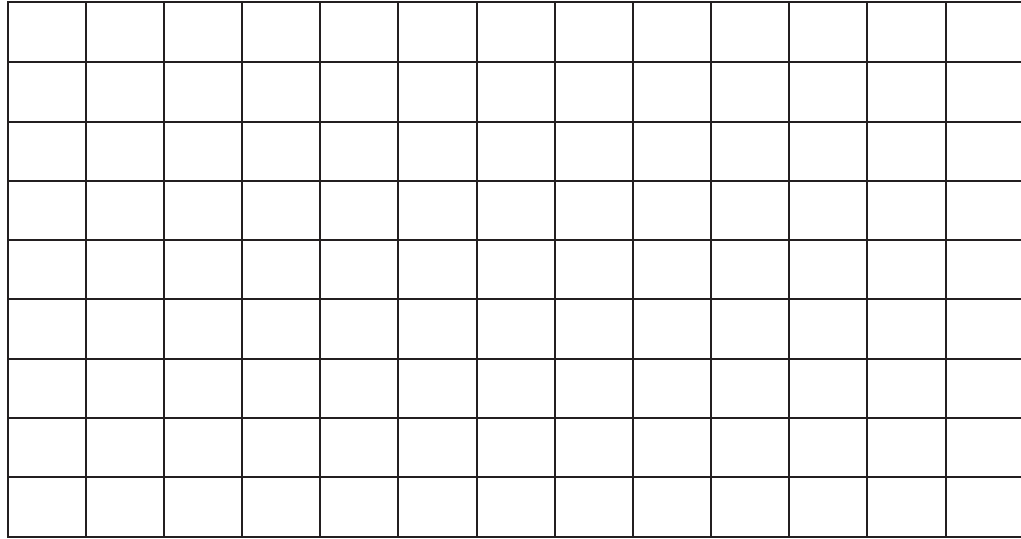| CF1	The estimated number of pregnant mothers in the facility catchment area for the current period is 340. The antenatal clinic in your facility has registered 170 pregnant mothers. Calculate the percentage of pregnant mothers in the facility catchment area attending antenatal care (ANC).
CF2	The table below shows the number of pregnant women who attended ANC for the first time (ANC1), as well as the number of these women who received a first dose of intermittent preventive treatment (IPT1) for malaria. **Table 1. Pregnant women who attended ANC1 at Bwari Health Center and who received IPT1**

Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
# of ANC visits	156	162	158	151	168	148	129	138	145	171	164	152
# of women who received IPT1 in ANC	101	110	107	106	121	105	97	109	117	144	143	138

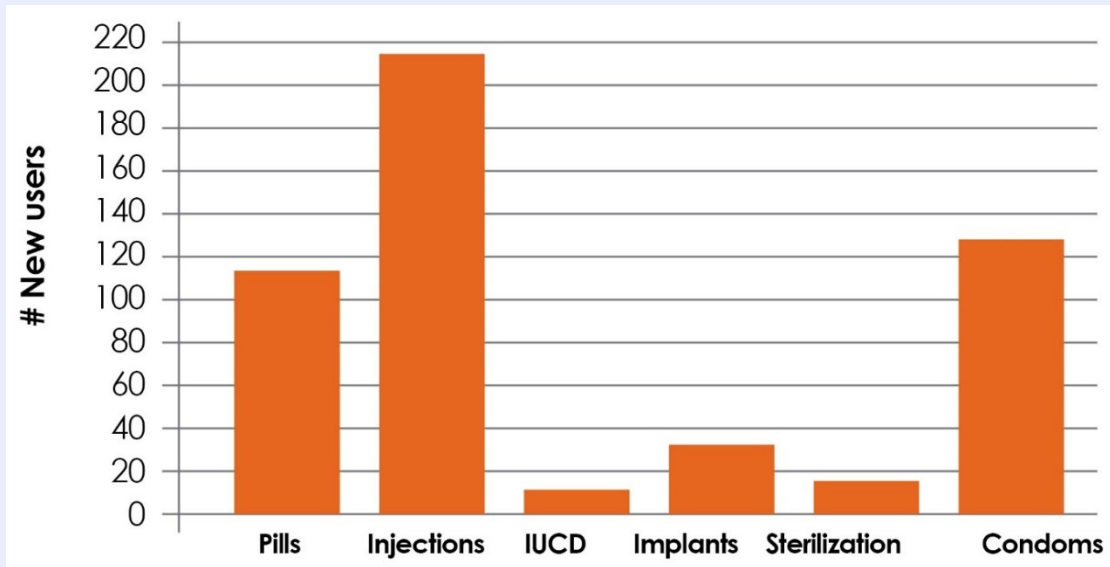|	
CF2a	Develop a line graph depicting the trend over one year in IPT1 coverage among women attending ANC1 at Bwari Health Center.

