

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

**Electronic RHIS Assessment  
EN-MINI-PRISM Tool 3**



May 2022 Version 1.2



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## Electronic RHIS Assessment **EN-MINI-PRISM Tool 3**

### **Data for Impact**

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This publication was produced with the support of the United States Agency for International Development (USAID) under the terms of the Data for Impact (D4I) associate award 7200AA18LA00008, which is implemented by the Carolina Population Center at the University of North Carolina at Chapel Hill, in partnership with Palladium International, LLC; ICF Macro, Inc.; John Snow, Inc.; and Tulane University. The views expressed in this publication do not necessarily reflect the views of USAID or the United States government.

May 2022 Version 1.2

Publication ID Number TL-21-94c



ISO 9001:2015 certified



icddr,b

## Acknowledgments

The Every Newborn-Measurement Improvement for Newborn and Stillbirth Indicator (EN-MINI) tools for routine health information systems have been developed as part of the EN-BIRTH-2 study, funded by the United States Agency for International Development (USAID) through Data for Impact (D4I). USAID's Research for Decision Makers (RDM) Activity of icddr,b funded initial activities in Bangladesh. The EN-MINI-PRISM tools in this document are adapted from the Performance of Routine Information System Management (PRISM) Series, which was developed by MEASURE Evaluation.

The EN-BIRTH-2 study was conceptualized and implemented in partnership with D4I, the International Centre for Diarrheal Disease Research, Bangladesh (icddr,b), Ifakara Health Institute Tanzania, and the London School of Hygiene & Tropical Health (LSHTM), United Kingdom.

We acknowledge the collaborating teams at icddr,b and IHI for leading the pilot testing efforts and for their technical contributions. From icddr,b: Ahmed Ehsanur Rahman, Anisuddin Ahmed, Tazeen Tahsina, Shema Mhajabin, Shafiqul Ameen, Aniq Tasnim Hossain, Tamanna Majid, Md. Taqbir Us Samad Talha, Qazi Sadeq-ur Rahman, and Shams El Arifeen. From IHI: Donat Shamba, Josephine Shabani, Getrud Joseph, Caroline Shayo, Jacqueline Minja, Irabi Kassim, Imani Irema, Nahya Salim and Honorati Masanja. From LSHTM: Louise Tina Day, Harriet Ruysen, Kim Peven, and Joy Lawn for leading the adaptation and for their technical support. From D4I: Gaby Escudero, Emily Weaver, Barbara Knittel, Dave Boone, and Kavita Singh for their technical support.

We thank the EN-BIRTH-2 Expert Advisory Group for their expertise and technical inputs. From Bangladesh: Muhammad Shariful Islam, Jahurul Islam, Sabina Ashrafee, Husam Md. Shah Alam, Ashfia Saberin, Farhana Akhter, Kanta Jamil, Fida Mehram. From Tanzania: Ahmed Makuwani, Georgina Msemo, Felix Bundala, Claud Kumalija, Defa Wane, Miriam Kombe, Mary Azayo and Albert Ikonje. Global: Tariq Azim, Ties Boerma, Tedbabe Degefie Hailegebriel, Kathleen Hill, Debra Jackson, Lily Kak, Marzia Lazzerini, Neena Khadka Allisyn Moran, Alison Patricia Morgan, Sri Perera, Barbara Rawlins, Jennifer Requejo, Lara Vaz, Jean Pierre Monet, Moise Muzigaba, Johan Ivar Sæbø, Katherine Semrau, and William Weiss.

Most importantly, we recognize the health workers, managers, leaders, data managers, policy makers, and all those who participated in the pilot testing. We are grateful to them for sharing their time and perspectives.

Finally, we thank D4I's Knowledge Management team for editorial, design, and production services.

