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

Facility/Office Assessment
EN-MINI-PRISM Tool 5

May 2022 Version 1.2

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Acknowledgments

For any questions about the tools or implementing any part of the assessment, please contact: 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 Facility/Office Assessment EN-MINI-PRISM Tool 5.

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.

The EN-MINI-PRISM Tool 5 assesses the availability and status of resources needed for RHIS implementation at supervisory levels.

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.

Facility/Office Assessment EN-MINI-PRISM Tool 5

Purpose

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

1. Assessing the availability of resources.

2. Monitoring the availability of resources over time.

3. Making management decisions to replenish resources.

4. Developing recommendations to deal with resource issues.

Summary of Information Collected Using the Facility/Office Checklist

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

- **RHIS hardware/equipment**: the availability digital equipment in working condition (computers, printers, modems, uninterruptible power supply [UPS]), backup unit, communication units, etc.

- **RHIS infrastructure**: the availability of consistent electricity and back-up power, access to the Internet, storage facilities with proper temperature controls, etc.

- **RHIS supplies**: RHIS data collection and reporting forms.

- **Human resources**: staffing levels (number and type of staff at facility or office level, disaggregated by gender), RHIS trained staff, types of RHIS training received, and dates of most recent trainings.

Data Collection Methods

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

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

Facility/Office Checklist EN-MINI-PRISM Tool 5

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

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

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

Facility identification [Valid for facility types 1–5]		
FOC_105f	Region/state/province *Enter the alphanumeric code that identifies this level.*	☐☐
FOC_106f	District *Enter the alphanumeric code that identifies this district.*	☐☐
FOC_107f	Health facility number *Enter the 10-digit unit number. Include leading zeros.*	☐☐☐☐☐
FOC_108f	Health facility name	
FOC_109f	Location of the unit *Town/city/village*	
FOC_110f	Urban/rural	1. Urban 2. Rural
FOC_111f	Health managing authority	1. Government/public 2. NGO/not-for-profit 3. Private-for-profit 4. Mission/faith-based/CBO 96. Other (specify) _____

Informed consent

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

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

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

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

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

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

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

_____   _____ / _____ / _____
INTERVIEWER'S SIGNATURE INDICATING CONSENT OBTAINED   DAY   MONTH   YEAR

FOC_111.1	Has the consent form been signed?	1. Yes	2. No → **End survey**
FOC_112	May I begin the interview?	1. Yes	2. No → **End survey**
FOC_113	Survey start time (Use the 24-hour clock system, e.g., 14:30)	☐☐ : ☐☐	

Equipment inventory and condition

	Please verify if the following equipment or type of service is available in the facility or data office. (OBSERVE)	A. Total quantity (If none, enter 0)	B. Total quantity that are in working condition (If none, enter 0)
FOC_011	Laptop computer		
FOC_012	Desktop computer		
FOC_013	Printers		
FOC_014	Modems		
FOC_015	Uninterruptible power supply (UPS)		
FOC_016	Circuit breaker		
FOC_017	Generators		
FOC_018	Calculator		
FOC_018.1	Voltage stabilizer		
FOC_018.2	Router		

Equipment and services inventory				
Please use the following checklist to assess whether or not the facility/office has the following inventory: (OBSERVE)				
FOC_019	Data back-up unit If all answers are No → **Go to FOC_021**	1. Server	1. Yes	2. No
		2. USB key	1. Yes	2. No
		3. CD (compact disc)	1. Yes	2. No
		4. External hard drive	1. Yes	2. No
		5. Zip drive	1. Yes	2. No
FOC_020	Back-up unit(s) is/are kept on site		1. Yes	2. No
FOC_021	Telephone (regular or radio)		1. Yes	2. No
FOC_022	Facility/office official mobile phone with access to telephone network in working condition		1. Yes	2. No
FOC_023	Personal mobile phone with access to telephone network in working condition		1. Yes	2. No
FOC_024	Fax in working condition		1. Yes	2. No
FOC_025	Is there access to an Internet network?		1. Yes	2. No → **Go to FOC_028**
FOC_026	If *yes*, on average, how many days in a month do you have Internet access?		1. 20 days or more 2. 10–19 days 3. Less than 10 days	
FOC_027	Wi-Fi (Wireless Fidelity) in working condition		1. Yes	2. No

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

Availability of registers, records, tally sheets, reports etc.

[Paper tools] Added Explanation for EN-MINI-PRISM Tools Adaptation:

Availability of registers, records, tally sheets, reports etc. (no stockouts)

Lists for registers, records, tally sheets, reports separated and listed names of all generic known documentation
For FOC_035, please give time period in months

