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**CONTENTS**

[Abbreviations 7](#_Toc922079)

[Overview of the PRISM Series 9](#_Toc922080)

[What the 2018 PRISM Series Offers 10](#_Toc922081)

[Uses of the PRISM Tools 11](#_Toc922082)

[Introduction 12](#_Toc922083)

[How to Use the PRISM Tools for CHIS 13](#_Toc922084)

[Detailed Overview of the PRISM Tools for CHIS 16](#_Toc922085)

[CHIS Overview Tool 16](#_Toc922086)

[CHIS Performance Diagnostic Tool 18](#_Toc922092)

[Electronic CHIS Functionality and Electronic CHIS Usability Assessment Tools 22](#_Toc922099)

[Management Assessment Tool (MAT) 25](#_Toc922104)

[CHIS Resource Checklist 27](#_Toc922109)

[Organizational and Behavioral Assessment Tool (OBAT) 28](#_Toc922114)

[References 30](#_Toc922119)

[Appendix 1. Central-Level Assessment 31](#_Toc922120)

[Appendix 2. Community Health Worker Supervisor-Level Assessment 44](#_Toc922125)

[Appendix 3. Community Health Worker-Level Assessment 66](#_Toc922134)

# FIGURES

Figure 1. PRISM Framework 10

Figure 2. Classification of digital health interventions 22

# Abbreviations

ANC antenatal care

ANC1 antenatal care first visit

ART antiretroviral therapy

CBO community-based organization

CHIS community health information system(s)

CHW community health worker

DHIS 2 District Health Information Software – version 2

DTP3 diphtheria-tetanus-pertussis vaccine third dose (also known as Penta 3)

eCHIS electronic community health information system(s)

EPI expanded program of immunization

FP family planning

GIS geographic information system

HEW health extension worker

HIS health information system(s)

HR human resource(s)

HRIS human resource information system

ICT information and communication technology

IDSR integrated disease surveillance and response (notifiable diseases)

IMCI Integrated Management of Childhood Illness

IPT1 intermittent protective therapy first dose

JSI John Snow, Inc.

LQAS lot quality assurance sampling

MAT Management Assessment Tool

MFL master facility list

MOH ministry of health

M&E monitoring and evaluation

N/A not applicable

NGO nongovernmental organization

OBAT Organizational and Behavioral Assessment Tool

OVC orphans and vulnerable children

PHC primary healthcare

PRISM Performance of Routine Information System Management

RDT rapid diagnostic test

RHIS routine health information system

SDP service delivery point

SOP standard operating procedure

TB tuberculosis

UN United Nations

UPS uninterruptible power supply

USAID United States Agency for International Development

USB universal serial bus

WHO World Health Organization

# Overview of the prism series

Using data to make evidence-informed decisions is still weak in most low- and middle-income countries. Especially neglected are data produced by routine health information systems (RHIS). RHIS comprise data collected at public, private, and community-level health facilities and institutions. These data, gleaned from individual health records, records of services delivered, and records of health resources, give a granular, site-level picture of health status, health services, and health resources. Most are gathered by healthcare providers as they go about their work, by supervisors, and through routine health facility surveys.

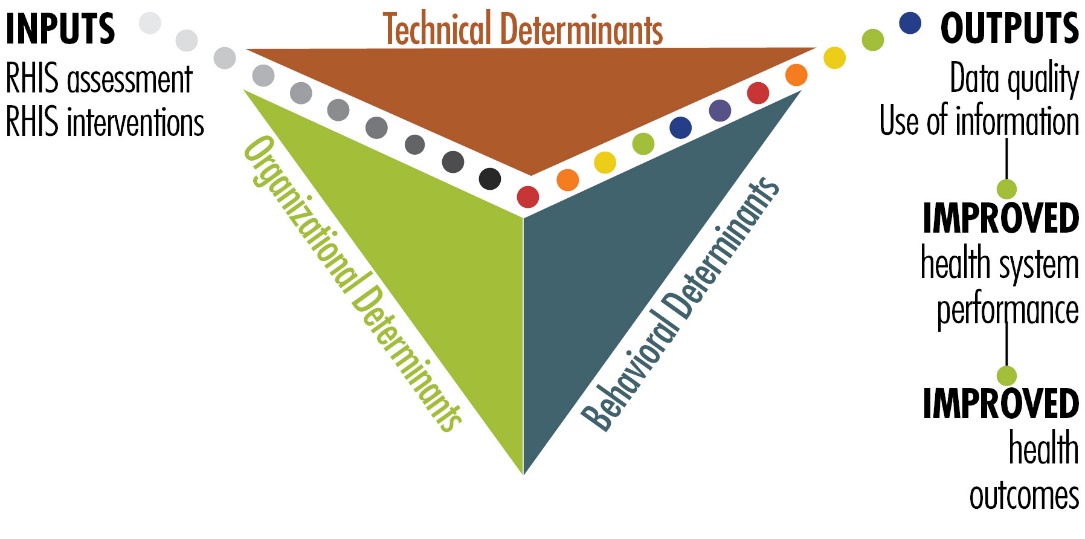
When routine data are lacking, or are not used, the results can be lower-quality services, weak infection prevention and control responses, lack of skilled health workers available where they are needed, and weak supply chains for drugs and equipment. These factors contribute to poor health outcomes for people.

MEASURE Evaluation, which is funded by the United States Agency for International Development (USAID), has provided technical and financial assistance to strengthen RHIS for more than 15 years. We have contributed to best practices at the global level and to the strengthening of RHIS data collection, data quality, analysis, and use at the country level. One of the project’s mandates is to strengthen the collection, analysis, and use of these data for the delivery of high-quality health services.

MEASURE Evaluation developed the Performance of Routine Information System Management (PRISM) Framework and suite of tools in 2011 for global use in assessing the reliability and timeliness of an RHIS, in making evidence-based decisions, and in identifying gaps in an RHIS so they can be addressed and the system can be improved. The framework acknowledges the broader context in which RHIS operate. It also emphasizes the strengthening of RHIS performance through a system-based approach that sustains improvements in data quality and use. PRISM broadens the analysis of RHIS performance to cover three categories of determinants that affect performance:

* **Behavioral determinants**: The knowledge, skills, attitudes, values, and motivation of the people who collect, analyze, and use health data
* **Technical determinants**: The RHIS design, data collection forms, processes, systems, and methods
* **Organizational determinants**: Information culture, structure, resources, roles, and responsibilities of key contributors at each level of the health system

Figure 1. PRISM Framework



**What the 2018 PRISM Series Offers**

With USAID’s support, MEASURE Evaluation has revised the PRISM Tools and developed other elements, based on the PRISM Framework, to create a broad array of materials: the “PRISM Series.” It’s available on the MEASURE Evaluation website (<https://www.measureevaluation.org/prism>) and has the following components:

* **PRISM Toolkit**
* PRISM Tools (this is the fundamental manual of PRISM Tools)
* PRISM Tools to Strengthen Community Health Information Systems (this document)
* **PRISM User’s Kit** (consisting of four guidance documents)
* Preparing and Conducting a PRISM Assessment
* Using SurveyCTO to Collect and Enter PRISM Assessment Data
* Analyzing Data from a PRISM Assessment
* Moving from Assessment to Action
* **PRISM Training Kit**
* Participant’s Manual
* Facilitator’s Manual
* 9 PowerPoint training modules

This new, more comprehensive PRISM Series is useful for designing, strengthening, and evaluating RHIS performance and developing a plan to put the results of a PRISM assessment into action.

The revised “PRISM Tools”—the PRISM Series’ core document—offers the following data collection instruments:

**RHIS Overview Tool**

This tool examines technical determinants, such as the structure and design of existing information systems in the health sector, information flows, and interaction of different information systems. It looks at the extent of RHIS fragmentation and redundancy and helps to initiate discussion of data integration and use.

**Performance Diagnostic Tool**

This tool determines the overall level of RHIS performance: the level of data quality and use of information. This tool also captures technical and organizational determinants, such as indicator definitions and reporting guidelines, the level of complexity of data collection tools and reporting forms, and the existence of data-quality assurance mechanisms, RHIS data use mechanisms, and supervision and feedback mechanisms.

**Electronic RHIS Performance Assessment Tool**

This tool examines the functionality and user-friendliness of the technology employed for generating, processing, analyzing, and using routine health data.

**Management Assessment Tool**

The Management Assessment Tool (MAT) is designed to take rapid stock of RHIS management practices and to support the development of action plans for better management.

**Facility/Office Checklist**

This checklist assesses the availability and status of resources needed for RHIS implementation at supervisory levels.

**Organizational and Behavioral Assessment Tool**

The Organizational and Behavioral Assessment Tool (OBAT) questionnaire identifies behavioral and organizational determinants, such as motivation, RHIS self-efficacy, task competence, problem-solving skills, and the organizational environment promoting a culture of information.

**Uses of the PRISM Tools**

These PRISM tools can be used together to gain an in-depth understanding of overall RHIS performance, to establish a baseline, and to rigorously evaluate the progress and effectiveness of RHIS strengthening interventions every five years, contributing to the national RHIS strategic planning process. Each PRISM tool can also be used separately for in-depth analysis of specific RHIS performance areas and issues.

# Introduction

*PRISM Tools for Community Health Information Systems* (henceforth PRISM Tools for CHIS) is an adaptation of the PRISM conceptual framework (see Figure 1) and its associated tools for designing, strengthening, and evaluating RHIS performance.

The PRISM conceptual framework emphasizes strengthening RHIS performance through better data quality and improved information use. PRISM broadens the analysis of RHIS performance to include three categories of determinants: behavioral determinants, technical determinants, and organizational determinants (all described in the Overview).

The PRISM framework is as applicable to a community health information system (CHIS) as it is to a national one. PRISM Tools for CHIS is an adaptation of the PRISM Tools specifically intended for evaluating the performance of a CHIS.

Definitions

A **community health information system** has been defined in several ways, depending on the context. Broadly speaking, it can be viewed as a system or collection of systems implemented to support health service delivery at the community level of the health system (IntelliSOFT Consulting Limited, 2013). These systems involve data collection, management, and analysis of health and related services provided to communities outside facilities (de la Torre & Unfried, 2014). They enable information to be shared among community-based services and between community-based services and higher-level health facilities and, in many instances, feed data into the national RHIS (MEASURE Evaluation, 2016).

It is important to acknowledge the heterogeneous characteristics of the community-based health service delivery system and that system’s related service delivery systems, of which a CHIS constitutes one building block. Taking this variation into account, a **community health worker** (CHW) is defined both as a paid (either by salary or honorarium) and trained professional who is integrated in the country’s health system, or as an unpaid volunteer who receives little, if any, formal training and primarily works on contact-tracing, referrals, and advocacy to support his or her community (Lehmann & Sanders, 2007). We recognize CHWs, as they are defined in *Community-Based Indicators for HIV Programs*, to include “volunteer or non-volunteer community health, extension, or outreach workers as well as volunteers, agents, promoters, or distributors, traditional birth attendants or midwives, social service or case management workers, and the like” (MEASURE Evaluation, n.d.). With the advancement of technology, in some cases, information and communication technology (ICT) may be used for data collection, transmission, and use, whereas in other cases, the information system at the community level is heavily dependent on paper-based or pictorial tools.

