Every Newborn-Measurement Improvement for Newborn & Stillbirth Indicators EN-MINI-PRISM Tools for Routine Health Information Systems

RHIS Performance Diagnostic
EN-MINI-PRISM Tool 2

EN-MINI tools

May 2022 Version 1.2

Every Newborn-Measurement Improvement for Newborn & Stillbirth Indicators EN-MINI-PRISM Tools for Routine Health Information Systems

RHIS Performance Diagnostic
EN-MINI-PRISM Tool 2

May 2022 Version 1.2

Acknowledgments

For any questions about the tools or implementing any part of the assessment, please contact: enapmetrics3@lshtm.ac.uk

Table of Contents

EN-MINI-PRISM Tools

This individual tool version is designed to be used alongside the complete set of EN-MINI-PRISM tools. Full acknowledgements, background, abbreviations, overview of the original PRISM series and details of the EN-MINI adaptation can be found in the complete set of EN-MINI PRISM tools.

The EN-MINI-PRISM Tools 1–6 are linked to other EN-MINI tools as shown in Figure 1. This individual tool is the RHIS Performance Diagnostic EN-MINI-PRISM Tool 2, which includes Tool 2A (District Level) and 2B (Health Facility Level).

Figure 1. EN-MINI Tools

Adapted from: Day LT, Moran AC, Jackson D, et al. (2019). Survive and Thrive: Transforming care for every small and sick newborn. Chapter 5, Figure 5.1. Geneva, Switzerland.

EN-MINI-PRISM Tool 2 can be used to determine the overall level of RHIS performance via its data quality and use of information. Captures technical and organizational determinants such as indicator definitions and reporting guidelines, the level of complexity of data collection tools and reporting forms, the existence of data-quality assurance mechanisms, RHIS data use mechanisms, and supervision and feedback mechanisms.

Data Requirements, Collection, and Management and Analysis

Data Entry Platform

The EN-MINI tools have been set up for direct digital data collection using SurveyCTO and standardized automated analysis. Please see the full EN-MINI-PRISM tool version for further details.

RHIS Performance Diagnostic EN-MINI-PRISM Tool 2A: 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 data elements, 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 data elements to assess data quality:

- Total births
- Livebirths
- Stillbirths
- Low birthweight
- Early initiation of breastfeeding
- Bag-mask-ventilation

At the district level, the RHIS Performance Diagnostic Tool compares reported data and the value entered in the district database for the same data elements 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.

---

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

Assessing RHIS Data Management Processes

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

- **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 EN-MINI-PRISM Tool 2A: 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 Note: 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 for newborn and stillbirth data in [COUNTRY].

Your district 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

DQ_109	Has the consent form been signed?	1. Yes 2. No → **End survey**
DQ_110	May I begin the interview?	1. Yes 2. No → **End survey**

DQ_111a	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 for newborn and stillbirth data from health facilities?	1. Yes 2. No
DQ_011	Does the district have a designated person to review the quality of compiled newborn and stillbirth 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_011.1	Does the electronic HIS programme (e.g., DHIS2) have embedded data quality applications (e.g., DQR WHO tool) for newborn and stillbirth data?	1. Yes 2. No → **Skip to DQ_012**
DQ_011.2	Are the data quality outputs for newborn and stillbirth data regularly generated and used?	1. Yes 2. No
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 for newborn and stillbirth data (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 for newborn and stillbirth data 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 newborn and stillbirth data 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 for newborn and stillbirth data, 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 for newborn and stillbirth data by the health facilities?	1. Yes 2. No → **Go to DQ_021**
	2. If *yes*, what is the deadline? Reporting deadline: _____ 3. If yes, how long (in days) do staff have between the end of the data collection period (e.g., end of the month) and report submission?	
DQ_019	Does the district office record receipt dates of monthly RHIS reports for newborn and stillbirth data? **(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 for newborn and stillbirth data 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 data elements	

Please answer the following questions for each of the selected data elements.

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

Data elements	A. Month 1	B. Month 2	C. Month 3
1. Total births			
2. Number of live births			
3. Number of stillbirths			
4. Number of newborns with low birthweight (<2500g)			
5. Number of newborns with early initiation of breastfeeding			
6. Number of newborns receiving bag-mask-ventilation			
7. Number of women receiving uterotonics to prevent postpartum hemorrhage			
8. Number of newborns admitted to KMC ward <2000g			
9. Number of institutional neonatal deaths			
10. Number of cases of neonatal sepsis			

