

Hand-on Support Activity – Reporting Health Facility Level

District	
Date of Visit	
Name of Health Facility	
HID code of Health Facility	
Name of In-Charge	
Name of DHIS Focal Person	
Designation of DHIS Focal Person	
Phone No. of Health facility	
Phone No. of In-charge	
In-charge Email ID	
The hands-on support practices have been conducted in accordance with DHIS Procedure Manual using DHIS standard instruments and report format	

Table 1: Hands-on Practice Support and Training Conducted

Staff Designation	Staff Name	DHIS			
		Monthly Report Preparation (review the previous month report with him/her and discuss with him how to improve it) <i>Please select (Y, N) as applicable from list</i>	Use of Information. Discuss with them how to use the information. <i>Please select (Y, N) as applicable from list</i>	Checking Data Accuracy through LQAS. Check data accuracy of the previous month report with them and discuss how to improve it. <i>Please select (Y, N) as applicable from list</i>	Reviewing completeness of the report <i>Please select (Y, N) as applicable from list</i>

Table 2: Data Management

Name	Designation	CLMIS		
		Understanding on cLMIS monthly report proforma. Check if they have submitted previous months proforma <i>Please select (Y, N) as applicable from list</i>	Monthly Report Preparation. Help them how to prepare this proforma. <i>Please select (Y, N) as applicable from list</i>	Reviewing Discrepancies in reported data <i>Please select (Y, N) as applicable from list</i>

Table 3: Data Management

Instruction: Monthly report is expected to be managed by DHIS focal person and data collection tools by the concerned staff					
Responsibility		Data management - DHIS <i>Please insert (Y or N) as applicable from list</i>		Data management - cLMIS <i>Please insert (Y or N) as applicable from list</i>	
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 4: 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)				
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					

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) - (Y/N)				
2.	Reporting Regularity (Check the date of submission of last month report) if it is within the due date				
3.	Current report completely filled (Report completeness) - (Y/N)				
4.	Accuracy of current report (Data Accuracy) - (%)				
5.	Check if Health facility received feedback from M&E Cell - (Y/N)				
6.	Status of DHIS tools at facility Stock sufficient for three (03) months (Y/N)				
7.	Record keeping				
	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.				