**Hand-on Support Activity – Reporting M&E Cell**

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| --- | --- | --- |
| Visit No: |  | |
| Date of visit: |  | |
| District: |  | |
| NAME | CONTACT DETAILS | |
| DHO: | Office: |  |
| Mobile phone: |  |
| Email ID: |  |
| DHIS Coordinator: | Office: |  |
| Mobile phone: |  |
| Email ID: |  |
| DHIS Computer Operator: | Mobile phone: |  |
| Email ID: |  |
| DHIS Computer Operator: | Mobile phone: |  |
| Email ID: |  |
| Number of Health Facilities in district | HFs with HID No. | HFs working without HID No. |
| Under control of DHO |  |  |
| PPHI |  |  |
| Number of Health Facilities reporting through DHIS | HFs with HID No. | HFs working without HID No. |
| Under control of DHO |  |  |
| PPHI |  |  |

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| --- | --- | --- |
| **The hands-on support practices have been conducted in accordance with DHIS Procedure Manual using DHIS standard instruments and report format** | | |
| **Hands-on Practice Support for improving data quality** | |  |
| S/No. | ITEM | Activity Status |
| DHIS |
| 1 | M&E Cell established having separate computer for DHIS (Y/N) |  |
| 2 | DHIS reporting regularity (%) |  |
| 3 | DHIS report completeness (%) |  |
| 4 | District DHIS accuracy (Performed by Coordinator) - (%) |  |
| 5 | DHIS cell recording receipt date on the DHIS monthly report (Y/N) |  |
| 6 | Internet service available at DHIS cell (Y/N) |  |
| 7 | M&E Cell established (Y/N) |  |
| 8 | Availability of 3 months stock at district store: (Y/N) |  |
| i. DHIS tools, |  |
| ii. DHIS manual |  |
| iii. cLMIS procedure manual |  |
| iv. LQAS forms |  |
| 9 | TA provided to DHIS Coordinator enabling him in providing feedback to HFs (Y/N) |  |
| 10 | TA provided to DHIS Coordinator in: (Y/N) |  |
| i. filling of all DHIS tools |  |
| ii. manual checking of monthly reports for timeliness, accuracy & completeness |  |
| 11 | TA provided to DHIS coordinator in understanding and use of DHIS dashboard (Y/N) |  |
| 12 | TA provided to DHIS data entry operator in data entry (Y/N) |  |
| 13 | TA provided to cLMIS operator in data entry (Y/N) |  |
| 14 | TA provided 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 (Y/N) |  |
| 15 | TA provided to DHIS Coordinator in: (Y/N) |  |
| i. data analysis |  |
| ii. feedback writing |  |
| 16 | MIS data displayed (Y/N) |  |
|  | cLMIS |  |
| 17 | cLMIS user manual available (Y/N) |  |
| 18 | cLMIS Reporting compliance (%) |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **Results:** |  |  |  |  |  |  |
|  | **Please be brief and specific while reporting table below:** | | | | | |
| **Sr. No.** | **Specific Issue/Gap** | **Reason/s** | **Action/s taken** | **Resolved (Y/N)** | **Reason if issue / gap persist** | **Any suggestion/s** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |