

**Hand-on Support Activity Checklist – District M&E Cell**

**Date of Visit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **The hands-on support practice is being conducted in accordance with DHIS Procedure Manual using DHIS standard instruments and report format** | | |
| **S/No.** | Hold a meeting with DHO and his team including the following and explain the objectives of your visit.  1. DHO  2. ADHO  3. DHIS Coordinator  4. Vertical Program Focal Persons  The agenda will be to discuss the status of the following:   1. Compliance of all MISs reporting based on the current status; 2. Status of monitoring and supervisory visits; 3. Status of DHIS activities; 4. DHPMT meeting status/issues etc. 5. DAP/MTBF status | Comments/Remarks |
| 3, | Meet Individual Mangers to discuss issues/challenges faced by them in any MIS, especially M&S System. Review with them the field visits conducted and issues in using the online system.  1.  2 |  |
| 4. | Meet PPHI, DEO and DPWO teams to sensitize them on the productive participation of DHPMT meeting according to the laid down criteria.  1. PPHI team  2. DEO, team  3. DPWO team |  |
| **Conduct Individual meeting with DHIS Coordinator to discuss the following** | | |

| **S/No.** | **ITEM: Hands-on Practice Support for Improving Data Quality** | **Activity conducted** | **Activity Status**  **Remarks/Comments** |
| --- | --- | --- | --- |
|  | Help in checking DHIS reporting regularity  (check randomly from the last month reports) | 1. Helped 2. No |  |
|  | Help in checking DHIS report completeness  (check randomly from the last month reports) | 1. Helped 2. No |  |
|  | Help in checking the DHIS data accuracy  (perform data accuracy exercise by selecting few indicators from the last month reports and online data entry) | 1. Helped 2. No |  |
|  | Check if the M&E Cell recording the receipt date on the DHIS monthly report, also on copy of HF | 1. Checked 2. No |  |
|  | Check the Availability of the following at district store for 6 months stock | | |
| i. DHIS tools, | 1.Avaialable  2.Not available |  |
| ii. DHIS manual | 1.Avaialable  2.Not available |  |
| iii. cLMIS procedure manual | 1.Avaialable  2.Not available |  |
| iv. |  |  |
|  | Check if information on Human Resource sanctioned and filled posts, is reported. | 1. Checked 2. No |  |
|  | If not reported: what needs to be done? |  | |
|  | Check if financial information is reported in the monthly reports | 1. Checked 2. No |  |
|  | If not reported: what needs to be done? |  | |

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|  | Hands-on Practice with DHIS Coordinator in understanding and use of: | | |
| i. DHIS online system | 1. Yes 2. No |  | |
| ii. Dashboard | 1. Yes 2. No |  | |
| iii. M&E system | 1. Yes 2. No |  | |
| iv. M&S system | 1. Yes 2. No |  | |
| v. Check if DHIS coordinator still need training on using online systems | 1. Yes 2. No |  | |
|  | Discuss the following with DHIS Coordinator: | | |
| i. [Ensuring](file:///E:\ensuring) filling of all the DHIS tools by HF staff | 1. Discussed 2. No |  | |
| ii. Manual checking of monthly reports for timeliness, accuracy & completeness | 1. Discussed 2. No |  | |
|  | Understanding DHIS indicators, definitions and formulas with DHIS Coordinator | 1. Discussed 2. No |  | |
|  | Hands-on Support in building capacity of DHIS Coordinator in: | | |
| i. Generating analytical reports produced by online DHIS system | 1. Yes 2. No |  | |
| ii. Issuance of feedback report to HFs and provincial DHIS cell | 1. Yes 2. No |  | |
|  | Skill development of DHIS data entry operator in timely completing the data entry | 1. Yes 2. No |  | |
|  | Provide TA in Skill development of cLMIS operator in timely completing data entry | 1. Provided 2. No |  | |
|  | Provide TA 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 | 1. Provided 2. No |  | |
|  | Provide TA to DHIS Coordinator in getting prints of various DHIS aggregated, indicator wise and HF wise reports | 1. Provided 2. No |  | |
|  | Provide TA to develop skills of DHIS Coordinator in: | | |
| i. data analysis | 1. Provided 2. No |  | |
| ii. feedback writing | 1. Provided 2. No |  | |
|  | Provide TA to DHIS Coordinator for dissemination of DHIS/MIS data to: | | |
| i. health facilities | 1. Provided 2. No |  | |
| ii. provincial office | 1. Provided 2. No |  | |
| iii. DHPMT members | 1. Provided 2. No |  | |
| iv. other stakeholders in district (specify) | 1. Provided 2. No |  | |
|  | Check if the DHIS data, demographic data and targets are displayed in DHO office, DHIS Cell and other relevant sections of the office | 1. Checked 2. No |  | |
|  | Provide TA to DHO in conducting internal monthly meeting with staff of DHO office using data from various MIS(s), identifying issues, planning & decision making for improvement in the light of KPIs and activities planned in DAP. | 1. Provided 2. No |  | |
|  | TA provided to DHO in conducting performance review monthly meeting with in- charges of HFs using data from various MIS(s), identifying issues, planning & decision making for improvement in the light of KPIs and activities planned in DAP | 1. Provided 2. No |  | |
|  | Provide TA to DHO/DHPMT secretary for preparation of presentation for: | | |
| i. DHPMT meetings reflecting performance of KPIs vs targets | 1. Provided 2. No |  | |
| ii. DTC meetings reflecting performance of KPIs vs targets | 1. Provided 2. No |  | |
|  | Provide TA to DHIS Coordinator in keeping DHIS relevant documents such as meeting minutes, filled checklists and LQAS sheets properly | 1. Provided 2. No |  | |
|  | Provide TA to DHIS Coordinator for understanding and use of DHIS supervisory checklist | 1. Provided 2. No |  | |
|  | Provided TA DHIS Coordinator for supervision of DHIS at HF level | 1. Provided 2. No |  | |
|  | Provide TA to DHIS Coordinator in checking data accuracy by using LQAS technique. | 1. Provided 2. No |  | |
| Overall Comments  1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Suggestions  1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Name and Signature :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |