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

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

**District:- Institution:- Year/Month:-**

|  |  |  |
| --- | --- | --- |
| Requirement | Achieved or not | If not measures taken |
| **Availability of facilities** - 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 |  |  |

Officer In Charge- Name: -

Contact No: -

Signature:-

Date:-

* **To be filled in triplicate and send one copy to relevant RDHS. One copy to PDHS on or before 10th of next month. Other copy remain in the office.**