Tools

PRISM Tools for CHIS contains the following set of data collection tools to assess a CHIS:

1. **CHIS Overview Tool –** This tool examines the technical determinants of CHIS performance, such as the paper-based and electronic data recording and reporting tools that are in place, their purpose, and the organization that introduced them. It also examines what data are collected in each tool, which helps inform the extent of the CHIS’ fragmentation and redundancy, and provides a basis to initiate discussions on data integration and use.
2. **CHIS Performance Diagnostic Tool** **–** This tool determines the overall level of CHIS performance (i.e., the level of data quality and use of information) by investigating data accuracy, as well as timeliness and completeness of data reporting. It also captures technical and organizational determinants, such as indicator definitions and reporting guidelines, annual planning and data dissemination processes, and the existence of supervision, performance review, and feedback mechanisms.
3. **Electronic CHIS Functionality and** **Electronic CHIS Usability Assessment Tools –** These tools examine the functionality and the usability of the technological solutions used for generating, processing, analyzing, and using routine health data.
4. **Management Assessment Tool (MAT) –** This tool is designed to take rapid stock of CHIS management practices (such as overall vision, mission, and objectives of the CHIS; CHIS planning and monitoring; capacity building and training, supervisions, and finance) and support the development of action plans for better management.
5. **CHIS Resource Checklist –** This tool assesses the availability and status of resources needed for CHIS implementation at the level of community health-service delivery units (such as health posts, outreach centers, and community clinics) and district levels.
6. **Organizational and Behavioral Assessment Tool (OBAT) –** The OBAT questionnaire identifies behavioral and organizational determinants of RHIS performance, including motivation, confidence, task competence, problem-solving skills, and the organizational environment promoting a culture of information.

The section titled Detailed Overview of the PRISM Tools for CHIS provides a more complete description of the purpose and uses of these tools.

## How to Use the PRISM Tools for CHIS

Tool Adaptation, Customization, and Contextualization

In MEASURE Evaluation’s experience using PRISM Tools in many countries, the tools are customized or adapted to the local context before they are used. We recommend using all of the PRISM Tools for CHIS during the assessment, to provide a comprehensive picture of the CHIS. However, the assessment can also be tailored to topic areas within each module that address the priorities and needs of the ministry of health (MOH) (e.g., the Supplemental Section at the end of Module 1 in Appendix 3). The tools that are selected should respond to a particular context and will depend on the scope of the activity, timeline, and budget available to support the efforts to improve data quality and data use. This early prioritization will inform the adaptation of the data collection instrument to provide more in-depth information for the indicators that are the most pertinent for the MOH.

Many questions are amenable to country contextualization: for example, which program indicators are useful for checking data accuracy, which reports should be produced at regular intervals, what categories of health personnel a facility should have, and which forms should be used to check staff availability. These decisions should be made before a PRISM assessment begins and reflected in survey instruments. Applying the RHIS Overview Tool (described on page 11 and available as part of the *PRISM Tools* at this link: <https://www.measureevaluation.org/prism>) a few months ahead of a PRISM assessment provides sufficient information about the structure and organization of the health information system (HIS) to adapt the generic PRISM Tools for CHIS to the local context. These changes need to be incorporated in the data entry forms.

Assessment Frequency

The complete PRISM Tools for CHIS can be used to obtain an in-depth understanding of overall CHIS performance, to establish a baseline, and to rigorously evaluate the progress and effectiveness of CHIS strengthening interventions every five years, leading to a national CHIS strategic planning process. Nevertheless, given how quickly CHIS data collection changes (e.g., pilots for technological solutions to collect community-based information or new program initiatives that lead to revisions or introductions of updated information systems at the community level), countries or organizations might want to conduct this assessment within a shorter period. Furthermore, each tool can be used separately and more frequently for an in-depth analysis of specific CHIS performance areas and issues.

Before the Assessment: Sampling Methods

For a comprehensive assessment of a CHIS, a sampling plan may be necessary. The basic sampling unit for the PRISM for CHIS assessment is the CHW. The sample is drawn in a stratified manner to select the intended number of CHWs to include in the assessment. The exceptions are the CHIS Overview Tool and the Electronic CHIS Functionality Assessment Tool, which are preferably applied at the central or national level. Certain sections of the assessment tools are administered to CHW supervisors. The CHW supervisors for the CHIS assessment should be the supervisors of those CHWs who have been selected in the sample. The introductory section of each tool includes the recommended sampling method. More detailed information about sampling methods is included in the *PRISM User’s Kit: Preparing and Conducting a PRISM Assessment* available at this link: <https://www.measureevaluation.org/prism>.

After the Assessment: Analysis and Action Planning

The findings from the PRISM for CHIS assessment provide a comprehensive picture of the performance of the CHIS and the determinants influencing that performance. The PRISM for CHIS assessment should lead to the development of an action plan, with the overall goal of strengthening the CHIS. The following steps support the development of an action plan that is owned by relevant stakeholders:

**Step 1: Analyze the assessment results.** This requires clustering the findings and establishing the relationships among them. For example, low data accuracy (data accuracy or timeliness, as determined by the CHIS Performance Diagnostic Tool) may be related to the existence of multiple, duplicative, and overlapping data systems (as determined by the CHIS Overview Tool), the lack of adequate data collection instruments (as determined by the CHIS Resource Checklist), and/or the lack of relevant personnel and their up-to-date skills (as determined by the MAT and/or the OBAT).

**Step 2: Prioritize the issues revealed by the assessment.** This requires sharing the analysis with a wider group of stakeholders, conducting a prioritization exercise involving relevant stakeholders, determining the highest-priority issues for action, and taking stock of resources and costs of intended activities, who will commit what, and how those commitments will be monitored. Different criteria can be used to identify high-priority issues. For example, the relative importance or influence of the issue that is affecting the performance of the CHIS; stakeholders’ buy-in to solve the problem; the apparent ease or difficulty of addressing the problem; and the time and availability of resources needed to address the issue.

**Step 3: Recommend solutions.** In-depth analysis and interpretation of the prioritized issue(s) followed by the recommendation of solutions to address the prioritized issue(s).

**Step 4: Develop an action plan.** Develop a plan of action that specifies the role of stakeholders, the actions required, an estimate of the resources needed, the proposed timeline, the responsible authority/authorities for the implementation of the activity/activities, and defined benchmarks for regular follow-up. A useful resource can be the *PRISM User’s Kit: Moving from Assessment to Action* available at this link: <https://www.measureevaluation.org/prism>.

**Step 5: Monitor the implementation of the action plan.** Once the action plan has been developed, it must be communicated to all CHIS stakeholders who should be responsible for monitoring the implementation of the action plan.

Summary

The following table summarizes the tools and where and why they are applied across the three levels of the CHIS.

**Table 1. Application level and purpose of the PRISM Tools for CHIS**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Tools** | **Assessment Application Level** | | | **Assessment Objective** | | | |
| **Central**  **level** | **CHW supervisory**  **level** | **CHW level** | **Compre-hensive** | **CHIS structure** | **CHIS data quality and use** | **CHIS competency and behavioral assessment** |
| **Overview Tool** | X |  |  | X | X |  |  |
| **Performance Diagnostic Tool** |  | X | X | X |  | X |  |
| **Electronic CHIS Functionality Assessment Tool** | X |  |  | X | X |  |  |
| **Electronic CHIS Usability Assessment Tool** |  |  | X | X |  |  |  |
| **MAT** |  | X | X | X |  |  |  |
| **Resource Checklist** |  | X | X | X |  |  |  |
| **OBAT** |  | X | X | X |  |  | X |

# Detailed overview of the PRISM Tools for CHIS

## CHIS Overview Tool

### Purpose

1. Record all the health information systems for community-level data and the types of data collected by each system.
2. List the recording and reporting tools that CHWs use.
3. Map the various information systems used by CHWs.
4. Identify the potential overlap among these information systems.

### Summary of Information Collected

The objective of the CHIS Overview Tool is to **map the information systems that CHWs use**.

The CHIS Overview Tool is used to collect data on the following:

* **CHIS data recording tools (Section 1)**: This section lists the paper-based and electronic data recording and collection tools (i.e., client or patient registers; forms) used at the community level, who introduced them, and the types of information captured.
* **CHIS data reporting tools (Section 2)**: This section lists the paper-based and electronic data transmission tools used by CHWs at the community level of the health system, who introduced them, and the types of data reported. This section also identifies the type of electronic tools used (Excel, Access, District Health Information System – version 2 [DHIS 2], geographic information system [GIS], etc.).

These two sections help identify synergies, redundancies, workload, and levels of fragmentation and integration. They can also help determine the links between systems and understand information flow.

### Application Level

The CHIS Overview Tool is used mainly at the central or national level to get an overall picture of the CHIS and the integration or fragmentation of the community-based HIS.

### Data Collection Methods

The tool can be applied using any or all of the following methods:

* A review of existing documents, if any, that provides details on the data collection, reporting, and other CHIS tools implemented by such organizations as the MOH, nongovernmental organizations (NGOs), community-based organizations (CBOs), and civil society organizations. For example, this can be a review of the standard operating procedures (SOPs) used in the country.
* Conducting in-depth discussions with the CHIS unit managers, health managers, or program managers from the MOH, NGOs, CBOs, etc. who implement community-based health or related programs and manage CHIS for data collection, reporting, analysis, and use.
* Individual or group discussions with CHWs and their supervisors from different organizations that implement or use the CHIS. We recommend trying to also include actors from the central or national level.

### Sampling Methods

To collect data using the CHIS Overview Tool, the sampling approach should be “critical case sampling,” which involves selecting a small number of important cases (documents of key informants) to "yield the most information and have the greatest impact on the development of knowledge" (Guetterman, 2015). If there are well-written documents on the CHIS, sampling should involve the review of one or two published by the MOH or other organizations supporting community-based health systems in the country.

If interviews are needed, the sample size should be five to eight critical cases/key personnel (i.e., well-informed CHIS managers and/or CHWs and their supervisors). The number of interviews will depend on how quickly the theoretical saturation point (Guetterman, 2015) is achieved (i.e., when further interviews do not yield any new information on the CHIS data collection and data transmission tools).

In cases where the CHIS assessment evaluates the different information systems used by all community-based health players in the country— information systems that may be managed separately (or independently) by the MOH, NGOs, CBOs, etc. — the respondent and/or documents should be from each of the managing authorities.