DQ_024	**(CONSULT REGISTER/COMPUTER)**

A. Month 1 _____ year_____

Data elements	A. How many facilities actually reported on the selected data elements?	B. How many reports were complete (meaning that the report contains the data relevant to the selected data elements)?
1. Total births		
2. Number of live births		
3. Number of stillbirths		
4. Number of newborns with low birthweight (<2500g)		
5. Number of newborns with early initiation of breastfeeding		
6. Number of newborns receiving bag-mask-ventilation		

data elements	A. How many facilities actually reported on the selected data elements?	B. How many reports were complete (meaning that the report contains the data relevant to the selected data elements)?
7. Number of women receiving uterotonics to prevent postpartum hemorrhage		
8. Number of newborns admitted to KMC ward <2000g		
9. Number of institutional neonatal deaths		
10. Number of cases of neonatal sepsis		

B. Month 2 _____ year_____

data elements	A. How many facilities actually reported on the selected data elements?	B. How many reports were complete (meaning that the report contains the data relevant to the selected data elements)?
1. Total births		
2. Number of live births		
3. Number of stillbirths		
4. Number of newborns with low birthweight (<2500g)		
5. Number of newborns with early initiation of breastfeeding		
6. Number of newborns receiving bag-mask-ventilation		
7. Number of women receiving uterotonics to prevent postpartum hemorrhage		
8. Number of newborns admitted to KMC ward <2000g		
9. Number of institutional neonatal deaths		
10. Number of cases of neonatal sepsis		

C. Month 3 _____ year_____

data elements	A. How many facilities actually reported on the selected data elements?	B. How many reports were complete (meaning that the report contains the data relevant to the selected data elements)?
1. Total births		
2. Number of live births		
3. Number of stillbirths		
4. Number of newborns with low birthweight (<2500g)		
5. Number of newborns with early initiation of breastfeeding		
6. Number of newborns receiving bag-mask-ventilation		
7. Number of women receiving uterotonics to prevent postpartum hemorrhage		
8. Number of newborns admitted to KMC ward <2000g		
9. Number of institutional neonatal deaths		
10. Number of cases of neonatal sepsis		

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 4. Not applicable- all reports were complete 96. Other (specify):

Data accuracy

Manually count the reported figures for the following data elements 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: _____ Data elements	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. Total births			
	2. Number of live births			
	3. Number of stillbirths			
	4. Number of newborns with low birthweight (<2500g)			
	5. Number of newborns with early initiation of breastfeeding			
	6. Number of newborns receiving bag-mask-ventilation			
	7. Number of women receiving uterotonics to prevent postpartum hemorrhage			
	8. Number of newborns admitted to KMC ward <2000g			
	9. Number of institutional neonatal deaths			
	10. Number of cases of neonatal sepsis			

DQ_027	Month 2: _____ _____ **Data elements**	**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. Total births			
	2. Number of live births			
	3. Number of stillbirths			
	4. Number of newborns with low birthweight (<2500g)			
	5. Number of newborns with early initiation of breastfeeding			
	6. Number of newborns receiving bag-mask-ventilation			
	7. Number of women receiving uterotonics to prevent postpartum hemorrhage			
	8. Number of newborns admitted to KMC ward <2000g			
	9. Number of institutional neonatal deaths			
	10. Number of cases of neonatal sepsis			

DQ_028	Month 3: _____ Data elements	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. Total births			
	2. Number of live births			
	3. Number of stillbirths			
	4. Number of newborns with low birthweight (<2500g)			
	5. Number of newborns with early initiation of breastfeeding			
	6. Number of newborns receiving bag-mask-ventilation			
	7. Number of women receiving uterotonics to prevent postpartum hemorrhage			
	8. Number of newborns admitted to KMC ward <2000g			
	9. Number of institutional neonatal deaths			
	10. Number of cases of neonatal sepsis			

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 for newborn and stillbirth data 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], and 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 for newborn and stillbirth data 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 for newborn and stillbirth data 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 for newborn and stillbirth data 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 for newborn and stillbirth data within the past three months. **(OBSERVE)**	1. Yes, observed 2. No
	B. Demographic data on the catchment population of the district for calculating coverages for newborn and stillbirth data. **(OBSERVE)**	1. Yes, observed 2. No
	C. Indicators (e.g., early initiation of breastfeeding, bag-mask-ventilation, birthweight/low birthweight, and stillbirth) 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 early initiation of breastfeeding, bag-mask-ventilation, birthweight/low birthweight, stillbirth). **(OBSERVE)**	1. Yes, observed 2. No
	E. Comparisons with district/national targets for newborn and stillbirth. **(OBSERVE)**	1. Yes, observed 2. No
	F. Comparisons of data over time (monitoring trends) (e.g., early initiation of breastfeeding, bag-mask-ventilation, birthweight/low birthweight, stillbirth). **(OBSERVE)**	1. Yes, observed 2. No
	G. Comparisons of sex-disaggregated data (e.g., low birthweight, etc.). **(OBSERVE)**	1. Yes, observed 2. No
	H. Comparisons of service coverage (e.g., early initiation of breastfeeding, bag-mask-ventilation, birthweight/low birthweight, stillbirth 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) for newborn and stillbirth 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 newborn and stillbirth 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 for newborn and stillbirth 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 for newborn and stillbirth data? Such as:	
	1. Coverage of service such as, early initiation of breastfeeding, bag-mask-ventilation, birthweight/low birthweight etc.	1. Yes 2. No
	2. Hospital/health center performance indicators	1. Yes 2. No
	3. Major neonatal morbidity diagnoses (e.g., top ten diseases: retinopathy, growth faltering, kernicterus, and jaundice).	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, e.g., low birthweight	1. Yes 2. No