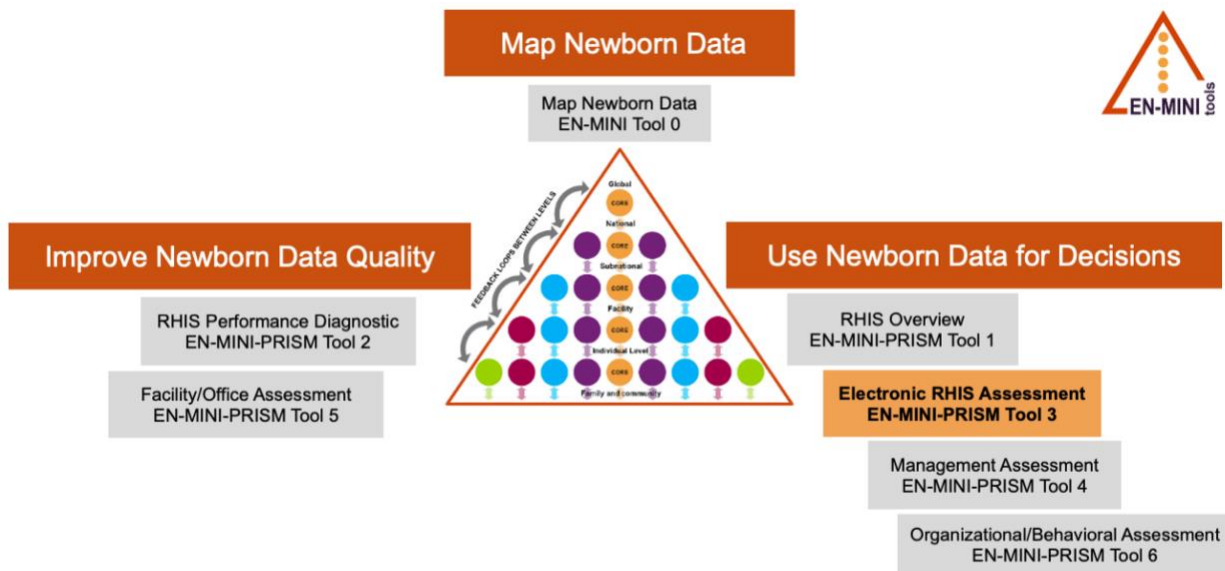
For any questions about the tools or implementing any part of the assessment, please contact: [enapmetrics3@lshtm.ac.uk](mailto:enapmetrics3@lshtm.ac.uk)

## 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 Electronic RHIS Assessment EN-MINI-PRISM Tool 3.

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

## 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.

## Electronic RHIS Functionality and Usability Assessment EN-MINI-PRISM Tool 3

### Purpose

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

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

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

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

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

### Data Collection Methods

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

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

## Electronic RHIS Functionality and Usability Assessment EN-MINI-PRISM Tool 3

### Part 1. Functionality

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

Survey facilitator		
ESF_101	Survey date	
ESF_102	Facilitator name	
ESF_103	Facilitator code <i>Enter your 2-character identifier.</i>	<input type="text"/> <input type="text"/>
Unit identification		
ESF_104	Administrative level <i>(Country-specific: adapt to the local country context and health system structure)</i>	7. Regional/provincial health office 8. Central MOH
ESF_105	Central/region/state/province <i>Enter the alphanumeric code that identifies this level.</i>	<input type="text"/> <input type="text"/>
ESF_106	Unit name	
ESF_107	Location of the unit <i>Town/city/village</i>	
Informed consent		
<p><b>Read the following text to the manager or person in charge of the central/regional/provincial RHIS unit:</b></p> <p>Good day! My name is _____. We are here on behalf of [IMPLEMENTING AGENCY] conducting a survey to help the government know more about the performance of the routine health information system for newborn and stillbirth data in [COUNTRY].</p> <p>Your unit was selected to participate in this study. We will be asking you questions about various health services and routine reporting. This information may be used by [MOH AND/OR IMPLEMENTING AGENCY], organizations supporting health services, and researchers, to plan service improvements or to conduct more studies of health services.</p> <p>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.</p> <p>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.</p>		

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

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

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 INTERVIEWER'S SIGNATURE INDICATING CONSENT OBTAINED                      DAY          MONTH          YEAR

ESF_107.1	Signed the consent form	1. Yes	2. No → End survey
ESF_108	May I begin the interview?	1. Yes	2. No → End survey
ESF_109	Survey start time (Use the 24-hour clock system, e.g., 14:30)	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	
ESF_110	Name of the electronic system: _____		

RHIS reporting					
ESF_010	Does the RHIS software allow users to determine the number and percentage of monthly reports for newborn and stillbirth data received out of the total number of expected reports? <b>(OBSERVE)</b>			1. Yes 2. No	
ESF_011	Does the system allow users to analyze the trend in reporting completeness for newborn and stillbirth data for a year by facility? (Does the system enable users to identify which health facility has recurring reporting problems?) <b>(OBSERVE)</b>			1. Yes 2. No	
ESF_012	Does the system allow users to determine the number and percentage of reports for newborn and stillbirth data that were received on time? <b>(OBSERVE)</b>			1. Yes 2. No	
ESF_013	Does the RHIS software generate summary reports for the different levels and periods? <b>(OBSERVE AND SELECT ACCORDINGLY)</b>				
	<b>Levels:</b>	<b>A. Monthly</b>	<b>B. Quarterly</b>	<b>C. Annually</b>	<b>D. Customized reporting period</b>
	1. National				
	2. Regional				
	3. District				
	4. Health facility				
	5. Community-level service delivery point (SDP)				

