

**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'Ivoire for assessment and evaluation. It has been applied in diverse countries of Africa, Asia, Latin America and Caribbean 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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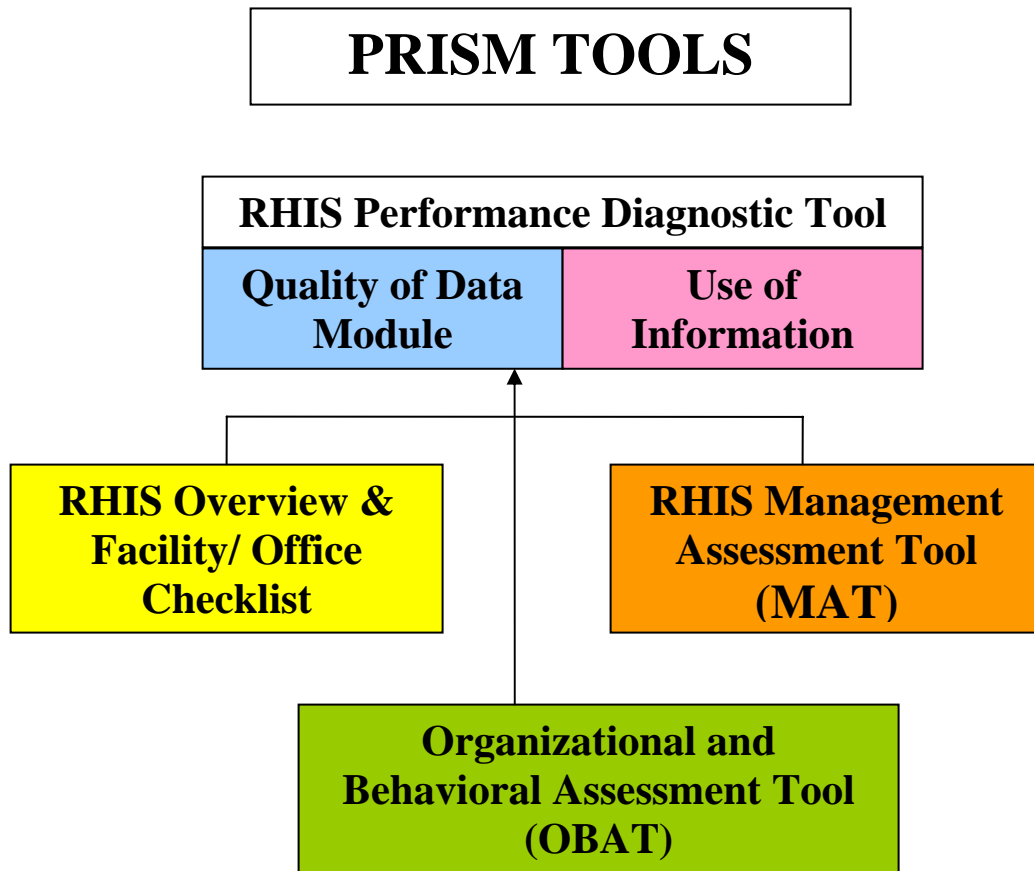
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## 2. PRISM Tools Summary



### **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<br>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 DQ6 yes, check the dates of receipts for the last two months (same as in Q4).     |  |                    |                                       |                    |  |          |       |
| DQ 7   |  |                    | 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                            |          |       |
| 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:                                |  |                   |  |
| <b>RHIS report production</b> |   |  |  |                   |  |
| 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   |                   |  |
| <b>Display of information</b> |   |  |  |                   |  |
| 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 |                  |
|       | <b>Discussion and decisions on use of information</b>  | 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 |                  |
|       | <b>Promotion and Use of RHIS information at district/higher level</b>  |                 |      |                  |
| 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<br>0. No examples 1. Yes (details follows)                              |                 |      |                  |

|      |  |  |
|------|--|--|
| DU21 |  |  |
| DU22 |  |  |
| DU23 |  |  |
| DU24 |  |  |
| DU25 |  |  |

| <b>RHIS Performance Diagnostic Tool</b>                 |   |  |               |                                       |               |                  |
|---|---|--|---------------|---------------------------------------|---------------|------------------|
| <b>Quality of Data Assessment: Health Facility Form</b> |   |  |               |                                       |               |                  |
| Date of Assessment:                                     |   | Name of the Assessor:  |               | Name and Title of person Interviewed: |               |                  |
| District  |   | Facility   |               | Type                                  |               |                  |
| <b>Data Recording</b>                                   |   |  |               |                                       |               |                  |
| 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 |
| <b>Data Accuracy Check</b>                              |   |  |               |                                       |               |                  |
| 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         |                  |
| <b>Data Completeness</b>                                |   |  |               |                                       |               |                  |
| 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.  |  |               |                                       |               |                  |
| <b>Data Transmission /Data Processing/Analysis</b>      |   |  |               |                                       |               |                  |
| 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 |  |  |