Alternatively, the CHIS Overview Tool can be administered in a workshop setting by inviting the appropriate parties knowledgeable on the CHIS (representatives from the MOH and/or other central/local authorities) and letting them know in advance what information they should come prepared to provide.

## CHIS Performance Diagnostic Tool

### Purpose

1. Identify CHIS data quality and information use issues and challenges.
2. Quantify the level of data quality (i.e., indicator data accuracy, reporting timeliness and completeness), and information use (i.e., accessibility of CHIS data, availability of analyzed data, processes for information use, and use of CHIS data for monitoring and planning).
3. Assess CHIS data management processes.

### Summary of Information Collected

#### Measuring Data Quality

The data quality assessment component of the CHIS Performance Diagnostic Tool quantifies the status of data completeness, timeliness, and accuracy, through an analysis of program indicators. It therefore provides valuable information on the adequacy of community-level data to support planning and monitoring. The tool is aligned with the data verification procedure used in the *Data Quality Review Toolkit* (World Health Organization [WHO], 2017), and is suitable for country contexts where CHWs provide first-level care at the community level and collect data relevant to the programmatic areas reviewed by the tool. In general, the data quality assessment compares the reported value of the selected indicator(s) for a specified reporting period to data recorded by the CHW in the source document. The result is a general estimation of data accuracy for the CHIS, based on the measured accuracy of the indicators included in the assessment.

The CHIS Performance Diagnostic Tool used for assessing CHIS performance at the CHW level (Appendix 3, Module 1) reviews the quality of the following core recommended indicators/data elements:

* **Maternal health**: Number of antenatal care first visit (ANC1)
* **Family planning** (FP): Number of women provided any method of contraception by a CHW

A Supplemental Section at the end of Appendix 3, Module 1 offers the option of also reviewing the quality of the following indicators:

* **Immunization**: Number of diphtheria-tetanus-pertussis vaccine third dose (DTP3) in children under one year of age
* **HIV**: Number of patients currently on antiretroviral therapy (ART)
* **Tuberculosis** (TB): Number of presumptive TB cases referred by a CHW (for screening and diagnosis)
* **Malaria**: Number of rapid diagnostic test (RDT) confirmed cases

The selection of the indicators/data elements to assess data quality ultimately depends on what data CHWs collect and report. Therefore, the assessment team can choose or modify any two or more core indicators, based on the country context. This contextualization takes into account the primary programmatic/service focus area(s) of the CHWs in the local setting (such as delivery of maternal, newborn, and child health [MNCH] related primary healthcare services, nutrition services, advocacy and referral services, orphans and vulnerable children [OVC] program activities, etc.) and the type(s) of data elements included in the recording and reporting tools used by CHWs.

#### Measuring Information Use

The information use assessment component of the CHIS Performance Diagnostic Tool measures the continuous use of information to learn from past results, guide day-to-day operations, track performance, and ultimately improve service delivery. The assessment focuses on the use of CHIS data for client and service management, analytic report production, visual representation of data, discussion, and decision making based on the data, target setting, planning, and monitoring.

#### Assessing CHIS Data Management Processes

Throughout both the data quality and data use assessment components, the CHIS Performance Diagnostic Tool also evaluates the following aspects of CHIS data management processes:

* **Data processing, analysis, and presentation**: The availability of national CHIS data management guidelines; use of standard CHIS data collection and reporting tools; data aggregation and reporting practices; and the existence of data analysis and information use mechanisms or processes
* **Data quality check**: The presence of data quality assurance guidelines and tools; clearly assigned roles and responsibilities for data review; and regular internal data quality checks conducted by the CHWs and/or their supervisors
* **Supervision and feedback**: The practice of regular supervision visits and the existence of formal feedback loops to staff involved in data collection as well as regular written feedback to health facilities on their performance and the quality of the data reported

### Application Levels

The CHIS Performance Diagnostic Tool consists of two separate surveys. The first is designed to be completed by CHW supervisors and the second is completed by CHWs. Both forms have two subsections to assess data quality and use of information (and both of their related CHIS management processes).

### Data Collection Methods

Data should be collected by sequentially asking the questions in the module and recording the answers provided by the CHW and their supervisor, substantiated by document reviews when appropriate (including CHIS reports, electronic databases, planning documents, meeting minutes, feedback reports/notes, and guidelines), particularly when recopying source document data.

### Sampling Methods

Sampling depends on the context and purpose of the assessment and the availability of resources to conduct the assessment. In general, if the purpose is to diagnose data quality and information use issues in a relatively small administrative unit (e.g., a small district, a subdistrict, or a small CBO/NGO catchment area), the lot quality assurance sampling (LQAS) method can be applied. A sample of 19 community-based health units (i.e., individual CHWs or health posts/other community-level static centers if CHWs are linked to a service delivery point [SDP]) can be randomly selected.

If the administrative unit is relatively large (e.g., province/state, large district with a large number of CHWs) or if there are multiple units to be assessed, one option is to apply the LQAS method and divide the unit into five subunits (or supervisory areas). A sample of 19 CHWs (or health posts/other community-level static centers if CHWs are linked to an SDP) can be randomly selected from each subunit. An alternate option is to randomly select 100 CHWs (or health posts/other community-level static centers if CHWs are linked to a SDP) from the larger administrative unit.

In a context where multiple community health systems are managed independently by multiple organizations, each CHIS should be treated independently and assessed (and sampled) separately.

For a national-level assessment, it is advisable to stratify the country into several subunits (e.g., regions/states/provinces) and randomly select 100 CHWs (or health posts/other community-level static centers if CHWs are linked to an SDP) from each of these subunits.

The cluster sampling method can also be applied in the above cases. If this is the preferred method, a design effect needs to be factored in. Usually, a design effect of 1.2 is used, which means that 120 CHWs need to be sampled instead of 100. More detailed information about sampling is included in the *PRISM User’s Kit: Preparing and Conducting a PRISM Assessment* available at this link: <https://www.measureevaluation.org/prism>.

### Alternative Data Collection and Sampling Method: Assessment Workshop

Data for the PRISM for CHIS assessment can also be collected using a workshop format. Selected CHWs from the same district or from neighboring districts are brought together at a central location and participate in the assessment. Each CHW is provided the relevant tool and asked to fill out the questionnaire individually. The facilitator(s) ensure(s) active participation of the CHWs and the completion of the tools without influencing the responses of the participating CHWs. The facilitator(s) can be present to provide clarification on what is requested, or can play a more active part and administer the tools and record responses from participants.

The limitations of using a workshop format to conduct the assessment are as follows:

* Data quality checks cannot be performed. To address this, participating CHWs can be asked to bring their data recording tools with them (facilitators should inform CHWs of the time period being assessed). The data are then cross-checked with reports submitted to the next higher level.
* The physical verification of documents, such as meeting minutes, cannot be done to confirm that feedback from the supervisor or decisions made were based on CHIS data. To mitigate this, the participating CHWs can be asked to bring the relevant meeting minutes. Alternatively, cross-checking CHW responses with documents available at supervisory levels can be done to validate the CHW responses.

A workshop format to conduct the assessment has these advantages:

* It is less time-consuming and resource-intensive.
* It can be done during previously scheduled monthly/periodic meetings of the CHWs with their supervisors.
* The availability of a facilitator at a central site to provide clarification on what is requested ensures a consistent understanding of and response to the assessment questions across all CHWs.
* Post-assessment feedback can be provided to the same group of CHWs that participated in the assessment.

To apply this method, the selection of the CHWs can be done in two ways:

Option 1: Cluster sampling

Step 1: Divide 120 (the number of CHWs in the sample) by the average number of CHWs under each supervisor. This will give the number of CHW supervisory areas to be selected randomly from the study area.

Step 2: Once the supervisory areas have been randomly selected, all CHWs from each supervisory area are invited to a central location that is convenient for the CHWs to travel to for the assessment.

Option 2: LQAS

Step 1: Randomly select 5 administrative units.

Step 2: Randomly select 19 CHWs from each administrative unit and invite them to the workshop.

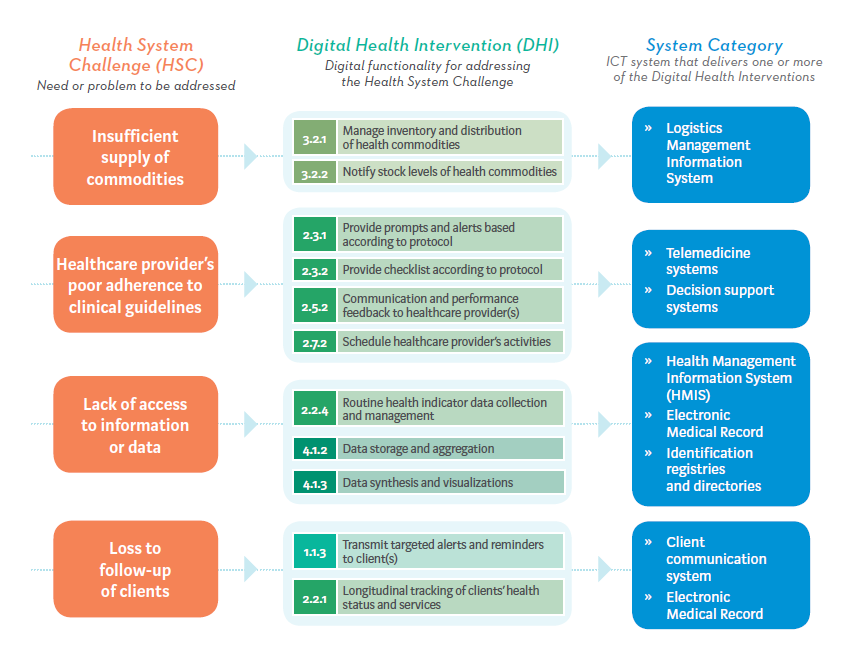
In both cases, all CHW supervisors from the randomly selected supervisory/administrative areas are invited to a separate workshop to complete the assessment tools that are relevant to them.

## Electronic CHIS Functionality and Electronic CHIS Usability Assessment Tools

### Purpose

With technological advancements in HIS, electronic or digital HIS have become an essential component of routine health data processing, dissemination, and use. These tools assess an electronic CHIS (eCHIS). The use of electronic solutions at the community level varies from country to country depending on which organizations are supporting the electronic system for CHWs, and the level of competency of the CHWs to use an electronic system for data entry and use. Adapting WHO’s *Classification of Digital Health Interventions*, Version 1.0, to the CHIS context (WHO, 2018), these assessment tools examine the functionality and usability of the eCHIS for supporting CHWs in RHIS data collection and management and, if applicable, as a mechanism to support client/patient management and work planning, and as job aids.