Population estimates and coverage calculation		
ESF_014	Does the RHIS software have population estimates to calculate denominators for newborn and stillbirth indicators?	1. Yes 2. No
ESF_015	Can the system calculate coverages for (definitions of these indicators are in EN-MINI Tool 0):	
	1. Antenatal care first visit (ANC1) ( <b>OBSERVE</b> )	1. Yes, observed 2. No
	2. Deliveries at health facilities ( <b>OBSERVE</b> )	1. Yes, observed 2. No
	4. Stillbirth rate in a health facility ( <b>OBSERVE</b> )	1. Yes, observed 2. No
	5. Pre-discharge neonatal mortality rate ( <b>OBSERVE</b> )	1. Yes, observed 2. No
	6. Low birth weight rate among live births ( <b>OBSERVE</b> )	1. Yes, observed 2. No
	7. Preterm birth (facility based) ( <b>OBSERVE</b> )	1. Yes, observed 2. No
	8. Postnatal care for newborns (Facility-based) ( <b>OBSERVE</b> )	1. Yes, observed 2. No
	9. Newborns with documented birthweight ( <b>OBSERVE</b> )	1. Yes, observed 2. No
	10. Newborns breastfed within one hour of birth ( <b>OBSERVE</b> )	1. Yes, observed 2. No
	11. Newborn resuscitation with bag and mask ( <b>OBSERVE</b> )	1. Yes, observed 2. No
	12. Premature (LBW) babies initiating KMC ( <b>OBSERVE</b> )	1. Yes, observed 2. No
	13. Newborns treated for neonatal sepsis/infection ( <b>OBSERVE</b> )	1. Yes, observed 2. No
	14. Antenatal corticosteroid use ( <b>OBSERVE</b> )	1. Yes, observed 2. No
	15. Companion of choice during labor and/or childbirth ( <b>OBSERVE</b> )	1. Yes, observed 2. No
	16. Zero separation of mother and newborn (to be defined) ( <b>OBSERVE</b> )	1. Yes, observed 2. No
	17. Respectful care indicator (to be defined) ( <b>OBSERVE</b> )	1. Yes, observed 2. No
	If all are No → <b>Go to ESF_016.5</b>	
ESF_016	If yes, <i>observed</i> , at which levels are the coverage measures available?	
	1. Region ( <b>OBSERVE</b> )	1. Yes, observed 2. No
	2. District ( <b>OBSERVE</b> )	1. Yes, observed 2. No



	3. Health facility ( <b>OBSERVE</b> )	1. Yes, observed 2. No
	4. Community-level SDP ( <b>OBSERVE</b> )	1. Yes, observed 2. No

Data integration		
ESF_016.5	<p><b>[Paper &amp; SurveyCTO] Added explanation for EN-MINI-PRISM adaption</b></p> <p>Parallel systems are other long-term projects running at the same time (rather than short term projects e.g., research) RHIS refers to the national system</p>	
ESF_017	Are there other parallel disease or program specific software applications in use? ( <b>OBSERVE</b> )	1. Yes 2. No → <b>Go to ESF_020</b>
ESF_018	<p>If yes, please list the disease or program specific software application(s) that is/are in use.</p> <hr/> <hr/>	
ESF_019	<p>Does the RHIS software interoperate (work together) with those parallel systems?</p> <p><b>(OBSERVE AND TAKE NOTE OF HOW THE INTEGRATION/INTEROPERABILITY TAKES PLACE)</b></p>	1. Yes (it interoperates with all parallel systems listed) 2. Yes, partially (it interoperates with only some of the parallel systems listed) 3. No
ESF_020	Does the RHIS software have or integrate with human resources information system (HRIS)?	1. Yes 2. No
ESF_021	Does the RHIS software have or integrate with logistics information systems?	1. Yes 2. No
ESF_022	Does the RHIS software have or integrate with financial information?	1. Yes 2. No
ESF_023	Does the RHIS software have or integrate with the integrated disease surveillance and response (IDSR)/notifiable diseases?	1. Yes 2. No
ESF_023.1	Are the RHIS embedded Data Quality Assessment (DQA) applications (e.g., DHIS2 DQA) regularly generated?	1. No → <b>Go to ESF_023.3</b> 2. Monthly 3. Quarterly 4. Annually 5. Other _____
ESF_023.2	Are the RHIS embedded DQA applications (e.g., DHIS2 DQA) regularly used?	1. Yes 2. No
ESF_023.3	Does the RHIS software have an added data quality application (e.g., DQR WHO tool)?	1. Yes 2. No → <b>Go to ESF_024</b>
ESF_023.4	Are the added DQA application (e.g., DQR WHO tool) regularly generated?	1. No → <b>Go to ESF_024</b>

