Improvement of District Health Information System (DHIS)
Report of Hand-on Support Activity - Health Facility

Visit No:				Date	Month	Year	
			Date of visit:				
			District:				

Name of Health Facility	HID code of Health Facility	Name of In-Charge	Name of DHIS Focal Person	Designation of DHIS FP

Phone No. of Health facility	Phone No. of In-charge	In-charge Email ID

Table 1 B: Hands-on Practice Support and Training Conducted

Staff Designation	Staff Name	DHIS				cLMIS		
		Monthly Report Preparation *Please select (Y, N) as applicable from list*	Use of Information *Please select (Y, N) as applicable from list*	Checking Data Accuracy LQAS *Please select (Y, N) as applicable from list*	Reviewing Discrepancies in reported data *Please select (Y, N) as applicable from list*	Understanding on cLMIS monthly report proforma *Please select (Y, N) as applicable from list*	Monthly Report Preparation *Please select (Y, N) as applicable from list*	Reviewing Discrepancies in reported data *Please select (Y, N) as applicable from list*
DHIS Focal Person								
Facility Incharge								

Table 2: Data Management

Instruction: Monthly report is expected to be managed by DHIS focal person and data collection tools by the concerned staff

Reponsibility		Data management -DHIS *Please insert (Y or N) as applicable from list*		Data management -cLMIS *Please insert (Y or N) as applicable from list*	
Staff Designation	Staff Name	Retaining copy of monthly report	Safe custody of previously used DHIS Tools	Retaining copy of monthly report	Retaining of Stock register of Contraceptive Commodities

Table 3: DHIS Tools Status

	List of DHIS Tools		Tools/ Instruments - *Please insert (Y, N, or NA) as applicable from list*			
Sr. No	Name	DHIS Instrument No.	Available	In Use	Filled By designated person	Filled Properly
1	CENTRAL REGISTRATION POINT REGISTER	DHIS-01(R)				
2	OPD TICKET	DHIS-02 (F)				
3	MEDICINE REQUISITION SLIP	DHIS-02-A (F)				
4	OUTPATIENT DEPARTMENT REGISTER	DHIS-03 (R)				
5	OPD ABSTRACT FORM	DHIS-04 (F)				
6	LABORATORY REGISTER	DHIS-05 (R)				
7	RADIOLOGY/ ULTRASONOGRAPHY/ CT SCAN/ECG REGISTER	DHIS-06 (R)				
8	INDOOR PATIENT REGISTER	DHIS-07 (R)				
9	INDOOR ABSTRACT FORM	DHIS-08 (F)				
10	DAILY BED STATEMENT REGISTER	DHIS-09 (R)				
11	O.T. REGISTER	DHIS-10 (R)				
12	FAMILY PLANNING REGISTER	DHIS-11 (R)				

No	Description	Form				
13	FAMILY PLANNING CARD	DHIS-12 (C)				
14	MATERNAL HEALTH REGISTER	DHIS-13 (R)				
15	ANTENATAL CARD	DHIS-14 (C)				
16	OBSTETRIC REGISTER	DHIS-15 (R)				
17	DAILY MEDICINE EXPENSE REGISTER	DHIS-16 (R)				
18	STOCK REGISTER (MEDICINE/SUPPLIES)	DHIS-17 (R)				
19	STOCK REGISTER (EQUIPMENT/FURNITURE/ LINEN)	DHIS-18(R)				
20	COMMUNITY MEETING REGISTER	DHIS-19 (R)				
21	FACILITY STAFF MEETING REGISTER	DHIS-20 (R)				
22	PHC FACILITY MONTHLY REPORT FORM	DHIS-21 (MR)				
23	SECONDARY HOSPITAL MONTHLY REPORT FORM	DHIS-22 (MR)				
25	CATCHMENT AREA POPULATION CHART	DHIS-24 (YR)				
26	LQAS FORMS					

Data Accuracy

(If a Section is not applicable to this HF please replace that data element with randomly selected one by mentioning the reason in column of remark).

- Write the numbers from the DHIS monthly report for the previous month in column No. 2.
- Write the numbers from the relevant register in column No. 3. Of the same period.
- Compare the figures in column No. 2 with column No 3.
- If the numbers match tick in column of 'Yes' and if the numbers does not match tick in column of 'No'.
- Count the 'Yes' responses and check data quality /accuracy by using LQAS table given in the end of this section.

Table 4: LQAS Analysis

Sr. No	Data elements from the monthly reporting form (Randomly selected)	Write Numbers from the Monthly report form	Verification of data (Write numbers from the register / form mentioned)		Do numbers in column 2 & 3 match? (Please select (Y/N) in appropriate box)	
			Register/ Form	Number	Yes	No
	1	2	3		Yes	No
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
			Total:			

Total count of 'Yes' in above table can be interpreted in 'Percentage' as below:

LQAS Table: Decisions Rules for Sample Sizes of 12 and Coverage Targets/Average of 20-95%																		
Sample Size	Average Coverage (Baselines)/ Annual Coverage Targets (Monitoring and Evaluation)																	
	Less than 20%	20%	25%	30%	35%	40%	45%	50%	55%	60%	65%	70%	75%	80%	85%	90%	95%

12	N/A	1	1	2	2	3	4	5	5	6	7	7	8	8	9	10	11

Table 5: DHIS and cLMIS Performance Status

S/No.	Data Quality Parameter	Status
	DHIS	
1.	Availability of DHIS Procedure Manual (for consultation in case of ambiguity) -	
2.	Reporting Regularity Number of Monthly Reports submitted during last year (Number)	
3.	Current report completely filled (Report completeness) - (Y/N)	
4.	Accuracy of current report (Data Accuracy) - (%)	
5.	Number of monthly reports submitted within due date during last 12 months (Report timeliness) - (Y/N)	
6.	HF received feedback regularly from DHIS Cell (Check for availability of at least 4 quarterly feedback reports received during last 12 months) - (Y/N)	
7.	Status of DHIS tools at facility Stock sufficient for three (03) months - (Y/N)	
	Record keeping	
8.	Copy of last twelve (12) submitted monthly report available - (Y/N)	
	Filled instruments of each data collection point used during last year(s) available - (Y/N)	
9.	Decisions taken using DHIS information during last month (Check from Facility meeting register) - (Y/N)	
10.	Minutes of monthly performance review meeting recorded in facility meeting register - (Y/N)	
11.	DHIS data displayed (including KPIs) - (Y/N)	
	cLMIS	
12.	Availability of monthly cLMIS reporting proforma - (Y/N)	
13.	Availability of filled monthly report proformas of last 6 months - (Y/N)	
14.	Current report completely filled (Report completeness) - (Y/N)	

Results:	Please be brief and specific while reporting table below:

Serial No.	Specific Issue/Gap	Reason/s	Action/s taken	Resolved (Y/N)	Reason if issue / gap persist	Any suggestion/s
1						
2						
	Please carry-forward un-resolved issue/gap in next visit report.					