Feedback to health facilities		
DU_009	Did the district send feedback reports using for newborn and stillbirth 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:		
	1. Coverage of services like early initiation of breastfeeding, bag-mask-ventilation, birthweight/low birthweight etc.	1. Yes 2. No	
	2. Hospital/health center performance indicators	1. Yes 2. No	
	3. Major neonatal morbidity diagnoses (e.g., top ten diseases: retinopathy, growth faltering, kernicterus, and jaundice).	1. Yes 2. No	
	4. Identification of emerging issues/epidemics	1. Yes 2. No	If all are No → **Go to DU_018**
	5. Medicine stockouts	1. Yes 2. No	
	6. Human resource management	1. Yes 2. No	
	7. Sex-disaggregated data, e.g., total births	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 early initiation of breastfeeding, bag-mask-ventilation, birthweight/low birthweight etc.	1. Yes	2. No
	2. Hospital/health center performance	1. Yes	2. No
	3. Major neonatal morbidity diagnoses (e.g., top ten diseases: retinopathy, growth faltering, kernicterus, and jaundice).	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 for newborn and stillbirths 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 newborn and stillbirth 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 newborn and stillbirth data by the general public?	1. Yes 2. No
DU_027	Are district newborn and stillbirth performance data shared with the general public via bulletin boards, chalkboards, and/or local publications?	1. Yes 2. No
DQ_111b	Survey end time (Use the 24-hour clock system, e.g., 14:30)	☐☐ : ☐☐

RHIS Performance Diagnostic EN-MINI-PRISM Tool 2B: 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 data elements, 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 data elements to assess data quality:

- Total births
- Livebirths
- Stillbirths
- Low birthweight
- Early initiation of breastfeeding
- Bag-mask-ventilation

At the facility level, the RHIS Performance Diagnostic Tool compares the reported value of a data element 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 data elements 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

---

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

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:

- **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 EN-MINI-PRISM Tool 2B: Health Facility Level

Survey facilitator		
FQ_101	Interview 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 10-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 for newborn and stillbirth data in [*COUNTRY*].

Your health facility 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 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	Is the consent form signed by interviewee?	1. Yes 2. No → **End survey**
FQ_113	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 newborn and stillbirth 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 newborn and stillbirth 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

Data elements definitions and reporting guidelines			
FQ_014	Does the health facility have standard written definitions for the following data elements? *Please only select N/A if the data elements/ indicator is not collected in this facility. If the respondent replies "no" or "don't know," please check with all facility staff who may know before entering "no."*		
	1. Total births	1. Yes	2. No	3. N/A
	2 Number of live births	1. Yes	2. No	3. N/A
	3 Number of stillbirths	1. Yes	2. No	3. N/A
	4. Number of newborns with low birthweight (<2500g)	1. Yes	2. No	3. N/A
	5. Number of newborns with early (within 1 hour) initiation of breastfeeding	1. Yes	2. No	3. N/A
	6. Number of newborns receiving bag-mask-ventilation	1. Yes	2. No	3. N/A
	7. Number of women receiving uterotonics to prevent postpartum hemorrhage	1. Yes	2. No	3. N/A
	8. Number of newborns admitted to KMC ward <2000g	1. Yes	2. No	3. N/A
	9. Number of institutional neonatal deaths	1. Yes	2. No	3. N/A
	10. Number of cases of neonatal sepsis	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 newborn/ stillbirth data reporting protocols for the program/RHIS, including:		
	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

Total births			
FQ_016	Does this facility provide labor and delivery services?	1. Yes 2. No → **Go to Q_054KMC**	
Source documents and reports			
FQ_017	If *yes*, does this facility report total births 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 total births 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 total births? We are primarily interested in the main document that is used for **compiling** the total number of births (total births) at this facility. Please report if any customized documents are used.	1. Labor and delivery register 2. Operation theater register 3. Tally sheets 96. Other (specify) _____	

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

FQ_020	Please confirm the availability of the **source document** for total births for month 1 to month 3. If available, please **recount** the number of total births recorded in the **main source document** for month 1 to month 3.	A. Source document available				B. Recount the number of total births 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 data element total births. Take the last 50 entries recorded in the register for each reporting period and check if all the data elements (e.g., birth outcome etc) relevant to the selected data element total births are filled in.
**PARTLY means that the register is available, but some information is missing.

Review the monthly reports for total births and answer the following questions:

FQ_021	Please confirm the availability of the **monthly reports** for total births for month 1 to month 3. If available, please **record** the number of total births recorded in the **monthly reports** for month 1 to month 3.	A. Monthly report available				B. Record the number of total births 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 data element total births.
**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, in your opinion 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**, in your opinion 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) _____

Live births			
Source Documents and Reports			
FQ_025	Does this facility report live birth 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. Program specific reporting system for maternal and child health (MCH)	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 live births? We are primarily interested in the main document that is used for **compiling** the total number of live births at this facility. Please report if any customized documents are used.	1. Labor and delivery register 2. Operation theater register 3. Tally sheets 96. Other (specify) _____	

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

FQ_028	Please confirm the availability of the **source document** for live births for month 1 to month 3. If available, please **recount** the number of live births recorded in the **main source document** for month 1 to month 3.	**A. Source documents available**				**B. Recount the number of** live births **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 data element live births. Take the last 50 entries recorded in the register for each reporting period and check if all the data elements e.g., birth outcome) relevant to the selected data element live births are filled in.
**PARTLY means that the register is available, but some information is missing.

Review the monthly reports for live births and answer the following questions:

FQ_029	Please confirm the availability of the **monthly reports** for live births for month 1 to month 3. If available, please **record** the number of live births recorded in the **monthly reports** for month 1 to month 3.	**A. Monthly reports available**				**B. Record the number of live births/ 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 data element live births.
**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, in your opinion 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**, in your opinion 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) _____

Stillbirths			
Source documents and reports			
FQ_033	Does this facility report stillbirth data to a reporting system?	1. Yes 2. No → **Go to FQ_041**	
FQ_034	To which of the following reporting systems does the facility report stillbirth data?		
	1. HMIS	1. Yes	2. No
	2. Program specific reporting system for maternal and child health (MCH)	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 stillbirths? We are primarily interested in the main document that is used for **compiling** the total number of stillbirths at this facility. Please report if any customized documents are used.	1. Labor and delivery register 2. Operation theater register 3. Tally sheets 96. Other (specify) _____	

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

FQ_036	Please confirm the availability of the **source document** for stillbirths for month 1 to month 3. If available, please **recount** the number of stillbirths recorded in the **main source document** for month 1 to month 3.	**A. Source documents available**				**B. Recount the number of stillbirths 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 data element stillbirths. Take the last 50 entries recorded in the register for each reporting period and check if all the data elements (e.g., birth outcome) relevant to the selected data element stillbirth are filled in.
**PARTLY means that the register is available, but some information is missing.

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

FQ_037	Please confirm the availability of the **monthly reports** for stillbirths for month 1 to month 3. If available, please **record** the number of stillbirths recorded in the **monthly reports** for month 1 to month 3.	**A. Monthly reports available**				**B. Record the number of stillbirths 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 data element stillbirths.
**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, in your opinion 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**, in your opinion 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) _____

Low birthweight			
Source documents and reports			
FQ_041	Does this facility report low birthweight to a reporting system?	1. Yes	
		2. No → **Go to FQ_048**	
FQ_042	To which of the following reporting systems does the facility report low birthweight data?		
	1. HMIS	1. Yes	2. No
	2. Program specific reporting system for maternal and child health (MCH)	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 reporting of low birthweight? We are primarily interested in the main document that is used for **compiling** the total number of newborns with low birthweight born at this facility. Please report if any customized documents are used.	1. Labor and delivery register 2. Operation theater register 3. Tally sheets 96. Other (specify) _____	

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

FQ_044	Please confirm the availability of the **source document** for low birthweight for month 1 to month 3. If available, please **recount** the number of newborns with low birthweight recorded in the **main source document** for month 1 to month 3.	A. Source document available				B. Recount the number of newborns with low birthweight 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 data element low birthweight. Take the last 50 entries recorded in the register for each reporting period and check if all the data elements (e.g., birthweight) relevant to the selected data element low birthweight are filled in.
**PARTLY means that the register is available, but some information is missing.

Review the monthly reports for low birthweight and answer the following questions:

FQ_045	Please confirm the availability of the **monthly reports** for low birthweight for month 1 to month 3. If available, please **record** the number of newborns with low birthweight recorded in the **monthly reports** for month 1 to month 3.	A. Monthly report available				B. Record the number of newborns with low birthweight 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 data element low birthweight. **PARTLY means that the monthly report is available, but some information is missing.

