PRISM Tools Version 3.0

June 2008

PRISM: Performance of Routine Information System Management

PRISM Tools for Assessing, Monitoring, and Evaluating RHIS Performance

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Glossary

PRISM	Performance of Routine Information System Management
RHIS	Routine Health Information System
OBAT	Organizational and Behavioural Assessment Tool
MAT	Management Assessment Tool

1. Acknowledgements

1.1. PRISM Tool version 3.0

PRISM Framework and its tools applications have expanded since 2004. Now it has been applied in Pakistan, Uganda, South Africa, Mexico, Paraguay, Honduras, Haiti, China and Cote d'Ivore for assessment and evaluation. It has been applied in diverse countries of Africa, Asia, Latin America and Carribean continents. While these applications showed the strengths and appropriateness of PRISM Framework and its tools in identifying strengths and weaknesses of the routine information systems, they brought some challenges to attention. First, to make a distinction between RHIS performance indicators – accuracy, timeliness and completeness, from their counterpart processes. Second, to keep minimum variables in various tools for triangulation of information to avoid respondent's burden of filling the details. Third, better measurement of use of information. Thus, there was a need to revise the PRISM tools. Uganda PRISM evaluation in 2007 for testing its reliability and validity also helped to make the revisions.

PRISM tools version 3.0 meets old and new challenges in assessing, monitoring and evaluation of RHIS. The authors would like to thank and acknowledge the contributions by the following individuals for revision of PRISM version 2.0.

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1.2. PRISM Tool version 2.0

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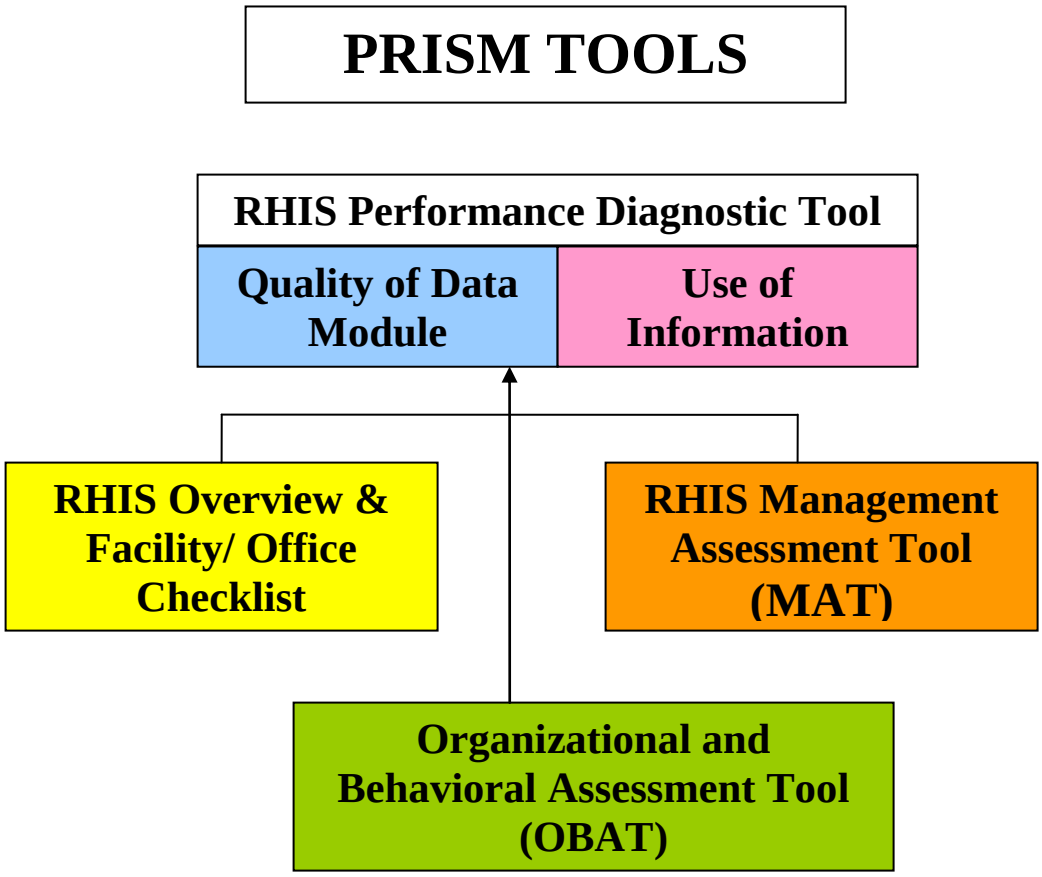
2. PRISM Tools Summary



3. RHIS Performance Diagnostic Tool

3.1. Data Quality Assessment at District or Higher level

3.2. Use of Information Assessment at District or Higher level

3.3. Data Quality Assessment at Facility Level

3.4. Use of Information Assessment at Facility Level

RHIS Performance Diagnostic Tool
Quality of Data Assessment: District Office Form

Name of the district:	Date of Assessment:
Name of the Assessor:	Name and Title of person Interviewed:

Data Transmission

DQ 1	Does the district office keep copy of RHIS monthly reports sent by health facilities?	1.Yes	0.No	
DQ 2	What is the number of facilities in the district that are supposed to be reporting to (enrolled in) RHIS?			
DQ 3	What is the number of facilities in the district that are actually reporting to (enrolled in) RHIS?			
DQ 4	Count number of monthly reports for the last two months available at the district office	a.month	b.month	
DQ 5	What is the deadline for the submission of the RHIS monthly report by facility?			If no deadline is set, write no and go to Q8
DQ 6	Does the district office record receipt dates of RHIS monthly report?	1.Yes	0.No	If receipt dates are not recorded, go to Q8

DQ 7	If DQ6 yes, check the dates of receipts for the last two months (same as in Q4).					
		a. Month (specify)		b. Month (specify)		
	Item	1. Before deadline	2. After deadline	3. Before deadline	4. After deadline	
	Number of facilities					

DQ 8	Does district have a record of people who receive monthly report data by a certain deadline after receiving monthly report from the facilities?	1.Yes	0.No
DQ 9	Does district have a record of submitting data on time to regional/national level?	1.Yes	0.No

Data Accuracy

DQ 10	Manually count the number of following data items from the RHIS monthly reports for the last two months. Compare the figures with the reports from the computer.							
	Item	a. Month (specify)			b. Month (specify)			
		Manual count	Computer	Match	Manual count	Computer	Match	
DQ A								
DQ B								
DQ C								

Data Processing/Analysis

DQ 11	Does database exist to enter and process data?	0. No	1. Yes, by manual	2. Yes, by computer

DQ 12	Does the database produce the following?			
DQ 12A	Calculate indicators for each facility catchment area	1.Yes	0.No	
DQ 12B	Data summary report for the district	1.Yes	0.No	
DQ 12C	Comparisons among facilities	1.Yes	0.No	
DQ 12D	Comparisons with district/national targets	1.Yes	0.No	
DQ 12E	Comparisons among types of services coverage	1.Yes	0.No	
DQ 12F	Comparisons of data over time (monitoring over time)	1.Yes	0.No	

DQ13	Do you think that RHIS procedure manual is user-friendly?	1.Yes	0.No	
DQ 14	Do you think that monthly report form is complex and difficult to follow?	0.yes	1.no	
DQ 15	Do you find the data software user-friendly?	1.Yes	0.No	
DQ 16	Do you find that information technology is easy to manage?	1.Yes	0.No	
DQ 17	Do you think that information system design provide comprehensive picture of health system performance?	1.Yes	0.No	
DQ 18	Do you think RHIS has information that is spread over in different information system?	1.Yes	0.No	
DQ 19	Does the RHIS software integrate data from different information systems?	1.Yes	0.No	
DQ 20	Does the information technology (LAN) exist to provides access to information to all district managers and senior management	1.Yes partially	2.Yes completely	0.No
DQ 21				
DQ 22				
DQ 23				
DQ 24				
DQ 25				

RHIS Performance Diagnostic Tool
Use of Information District Assessment Form

	Name of assessor:				
District:	Name of respondent and title:				
	RHIS report production				
DU1	Does this district office compile RHIS Data submitted by facilities?		1.Yes	0.No	
DU2	Does the district issue any report containing RHIS information?		1.Yes	0.No	If no , go to DU4
DU3	If yes, Please list reports that contain data/information generated through RHIS. Please indicate frequency of reports and the number of times the report was actually issued for the last 12 months. Please confirm the issuance of the report by counting them.				
	1. Title of the report	2.No. of times this report is supposed to be issued per year	3. No. of times that report are actually issued for the last 12 months		
DU3a					
DU3b					
DU3c					
DU3d					
DU3e					
DU4	Did the district office send a feedback report using RHIS information to facilities for the last three months?		1.Yes	0.No	
	Display of information				
DU5	Does the district office display the following data? Please indicate types of data displays and whether the data are updated for the last reporting period.				If no go to DU6
	1.Indicator	2.Type of display (Please tick)		3. Updated	
DU5a	Related to mother health	Table		1.Yes 0.No	
		Graph/Chart			
		Map/other			
DU5b	Related to child health	Table		1.Yes 0.No	
		Graph/Chart			
		Map/other			
DU5c	Facility Utilization	Table		1.Yes 0.No	
		Graph/Chart			
		Map/other			
DU5d	Disease surveillance	Table		1.Yes 0.No	
		Graph/Chart			
		Map/other			
DU6	Does the office have a map of catchment area?			1.Yes 0.No	
DU7	Does the office display a summary of demographic information such as population by target groups?			1.Yes 0.No	

DU8	Is feedback, quarterly, yearly or any other report on RHIS data available, which provides guidelines/ recommendations for actions?	1.Yes	0.No	If no go to DU10
DU9	If yes to DU8, what kinds of decisions are made in reports of RHIS data/information for actions? Please check types of decision based on types of analysis present in reports.			
	Types of decisions based on types of analysis			
DU9a	Appreciation and acknowledgement based on Number/percentage of facilities showing performance within control limits over time (month to month comparisons)	1.Yes	0.No	
DU9b	Mobilization/shifting of resources based on comparison by facilities	1.Yes	0.No	
DU9c	Advocacy for more resources by comparing performance by areas (sub-districts, cities, villages), human resources and logistics	1.Yes	0.No	
DU9d	Development of policies by comparing types of services	1.Yes	0.No	
	Discussion and decisions on use of information	1.Yes	0.No	
DU10	Does the district office have routine meetings for reviewing managerial or administrative matters?	1.Yes	0.No	
DU11	How frequently is the meeting supposed to take place?			
DU12	How many times did the meeting take place during the last three months?			
DU13	Is an official record of management meetings maintained?	1.Yes	0.No	If no, go to U15
DU14	If yes, please check the meeting records for the last three months to see if the following topics were discussed:			
DU14a	Management of RHIS, such as data quality, reporting, or timeliness of reporting	1.Yes, observed	0. No	
DU14b	Discussion on RHIS findings such as patient utilization, disease data, or service coverage, medicine stock out	1.Yes, observed	0. No	
DU14c	Have they made any decisions based on the above discussions?	1.Yes, observed	0. No	
DU14d	Has any follow-up action taken place on the decisions made during the previous meetings?	1.Yes, observed	0. No	
DU14e	Are there any RHIS related issues/problems referred to regional/national level for actions?	1.Yes, observed	0. No	
	Promotion and Use of RHIS information at district/higher level			
DU15	Did district annual action plan showed decisions based on HIS information?	1.Yes	0.No	
DU16	Did records of district office of last three months show that district/senior management issued directives on use of information	1.Yes	0.No	
DU17	Did district/national RHIS office publish newsletter/report in last three months showing success stories of use of information	1.Yes	0.No	
DU18	Does documentation of use information for various types of advocacy exist?	1.Yes	0.No	
DU19	Does the district staff meeting records show attendance of persons in charge of the facilities for discussion on RHIS performance?	1.Yes	0.No	

DU20: Please describe examples of how the district office uses RHIS information for health system management 0. No examples 1. Yes (details follows)

DU21		
DU22		
DU23		
DU24		
DU25		

RHIS Performance Diagnostic Tool
Quality of Data Assessment: Health Facility Form

Date of Assessment:	Name of the Assessor:	Name and Title of person Interviewed:
District	Facility	Type

Data Recording

FQ1	Does this facility keep copy of RHIS monthly reports sent to the district office?	1.Yes	0.No	If no, go to FQ5
FQ 2	Count the number of RHIS monthly reports that are kept at the facility for the last 12 months			
FQ 3	Does this facility keep outpatient register?	1.Yes	0.No	If no, go to FQ5

Data Accuracy Check

FQ 4	Find the following information for the two months in the outpatient register. If the facility does not keep the copy of the monthly report, obtain the copy at the district office and complete the exercise. Compare the figures with the reports from the computer.					
	Item	a. Month (specify)		b. Month (specify)		
		# from register	# from report	# from register	# from report	
4A						
4B						
4C						
4D						

FQ 5	Did you receive a directive from the Senior Management/district office to:			
	5A Check the data accuracy at least once in three months?	1.Yes, Observed	0. No	
	5B Fill the monthly report form completely	1.Yes, Observed	0. No	
	5C Submit report by declared deadline	1.Yes, Observed	0. No	
FQ 6	Did you receive a directive from the Senior Management/district office that there will be consequences:			
	6A if you do not check the data accuracy	1.Yes, Observed	0. No	
	6B If you do not fill the monthly reporting form completely	1.Yes, Observed	0. No	
	6C If you do not submit the monthly report by declared deadline	1.Yes, Observed	0. No	

Data Completeness

FQ 7	What is the number of data items in the RHIS monthly report that facility need to report? Excludes the number of data items for services not provided by this health facility.	
FQ 8	Count the number of data items that are supposed to be filled by this facility but left blank without indicating "0" in the last month report.	