Figure 2. Classification of digital health interventions



Source: World Health Organization, 2018

The eCHIS Assessment Tools have the following purposes:

1. Evaluate how well the eCHIS is designed in the context of the desired tasks that the system is expected to perform (**system functionality**).
2. Assess how well the CHWs are able to use the system to carry out those functions or tasks (**system usability**).

### Summary of Information Collected

The primary domains (WHO, 2018) for the assessment of the functionality and usability of electronic HIS solutions used by CHWs are:

* Client identification and registration
* Client health records and/or family folder
* CHW decision support/job aids
* CHW communication with higher-level service providers
* Referral coordination
* CHW activity planning and scheduling

It is understood that not every electronic health solution used by CHWs will have all the features listed above. Nevertheless, the assessment of the presence or absence of these features gives an indication of the level of advancement of system design. Only the applicable section(s) should be used based on the features that are offered by the system to assess the functionality and usability of the digital HIS used by CHWs.

### Application Levels

The functionality of the eCHIS used by CHWs is assessed at the central level against the functions desired/intended by the MOH or other relevant authority.

The usability of the eCHIS is assessed at the CHW level where the CHWs use the system for data entry, service delivery, data aggregation, transmission, and/or analysis.

### Data Collection Methods

The system’s functions are examined by experts against the conceptual design of the electronic system, as defined in relevant documents available to the implementing agency/organization (e.g., MOH, NGOs, implementing partners, and CBOs). The questions in the eCHIS Functionality Assessment Tool are generic for any digital HIS used by CHWs, are based on global standards set forth in the WHO’s *Classification of Digital Health Interventions*, and can be customized accordingly. This tool is in the supplemental section of the Central-Level Assessment.

Data on usability are collected through systematic observation of the relevant tasks carried out by CHWs using the electronic system. This tool is in the CHW-Level Assessment.

#### Sampling Methods

The sample size needed for an assessment of the usability of the eCHIS depends on the reason for wanting to conduct this assessment. If the purpose is to confirm the CHWs’ capability (proof of concept) to use the eCHIS, a sample of 19 CHWs selected using the LQAS method in a supervisory area is sufficient. For a more robust assessment, a sample of 100 CHWs using the eCHIS is desirable. All the eCHIS in use in the country or managed by the organizations included in the assessment should be assessed separately.

## Management Assessment Tool (MAT)

### Purpose

This tool is designed to take rapid stock of CHIS management practices and to aid the development of recommendations for better CHIS management. It is used to carry out the following tasks:

1. Assess the level of CHIS management functions, such as governance, planning, training, supervision, quality standards, and finance.
2. Identify the CHIS management functions that are weak and set priorities for action.
3. Conduct comparative analysis to understand the effects of the management functions on CHIS performance, CHIS processes, the promotion of a culture of information, and behavioral determinants.

### Summary of Information Collected

The MAT is primarily used at district and higher levels of the health system (administered to CHW supervisors) to measure the effectiveness of the following CHIS management functions:

* **CHIS governance**: The organizational arrangements, mission, roles, and functions related to the CHIS; the presence of SOPs that form part of the organizational culture of the health sector; and a description of who is doing what, how, and with what resources to manage and maintain the CHIS
* **Planning**: The availability of a copy of a multiyear national, regional, or district HIS/CHIS plan and targets for improving CHIS data quality and information use
* **Training**: The presence of a national- or subnational-level CHIS training needs assessment and training plan with training manuals
* **Supervision**: The presence of CHIS supervision guidelines, checklists, and plans; supervision frequency and feedback; checking data quality; using data for discussion and to help in decision making
* **Finance**: The availability of financial resources dedicated to the CHIS (to cover supply, training, and supervision costs)

### Application Levels

The MAT has two forms: one completed by the CHW supervisor and a shorter one completed by the CHW.

### Data Collection Methods

Data are collected by recording the respondent’s answers and reviewing the following documents: office organogram, HIS/CHIS plans and reports, SOPs, training plans and manuals, supervision tools, plans, and feedback reports/notes, and financial plans/reports, etc.

#### Sampling Methods

To assess the management functions, a sample of 19 CHWs selected using the LQAS method in a supervisory area would suffice. For a more robust assessment, a sample of 100 CHWs is desirable. The supervisors of the sampled CHWs are also interviewed.

## CHIS Resource Checklist

### Purpose

The checklist consists of an inventory of available resources, such as equipment, utilities, storage of information, communication capability, and CHIS forms and registers. The checklist is designed to:

1. Assess the availability of resources.
2. Monitor the availability of resources over time.
3. Make management decisions to replenish resources.
4. Develop recommendations to deal with resource issues.

### Application Levels

The checklist has two forms: one completed by the CHW supervisor and a shorter one completed by the CHW.

### Summary of Information Collected

The checklist is used at health facilities, district offices, or higher levels where the CHW supervisor and the CHW are stationed to assess resource availability:

* **CHIS hardware/equipment**: The availability of working digital equipment (such as a computer, printer, modem, uninterruptible power supply [UPS], backup unit, and communications equipment)
* **CHIS infrastructure**: The availability of consistent electricity and backup power, access to the Internet, storage facility, and so forth
* **CHIS supplies**: The availability of CHIS data collection and reporting forms
* **Human resources** (HR): Staffing level (number and type of staff at the facility or office level) and staff trained in the CHIS

### Data Collection Methods

Data can be collected via key informant interviews with the CHW and the CHW supervisor or RHIS/CHIS officer at the health facility or district health office and through desk reviews and office tours (for the equipment inventory).

#### Sampling Methods

To assess CHIS resources and inventory, a sample of 19 CHWs selected using the LQAS method in a supervisory area would suffice. For a more robust assessment, a sample of 100 CHWs is desirable. The supervisors of the sampled CHWs are also interviewed.

## Organizational and Behavioral Assessment Tool (OBAT)

### Purpose

Assess whether organizational mechanisms are in place to produce the desired results in CHIS performance. More specifically, the OBAT helps to:

1. Explore the level of existence of a culture of information in the organization.
2. Identify the commitment and support of upper management for enhancing the CHIS.
3. Quantify the CHWs’ motivation, knowledge, and skills to perform data-related tasks.

### Summary of Information Collected

To assess the level and promotion of a **culture of information**, the OBAT has respondents share their impressions about the following criteria regarding their work environment:

* Emphasis on data quality
* Emphasis on data accessibility and dissemination
* Use of community data for decision making (e.g., for planning, problem solving, day-to-day operations, case management, supervision, and monitoring)
* Feedback mechanisms between the CHWs and their supervisors
* Sense of responsibility about data among the CHWs
* Empowerment and accountability
* Performance management and incentives
* Communication with and involvement of community members

To assess respondents’ **behavior**, the OBAT helps evaluate the following:

* Perception of self-competency to perform data-related tasks
* Intentions to perform data-related tasks and use community-level data
* Knowledge of the CHIS (including rationale for data collection and how to perform data quality checks)
* Skill to perform data-related tasks (such as the identification of problems and problem solving, visually presenting data, interpretation, and evidence-based decision making)
* CHW motivation

There is also a supplemental section about competency to improve data quality within the OBAT questionnaire administered at the CHW level.

### Application Levels

The OBAT has two questionnaires: one for CHW supervisors and one for CHWs.

### Data Collection Methods

Paper-and-pencil-based self-assessments are administered to CHW supervisors (at the facility, district, or CBO) and to CHWs. If the CHW is facing literacy obstacles or language barriers, the enumerator may administer the questionnaire.

#### Sampling Methods

The OBAT questionnaire can be administered separately or along with the CHIS Performance Diagnostic Tool and other tools. The sampling of the CHWs and the CHW supervisors is the same as for those other tools.

If only the organizational and behavioral determinants of the CHIS are being assessed, the sampling depends on the context and purpose of the assessment and the availability of resources for conducting the assessment. In general, if the purpose is to diagnose data quality and information use issues in a relatively small administrative unit (e.g., a small district, a subdistrict, or a small CBO/NGO catchment area), the LQAS method can be applied. A sample of 19 community-based health units (individual CHWs or health posts/other community-level static centers if CHWs are linked to an SDP) can be randomly selected.

If the administrative unit is relatively large (e.g., province/state or a large district with a large number of CHWs) or if multiple units will be assessed, one option is to apply the LQAS method and divide the unit into five subunits (or supervisory areas). A sample of 19 CHWs (or health posts/other community-level static centers if CHWs are linked to an SDP) can be randomly selected from each subunit. An alternate option is to randomly select 100 CHWs (or health posts/other community-level static centers if CHWs are linked to an SDP) from the larger administrative unit.

In a context where multiple community health systems are managed independently by several organizations, each CHIS should be treated independently and assessed (and sampled) separately.

For a national-level assessment, it is advisable to stratify the country into several subunits (e.g., regions/states/provinces) and randomly select 100 CHWs (or health posts/other community-level static centers if CHWs are linked to an SDP) from each of these subunits.

The cluster sampling method can also be applied in the above cases. If that is the preferred method, a design effect needs to be factored in. Usually, a design effect of 1.2 is used, meaning that instead of 100 CHWs, 120 CHWs are needed for the assessment. More detailed information about sampling is included in the *PRISM User’s Kit: Preparing and Conducting a PRISM Assessment* available at this link: <https://www.measureevaluation.org/prism>.

For the sampling of the CHW supervisors, only those who are the direct supervisors of the sampled CHWs should be selected.