		2. Monthly 3. Quarterly 4. Annually 5. Other _____
ESF_023.5	Are the added DQA application (e.g., DQR WHO tool) regularly used?	1. Yes 2. No

### Age and sex disaggregated data

ESF_024	Does the RHIS software capture any newborn/stillbirth indicator data disaggregated by age? <b>(OBSERVE)</b>	1. Yes 2. No
ESF_025	Does the RHIS software capture any newborn/stillbirth indicator data disaggregated by sex? <b>(OBSERVE)</b>	1. Yes 2. No

### Unique identifiers for health facilities and health administrative units

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

### Data visualization

ESF_031	<p><b>SELECT THREE INDICATORS FROM THE NATIONAL RHIS</b></p> <p>Agree at the start of an EN-MINI assessment which three indicators you will use across all facilities/offices assessed.</p> <p>If available, select an impact indicator for Indicator 1 (e.g., stillbirth rate, neonatal mortality rate, low birthweight rate, pre-term birth rate)</p> <p>If available, select a coverage indicator (content) for indicator 2 (e.g., antenatal care, early postnatal care)</p> <p>If available, select a coverage indicator (content) for indicator 3 (e.g., weighed at birth, early initiation of breastfeeding)</p>
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	1. Indicator 1 _____		
	2. Indicator 2 _____		
	3. Indicator 3 _____		
ESF_032	Does the RHIS software generate tabular data arranged in listing format (i.e., facilities in rows, data elements/indicators in columns, and rows for district/region/national aggregations)? <b>(OBSERVE)</b>		
	1. Indicator 1	1. Yes	2. No
	2. Indicator 2	1. Yes	2. No
	3. Indicator 3	1. Yes	2. No
ESF_033	Does the RHIS software allow users to present data in time trend graphs? <b>(OBSERVE)</b>		
	1. Indicator 1	1. Yes	2. No
	2. Indicator 2	1. Yes	2. No
	3. Indicator 3	1. Yes	2. No
ESF_034	Does the RHIS software allow users to visualize data using graphs for comparing facilities/districts/regions? <b>(OBSERVE)</b>		
	1. Indicator 1	1. Yes	2. No
	2. Indicator 2	1. Yes	2. No
	3. Indicator 3	1. Yes	2. No
ESF_035	Does the RHIS software allow users to visualize data using thematic maps? <b>(OBSERVE)</b>		
	1. By region	1. Yes	2. No
	2. By district	1. Yes	2. No
	3. By facility	1. Yes	2. No
	4. By community-level SDP	1. Yes	2. No
ESF_036.5	Does the RHIS software generate reports of the major causes of institution-based (inpatient, emergency) neonatal mortality (pre-term, birth asphyxia, sepsis)?		1. Yes 2. No
ESF_037.5	Does the RHIS software generate reports of the major neonatal morbidity diagnoses for inpatient and outpatient services (e.g., top ten diseases: retinopathy, growth faltering, kernicterus, and jaundice).		1. Yes 2. No
ESF_111	Survey end time (Use the 24-hour clock system, e.g., 14:30)		<input type="text"/> : <input type="text"/>

## Part 2. Usability

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

Survey facilitator		
ESU_101	Survey date	
ESU_102	Facilitator name	
ESU_103	Facilitator code <i>Enter your 2-character identifier.</i>	<input type="text"/> <input type="text"/>
ESUY	Type of facility <i>(Country-specific: adapt to the local country context and health system structure)</i>	1. National referral hospital 2. District/provincial hospital 3. Health center 4. Health clinic 5. Health post 6. District health office 7. Regional/provincial health office 8. Central MOH

Unit identification [Valid for facility types 6–8]		
ESU_105h	Central/region/state/province <i>Enter the alphanumeric code that identifies this level.</i>	<input type="text"/> <input type="text"/>
ESU_106h	District <i>Enter the alphanumeric code that identifies this district.</i> [Valid when type of facility is 6]	<input type="text"/> <input type="text"/>
ESU_108h	Unit name	
ESU_109h	Location of the unit <i>Town/city/village</i>	
ESU_110h	Office(s) visited <i>Note: It could be one or more offices from which information is collected. Please list them here.</i>	<hr/> <hr/> <hr/>