Data Transmission /Data Processing/Analysis

FQ 9	Does data processing procedures/tally sheet exist?	1. Yes, Observed	0. No	
FQ 10	Does the facility produce the following?			
FQ A	Calculate indicators facility catchment area	1. Yes, Observed	0. No	
FQ B	Comparisons with district/national targets	1. Yes, Observed	0. No	
FQ C	Comparisons among types of services coverage	1. Yes, Observed	0. No	
FQ D	Comparisons of data over time (monitoring over time)	1. Yes, Observed	0. No	
FQ 11	Does the procedure manual for data collection/definitions exist?	1. Yes, Observed	0. No	

FQ 12		
FQ 13		
FQ 14		
FQ 15		
FQ 16		

RHIS Performance Diagnostic Tool
Use of Information: Facility Assessment Form

Date:		Name of assessor:			
Facility Name:		Name of respondent and title:			
Facility Type:		District:			
	RHIS report production				
FU1	Does this facility compile RHIS Data?		1.Yes	0.No	
FU2	Does the facility compile any report containing RHIS information?		1.Yes	0.No	If no , go to FU4
FU3	If yes, Please list reports that contain data/information generated through RHIS. Please indicate frequency of reports and the number of times the report was actually issued for the last 12 months. Please confirm the issuance of the report by observing it.				
	1. Title of the report	2. No. of times this report is supposed to be issued per year	3. No. of times that report are actually issued for the last 12 months		
FU3a					
FU3b					
FU3c					
FU3d					
FU4	Did the facility receive any feedback report from district office on their performance for the last three months?		1.Yes	0. No	
	Display of information				
FU5	Does the facility display the following data? Please indicate types of data displays and whether the data are updated for the last reporting period.				If no go to FU6
	1. Indicator	2. Type of display (Please tick)		3. Updated	
FU5a	Related to mother health	Table / Graph/Chart / Map/other		1.Yes	0.No
FU5b	Related to child health	Table / Graph/Chart / Map/other		1.Yes	0.No
FU5c	Facility Utilization	Table / Graph/Chart / Map/other		1.Yes	0.No
FU5d	Disease surveillance	Table / Graph/Chart / Map/other		1.Yes	0.No
FU6	Does the facility have a map of catchment area?			1.Yes	0.No
FU7	Does the office display a summary of demographic information such as population by target groups?			1.Yes	0.No
FU8	Is feedback, quarterly, yearly or any other report on RHIS data available, which provides guidelines/ recommendations for actions?			1.Yes	0.No

FU9	If yes, what kinds of decisions are made in reports of RHIS data/information for actions? Please check on types of decision based on types of analyses present in reports.			
	Types of decisions based on types of analyses			
FU9a	Review strategy by examining service performance target and actual performance on month to month comparisons	1.Yes	0.No	
FU9b	Review facility personnel responsibilities by examining service target and actual performance on month to month comparisons	1.Yes	0.No	
FU9c	Mobilization/shifting of resources based on comparison by services	1.Yes	0.No	
FU9d	Advocacy for more resources by comparing performance by targets and showing gaps	1.Yes	0.No	
	Discussion and Decision on RHIS information			
FU10	Does the facility have routine meetings for reviewing managerial or administrative matters?	1.Yes	0.No	If no, go to UI15
FU11	How frequently is the meeting supposed to take place?			
FU12	How many times did the meeting take place during the last three months?			
FU13	Is an official record of management meetings maintained?	1.Yes	0.No	If no, go to UI15
FU14	If yes, please check the meeting records for the **last three months** to see if the following topics were discussed:			
FU14a	Management of RHIS, such as data quality, reporting, or timeliness of reporting	1.Yes, observed	0. No	
FU14b	Discussion on RHIS findings such as patient utilization, disease data, or service coverage, medicine stock out	1.Yes, observed	0. No	
FU14c	Have they made any decisions based on the above discussions?	1.Yes, observed	0. No	
FU14d	Has any follow-up action taken place on the decisions made during the previous meetings?	1.Yes, observed	0. No	
FU14e	Are there any RHIS related issues/problems referred to regional/national level for actions?	1.Yes, observed	0. No	
	Promotion and Use of RHIS information by the district/higher level			
FU15	Observed facility received annual/monthly planned targets based on RHIS information	1.Yes	0.No	
FU16	Did records of facility of last three months show that district/senior management issued directives on use of information	1.Yes	0.No	
FU17	Did facility receive district/national RHIS office newsletter/report in last three months showing success stories of use of information	1.Yes	0.No	
FU18	Did documentation exist to show use information for various types of advocacy exist?	1.Yes	0.No	
FU19	Did the person in charge of the facility participate in meetings at district level to discuss RHIS performance for the last three months?	1.Yes	0.No	