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# Appendix 1. Central-Level Assessment

## Premodule: Background Information and Verbal Consent

|  |  |  |  |
| --- | --- | --- | --- |
| **SURVEY FACILITATOR** | | | |
| CLA\_01 | Survey date | |  |
| CLA\_02 | Facilitator name | |  |
| CLA\_03 | Facilitator code  Please enter your 2-character identifier | | |  |  | | --- | --- | |  |  | |
| **RESPONDENT AND UNIT IDENTIFICATION** | | | |
| CLA\_04 | Type of unit | 1. Central/national office  2. Regional/provincial office  3. District office  4. Health facility  96. Other (specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| CLA\_05 | Managing authority | 1.Government/public  2. NGO/not-for-profit  3. Private-for-profit  4. Mission/faith-based  96. Other (specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| CLA\_06 | Unit name to which the respondent belongs |  | |
| CLA\_07 | Location of the unit | 1. Urban  2. Rural | |
| CLA\_08 | Job title of the respondent | 1. National manager  2. Regional manager  3. District health manager  4. CHW supervisor  96. Other (specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| **INFORMED CONSENT** | | |
| READ THE FOLLOWING TEXT TO THE RESPONDENT: Good day! My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. We are here on behalf of [*IMPLEMENTING AGENCY*] conducting a survey to help the government know more about how the community health information system in [*COUNTRY*] is performing.  Your unit was selected to participate in this study. We will be asking you questions about the health services and the reporting of those services. This information may be used by [*MOH AND/OR IMPLEMENTING AGENCY*], organizations supporting services at the community level, and researchers, to plan service improvement or to conduct more studies of health services.  Neither your name nor the names of any other respondent participating in this study will be included in the data set or in any report. However, there is a small chance that any of these respondents may be identified later. Nevertheless, we are asking your help to ensure that the information we collect is accurate.  You may refuse to answer any question or choose to stop the interview at any time. However, we hope you will answer all of the questions, which will benefit the clients you serve and the nation.  If there are questions that would be more accurately answered by someone better informed of any specifics we ask about, we would appreciate if you would introduce us to that person to help us collect any missing or incomplete information.  At this point, do you have any questions about the study? Do I have your agreement to proceed?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_  INTERVIEWER'S SIGNATURE INDICATING CONSENT OBTAINED DAY MONTH YEAR | | |
| CLA\_09 | May I begin the interview? | 1. Yes  2. No 🡪 **End survey** |

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| **RESPONDENT BACKGROUND** | | |
| CLA\_10 | Sex | 1. Male  2. Female  3. Other/prefer not to answer |
| CLA\_11 | Highest level of formal education achieved (select one) | 1. None  2. Primary/elementary (not completed)  3. Primary/elementary (completed)  4. Secondary/high school (not completed)  5. Secondary/high school (completed)  6. Postsecondary or higher |
| CLA\_12 | Years of employment in current role |  |
| CLA\_13 | Years of working with health data or the CHIS |  |

## Module 1. CHIS Overview Tool

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| COT\_101 | **INTERVIEW START TIME**  (Use the 24-hour clock system) | **:** |

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| COT\_001 | Does the CHW maintain every record on the services he or she provides? | 1. Yes 🡪 **Go to COT\_003**  2. No |
| COT\_002 | If *no*, does the CHW’s supervisor record the data from the community level? | 1. Yes  2. No 🡪 **End survey** |
| COT\_003 | What is/are the nature of the recording tools? | 1. Paper-based only  2. Electronic only  3. Both paper-based and electronic  4. N/A 🡪 **Go to Section 2** |

| **SECTION 1. PAPER-BASED AND ELECTRONIC DATA RECORDING TOOLS** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| To complete the following table, ask for copies of the data recording tools or check whether a procedures manual listing all the data recording tools is available.  **1.** List all existing data recording tools (e.g., patient registers and forms) in the rows of the first column (S1\_01). **2.** Indicate by “P”, “E”, or “B” if the tool is paper-based, electronic, or both (S1\_02). **3.** Verify whether a given recording tool has the listed type of service or disease information and place an “X” in the corresponding column for that tool’s row (S1\_03). **4.** Indicate with an “X” the organization that introduced the tool (S1\_04). | | | | | | | | | | | | | | | | | | | | | | | | | |
| **S1\_01. Name of the paper-based register/form used for data recording**  OR  **Name of the electronic system used for data recording** | **S1\_02. Paper, electronic, or both?** *(Mark P, E, or B)* | **S1\_03. Purpose (type of information reported)** | | | | | | | | | | | | | | | | | **S1\_04. Organization/body that introduced the register/form (interested in the primary organization)** | | | | | | |
| 1. Individual or household demographic data | 2. Immunization services | 3. Family planning services | 4. Maternal health services\* | 5. Child health services \*\* | 6. Tuberculosis | 7. HIV/AIDS nonclinical services \*\*\* | 8. HIV/AIDS clinical services \*\*\*\* | 9. Malaria | 10. Other specific disease(s) | 11. Nutrition services | 12. Notifiable diseases/IDSR | 13. Medicines, vaccines, contraceptive stock/supply | 14. Equipment | 15. Vital events (births) | 16. Vital events (deaths) | 17. Other (specify) |
| 1. MOH (standardized HIS tool) | 2. MOH (program- specific: name) | 3. United Nations (UN) agency (name) | 4. Regional or state government | 5. Other partner or donor (name) | 6. Local innovation | 7. Other (specify) |
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| \* **4. Maternity Health Services:** Pregnancy care, antenatal (ANC) care, delivery, postnatal care, etc. \*\* **5. Child health services:** Other than immunization and nutrition – e.g., Integrated Management of Childhood Illness (IMCI), pneumonia, diarrhea, measles, etc.  \*\*\* **7. HIV/AIDS nonclinical services:** OVC, care and support of people living with HIV (PLHIV) \*\*\*\* **8. HIV/AIDS clinical services:** ART, provider-initiated counseling and testing, prevention of mother-to-child transmission of HIV (PMTCT) | | | | | | | | | | | | | | | | | | | | | | | | | |

| **SECTION 2. DATA REPORTING TOOLS MAPPING SHEET** | | | | | | | | | | | | | | | | | | | | | | | | |
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| To complete the following table: **1.** List all the reporting tools in the rows of the first column (S2\_01). **2.** Describe the type of tool (S2\_02), and if electronic, write its origin (S2\_03). **3.** Verify whether a given reporting tool has the listed type of service or disease information and place an “X” in the corresponding column for that tool’s row (S2\_04). **4.** Indicate with an “X” the organization that introduced the tool (S2\_05). | | | | | | | | | | | | | | | | | | | | | | | | |
| **S2\_01. Name of the report generated by the CHW and their immediate supervisor** | **S2\_02. Paper-based, electronic, or both?** *(Mark P, E, or B)* | **S2\_03. If electronic, type of electronic system** (e.g., Excel, Access, DHIS 2, GIS, etc.) | **S2\_04. Type of data reported** | | | | | | | | | | | | | | | **S2\_05. Organization/body that introduced the report** | | | | | | |
| 1. Immunization services | 2. Family planning services | 3. Maternal health services | 4. Child health services (IMCI) | 5. Tuberculosis | 6. HIV/AIDS  (clinical /nonclinical) | 7. Malaria | 8. Other specific disease(s) | 9. Nutrition services | 10. Notifiable diseases/IDSR | 11. Medicine, vaccines, contraceptive stock | 12. Human resources | 13. Equipment | 14. Vital events | 15. Other (specify) | 1. MOH (standardized HIS tool) | 2. MOH (program- specific: name) | 3. UN agency (name) | 4. Regional/state government | 5. Other partner/donor (name) | 6. Local innovation | 7. Other (specify) |
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| COT\_102 | **INTERVIEW END TIME**  (Use the 24-hour clock system) | **:** |

## Supplemental Module. Electronic CHIS Functionality Assessment Tool

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| EFA\_101 | **INTERVIEW START TIME**  (Use the 24-hour clock system) | **:** |

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| EFA\_001 | Does the CHW use an electronic community health information system (eCHIS)?  *Provide a definition*: The eCHIS is the community-based electronic health information system used by the CHW. It may have different names and functions depending on the local context. | 1. Yes 2. No 🡪 **End survey** |
| EFA\_002 | Is the eCHIS used for individual/household data and/or for aggregate data? | 1. Individual or household data only 2. Aggregate data only 3. Both individual/household and aggregate data |
| EFA\_003 | Where is the eCHIS hosted? | * + - 1. Health facility level       2. District office       3. Regional office       4. National/central office |

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| **UNIQUE IDENTIFIERS FOR HEALTH FACILITIES AND HEALTH ADMINISTRATIVE UNITS** | | |
| EFA\_004 | Are individual CHWs or are the community-based service delivery points (SDPs) included in the master facility list (MFL)/human resource information system (HRIS)? | 1. Yes 2. No 🡪 **Go to EFA\_006** |
| EFA\_005 | If *yes*, is there a working mechanism to keep the master list of CHWs updated? | 1. Yes 2. No |
| EFA\_006 | Does the national CHIS software use unique identifiers for the CHWs? | 1. Yes 2. No 🡪 **Go to EFA\_008** |
| EFA\_007 | If *yes,* is there a framework or agreement in place such that those unique identifier lists are available for general use by other programs, e.g., human resources (HR), logistics, financial, partners, etc.? | 1. Yes 2. No |
| EFA\_008 | Is the eCHIS used by CHWs linked to the national MFL/HRIS? | 1. Yes 🡪 **Go to EFA\_010** 2. No |
| EFA\_009 | If *no*, is there a built-in CHW list in the eCHIS that acts as a master list of CHWs? | 1. Yes 2. No |

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| **INDIVIDUAL OR HOUSEHOLD DATA: POINT OF CARE DATA ENTRY** | | |
| If the CHW is using an electronic system that allows data entry during individual encounters with the client/patient at the point of care/service, use the following tool to assess the basic functionality of the electronic system used by the CHWs.  **If the answer to EFA\_002 is “1” or “3,” (i.e., the eCHIS is used for individual or household data only or along with aggregate data), fill out sections EFA-A to EFA-F.**  **If the answer to EFA\_002 is “2” (aggregate data only), only fill out section EFA-G.** | | |
| **SECTION EFA-A: CLIENT IDENTIFICATION AND REGISTRATION** | | |
| EFA\_010 | Does the system feature a mechanism to register an eligible client? | 1. Yes 2. No 🡪 **Go to Section EFA-B** |
| EFA\_011 | If *yes*, does the system assigns a unique ID to the client upon registration? | 1. Yes 2. No |
| EFA\_012 | Can the system retrieve client data using the unique ID or other identification data? | 1. Yes 2. No |
| **SECTION EFA-B: CLIENT HEALTH RECORDS** | | |
| EFA\_013 | Does the system feature client health records (general or program-specific [e.g., pregnancy care records, child health records])? | 1. Yes 2. No 🡪 **Go to Section EFA-C** |
| EFA\_014 | If *yes*, does the system allow longitudinal tracking of the client’s health status and services received? | 1. Yes 2. No |
| **SECTION EFA-C: CHW DECISION SUPPORT/JOB AIDS** | | |
| EFA\_015 | Does the system feature CHW decision support/job aids? | 1. Yes 2. No 🡪 **Go to Section EFA-D** |
| EFA\_016 | If *yes*, does a checklist exist within the eCHIS to enter data, based on a national service delivery protocol (e.g., for pregnant women, child immunization, family planning [FP] services)? | 1. Yes 2. No |
| EFA\_017 | Does the system provide alerts or prompts according to the service protocols? | 1. Yes 2. No |