Data completeness

FQ_046	If the source document and/or monthly reports are not completely filled in, in your opinion 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_047	If there was a discrepancy observed between the **main source document** and the **monthly reports**, in your opinion 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) _____

Early initiation of breastfeeding		
Source documents and reports		
FQ_048	Does this facility report early initiation of breastfeeding data to a reporting system?	1. Yes 2. No → **Go to FQ_055**
FQ_049	To which of the following reporting systems does the facility report early initiation of breastfeeding data?	
	1. HMIS	1. Yes / 2. No
	2. Program specific reporting system for maternal and child health (MCH)	1. Yes / 2. No
	3. NGOs or institutions	1. Yes / 2. No
	96. Other reporting system If *yes*, specify _____	1. Yes / 2. No
FQ_050	What is the source document used by this facility for monthly reporting of early initiation of breastfeeding? We are primarily interested in the main document that is used for **compiling** the total number of newborns initiating breastfeeding within one hour of birth at this	1. Labor and delivery register 2. Operation theater register 3. Tally sheets 96. Other (specify) _____

	facility. Please report if any customized documents are used.					

Review the source document used to compile and summarize information for monthly reporting for early initiation of breastfeeding and answer the following questions:

FQ_051	Please confirm the availability of the **source document** for early initiation of breastfeeding for month 1 to month 3 (or for the quarter). If available, please **recount** the number of newborns with early initiation of breastfeeding recorded in the **main source document** for month 1 to month 3.	A. Source document available				B. Recount the number of newborns with early initiation of breastfeeding 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 data element early initiation of breastfeeding. Take the last 50 entries recorded in the register for each reporting period and check if all the data elements relevant to the selected data element early initiation of breastfeeding are filled in.
**PARTLY means that the register is available, but some information is missing.

Review the monthly reports for early initiation of breastfeeding and answer the following questions:

FQ_052	Please confirm the availability of the **monthly reports** for early initiation of breastfeeding notified for month 1 to month 3 (or for the quarter). If available, please **record** the number of newborns with early initiation of breastfeeding recorded in the **monthly reports** for month 1 to month 3.	A. Monthly report available				B. Record the number of newborns with early initiation of breastfeeding 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 data element early initiation of breastfeeding.

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

Data completeness

| FQ_053 | If the source document and/or monthly reports are not completely filled in, in your opinion 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_054 | If there was a discrepancy observed between the **main source document** and the **monthly reports**, in your opinion 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)

_____ |

Bag-Mask-Ventilation

Source documents and reports

FQ_055	Does this facility report bag-mask-ventilation data to a reporting system?	1. Yes 2. No → **Go to FQ_060**	
FQ_056	To which of the following reporting systems does the facility report bag-mask-ventilation data?		
	1. HMIS	1. Yes	2. No
	2. Program specific reporting system for maternal and child health (MCH)	1. Yes	2. No
	3. NGOs or institutions	1. Yes	2. No
	96. Other reporting system If *yes*, specify _____	1. Yes	2. No

FQ_057	What is the source document used by this facility for monthly reporting of bag-mask-ventilation? We are primarily interested in the main document that is used for **compiling** the total number of newborns receiving bag-mask-ventilation at birth at this facility. Please report if any customized documents are used.	1. Labor and delivery register 2. Operation theater register 3. Tally sheets 96. Other (specify) _____

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

FQ_058	Please confirm the availability of the **source document** for bag-mask-ventilation for month 1 to month 3. If available, please **recount** the number of newborns receiving bag-mask-ventilation recorded in the **main source document** for month 1 to month 3.	A. Source document available				B. Recount the number of newborns receiving bag-mask-ventilation 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 data element bag-mask-ventilation. Take the last 50 entries recorded in the register for each reporting period and check if all the data elements relevant to the selected data element bag-mask-ventilation are filled in.
**PARTLY means that the register is available, but some information is missing.

Review the monthly reports for bag-mask-ventilation and answer the following questions:

FQ_059	Please confirm the availability of the **monthly reports** for bag-mask-ventilation for month 1 to month 3. If available, please **record** the number of newborns receiving bag-mask-ventilation recorded in the **monthly reports** for month 1 to month 3.	A. Monthly report available				B. Record the number of newborns receiving bag-mask-ventilation 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 data element bag-mask-ventilation.

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

Data completeness		
FQ_059.5	If the source document and/or monthly reports are not completely filled in, in your opinion 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_059.6	If there was a discrepancy observed between the **main source document** and the **monthly reports**, in your opinion 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) _____

Uterotonics to prevent postpartum hemorrhage			
Source documents and reports			
FQ_055UT	Does this facility report uterotonics to prevent postpartum hemorrhage data to a reporting system?	1. Yes 2. No → **Go to FQ_060**	
FQ_056UT	To which of the following reporting systems does the facility report uterotonics to prevent postpartum hemorrhage data?		
	1. HMIS	1. Yes	2. No
	2. Program specific reporting system for maternal and child health (MCH)	1. Yes	2. No
	3. NGOs or institutions	1. Yes	2. No
	96. Other reporting system If *yes*, specify _____	1. Yes	2. No