FU20: Please describe examples of how the facility uses RHIS information for health system management

0. No examples 1. Yes (details follows)

	Supervision by the district health office			
FU21	How many times did the district supervisor visit your facility during the last three months? (check the answer)	0. 1. 2 3. 4. >3		If zero, go to FU26
FU22	Did you observe supervisor having a checklist to assess the data quality?	1.Yes	0.No	
FU23	Did supervisor check the data quality?	1.Yes	0.No	
FU24	Did the district supervisor discuss performance of health facilities based on RHIS information when he/she visited your facility?	1.Yes	0.No	
FU25	Did the supervisor help you make a decision based on RHIS information?	1.Yes	0.No	
FU26	Did the supervisor send a report/feedback/note on the last two supervisory visits?	1.Yes	0.No	
FU27				
FU28				
FU29				
FU30				
FU31				

4. Information Systems Overview and Resources

4.1. Information System Mapping

4.2. Facility/Office checklist

Routine Health Information System Overview

Overview of Information Systems in Health Sector

(Interview HIS Manager at district and sub-national level)

Level: □ National

□ Sub-national (district, province, etc)

Name (of district, province, etc) _____

Respondent's Name:

Function/Title:

Institution:

Department:

Mapping existing routine information systems in health sector (OPTIONAL)

Using the sheet 1: "Information system mapping", list all routine information systems existing in the country/region/district.

This exercise will help you to understand types of health sector information that are included (or not included) by information systems. It will also help to identify duplication of information systems.

1) Write down specific names of the information systems.
2) Identify types of information covered by each system and check relevant boxes. You may also write comments in the box. For example, an information system for EPI may handle information on drug supplies but it might be limited to vaccines. You can indicate "vaccine only" in the box. Similarly, MCH specific information systems may collect information on service utilization of MCH services only.
3) Please describe how information from different information systems are shared. For example, between TB programs and HIV/AIDS programs

1: Information System Mapping (OPTIONAL)											
	Types of Information Handled by Each Systems										
Type of information system	Specific name if any	Service Utilization	Occurrence of selected disease(s)	Disease Outbreak (Immediate report)	Financial Information	Drug, contraceptive vaccine, stock	Human resources	Equipment/ Building	Vital Events	Others	Others
Routine service based reporting system											
Epidemiological surveillance for notifiable infectious diseases											
Special program reporting systems (EPI)											
Special program reporting systems (TB)											
Special program reporting systems (Malaria)											
Special program reporting systems (HIV/AIDS)											
Special program reporting systems (MCH)											
Special program reporting systems (specify)											
Special program reporting systems (specify)											
Special program reporting systems (specify)											
Community Base information system											
Administrative system (Finance)											
Administrative system (human resource)											
Administrative system (Training)											
Administrative system (drugs, contraceptive, vaccine, logistics)											
Administrative system (Infrastructure, equipment, transport)											
Vital Registration											
Other system											

2. Data collection and transmission	
Please list all data collection tools/forms that are used at the community/health facility level. If space is not enough, please add an additional sheet of paper.	
Facility-based data collection tools: (such as patient registers)	Comments on tools. Is the form easy to use? Enough space to record data? Takes too much time?
•	
•	
•	
•	
•	
•	
Data transmission/reporting forms	Comments on forms. Is the form easy to use? Enough space to record data? Takes too much time?
•	
•	
•	
•	
•	
•	

3. Information flowchart

Using the chart provided on the next page, illustrate the flow of information from community to health facility, health facility to district level, district level to regional level, regional level to the central/national level. For each level, please indicate specific departments/job titles which should receive and process information received from a lower level.

This exercise will help you to clarify information flows in existing information systems and identify potential problems, which affect the performance of the information systems.

1) If some levels, e.g. community level and regional level are not relevant to systems that you are examining, please omit them from the exercise.
2) Please be as specific in identifying information sources and data transmission points as possible. For example, if different types of facilities have different reporting units at district level, you will want to indicate these different paths of information.
3) Add more than one information system to see interactions between information systems and how complicated or simple information flows are in your health system. You can see how basic routine health information system's information flow interacts with special program information systems such as EPI, HIV/AIDS, and Malaria.
4) You can be creative in indicating different information flows in different colors. For example, you can indicate the data aggregation process in red and the information feedback process in blue color. Or General RHIS in green and EPI in pink, etc.