| <b>RHIS Performance Diagnostic Tool<br/>Use of Information: Facility Assessment Form</b> |  |   |  |            |                   |
|--|--|---|--|------------|-------------------|
| Date:  |  |   | Name of assessor:  |            |                   |
| Facility Name:   |  |   | Name of respondent and title:  |            |                   |
| Facility Type:   |  |   | District:  |            |                   |
| <b>RHIS report production</b>  |  |   |  |            |                   |
| 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       |                   |
| <b>Display of information</b>  |  |   |  |            |                   |
| 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   |  | 1.Yes      | 0.No              |
|  |  | Graph/Chart   |  |            |                   |
|  |  | Map/other   |  |            |                   |
| FU5b   | Related to child health  | Table   |  | 1.Yes      | 0.No              |
|  |  | Graph/Chart   |  |            |                   |
|  |  | Map/other   |  |            |                   |
| FU5c   | Facility Utilization   | Table   |  | 1.Yes      | 0.No              |
|  |  | Graph/Chart   |  |            |                   |
|  |  | Map/other   |  |            |                   |
| FU5d   | Disease surveillance   | Table   |  | 1.Yes      | 0.No              |
|  |  | Graph/Chart   |  |            |                   |
|  |  | Map/other   |  |            |                   |
| 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       | If no go to FU10  |

|  |  |                 |      |                   |
|--|--|-----------------|------|-------------------|
| 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. |                 |      |                   |
|  | <b>Types of decisions based on types of analyses</b>   |                 |      |                   |
| 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 |                   |
|  | <b>Discussion and Decision on RHIS information</b>   |                 |      |                   |
| 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 <b>last three months</b> 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 |                   |
|  | <b>Promotion and Use of RHIS information by the district/higher level</b>  |                 |      |                   |
| 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<br>0. No examples 1. Yes (details follows) |  |                 |      |                   |

| <b>Supervision by the district health office</b> |   |                              |                           |
|--|---|------------------------------|---------------------------|
| FU21   | How many times did the district supervisor visit your facility during the last three months? (check the answer)                   | 0.<br>1.<br>2<br>3.<br>4. >3 | If zero,<br>go to<br>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)

| <b>Types of Information Handled by Each Systems</b>              |                      |                     |                                   |                                     |                       |                                    |                 |                     |              |        |        |
|--|----------------------|---------------------|-----------------------------------|-------------------------------------|-----------------------|------------------------------------|-----------------|---------------------|--------------|--------|--------|
| 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   |                      |                     |                                   |                                     |                       |                                    |                 |                     |              |        |        |

| <b>2. Data collection and transmission</b>   |   |
|--|---|
| 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? |
| •  |   |
| •  |   |
| •  |   |
| •  |   |
| •  |   |
| •  |   |
| <b>3. Information flowchart</b>  |   |
| <p>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.</p> <p>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.</p> <ol style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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.</li> <li>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.</li> </ol> |   |

**Information flowchart**

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

| <b>Facility/Office Checklist</b><br><b>(Interview Facility Manager or person in charge of RHIS at the office)</b> |
|---|
| 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)*

| <b>1. Equipment</b>                         |                       |   |
|---|-----------------------|---|
| <b>Hardware Equipment</b>                   | <b>Total Quantity</b> | <b>How many are in working condition?</b> |
| 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                               |                       |   |

| <b>2. Utilities</b>   |   |
|---|---|
| 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   |

| <b>3. Availability of registers, forms</b> |   |
|--|---|
| <i>Type of record, report or register</i>  | <b>Have you run out of this form in the past 12 months? If so, why?</b> |
| 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>B. Organization of the health facility</b>  |  |                                  |   |
|--|--|----------------------------------|---|
| 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? <i>Specify the codes from Q B.2.</i>   |  |                                  |   |
| 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<br>(Coding from QB.2)   | B.4.b. How many trainings courses/sessions did this person received in the past three years? | B.4.c.<br>Year of last training? | B.4.d. Subjects of last training:<br>1. data collection<br>2. data analysis<br>3. Data display/report<br>4. 1&2<br>5. 1&3<br>6. 2&3<br>7. 1,2 & 3 |
| 1.   |  |                                  |   |
| 2.   |  |                                  |   |
| 3.   |  |                                  |   |
| 4.   |  |                                  |   |
| 5.   |  |                                  |   |

| <b>BB1. Only for District or Higher level</b>   |  |
|---|--|
| <b>Staffing</b>   |  |
| 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**

| <b>RHIS Management Assessment Tool</b>             |  |                            |                      |                         |
|--|--|----------------------------|----------------------|-------------------------|
| <b>(Observation at facility and higher levels)</b> |  |                            |                      |                         |
| MAT1. Name of the facility                         |  | MAT2. Name of the Assessor |                      |                         |
| 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.

|                          |                          |                 |                                   |              |                       |                       |
|--------------------------|--------------------------|-----------------|-----------------------------------|--------------|-----------------------|-----------------------|
| <b>Strongly disagree</b> | <b>Somewhat disagree</b> | <b>Disagree</b> | <b>Neither disagree nor agree</b> | <b>Agree</b> | <b>Somewhat agree</b> | <b>Strongly agree</b> |
| <b>1</b>                 | <b>2</b>                 | <b>3</b>        | <b>4</b>                          | <b>5</b>     | <b>6</b>              | <b>7</b>              |

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 |



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 explain 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.

