**SPH/MDP/FOR/42/(B)**

**Percentage of provincially managed health facilities sending indoor morbidity data through e-IMMR**

**District:- Year/ Quarter :-**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Institution |  |  |  |  |
| Requirement |  |  |  |  |
| **Availability of facilities** –(at the record room) |  |  |  |  |
| - At least a single computer  - internet access |  |  |  |  |
|  |  |  |  |
| **Activities** – |  |  |  |  |
| continuous data entry to the eIMMR system  (from the date of commencement )  quarterly return completed-1st Quarter  -2nd Quarter  -3rd Quarter  -4th Quarter |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Supervision and Monitoring** |  |  |  |  |
| return certified by the hospital administrator |  |  |  |  |
| returns certified by RDHS |  |  |  |  |
|  |  |  |  |  |

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Signature of MO H Signature of RDHS

* **To be send quarterly to the PDHS office**