Information flowchart

Information Flow Sheet									
Levels	**Types of Information Systems**								
	HMIS	**EPI**	**TB**	**Malaria**	**HIV/AIDS**	**MCH**	**Contraceptive**	**Administrative system (Finance)**	**Community information system**
Central/national Level									
Regional Level (Province)									
District Level									
Facility Level									
Community Level									

Facility/Office Checklist
(Interview Facility Manager or person in charge of RHIS at the office)

Person Interviewed (name, title, organization)
Facility/Office Name
Facility/Office Address
Facility Type (Hospital/Clinic/District office/Region office/Ministry RHIS unit, etc.)
Ownership (Public/Private/Mixed)

(Interviewer: Please verify if the following equipment is available in the facility)

1. Equipment

Hardware Equipment	**Total Quantity**	**How many are in working condition?**
a. Computer		
b. Data Back-up Unit (e.g. floppy, CD, zip)	0. No 1. Yes	
c. Printers		
d. Modems		
e. UPS		
f. Generators		
g. Regular telephone		
h. Radio telephone		
i. Access to the internet	0. No 1. Yes	
j. Calculator		

2. Utilities

a. Is there a continuous electricity supply? 1. Yes 0. No
b. How often is the electricity supply interrupted? 0. Never/occasionally 1. Once a month 2. Twice a month 3. Weekly 4. Daily
c. Is the room, where the computer hardware is kept, air-conditioned? 1. Yes 0. No
d. Is running water available in the facility? 1. Yes 0. No

3. Availability of registers, forms

Type of record, report or register	**Have you run out of this form in the past 12 months? If so, why?**
a.	0.No 1. Yes
b.	0.No 1. Yes
c.	0.No 1. Yes
d.	0.No 1. Yes
e.	0.No 1. Yes

B. Organization of the health facility			
B.1. Please describe total number of persons under each category below: (Adapt according to the country situation)			
B.2. Title/ post	Number		Number
1. Medical officer		10. Health educator	
2. Comprehensive nurse registered		11. Health inspector	
3. Comprehensive nurse enrolled		12. Laboratory technician	
4. Nursing Assistance		13. Public health dental assistant	
5. Clinical officer		14. Anesthetic officer	
6. Laboratory Assistant		15. Midwife	
7. Health Assistant		16. Support staff	
8. Dispenser		17. Other (specify)	
9. Health information assistant			

B.3. Who fills in the HMIS monthly reports? *Specify the codes from Q B.2*.

B.4. List those staff members who received any training in the recording, processing, or reporting of health information during the last three years, the number of trainings received, and the year of the latest training.

B.4.a. Title or Post (Coding from QB.2)	B.4.b. How many trainings courses/sessions did this person received in the past three years?	B.4.c. Year of last training?	B.4.d. Subjects of last training: 1. data collection 2. data analysis 3. Data display/report 4. 1&2 5. 1&3 6. 2&3 7. 1,2 & 3
1.			
2.			
3.			
4.			
5.			

BB1. Only for District or Higher level	
Staffing	
BB.1 Total number of persons working in district HMIS office including sub-districts?	
BB.2 Total number of persons working in district HMIS office excluding sub-districts?	
BB.3 Total number of district staff in district HMIS office trained to collect, verify and analyze information?	

5. Management Assessment Tool

RHIS Management Assessment Tool

(Observation at facility and higher levels)

MAT1. Name of the facility	MAT2. Name of the Assesser
MAT3. Name of the district	MAT4: date of assessment

MATG1	Presence of RHIS Mission displayed at prominent position(s)			0 No	1 Yes
MATG2	Presence of management structure for dealing with RHIS related strategic and policy decisions at district and higher levels			0 No	1 Yes
MATG3	Presence of an updated (last year) district health management organizational chart, showing functions related to RHIS/health information			0 No	1 Yes
MATG4	Presence of distribution list and documentation of RHIS past monthly/quarterly report distribution at district or higher level			0 No	1 Yes
MATP1	Presence of RHIS situation analysis report less than 3 year old			0 No	1 Yes
MATP2	Presence of RHIS 5 year plan at district or higher level			0 No	1 Yes
MATP3	Presence of RHIS targets at facility and higher level			0 No	1 Yes
MATQ1	Presence of a copy of RHIS standards at district or higher levels			0 No	1 Yes
MATQ2	Presence of a copy of RHIS standards at facility			0 No	1 Yes
MATQ3	Presence of performance improvement tools (flow chart, control chart etc.) at the facility			0 No	1 Yes
MATT1	Does facility/district have a RHIS training manual?			0 No	1 Yes
MATT2	Presence of mechanisms for on-job RHIS training (see documentation)			0 No	1 Yes
MATT3	Presence of schedule for planned training	0 No	1. Yes, for one year	2. Yes, 2 years or more	
MATS1	Presence of RHIS supervisory checklist			0 No	1 Yes
MATS2	Presence of schedule for RHIS supervisory visit			0 No	1 Yes
MATS3	Presence of supervisory reports			0 No	1 Yes
MATF1	Presence of RHIS related expense register			0 No	1 Yes
MATF2	Presence of mechanisms for generating funds for RHIS			0 No	1 Yes
MATF3	Presence of RHIS monthly/quarterly financial report			0 No	1 Yes
MATF4	Presence of long term financial plan for supporting RHIS activities			0 No	1 Yes