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| **SECTION EFA-D: CHW COMMUNICATION WITH OTHER HEALTHCARE PROVIDERS AND SUPERVISORS** | | | |
| EFA\_018 | Does the system feature a mechanism for CHWs to communicate with other healthcare providers and supervisors? | | 1. Yes 2. No 🡪 **Go to Section EFA-E** |
| EFA\_019 | If *yes*, can the data (e.g., data on individual household member, pregnant woman, child immunization, and FP services) entered by the CHW be accessed by other healthcare providers and supervisors? | | 1. Yes, by other CHWs (i.e., peers) assigned to the same catchment population (or geographic/ administrative area)  2. Yes, by healthcare providers at primary healthcare (PHC)-level facilities serving the same catchment population/ administrative area  Name of the PHC facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. Yes, by immediate supervisors  4. Yes, by district-level supervisors  5. No |
| **SECTION EFA-E: REFERRAL COORDINATION** | | | |
| EFA\_020 | | Does the system feature a mechanism for referral coordination? | 1. Yes 2. No 🡪 **Go to Section EFA-F** |
| EFA\_021 | | If *yes*, does an electronic information system exist for use at the point of service (i.e., client/patient data are entered in the electronic system at the point of service at the PHC unit)? | 1. Yes 2. No 🡪 **Go to EFA\_023** |
| EFA\_022 | | If *yes*, is the electronic information system linked with a unit-based electronic system used at the PHC facilities in the same catchment population/administrative area? | 1. Yes 2. No |
| EFA\_023 | | Can CHWs electronically send information to the referral facility? | 1. Yes 2. No |
| EFA\_024 | | Can the referral facility assess and update the electronic data on the client/patient referred by the CHW? | 1. Yes 2. No 🡪 **Go to Section EFA-F** |
| EFA\_025 | | If *yes*, can CHWs assess and review the data updated by the referral facility, to confirm that the service was provided to the client/patient referred by the CHWs? | 1. Yes 2. No |

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| **SECTION EFA-F: CHW ACTIVITY PLANNING AND SCHEDULING** | | |
| EFA\_026 | Does the system feature a mechanism for CHW activity planning and scheduling? | 1. Yes 2. No **🡪 Go to Section EFA-G** |
| EFA\_027 | If *yes*, does the CHW prepare her/his activity plans and work schedules (e.g., monthly household/outreach visit schedule) using the electronic system? | 1. Yes 2. No **🡪 Go to Section EFA-G** |
| EFA\_028 | If *yes*, can the CHW supervisor access the CHW’s activity plan and schedule and prepare his/her own activity plan or schedule? | 1. Yes 2. No  3. N/A |

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| **SECTION EFA-G: AGGREGATE REPORTING USING THE eCHIS** | | |
| If the CHW is using an electronic system that allows aggregate data entry, use the following tool to assess the basic functionality of the electronic system used by the CHWs.  **If the answer to EFA\_002 is not “2” or “3” (aggregate data only or along with individual/household data), skip to EFA\_032.** | | |
| EFA\_029 | What eCHIS does the CHW use for aggregate data entry or compilation? | 1. National open-source data processing system (e.g., DHIS 2)  2. National proprietary software  3. Excel-based spreadsheet  4. Access-based data processing module  96. Other (specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| EFA\_030 | Does the eCHIS allow automated generation of routine aggregate reports that the CHW has to submit to the higher level? | 1. Yes 2. No 🡪 **Go to EFA\_032** |
| EFA\_031 | If *yes*, are the aggregate reports generated by the system electronically uploaded into the national RHIS (e.g., DHIS 2-based national health management information system)? | 1. Yes 2. No |

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| **CHIS DATA DISAGGREGATION AND ANALYSIS** | | | | | |
| EFA\_032 | Select two indicators from the national CHIS | | | | |
| 01 | Indicator 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| 02 | Indicator 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| EFA\_033 | Does the eCHIS allow users to present data in time-trend graphs? Check whether the two indicators are in a time-trend graph. | | | | |
| 01 | | Indicator 1 | | 1. Yes, observed 2. No |
| 02 | | Indicator 2 | | 1. Yes, observed 2. No |
| EFA\_034 | Does the eCHIS allow users to visualize data using graphs, in order to compare indicators or to compare villages/subunits? Check whether the two indicators use graphs for comparison. | | | | |
| 01 | | | Indicator 1 | 1. Yes, observed  2. No |
| 02 | | | Indicator 2 | 1. Yes, observed  2. No |

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| **DATA INTEGRATION** | | |
| EFA\_035 | Are other parallel community-based (disease- or program-specific) software applications in use (e.g., logistics, IDSR, etc.)? | 1. Yes 2. No 🡪 **Go to EFA\_042** |
| EFA\_036 | If *yes*, is a parallel community-based **logistics** software application in use? | 1. Yes 2. No 🡪 **Go to EFA\_038** |
| EFA\_037 | If *yes*, does the CHIS software have or integrate with logistics information? | 1. Yes  2. Yes, partially (it is integrated or interoperates with part of the parallel system)  3. No |
| EFA\_038 | Is a parallel community-based **notifiable diseases or integrated disease surveillance and response (IDSR)** software application in use? | 1. Yes 2. No 🡪 **Go to EFA\_040** |
| EFA\_039 | If *yes*, does the CHIS software have or integrate with the IDSR (notifiable diseases) information? | 1. Yes  2. Yes, partially (it is integrated or interoperates with part of the parallel system)  3. No |
| EFA\_040 | Is there **another** parallel community-based software application in use? If *yes*, please provide its name.  If *yes*, name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1. Yes 2. No 🡪 **Go to EFA\_042** |
| EFA\_041 | If *yes*, does the CHIS software have or integrate with the other software that you specified?  Specify name again here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1. Yes  2. Yes, partially (it is integrated or interoperates with part of the parallel system)  3. No |

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| **AGE AND SEX DISAGGREGATED DATA** | | |
| EFA\_042 | Does the eCHIS generate reports that are disaggregated by age? | 1. Yes 2. No |
| EFA\_043 | Does the eCHIS generate reports that are disaggregated by sex? | 1. Yes 2. No |

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| **CHIS REPORTING** | | | | | | |
| The following section relates to the **national/organizational/central-level electronic HIS,** where aggregate data from the community-level electronic health information systems (i.e., the eCHIS used by the CHWs) are uploaded and processed. | | | | | | |
| EFA\_044 | Does a national/central-level electronic HIS exists for managing routine health data, including community-level data? | | | | 1. Yes 2. No 🡪 **End survey** | |
| EFA\_045 | If *yes*, does the national/central-level HIS software allow users to determine the number and percentage of monthly CHW reports received out of the total number of expected reports from the CHWs? | | | | 1. Yes 2. No | |
| EFA\_046 | Does the national/central-level HIS software allow users to analyze the trend in reporting completeness for a year by CHWs?  (Does the system enable users to identify which CHW has recurring reporting problems?) | | | | 1. Yes 2. No | |
| EFA\_047 | Does the national/central-level HIS software allow users to determine the number and percentage of reports from the CHWs that were received on time? | | | | 1. Yes 2. No | |
| EFA\_048 | Does the national/central-level HIS software generate summary reports (based on CHW data only) for the different levels and periods? | | | | 1. Yes 2. No | |
| EFA\_049 | Are the CHW data aggregated in the national CHIS software in a way that CHW data can be separately aggregated and analyzed? | | | | 1. Yes 2. No **🡪 Go to EFA\_051** | |
| EFA\_050 | If *yes,* pick one indicator (e.g., maternal and child health or FP) and observe whether the national system can generate aggregate reports using CHW data only. In many cases, however, the system should be able to generate aggregate reports for all indicators using a national standard format. Choose any of these two approaches to observe whether the national electronic HIS can generate aggregate reports using CHW data.  **(OBSERVE AND TICK ACCORDINGLY)** | | | | | |
| **Levels:** | **Monthly**  **(A)** | **Quarterly**  **(B)** | **Annual**  **(C)** | | **Custom**  **(D)** |
| 01 | National |  |  |  | |  |
| 02 | Regional |  |  |  | |  |
| 03 | District |  |  |  | |  |
| 04 | Health facility |  |  |  | |  |
| 05 | Community SDP |  |  |  | |  |

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| **POPULATION ESTIMATES AND COVERAGE CALCULATION** | | | | |
| EFA\_051 | Does the national/central-level HIS software include population estimates to calculate denominators? | | | 1. Yes 2. No 🡪 **End survey** |
| EFA\_052 | Can the system calculate the CHWs’ share of coverage for: | | | |
| 01 | ANC1 | 1. Yes, observed 2. No | ➔ **End survey**  (if all are *no*) |
| 02 | Deliveries at health facilities | 1. Yes, observed 2. No |
| 03 | Measles coverage | 1. Yes, observed 2. No |
| EFA\_053 | If *yes (observed)*, for which levels are they available? | | | |
| 01 | Region | 1. Yes, observed 2. No | |
| 02 | District | 1. Yes, observed 2. No | |
| 03 | Facility | 1. Yes, observed 2. No | |
| 04 | Community-level SDP | 1. Yes, observed 2. No | |

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| EFA\_102 | **INTERVIEW END TIME**  (Use the 24-hour clock system) | **:** |

# Appendix 2. Community Health Worker supervisor-level assessment

## Premodule: Background Information and Verbal Consent

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| --- | --- | --- |
| **SURVEY FACILITATOR** | | |
| SLA\_01 | Survey date |  |
| SLA\_02 | Facilitator name |  |
| SLA\_03 | Facilitator code  Please enter your 2-character identifier | |  |  | | --- | --- | |  |  | |
| **RESPONDENT AND UNIT IDENTIFICATION** | | |
| SLA\_04 | Type of unit | 1. Central/national office  2. Regional/provincial office  3. District office  4. Health facility  5. Community-level unit/health post/outreach center  96. Other (specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| SLA\_05 | Managing authority | 1. Government/public  2. NGO/not-for-profit  3. Private-for-profit  4. Mission/faith-based/CBO  96. Other (specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| SLA\_06 | Unit name to which the respondent belongs |  |
| SLA\_07 | Location of the unit | 1. Urban  2. Rural |
| SLA\_08 | Job title of the respondent | 1. CHW supervisor  96. Other (specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **INFORMED CONSENT** | | |
| READ THE FOLLOWING TEXT TO THE RESPONDENT: Good day! My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. We are here on behalf of [*IMPLEMENTING AGENCY*] conducting a survey to help the government know more about how the community health information system in [*COUNTRY*] is performing.  Your unit was randomly selected to participate in this study. We will be asking you questions about the health services and the reporting of those services. This information may be used by [*MOH AND/OR IMPLEMENTING AGENCY*], organizations supporting services at the community level, and researchers, to plan service improvement or to conduct more studies of health services.  Neither your name nor the names of any other respondent participating in this study will be included in the data set or in any report. However, there is a small chance that any of these respondents may be identified later. Nevertheless, we are asking your help to ensure that the information we collect is accurate.  You may refuse to answer any question or choose to stop the interview at any time. However, we hope you will answer all of the questions, which will benefit the clients you serve and the nation.  If there are questions that would be more accurately answered by someone better informed of any specifics we ask about, we would appreciate if you would introduce us to that person to help us collect any missing or incomplete information.  At this point, do you have any questions about the study? Do I have your agreement to proceed?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_  INTERVIEWER'S SIGNATURE INDICATING CONSENT OBTAINED DAY MONTH YEAR | | |
| SLA\_09 | May I begin the interview? | 1. Yes  2. No 🡪 **End survey** |