FQ_057UT	What is the source document used by this facility for monthly reporting of uterotonics to prevent postpartum hemorrhage? We are primarily interested in the main document that is used for **compiling** the total number of women receiving uterotonics to prevent postpartum hemorrhage at this facility. Please report if any customized documents are used.	1. Labor and delivery register 2. Operation theater register 3. Tally sheets 96. Other (specify) _____

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

FQ_058UT	Please confirm the availability of the **source document** for uterotonics to prevent postpartum hemorrhage for month 1 to month 3. If available, please **recount** the number of women receiving uterotonics to prevent postpartum hemorrhage recorded in the **main source document** for month 1 to month 3.	**A. Source document available**				**B. Recount the number of women receiving uterotonics to prevent postpartum hemorrhage 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 data element uterotonics to prevent postpartum hemorrhage. Take the last 50 entries recorded in the register for each reporting period and check if all the data elements relevant to the selected data element uterotonics to prevent postpartum hemorrhage are filled in.
**PARTLY means that the register is available, but some information is missing.

Review the monthly reports for uterotonics to prevent postpartum hemorrhage and answer the following questions:

FQ_059UT	Please confirm the availability of the **monthly reports** for uterotonics to prevent postpartum hemorrhage for month 1 to month 3. If available, please **record** the number of women receiving uterotonics to prevent postpartum hemorrhage recorded in the **monthly reports** for month 1 to month 3.	**A. Monthly report available**				**B. Record the number of women receiving uterotonics to prevent postpartum hemorrhage 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 data element uterotonics to prevent postpartum hemorrhage.

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

Data completeness

FQ_059.5UT	If the source document and/or monthly reports are not completely filled in, in your opinion 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_059.6UT	If there was a discrepancy observed between the **main source document** and the **monthly reports**, in your opinion 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) _____

	Admitted to for KMC ward <2000g		
FQ_054KMC	Does this facility provide KMC services?	1. Yes 2. No → **Go to FQ_054NSD**	
Source documents and reports			
FQ_055 KMC	Does this facility report data on admission to a KMC ward <2000g to a reporting system?	1. Yes 2. No → **Go to FQ_060**	
FQ_056 KMC	To which of the following reporting systems does the facility report data on admission to a KMC ward <2000g?		
	1. HMIS	1. Yes	2. No
	2. Program specific reporting system for maternal and child health (MCH)	1. Yes	2. No
	3. NGOs or institutions	1. Yes	2. No
	96. Other reporting system If *yes*, specify _____	1. Yes	2. No
FQ_057 KMC	What is the source document used by this facility for monthly reporting of data on admission to a KMC ward <2000g? We are primarily interested in the main document that is used for **compiling** the total number of newborns <2000g admitted to a KMC ward at this facility. Please report if any customized documents are used.	1. KMC register 2. Postnatal ward register 3. Special care newborn ward register 4. Tally sheets 96. Other (specify) _____	

Review the source document used to compile and summarize information for monthly reporting (i.e., register, tally sheet) for admission to a KMC ward <2000g and answer the following questions:

		A. Source document available	**B. Recount the number of newborns <2000g admitted to a KMC ward in the source document** (If none, enter 0)
FQ_058 KMC	Please confirm the availability of the **source document** for data on admission to a KMC ward <2000g for month 1 to month 3. If available, please **recount** the number of newborns <2000g admitted to a KMC ward recorded in the **main source document** for month 1 to month 3.		

		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 data element admission to a KMC ward <2000g Take the last 50 entries recorded in the register for each reporting period and check if all the data elements relevant to the selected data element admission to a KMC ward <2000g are filled in.
**PARTLY means that the register is available, but some information is missing.

Review the monthly reports for admission to a KMC ward <2000g and answer the following questions:

FQ_059 KMC	Please confirm the availability of the **monthly reports** data on admission to a KMC ward <2000g for month 1 to month 3. If available, please **record** the number of newborns <2000g admitted to a KMC ward recorded in the **monthly reports** for month 1 to month 3.	**A. Monthly report available**				**B. Record the number of newborns <2000g admitted to a KMC ward 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 data element admission to a KMC ward <2000g.
**PARTLY means that the monthly report is available, but some information is missing.

Data completeness		
FQ_059.5 KMC	If the source document and/or monthly reports are not completely filled in, in your opinion 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_059.6 KMC	If there was a discrepancy observed between the **main source document** and the **monthly reports**, in your opinion 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) _____

Institutional neonatal death		
FQ_054ND	Does this facility provide labor and delivery/newborn services?	1. Yes 2. No → **Go to FQ_054NS**

Source documents and reports			
FQ_055ND	Does this facility report institutional neonatal death data to a reporting system? (This could include deaths on labor ward, deaths on KMC ward or corner, deaths in operating theater?)	1. Yes 2. No → **Go to FQ_060**	
FQ_056ND	To which of the following reporting systems does the facility report institutional neonatal death data?		
	1. HMIS	1. Yes	2. No
	2. Program specific reporting system for maternal and child health (MCH)	1. Yes	2. No
	3. NGOs or institutions	1. Yes	2. No
	96. Other reporting system If *yes*, specify _____	1. Yes	2. No
FQ_057ND	What is the source document used by this facility for monthly reporting of institutional neonatal deaths? We are primarily interested in the main document that is used for **compiling** the total number of institutional neonatal deaths at birth at this facility. Please report if any customized documents are used.	1. Death register 2. Postnatal ward register 3. Labor and delivery register 4. Operation theater register 5. Tally sheets 96. Other (specify) _____	

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

FQ_058ND	Please confirm the availability of the **source document** for institutional neonatal deaths for month 1 to month 3. If available, please **recount** the number of institutional neonatal deaths recorded in the **main source document** for month 1 to month 3.	**A. Source document available**				**B. Recount the number of institutional neonatal deaths 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 data element institutional neonatal deaths. Take the last 50 entries recorded in the register for each reporting period and check if all the data elements relevant to the selected data element institutional neonatal deaths are filled in.
**PARTLY means that the register is available, but some information is missing.

Review the monthly reports for institutional neonatal deaths and answer the following questions:

FQ_059ND	Please confirm the availability of the **monthly reports** for institutional neonatal deaths for month 1 to month 3. If available, please **record** the number of institutional neonatal deaths recorded in the **monthly reports** for month 1 to month 3.	**A. Monthly report available**				**B. Record the number of institutional neonatal deaths 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 data element institutional neonatal deaths.
**PARTLY means that the monthly report is available, but some information is missing.

Data completeness		
FQ_059.5ND	If the source document and/or monthly reports are not completely filled in, in your opinion 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_059.6ND	If there was a discrepancy observed between the **main source document** and the **monthly reports**, in your opinion 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) _____

Neonatal sepsis			
FQ_054NS	Does this facility provide newborn inpatient services?	1. Yes 2. No → **Go to FQ_055NDFQ_060**	
Source documents and reports			
FQ_055 NS	Does this facility report neonatal sepsis data to a reporting system?	1. Yes 2. No → **Go to FQ_060**	
FQ_056 NS	To which of the following reporting systems does the facility report neonatal sepsis data?		
	1. HMIS	1. Yes	2. No
	2. Program specific reporting system for maternal and child health (MCH)	1. Yes	2. No
	3. NGOs or institutions	1. Yes	2. No
	96. Other reporting system If *yes*, specify _____	1. Yes	2. No
FQ_057 NS	What is the source document used by this facility for monthly reporting of neonatal sepsis? We are primarily interested in the main document that is used for **compiling** the total number of newborns with neonatal sepsis at this facility. Please report if any customized documents are used.	1. Neonatal inpatient care register 2. Special care newborn ward register 3. Intensive care newborn ward register 4. KMC register 5. Tally sheets	

		96. Other (specify) _____				
Review the source document used to compile and summarize information for monthly reporting (i.e., register, tally sheet) for neonatal sepsis and answer the following questions:						

FQ_058 NS	Please confirm the availability of the **source document** neonatal sepsis for month 1 to month 3. If available, please **recount** the number of newborns with neonatal sepsis recorded in the **main source document** for month 1 to month 3.	**A. Source document available**				**B. Recount the number of newborns with neonatal sepsis 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 data element neonatal sepsis. Take the last 50 entries recorded in the register for each reporting period and check if all the data elements relevant to the selected data element neonatal sepsis are filled in.
**PARTLY means that the register is available, but some information is missing.

Review the monthly reports for neonatal sepsis and answer the following questions:

FQ_059 NS	Please confirm the availability of the **monthly reports** for neonatal sepsis for month 1 to month 3. If available, please **record** the number of newborns with neonatal sepsis recorded in the **monthly reports** for month 1 to month 3.	**A. Monthly report available**				**B. Record the number of newborns with neonatal sepsis 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 data element neonatal sepsis.