6. Organizational and Behavioral Assessment Tool

Organizational and Behavioural Assessment Tool

(To be filled by staff and management at all levels)

Introduction

This survey is part of the_____, to improve Management Information systems in the health sector. The objective of this survey to help develop interventions for improving information system and use of information. Please express your opinion honestly. Your responses will remain confidential and will not be shared with anyone, except for presented table forms. We appreciate your assistance and co-operation in completing this study.

Thank you.

_____

IDI. Name of facility

ID2. District

DD1. Title of the person filling the questionnaire (circle answer)

(Make these categories appropriate to the host country)

1. Provincial DG
2. Provincial HMIS focal person
3. District HO
4. District HMIS focal person
5. Facility in charge
6. Other facility staff (specify) ----------

DD2. Age of the person ----------

DD3. Sex 1. Male 2.Female

DD4. Education

1. 10 years 2. Intermediate (11-12) 3. Bachelor (13-14) 4. Master
5. Professional diploma/degree (specify) ----------
6. Other (specify) ----------.

DD5. Years of employment ----------

DD6. Did you receive any training in HMIS related activities in last six months? 0. No 1.Yes

We would like to know your opinion about how strongly you agree with certain activities carried out by _____. There are no right or wrong answers, but only expression of your opinion on a scale. The scale is about assessing the intensity of your belief and ranges from strongly disagree (1) to strongly agree (7). You have to determine first whether you agree or disagree with the statement. Second decide about the intensity of agreement or disagreement. If you disagree with statement then use left side of the scale and determine how much disagreement that is – strongly disagree (1), somewhat disagree (2) or disagree (3) and circle the appropriate answer. If you are not sure of the intensity of belief or think that you neither disagree nor agree then circle 4. If you agree with the statement, then use right side of the scale and determine how much agreement that is – agree (5), somewhat agree (6) or strongly agree (7) and circle the appropriate answer. Please note that you might agree or disagree with all the statements and similarly you might not have the same intensity of agreement or disagreement and thus variations are expected in expressing your agreement or disagreement. We encourage you to express those variations in your beliefs.

This information will remain confidential and would not be shared with anyone, except presented as an aggregated data report. Please be frank and choose your answer honestly.

Strongly disagree	**Somewhat disagree**	**Disagree**	**Neither disagree nor agree**	**Agree**	**Somewhat agree**	**Strongly agree**
1	**2**	**3**	**4**	**5**	**6**	**7**

To what extent, do you agree with the following on a scale of 1-7?

In health department, decisions are based on

	Strongly disagree	Somewhat disagree	disagree	Neither disagree nor agree	Agree	Somewhat agree	Strongly agree
D1. Personal liking	1	2	3	4	5	6	7
D2. Superiors' directives	1	2	3	4	5	6	7
D3. Evidence/facts	1	2	3	4	5	6	7
D4. Political interference	1	2	3	4	5	6	7
D5. Comparing data with strategic health objectives	1	2	3	4	5	6	7
D6. Health needs	1	2	3	4	5	6	7
D7. Considering costs	1	2	3	4	5	6	7

	Strongly disagree	Somewhat disagree	disagree	Neither disagree nor agree	Agree	Somewhat agree	Strongly agree
In health department, superiors							
S1. Seek feedback from concerned persons	1	2	3	4	5	6	7
S2. Emphasize data quality in monthly reports	1	2	3	4	5	6	7
S3. Discuss conflicts openly to resolve them	1	2	3	4	5	6	7
S4. Seek feedback from concerned community	1	2	3	4	5	6	7
S5. Use HMIS data for setting targets and monitoring	1	2	3	4	5	6	7
S6. Check data quality at the facility and higher level regularly	1	2	3	4	5	6	7
S7. Provide regular feedback to their staff through regular report based on evidence	1	2	3	4	5	6	7
S8. Report on data accuracy regularly	1	2	3	4	5	6	7
In health department, staff							
P1. Are punctual	1	2	3	4	5	6	7
P2. Document their activities and keep records	1	2	3	4	5	6	7
P3. Feel committed in improving health status of the target population	1	2	3	4	5	6	7
P4. Set appropriate and doable target of their performance	1	2	3	4	5	6	7
P5. Feel guilty for not accomplishing the set target/performance	1	2	3	4	5	6	7
P6. Are rewarded for good work	1	2	3	4	5	6	7