Facility identification [Valid for facility types 1–5]		
ESU_105f	Region/state/province <i>Enter the alphanumeric code that identifies this level.</i>	<input type="text"/> <input type="text"/>
ESU_106f	District <i>Enter the alphanumeric code that identifies this district.</i>	<input type="text"/> <input type="text"/>
ESU_107f	Health facility number <i>Enter a 10-digit unit number. Include leading zeros.</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
ESU_108f	Health facility name	
ESU_109f	Location of the unit <i>Town/city/village</i>	
ESU_110f	Urban/rural	1. Urban 2. Rural
ESU_111f	Managing authority	1. Government/public 2. NGO/not-for-profit 3. Private-for-profit 4. Mission/faith-based/CBO 96. Other (specify) _____

**Informed consent**

*At the central, regional, or provincial level:*

**Read the following text to the manager or person in charge of the central/regional/provincial RHIS unit:**

Good day! My name is \_\_\_\_\_. We are here on behalf of [IMPLEMENTING AGENCY] conducting a survey to help the government know more about the performance of the routine health information system for newborn and stillbirth data in [COUNTRY].

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

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

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

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

*At the district level:*

**Read the following text to the manager or the head of the district unit:**

Good day! My name is \_\_\_\_\_. We are here on behalf of [IMPLEMENTING AGENCY] conducting a survey of district health offices to help the government know more about the performance of the routine health information system for newborn and stillbirth data

in [COUNTRY].

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

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

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

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

*At the health facility level:*

**Read the following text to the manager, the person in charge of the facility, or the most senior health worker responsible for outpatient services who is present at the facility:**

Good day! My name is \_\_\_\_\_. We are here on behalf of [IMPLEMENTING AGENCY] conducting a survey of health facilities to help the government know more about the performance of the routine health information system 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
ESU_111.5	Has the consent form been signed?	1. Yes 2. No → <b>End survey</b>
nESU_112	May I begin the interview?	1. Yes 2. No → <b>End survey</b>
ESU_113	Survey start time (Use the 24-hour clock system, e.g., 14:30)	<input type="text"/> : <input type="text"/>
ESU_114	Name of the electronic system: _____	
ESU_115	Title of the person completing the questionnaire <b>(CIRCLE ANSWER)</b> <i>(Country-specific: adapt to the local country context and health system structure)</i>	1. National/regional /provincial director general 2. Provincial HMIS focal person 3. District health office manager 4. District RHIS focal person 5. Facility in-charge 96. Other (specify) _____

RHIS software functions: summary reports				
ESU_010	Does the RHIS software produce a report on the number and percentage of reports on newborn/stillbirth data received out of the total number of expected reports? <b>(OBSERVE)</b>	1. Yes	2. No	3. N/A
ESU_011	Does the RHIS software generate summary reports for the following aggregate levels and periods?			
	<b>A. National/regional summary</b>			
	1. For a month	1. Yes	2. No	3. N/A
	2. For a quarter	1. Yes	2. No	3. N/A
	3. For the year	1. Yes	2. No	3. N/A
	<b>B. District summary</b>			
	1. For a month	1. Yes	2. No	3. N/A
	2. For a quarter	1. Yes	2. No	3. N/A
	3. For the year	1. Yes	2. No	3. N/A
<b>C. Health facility summary</b>				

1. For a month	1. Yes	2. No	3. N/A
2. For a quarter	1. Yes	2. No	3. N/A
3. For the year	1. Yes	2. No	3. N/A
<b>D. Community-level SDP summary</b>			
1. For a month	1. Yes	2. No	3. N/A
2. For a quarter	1. Yes	2. No	3. N/A
3. For the year	1. Yes	2. No	3. N/A

