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

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| **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 | | | | | | | | |  |

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| **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* | |
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| **Table 2: 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** *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** |
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| **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 |  |  |  |  |  |

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| **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. | | | | | |