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| **RESPONDENT BACKGROUND** | | |
| SLA\_10 | Sex | 1. Male  2. Female  3. Other/prefer not to answer |
| SLA\_11 | Highest level of formal education achieved | 1. None  2. Primary/elementary (not completed)  3. Primary/elementary (completed)  4. Secondary/high school (not completed)  5. Secondary/high school (completed)  6. Postsecondary or higher |
| SLA\_12 | Years of employment as a CHW supervisor |  |
| SLA\_13 | Years of working with health data or the CHIS |  |

## 

## Module 1. CHIS Performance Diagnostic Tool

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| PD\_101 | **INTERVIEW START TIME**  (Use the 24-hour clock system) | **:** |

### Part A. Data Quality Assessment

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| **DATA QUALITY ASSESSMENT BY THE CHW SUPERVISOR** | | |
| PD\_001 | Does the CHW supervisor have written instructions/guidelines on how to perform a review of data quality? | 1. Yes, observed  2. Reported, not observed  3. No |
| PD\_002 | Did the CHW supervisor check the data quality in the past three months? | 1. Yes  2. No 🡪 **Go to PD\_005** |
| PD\_003 | If *yes*, did the CHW supervisor use a checklist to assess the data quality? | 1. Yes, observed  2. Reported, not observed  3. No |
| PD\_004 | Did the CHW supervisor send a report/written feedback to the CHW on the findings of the last data quality assessment? | 1. Yes, observed  2. Reported, not observed  3. No |

### Part B. Use of Information

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| **INFORMATION USE GUIDELINES AND STRATEGIC DOCUMENTS** | | | |
| PD\_005 | Does the CHW supervisor have written national/regional guidelines on CHIS information use available at the unit? | | 1. Yes, observed  2. Reported, not observed  3. No |
| **DATA ANALYSIS AND VISUALIZATION** | | | |
| PD\_006 | Does the CHW supervisor have access to data visuals (e.g., graphs, tables, maps) showing achievements toward targets (e.g., indicators, geographic and/or temporal trends, and situation data)? | | 1. Yes, paper copies of data visuals observed at the health unit  2. Yes, electronic copies of data visuals observed  3. Reported, not observed (paper or electronic copies)  4. No 🡪 **Go to PD\_008** |
| PD\_007 | If *yes*, what type of information is captured in the data visuals? | | |
| 01 | Coverage of maternal health services (ANC, delivery, etc.) | 1. Yes, observed  2. No |
| 02 | Neonate and child healthcare (including vaccinations) | 1. Yes, observed  2. No |
| 03 | Burden of disease data (e.g., top 10 diseases) | 1. Yes, observed  2. No |
| 04 | Medicine stockouts | 1. Yes, observed  2. No |
| 05 | Sex-disaggregated data | 1. Yes, observed  2. No |
| 06 | Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1. Yes, observed  2. No |
| PD\_008 | If an electronic system is being used, can the CHW supervisor generate data visuals? | | 1. Yes, observed  2. No  3. N/A (no electronic system is used) |

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| **ROUTINE DECISION-MAKING FORUMS AND PROCESSES AT THE SUPERVISORY LEVEL** | | | | | |
| PD\_009 | Did the CHW supervisor organize or facilitate any performance review or management team meetings with the CHWs in attendance in the past three months? | | | 1. Yes  2. No 🡪 **Go to PD\_017** | |
| PD\_010 | If *yes*, does the CHW supervisor have copies of the minutes from any performance review or management meetings in the past three months? | | | 1. Yes, observed  2. Reported, not observed 🡪 **Go to PD\_016**  3. No 🡪 **Go to PD\_017** | |
| **For questions PD\_011 to PD\_016, check the performance review meeting minutes for the selected months and determine whether the following topics were discussed:** | | | | | |
| PD\_011 | Did they discuss CHIS management, such as data quality, completeness, or timeliness of reporting? | | | 1. Yes  2. No 🡪 **Go to PD\_014** | |
| PD\_012 | If *yes*, were any follow-up actions agreed upon based on CHIS-related issues? | | | 1. Yes  2. No 🡪 **Go to PD\_014** | |
| PD\_013 | If *yes*, has any follow-up action happened regarding the decisions made on CHIS-related issues discussed during previous meetings (e.g., referring CHIS-related issues/problems to the higher level to find solutions)? | | | 1. Yes  2. No  3. Do not know | |
| PD\_014 | Were discussions held to review key performance targets (i.e., tracking progress against targets) based on CHIS data for any of the following? | | | | |
| 01 | | Coverage of services provided by CHWs like ANC, delivery, expanded program of immunization (EPI), and TB | 1. Yes  2. No | 🡪**PD\_016** (if all are *no*) |
| 02 | | Burden of disease data (e.g., top 10 diseases) | 1. Yes  2. No |
| 03 | | Identification of emerging issues/epidemics | 1. Yes  2. No |
| 04 | | Medicine stockouts | 1. Yes  2. No |
| 05 | | Sex-disaggregated data | 1. Yes  2. No |
| PD\_015 | Did the CHW supervisor or higher levels (e.g., the health facility or district office) make any decisions on the following based on discussions of CHW performance? | | | | |
| 01 | Formulation of plans of action | | 1. Yes  2. No | |
| 02 | Budget preparation | | 1. Yes  2. No | |
| 03 | Budget reallocation | | 1. Yes  2. No | |
| 04 | Medicine supply and drug management | | 1. Yes  2. No | |
| 05 | HR management (training, reallocation, etc.) | | 1. Yes  2. No | |
| 06 | Advocacy for policy, programmatic, or strategic decisions at higher levels | | 1. Yes  2. No | |
| 07 | Promotion of service quality/improvement | | 1. Yes  2. No | |
| 08 | Reducing the gender gap in the provision of health services | | 1. Yes  2. No | |
| 09 | No action required at this time | | 1. Yes  2. No | |
| PD\_016 | Were the performance review/management meeting minutes circulated to all team members? | | | 1. Yes, observed  2. Reported, not observed  2. No | |

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| **ANNUAL PLANNING** | | | |
| PD\_017 | Does the CHW supervisor have an annual plan for the current year? | | 1. Yes  2. No 🡪 **Go to PD\_020** |
| PD\_018 | If *yes*, does that annual plan use data from the CHIS for problem identification and/or target setting? | | 1. Yes  2. No |
| PD\_019 | Does the annual plan contain activities and/or targets related to improving or addressing any of the following: | | |
| 01 | Coverage of services such as ANC, delivery, EPI, or TB | 1. Yes  2. No |
| 02 | Burden of disease data (e.g., top 10 diseases) | 1. Yes  2. No |
| 03 | Emerging issues/epidemics | 1. Yes  2. No |
| 04 | Medicine stockouts | 1. Yes  2. No |
| 05 | Family planning | 1. Yes  2. No |
| 06 | Gender disparity in health services coverage | 1. Yes  2. No |
| 07 | Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1. Yes  2. No |

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| **DATA DISSEMINATION OUTSIDE THE HEALTH SECTOR** | | |
| PD\_020 | Does the CHW supervisor have to submit/present performance reports to a council of public representatives/civil administration? | 1. Yes  2. No 🡪 **End survey or go to PD\_022** |
| PD\_021 | If *yes*, did the CHW supervisor submit/present health sector performance reports based on CHIS data to a council of public representatives/civil administration in the past 12 months? | 1. Yes  2. No |

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| PD\_102 | **INTERVIEW END TIME**  (Use the 24-hour clock system) | **:** |

### Supplemental Section: Feedback

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| **FEEDBACK TO THE CHW** | | |
| PD\_022 | Did the CHW supervisor conduct any supervision visits in the past three months? | 1. Yes  2. No  3. N/A (respondent has never had a supervision visit) **🡪 End survey** |
| PD\_023 | During the last supervision visit, did the supervisor discuss the CHW’s healthcare delivery performance based on CHIS information? | 1. Yes  2. No |
| PD\_024 | Did the CHW supervisor provide written feedback to the CHW in the past three months on service performance (e.g., appreciation/acknowledgement of good performance; resource allocation/mobilization)? | 1. Yes, observed  2. Reported, not observed  3. No |

## Module 2. Management Assessment Tool (MAT)

Ask the person in-charge of the CHW supervisory unit to provide you with the relevant documents in order to conduct a desk review or observe them and respond to the questions.

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| MAT\_101 | **INTERVIEW START TIME**  (Use the 24-hour clock system) | **:** |

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| **GOVERNANCE** | | |
| MAT\_001 | Does the office have a written document describing the CHIS mission and purpose, and the roles and responsibilities of CHWs and their supervisors to manage the CHIS? | 1. Yes  2. No |
| MAT\_002 | Does the office have a current organizational and/or staff chart showing the positions of CHWs and their supervisors in the organization? | 1. Yes  2. No |
| MAT\_003 | Does the office have written SOPs and procedural guidelines for the CHIS that include the following? | |
| 01. Data definitions | 1. Yes  2. No |
| 02. Tools and procedures for data collection and reporting, including reporting frequency | 1. Yes  2. No |
| 03. Data aggregation, processing, and transmission procedures | 1. Yes  2. No |
| 04. Data analysis, dissemination, and use guidelines | 1. Yes  2. No |
| 05. Data quality assurance procedures | 1. Yes  2. No |
| 06. Data privacy, confidentiality, and security guidelines | 1. Yes  2. No |
| 07. Performance monitoring process | 1. Yes  2. No |
| 08. How to prepare and update the catchment area or household map (e.g., an SOP that defines the reporting structure, including what to report, when to report, where to report, and how to report) | 1. Yes  2. No |
| MAT\_004 | Does the MOH/region/NGO/CBO/district have an overall framework and plan for ICT at the community level (outlining the required equipment and a plan for training in the use of ICT for the CHIS)? | 1. Yes  2. No  3. N/A or don’t know |
| MAT\_005 | Does the office or organization maintain a list/documentation of the dissemination of CHIS monthly/quarterly reports to the health program staff in the district, the community, local administration, NGOs, etc.? | 1. Yes  2. No  3. N/A or don’t know |

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| **PLANNING** | | |
| MAT\_006 | Has the office set CHIS performance targets (e.g., for data accuracy, completeness, and timeliness) for their respective CHWs? | 1. Yes  2. No |

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| **CAPACITY DEVELOPMENT/TRAINING** | | |
| MAT\_007 | Does the office have a CHIS training manual: either a separate training manual for the CHIS/CHWs only or as part of the broader RHIS? | 1. Yes  2. No 🡪 **Go to MAT\_009** |
| MAT\_008 | If *yes*, has the office conducted a CHIS training in the past three years using the CHIS training manual? | 1. Yes  2. No |
| MAT\_009 | Does the office have a training and capacity development plan that includes a budget? | 1. Yes  2. No |
| MAT\_010 | Does the office have a schedule for planned trainings on the CHIS? | 1. Yes, for one year  2. Yes, for two years or more  3. No |