RHIS software functions: user abilities			
ESU_012	<b>SELECT THREE INDICATORS</b>		
	<p>Agree at the start of an EN-MINI assessment which three indicators you will use across all facilities/offices assessed.</p> <p>If available, select an impact indicator for Indicator 1 (e.g., stillbirth rate, neonatal mortality rate, low birthweight rate, pre-term birth rate). If available, select a coverage indicator (contact) for indicator 2 (e.g., antenatal care, early postnatal care).</p> <p>If available, select a coverage indicator (content) for indicator 3 (e.g., weighed at birth, early initiation of breastfeeding).</p> <p>1. Could the user calculate coverage with the eRHIS software for <b>indicator 1</b>: _____ at the following levels?</p>		
	A. National	1. Yes	2. No 3. N/A
	B. Region	1. Yes	2. No 3. N/A
	C. District	1. Yes	2. No 3. N/A
	D. Health facility	1. Yes	2. No 3. N/A
	E. Community-level SDP	1. Yes	2. No 3. N/A
	<p>2. Could the user calculate coverage with the eRHIS software for <b>indicator 2</b>: _____ at the following levels?</p>		
	A. National	1. Yes	2. No 3. N/A
	B. Region	1. Yes	2. No 3. N/A
	C. District	1. Yes	2. No 3. N/A
	D. Health facility	1. Yes	2. No 3. N/A
	E. Community-level SDP	1. Yes	2. No 3. N/A
	<p>3. Could the user calculate coverage with the eRHIS software for <b>indicator 3</b>: _____ at the following levels?</p>		
	A. National	1. Yes	2. No 3. N/A
	B. Region	1. Yes	2. No 3. N/A
	C. District	1. Yes	2. No 3. N/A
	D. Health facility	1. Yes	2. No 3. N/A
	E. Community-level SDP	1. Yes	2. No 3. N/A





ESU_013	<p><b>1. SELECT ONE INDICATOR (e.g., stillbirth rate, neonatal mortality rate, low birthweight rate, pre-term birth rate, weighed at birth, early initiation of breastfeeding)</b>                  Agree at the start of an EN-MINI assessment which one indicator you will use across all facilities/offices assessed.</p>			
	2. Ask to show age and sex disaggregation for the selected indicator	1. Yes	2. No	3. N/A
ESU_014	<p><b>SELECT TWO INDICATORS (e.g., stillbirth rate, neonatal mortality rate, low birthweight rate, pre-term birth rate, weighed at birth, early initiation of breastfeeding)</b>                  Agree at the start of an EN-MINI assessment which one indicator you will use across all facilities/offices assessed.</p> <p>1. Could the user generate with the eRHIS software the following for <b>indicator 1</b>:                  _____?</p>			
	A. Time trend graphs	1. Yes	2. No	3. N/A
	B. Bar graphs for comparing facilities, districts, or regions	1. Yes	2. No	3. N/A
	C. Thematic maps, by region, district, or health facility	1. Yes	2. No	3. N/A
	<p>2. Could the user generate with the eRHIS software the following for <b>indicator 2</b>:                  _____?</p>			
	A. Time trend graphs	1. Yes	2. No	3. N/A
	B. Bar graphs for comparing facilities, districts, or regions	1. Yes	2. No	3. N/A
	C. Thematic maps, by region, district, or health facility	1. Yes	2. No	3. N/A
ESU_015	<p>Could the user generate major with the eRHIS software causes of institution-based (inpatient, emergency) mortality? (e.g., pre-term birth, birth asphyxia, sepsis)</p> <p><b>(OBSERVE)</b></p>	1. Yes	2. No	3. N/A
ESU_016	<p>Could the user generate with the eRHIS software major morbidity diagnoses for inpatient and outpatient services (e.g., top ten diseases, retinopathy, growth faltering, kernicterus, and jaundice)?</p> <p><b>(OBSERVE)</b></p>	1. Yes	2. No	3. N/A

User perspective of eRHIS

ESU_017	How do you classify/rate the eRHIS software used for newborn/stillbirth data based on your experience?	<ol style="list-style-type: none"> <li>1. Easy to use</li> <li>2. Moderate</li> <li>3. Difficult to use</li> <li>4. N/A → <b>End survey</b></li> </ol>
ESU_018A	Are there any improvements you would like to see in the eRHIS used for newborn/stillbirth data software?	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No → <b>End survey</b></li> </ol>
ESU_018B	<p>If yes, please describe the improvements you would like to see.</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	

ESU_116	Survey end time (Use the 24-hour clock system, e.g., 14:30)	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> : <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
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This publication was produced with the support of the United States Agency for International Development (USAID) under the terms of the Data for Impact (D4I) associate award 7200AA18LA00008, which is implemented by the Carolina Population Center at the University of North Carolina at Chapel Hill, in partnership with Palladium International, LLC; ICF Macro, Inc.; John Snow, Inc.; and Tulane University. The views expressed in this publication do not necessarily reflect the views of USAID or the United States government.

Publication ID Number TL-21-94c