FOC_031	FOC_032	FOC_032.1	FOC_033	FOC_034	FOC_035
Type of records, tally sheets, or reports [SurveyCTO] For each type of printed register, answer the following questions. Enter additional types of newborn registers at the end of this section.	**Is the register available?**	**Is the register usually available?**	**Is the tool a standard RHIS tool?**	**Has this register always been available in the past six months?** (no stock outs)	**If *no*, for how long were you out of stock?** (in days)
Availability of printed registers					
5.1 Maternal health services – Labor and delivery	1. Yes → **Go to FOC_033** 2. No	1. Yes 2. No → **Go to FOC_031_5.2**	1. Yes 2. No	1. Yes → **Go to FOC_031_5.2** 2. No	
5.2 Maternal health services – Operation theater	1. Yes → **Go to FOC_033** 2. No	1. Yes 2. No → **Go to FOC_031_5.3**	1. Yes 2. No	1. Yes → **Go to FOC_031_5.3** 2. No	
5.3 Maternal health services – Postnatal ward	1. Yes → **Go to FOC_033** 2. No	1. Yes 2. No → **Go to FOC_031_5.4**	1. Yes 2. No	1. Yes → **Go to FOC_031_5.4** 2. No	
5.3 Maternal health services – Death register	1. Yes → **Go to FOC_033** 2. No	1. Yes 2. No → **Go to FOC_031_6.1**	1. Yes 2. No	1. Yes → **Go to FOC_031_6.1** 2. No	
6.1 Child health services – Postnatal ward	1. Yes → **Go to FOC_033** 2. No	1. Yes 2. No → **Go to FOC_031_6.2**	1. Yes 2. No	1. Yes → **Go to FOC_031_6.2** 2. No	
6.2. Child health services – Kangaroo mother care ward/corner	1. Yes → **Go to FOC_033** 2. No	1. Yes 2. No → **Go to FOC_031_6.3**	1. Yes 2. No	1. Yes → **Go to FOC_031_6.3** 2. No	
6.3. Child health services – Neonatal inpatient care ward	1. Yes → **Go to FOC_033** 2. No	1. Yes 2. No → **Go to FOC_031_6.4**	1. Yes 2. No	1. Yes → **Go to FOC_031_6.4** 2. No	

6.4 Child health services – Special care newborn ward	1. Yes → **Go to FOC_033** 2. No	1. Yes 2. No → **Go to FOC_031_6.5**	1. Yes 2. No	1. Yes → **Go to FOC_031_6.5** 2. No	
6.5 Child health services – Intensive care newborn ward	1. Yes → **Go to FOC_033** 2. No	1. Yes 2. No → **Go to FOC_031_6.6**	1. Yes 2. No	1. Yes → **Go to FOC_031 6.6** 2. No	
6.6 Child health services – Death register	1. Yes → **Go to FOC_033** 2. No	1. Yes 2. No → **Go to FOC031PR**	1. Yes 2. No	1. Yes → **Go to FOC_031PR** 2. No	
FOC031PR. Other printed registers including intervention specific (e.g., HBB). (specify)_____	1. Yes 2. No		1. Yes 2. No	1. Yes 2. No	
FOC031HWR	**Availability of handwritten registers**				
96. Other (specify) List any handwritten registers capturing newborn indicators:	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	
	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	
	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	
	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	
	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	
FOC031TS	**Availability of tally sheets**				
96. Other (specify) List any tally sheets capturing newborn indicators:	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	
	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	
	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	
	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	

	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	
	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	
FOC031PRF **Availability of printed reporting forms**					
96. Other (specify) List any printed reporting forms capturing newborn indicators:	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	
	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	
	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	
	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	
	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	
	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	
FOC031ERF **Availability of electronic reporting forms**					
96. Other (specify) List any electronic reporting forms capturing newborn indicators:	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	
	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	
	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	
	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	

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

Organization of the health facility [*SKIP THIS SECTION AT THE DISTRICT LEVEL*]					
FOC_036	Please describe the total number of people under each category below. *(Adapt according to the country context)*				
	[Paper tools] Added Explanation for EN-MINI-PRISM Tools Adaptation: *Please focus on people involved in the care of newborns.* *Please document the response given (whether by primary training or current post)*				

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

FOC_037	Who is responsible for filling out the registers for newborn and stillbirth data at the facility? **(Answer using the number codes from FOC_036)**	
FOC_038	Who is responsible for preparing/completing the monthly HMIS reports for newborn and stillbirth data? **(Answer using the number codes from FOC_036)**	

FOC_039	List the staff members who received any training in the following skills during the past three years, the number of trainings received, and the year of the latest training.			
	1. Title/post (Use the number codes from question FOC_036)	**2. Number of training courses/sessions received by this person in the past three years**	**3. Year of last training** (Within the past three years)	**4. Topic(s) of last training** Use the following codes and list all that apply: 1. Data collection 2. Data analysis 3. Data display 4. Data reporting 5. Using data for decision making
	What are the perceived barriers of staff members receiving training? **PROMPT:** Training not available, unable to release staff for training, lack of funding, etc**.** _____ _____ _____ _____ _____			
FOC_039.1				

Organization of the district or higher-level office [*SKIP THIS SECTION AT THE FACILITY LEVEL*]	
FOC_040	Please describe the total number of people under each category below. *(Adapt according to the country context)*
	[Paper tools] Added Explanation for EN-MINI-PRISM Tools Adaptation: *Please document the response given (whether by primary training or current post)*

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

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

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

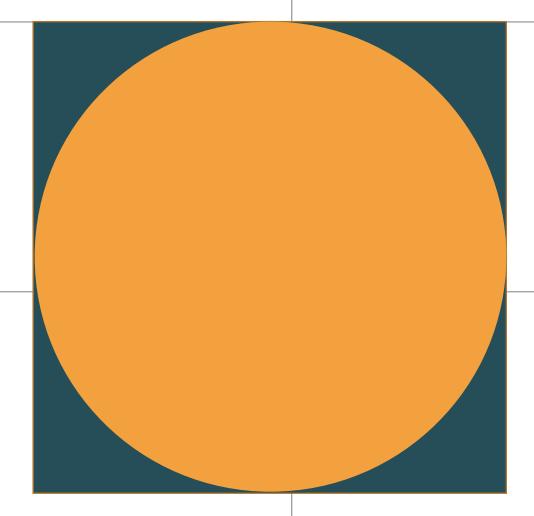|				
FOC_048	What are the perceived barriers of staff members receiving training? **PROMPT**: Training not available, unable to release staff for training, lack of funding, etc. _____			
FOC_114	Survey end time (Use the 24-hour clock system, e.g., 14:30)		□□ □□	

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