

Hand-on Support Activity – Reporting M&E Cell

Visit No:		
Date of visit:		
District:		
NAME	CONTACT DETAILS	
DHO:	Office:	
	Mobile phone:	
	Email ID:	
DHIS Coordinator:	Office:	
	Mobile phone:	
	Email ID:	
DHIS Computer Operator:	Mobile phone:	
	Email ID:	
DHIS Computer Operator:	Mobile phone:	
	Email ID:	
Number of Health Facilities in district	HF's with HID No.	HF's working without HID No.
Under control of DHO		
PPHI		
Number of Health Facilities reporting through DHIS	HF's with HID No.	HF's working without HID No.
Under control of DHO		
PPHI		

The hands-on support practices have been conducted in accordance with DHIS Procedure Manual using DHIS standard instruments and report format

Hands-on Practice Support for improving data quality

S/No.	ITEM	Activity Status
	DHIS	
1	M&E Cell established having separate computer for DHIS (Y/N)	
2	DHIS reporting regularity (%)	
3	DHIS report completeness (%)	
4	District DHIS accuracy (Performed by Coordinator) - (%)	
5	DHIS cell recording receipt date on the DHIS monthly report (Y/N)	
6	Internet service available at DHIS cell (Y/N)	
7	M&E Cell established (Y/N)	
8	Availability of 3 months stock at district store: (Y/N)	
	i. DHIS tools,	
	ii. DHIS manual	
	iii. cLMIS procedure manual	
	iv. LQAS forms	
9	TA provided to DHIS Coordinator enabling him in providing feedback to HFs (Y/N)	
10	TA provided to DHIS Coordinator in: (Y/N)	
	i. filling of all DHIS tools	
	ii. manual checking of monthly reports for timeliness, accuracy & completeness	
11	TA provided to DHIS coordinator in understanding and use of DHIS dashboard (Y/N)	
12	TA provided to DHIS data entry operator in data entry (Y/N)	
13	TA provided to cLMIS operator in data entry (Y/N)	
14	TA provided to DHO and DHIS coordinator for removing discrepancies between DHIS & other MIS(s) to improve data quality by conducting meeting with coordinators of vertical programs to validate the information system of EPI, MNCH, TB, Malaria, NP for FP & PHC, Hepatitis, etc (Y/N)	
15	TA provided to DHIS Coordinator in: (Y/N)	
	i. data analysis	
	ii. feedback writing	
16	MIS data displayed (Y/N)	
	cLMIS	
17	cLMIS user manual available (Y/N)	
18	cLMIS Reporting compliance (%)	

Results:

Please be brief and specific while reporting table below:						
Sr. No.	Specific Issue/Gap	Reason/s	Action/s taken	Resolved (Y/N)	Reason if issue / gap persist	Any suggestion/s
1						
2						
3						
4						