	Strongly disagree	Somewhat disagree	disagree	Neither disagree nor agree	Agree	Somewhat agree	Strongly agree
In health department, staff							
P7. Use HMIS data for day to day management of the facility and district	1	2	3	4	5	6	7
P8. Display data for monitoring their set target	1	2	3	4	5	6	7
P9. Can gather data to find the root cause(s) of the problem	1	2	3	4	5	6	7
P10. Can develop appropriate criteria for selecting interventions for a given problem	1	2	3	4	5	6	7
P11. Can develop appropriate outcomes for a particular intervention	1	2	3	4	5	6	7
P12. Can evaluate whether the targets or outcomes have been achieved	1	2	3	4	5	6	7
P13. Are empowered to make decisions	1	2	3	4	5	6	7
P14. Able to say no to superiors and colleagues for demands/decisions not supported by evidence	1	2	3	4	5	6	7
P15. Are made accountable for poor performance	1	2	3	4	5	6	7
P16. Use HMIS data for community education and mobilization	1	2	3	4	5	6	7
P17. Admit mistakes for taking corrective actions	1	2	3	4	5	6	7
Personal							
BC1. Collecting information which is not used for decision making discourages me	1	2	3	4	5	6	7
BC2. Collecting information makes me feel bored	1	2	3	4	5	6	7

	Strongly disagree	Somewhat disagree	disagree	Neither disagree nor agree	Agree	Somewhat agree	Strongly agree
BC3. Collecting information is meaningful for me	1	2	3	4	5	6	7
BC4. Collecting information gives me the feeling that data is needed for monitoring facility performance	1	2	3	4	5	6	7
BC5. Collecting information give me the Feeling that it is forced on me	1	2	3	4	5	6	7
BC6. Collecting information is appreciated by Co-workers and superiors	1	2	3	4	5	6	7

U1.Describe at least three reasons for collecting data on monthly basis on the followings:

U1A. Diseases
1.
2.
3.

U1B. Immunization
1.
2.
3.

U1C. Why is population data of the target area needed?
1.
2.
3.

U2. Describe at least three ways of checking data quality.

1.
2.
3.

Dr. Akram, EDO Health, read a recent district report on data quality and felt very disturbed by it. "I need to take actions", he said aloud. He paced back and forth thinking about his next steps to improve data quality. After some time, he calmed down and wrote his action plan. Please describe how Dr. Akram defined the problem and what major activities Dr. Akram must have included in his action plan for improving data quality…

PSa. Definition of the problem

PSb. Major activities
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

SELF-EFFICACY

This part of the questionnaire is about your perceived confidence in performing tasks related to health information systems. High Confidence indicates that person could perform the task, while low confidence means room for improvement or training. We are interested in knowing how confident you feel in performing HMIS-related tasks. Please be frank and rate your confidence honestly.

Please rate your confidence in percentages that you can accomplish the HMIS activities.

Rate your confidence for each situation with a percentage from the following scale

0 10 20 30 40 50 60 70 80 90 100

SE1. I can check data accuracy	0	10	20	30	40	50	60	70	80	90	100
SE2. I can calculate percentages/rates correctly	0	10	20	30	40	50	60	70	80	90	100
SE3. I can plot data by months or years	0	10	20	30	40	50	60	70	80	90	100
SE4. I can compute trend from bar charts	0	10	20	30	40	50	60	70	80	90	100
SE5. I can ex plain findings & their implications	0	10	20	30	40	50	60	70	80	90	100
SE6. I can use data for identifying gaps and setting targets	0	10	20	30	40	50	60	70	80	90	100
SE7. I can use data for making various types of decisions and providing feedback	0	10	20	30	40	50	60	70	80	90	100

We would like you to solve these problems about calculating percentages, rates and plotting and interpreting information.

C1. The estimated number of pregnant mothers is 340. Antenatal clinics have registered 170 pregnant mothers. Calculate the percentage of pregnant mothers in the district attending antenatal clinics.

C2.The full immunization coverage for 12-23 month-old children were found 60%, 50%, 30%, 40%, 40% for years 1997, 1998, 1999, 2000 and 2001 respectively.

C2a. Develop a bar chart for coverage percentages by years

C2b. Explain the findings of bar chart

C2c. Did you find a trend in the data? If yes or no, explain reason for your answer

2d. Provide at least one use of above chart findings at:

UD1. Facility level

UD2. District level

UD3. Policy Level

UD4. Community level

C3. A survey in a district found 500 children under five years old that were malnourished. The total population of children less than five years old was 5000. What is the malnutrition rate?

C4. If the malnutrition rate in children less than 2 years old was 20% and the number of total children less than 2 years old was 10,000, then calculate number of children who are malnourished.