CF2b	**Figure 1. New family planning (FP) users at the Kateria City Clinic, January–March, 2010, by FP method**

What does the graph above tell you about the family planning (FP) method mix for new users at the Kateria City Clinic?

_____

_____

_____

_____

CF2c1	The target for Kateria City Clinic for new clients on any FP method for the year 2010 is 1,200 clients. How many new clients would the facility need to have each month if new clients were evenly distributed by month?

CF2c2	If Kateria City Clinic maintains this number of new FP client enrollments for the next three quarters, will they reach their target by the end of the year?	1. Yes 2. No

CF2d	**Provide at least one use of the above graph findings at the:**

CF2d1	Facility level
	1.
	2.
	3.

CF2d2	Community level
	1.
	2.
	3.

CF3	A survey in the facility catchment area found a total of 500 children (225 boys and 275 girls) under five years old who were malnourished. The total population of children less than five years old was 5,000, and 55 percent were female.
CF3a	What is the malnutrition rate among boys?
CF3b	What is the malnutrition rate among girls?
CF3c	What information do you get by disaggregating the data by sex? How does this information help you to plan and improve your service delivery?

Part 4. For Data Management Staff in the Health Facility

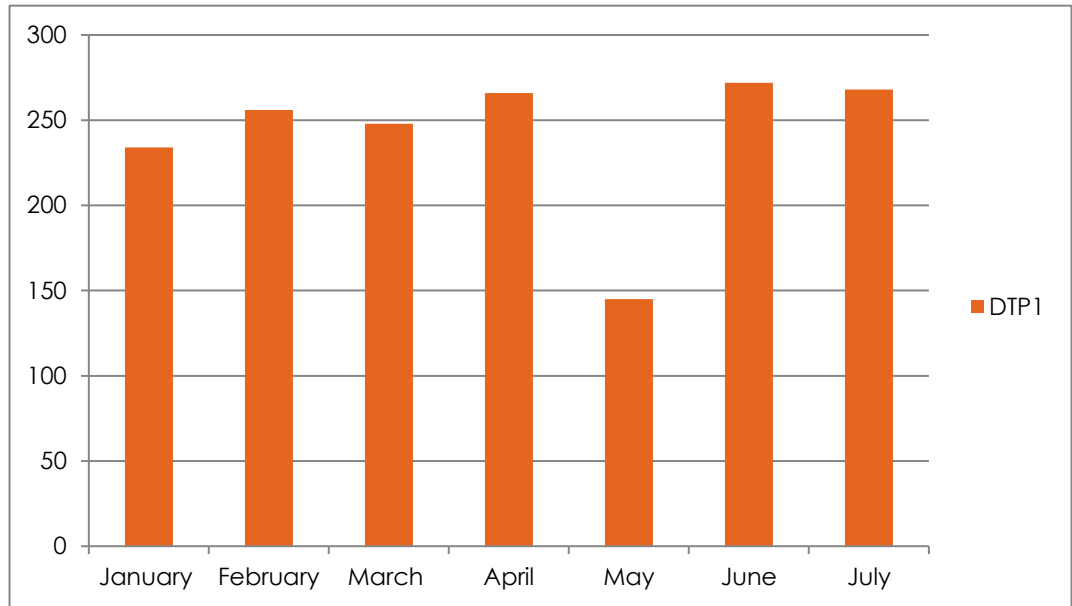| SECTION 4.1: COMPETENCY TO PERFORM RHIS TASKS	
This survey is designed for data managers or staff responsible for preparing the monthly RHIS report in the health facility. **We would like you to solve the following problems in compiling data, calculating percentages, plotting data, and interpreting information.**	
CS2	The coverage for fully immunized children 12–23 months was found to be 60 percent, 50 percent, 30 percent, 40 percent, and 40 percent for the years 2012, 2013, 2014, 2015, and 2016, respectively.
CS2a	Develop a trend graph (a line graph) depicting the coverage of fully immunized children 12–23 months, by year

CS2b	**Figure 1. Number of children who received the first dose of the diphtheria–tetanus–pertussis vaccine (DTP1) in Edo Health District, January–July 2014** Interpret the graph above: _____ _____ _____ _____ _____ _____
CS2c	What aspects of the graph stand out? Is there a trend, or an irregularity? If yes or no, explain the reasons for your answer.
CS2d	**Provide at least one use of the above graph findings at the:**
CS2d1	Facility level
	1.
	2.
	3.

CS2d2	Community level
	1.
	2.
	3.
CS3	A survey in the facility catchment area found 100 children under five years of age who were malnourished. The total population of children younger than five years was 1,000. What is the malnutrition rate?
CS4	If the malnutrition rate in children younger than two years was 20 percent and the total number of children younger than two years was 500, calculate the number of children who were malnourished.

OBAT_113	Survey end time (Use the 24-hour clock system, e.g., 14:30)	