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

Data completeness		
FQ_059.5 NS	If the source document and/or monthly reports are not completely filled in, in your opinion 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_059.6 NS	If there was a discrepancy observed between the **main source document** and the **monthly reports**, in your opinion 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
FQ_067.1	Does the electronic HIS program (e.g., DHIS2) have embedded data quality application (e.g., DQR WHO tool)?	1. Yes 2. No
FQ_067.2	Are the data quality outputs regularly generated and used (e.g., data are discussed regularly in meetings, actions agreed etc.)?	1. Yes 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., early initiation of breastfeeding, bag-mask-ventilation, birthweight/low birthweight, stillbirth) 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 early initiation of breastfeeding, bag-mask-ventilation, birthweight/low birthweight, stillbirth). **(OBSERVE)**	1. Yes, observed 2. No
	F. Comparisons of sex-disaggregated data (e.g., for total births). **(OBSERVE)**	1. Yes, observed 2. No
	G. Comparisons of service coverage (e.g., early initiation of breastfeeding, bag-mask-ventilation, birthweight/low birthweight, stillbirth). **(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? **(OBSERVE)**	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? **(OBSERVE)**	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. Neonatal and child health care (other than EPI)	1. Yes, observed	2. No
	3. Top causes of morbidity and mortality (e.g., pre-term, birth asphyxia, sepsis, retinopathy, growth faltering, kernicterus, jaundice etc.)	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 **(OBSERVE)**			
	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:_____**(OBSERVE)**			
	1. Coverage of service like early initiation of breastfeeding, bag-mask-ventilation, birthweight/low birthweight etc.	1. Yes	2. No	
	2. Hospital/health center performance indicators	1. Yes	2. No	
	3. Major neonatal morbidity diagnoses (e.g., top ten diseases: retinopathy, growth faltering, kernicterus, jaundice)	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 e.g., total births	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? **(OBSERVE THE REPORT AND CHECK THE DATE)**	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 _____? **(OBSERVE THE REPORT AND CHECK THE DATE)**	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? **(OBSERVE)**	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)? **(OBSERVE)**	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)? **(OBSERVE)**	1. Yes 2. No
D	Were discussions held to review key performance targets (tracking progress against targets) based on RHIS data, such as: **(OBSERVE THE REPORT AND CHECK THE DATE)**	

	1. Coverage of services like early initiation of breastfeeding, bag-mask-ventilation, birthweight/low birthweight etc.	1. Yes 2. No	
	2. Hospital/health center performance indicators	1. Yes 2. No	If all are No → **Go to FU_018**
	3. Major neonatal morbidity diagnoses (e.g., top ten diseases: retinopathy, growth faltering, kernicterus, jaundice)	1. Yes 2. 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 e.g., total births	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: **(OBSERVE THE REPORT AND CHECK THE DATE)**		
	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? Ask to see a distribution list and ask members of list whether received or not	1. Yes	2. No

Annual planning			
FU_019	Does the health facility have an annual plan for the current year? **(OBSERVE THE REPORT AND CHECK THE DATE)**	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? **(OBSERVE)**	1. Yes 2. No	
FU_021	Does the annual plan contain activities and/or targets related to improving or addressing any of the following? **(OBSERVE)**		
	1. Coverage of services like early initiation of breastfeeding, bag-mask-ventilation, birthweight/low birthweight etc.	1. Yes	2. No
	2. Hospital/health center performance	1. Yes	2. No
	3.) Major neonatal morbidity diagnoses (e.g., top ten diseases: retinopathy, growth faltering, kernicterus, jaundice)	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 make a decision or 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)? **(OBSERVE)**	1. Yes 2. No

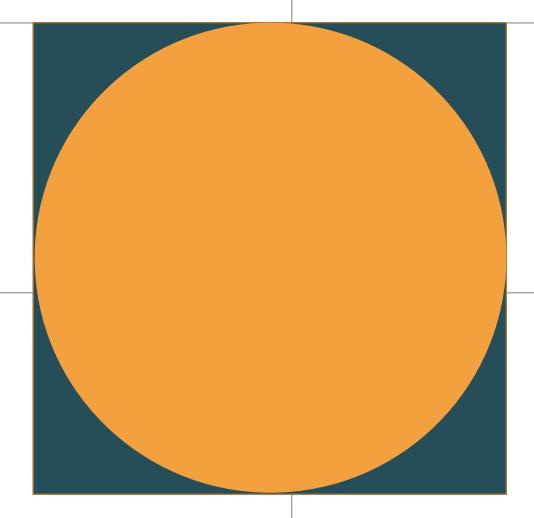| Data dissemination outside health sector		
FU_028	Does the health facility have to submit/present performance reports to a council of public representatives/civil administration?	1. Yes 2. No → **Go to FU_031**
FU_029	If *yes*, did the health facility submit/present health sector performance reports to a council of public representatives /civil administration in the past 12 months? **(OBSERVE THE REPORT AND CHECK THE DATE)**	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? **(OBSERVE)**	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? **(OBSERVE)**	1. Yes 2. No
FU_032	Are health facility performance data shared with the general public via bulletin boards, chalkboards, and/or local publications? **(OBSERVE)**	1. Yes 2. No

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

Data for Impact

University of North Carolina at Chapel Hill

123 West Franklin Street, Suite 330

Chapel Hill, NC 27516 USA

Phone: 919-445-9350 | Fax: 919-445-9353

D4I@unc.edu

http://www.data4impactproject.org