

## Hand-on Support Activity – Reporting Health Facility Level

Visit No:		District:		Date of visit:	Date	Month	Year		
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					
The hands-on support practices have been conducted in accordance with DHIS Procedure Manual using DHIS standard instruments and report format									

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

Staff Designation	Staff Name	DHIS				cLMIS		
		Monthly Report Preparation <i>Please select (Y, N) as applicable from list</i>	Use of Information <i>Please select (Y, N) as applicable from list</i>	Checking Data Accuracy LQAS <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>	Understanding on cLMIS monthly report proforma <i>Please select (Y, N) as applicable from list</i>	Monthly Report Preparation <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 2: Data Management

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

[illegible]

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)				
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 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 M&E 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)					
8.	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						
3						
	Please carry-forward un-resolved issue/gap in next visit report.					