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| MAT\_011 | Indicate whether the listed staff members from this office have received any training in the following skills during the past three years, the number of training courses/sessions attended, and the year of the latest training. | | | |
| **01. Title or Post** | | **02. Number of training courses/sessions attended by this person in the past three years** | **03. Year of last training**  (In the past three years) | **04. Subjects of last training**  (List all that apply)   1. Data collection 2. Data analysis 3. Data display 4. Data reporting 5. Data quality 6. Data use 7. Data entry 8. Aggregate reporting |
| 1. CHW supervisor | |  |  |  |
| 2. CHIS officer (different cadre than CHW supervisor) | |  |  |  |
| 3. Monitoring and evaluation (M&E) officer | |  |  |  |
| 4. Office head | |  |  |  |

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| --- | --- | --- |
| **SUPPORTIVE SUPERVISION** | | |
| MAT\_012 | Does the office have copies of CHIS supervision guidelines and checklists related to the CHIS? | 1. Yes  2. No |
| MAT\_013 | Does the office maintain a schedule for CHIS supervision visits? | 1. Yes  2. No |
| MAT\_014 | Does the office have copies of the reports of CHIS supervision visits conducted during the current fiscal year? | 1. Yes  2. No 🡪 **Go to MAT\_016** |
| MAT\_015 | If *yes*, does the office have a copy of the report of the latest CHIS supervision visit in which commonly agreed upon action points are listed? | 1. Yes  2. No |

|  |  |  |
| --- | --- | --- |
| **FINANCING** | | |
| MAT\_016 | Does the office have a budget or financial plan for CHIS supplies (e.g., registers, forms, and guidelines)? | 1. Yes  2. No |
| MAT\_017 | Does the office have allocated or available funds for these CHIS supplies? | 1. Yes  2. No |
| MAT\_018 | Do the appropriate HIS/M&E officers or supervisors have access to financial and logistics resources for CHIS supervision? | 1. Yes  2. No |
| MAT\_019 | Does the office have a copy of the long-term financial plan for supporting CHIS activities? | 1. Yes  2. No |

|  |  |  |
| --- | --- | --- |
| MAT\_102 | **INTERVIEW END TIME**  (Use the 24-hour clock system) | **:** |

## Module 3. CHIS Resource Checklist

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| --- | --- | --- |
| RC\_101 | **INTERVIEW START TIME**  (Use the 24-hour clock system) | **:** |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **EQUIPMENT AND SERVICES** | | | | | | | |
| **Please verify whether the following equipment is available in the unit:** | | | | | | | |
| **Type of equipment/service** | | | | | **A. Total quantity** | **B. Quantity in working condition** | |
| (If none, enter 0) | | |
| RC\_001 | Computer | | 1. Laptop | |  | |  |
| 1. Desktop | |  | |  |
| 1. Tablet | |  | |  |
| RC\_002 | Is there a backup unit kept on site? | | | | 1. Yes  2. No 🡪 **Go to RC\_004** | | |
| RC\_003 | If *yes*, type of data backup unit | | 1. Server | | 1. Yes 2. No | | |
| 1. Universal serial bus (USB) drives with backup data | | 1. Yes 2. No | | |
| 1. Compact disc with backup data | | 1. Yes 2. No | | |
| 1. External hard drive | | 1. Yes 2. No | | |
| 1. Zip drive | | 1. Yes 2. No | | |
| RC\_004 | Printer | | | | 1. Yes 2. No | | |
| RC\_005 | Modem | | | | 1. Yes 2. No | | |
| RC\_006 | Uninterruptible power supply (UPS) | | | | 1. Yes 2. No | | |
| RC\_007 | Circuit breaker | | | | 1. Yes 2. No | | |
| RC\_008 | Generator | | | | 1. Yes 2. No | | |
| RC\_009 | Calculator | | | | 1. Yes 2. No | | |
| RC\_010 | Telephone | | | 1. Unit mobile phone (smartphone) with access to telephone network | 1. Yes 2. No | | |
| 2. Unit mobile phone (regular) with access to telephone network | 1. Yes 2. No | | |
| 3. Landline phone | 1. Yes 2. No | | |
| 4. Radio phone | 1. Yes 2. No | | |
| RC\_011 | What is the cellular network bandwidth? | | | | 1. 1G  2. 2G  3. 3G  4. 4G | | |
| RC\_012 | Fax | | | | 1. Yes 2. No | | |
| RC\_013 | Is there access to an Internet network? | | | | 1. Yes 2. No 🡪 **Go to RC\_017** | | |
| RC\_014 | If *yes*, what kind? | Ethernet | | | 1. Yes 2. No | | |
| Wireless (Wi-Fi) | | | 1. Yes 2. No | | |
| RC\_015 | What is the Internet coverage/speed? | | | | 1. 1G  2. 2G  3. 3G  4. 4G | | |
| RC\_016 | On average, how many days per month is there access to the Internet? | | | | 1. 20 or more  2. 10 to 19  3. Less than 10 | | |
| **UTILITIES** | | | | | | | |
| RC\_017 | Is there a continuous electricity supply? | | | | 1. Yes 🡪 **Go to RC\_019**  2. No | | |
| RC\_018 | If *no*, on average, how many days per month is the electricity supply interrupted? | | | | 1. 20 or more  2. 10 to 19  3. Less than 10 | | |

|  |  |  |
| --- | --- | --- |
| **HUMAN RESOURCES FOR CHIS** | | |
| RC\_019 | What is the total number of people who are supposed to work in the district CHIS office and/or who are responsible for CHIS/HIS management and oversight, if they exist? |  |
| RC\_020 | What is the total number of people working in the district CHIS office and/or who are responsible for CHIS management and oversight, if they exit? |  |

|  |  |  |
| --- | --- | --- |
| RC\_102 | **INTERVIEW END TIME**  (Use the 24-hour clock system) | **:** |

## Module 4. Organizational and Behavioral Assessment Tool (OBAT)

|  |  |  |
| --- | --- | --- |
| OB\_101 | **INTERVIEW START TIME**  (Use the 24-hour clock system) | **:** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION 1. PROMOTION OF AN INFORMATION CULTURE** | | | | | | | |
| We would like to know your opinion (how strongly you agree or disagree) about certain aspects of the CHIS in your country. There is no right or wrong answer, only an expression of your opinion based on a scale. The scale assesses the intensity of your belief and ranges from strongly disagree (1) to strongly agree (5).  This information will remain confidential and will not be shared with anyone, except when presented as an aggregated data report. Please be frank and choose your answers honestly.  **Strongly disagree = 1 Disagree = 2 Neither disagree nor agree = 3 Agree = 4 Strongly agree = 5** | | | | | | | |
| **To what extent do you agree with the following statements, on a scale of 1 to 5?** | | | | | | | |
| OB\_001 | **In your organization, decisions are based on…** | **Strongly disagree** | **Disagree** | **Neither disagree nor agree** | **Agree** | **Strongly agree** |
| 01 | Personal preference of decision makers | 1 | 2 | 3 | 4 | 5 |
| 02 | Superiors’ directives | 1 | 2 | 3 | 4 | 5 |
| 03 | Evidence/facts/data | 1 | 2 | 3 | 4 | 5 |
| 04 | History (e.g., what was done last year) | 1 | 2 | 3 | 4 | 5 |
| 05 | Funding directives from higher levels | 1 | 2 | 3 | 4 | 5 |
| 06 | Political considerations | 1 | 2 | 3 | 4 | 5 |
| 07 | Overall health-sector strategic objectives of the country | 1 | 2 | 3 | 4 | 5 |
| 08 | Locally identified health needs of the population | 1 | 2 | 3 | 4 | 5 |
| 09 | The relative cost of interventions | 1 | 2 | 3 | 4 | 5 |
| 10 | Participatory decision making, by obtaining input from relevant staff | 1 | 2 | 3 | 4 | 5 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **To what extent do you agree with the following statements, on a scale of 1 to 5?** | | | | | | |
| OB\_002 | **In your organization, community health program managers or higher-level supervisors…** | **Strongly disagree** | **Disagree** | **Neither disagree nor agree** | **Agree** | **Strongly agree** |
| 01 | Seek input from community health workers | 1 | 2 | 3 | 4 | 5 |
| 02 | Emphasize that data quality procedures be followed in the compilation and submission of periodic reports (e.g., monthly reports) | 1 | 2 | 3 | 4 | 5 |
| 03 | Promote getting feedback from the CHWs, CHW supervisors, and community members | 1 | 2 | 3 | 4 | 5 |
| 04 | Use community data for health-service performance monitoring and target setting | 1 | 2 | 3 | 4 | 5 |
| 05 | Emphasize the need to use CHIS data to identify potential gender-related disparities in service delivery or use | 1 | 2 | 3 | 4 | 5 |
| 06 | Conduct routine data quality checks at points where data are captured, processed, or aggregated | 1 | 2 | 3 | 4 | 5 |
| 07 | Ensure that regular meetings are held with CHWs, during which data and information are discussed and used in decision making | 1 | 2 | 3 | 4 | 5 |
| 08 | Provide regular feedback on reported data quality (e.g., accuracy of data compilation/reporting) to the CHWs responsible for collecting and reporting the data | 1 | 2 | 3 | 4 | 5 |
| 09 | Recognize or reward staff/CHWs for good work performance | 1 | 2 | 3 | 4 | 5 |

| **To what extent do you agree with the following statements, on a scale of 1 to 5?** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| OB\_003 | **At the community level, CHWs…** | **Strongly disagree** | **Disagree** | **Neither disagree nor agree** | **Agree** | **Strongly agree** |
| 01 | Complete CHIS tasks (reporting, processing/aggregation, and/or analysis) in a timely manner (i.e., meet appropriate deadlines) | 1 | 2 | 3 | 4 | 5 |
| 02 | Display commitment to the CHIS mission (i.e., to generate and use good-quality—accurate, complete, and timely—data for evidence-based decision making) | 1 | 2 | 3 | 4 | 5 |
| 03 | Pursue individual performance targets and set feasible service delivery targets for essential service performance | 1 | 2 | 3 | 4 | 5 |
| 04 | Feel “personal responsibility” for failing to reach performance targets | 1 | 2 | 3 | 4 | 5 |
| 05 | Use CHIS data to inform and manage day-to-day tasks | 1 | 2 | 3 | 4 | 5 |
| 06 | Use CHIS data to solve common problems in service delivery | 1 | 2 | 3 | 4 | 5 |
| 07 | Use sex-disaggregated or gender-sensitive CHIS data to identify and/or solve gender-related problems in service delivery | 1 | 2 | 3 | 4 | 5 |
| 08 | Prepare data visuals (graphs, tables, maps, etc.) showing achievements toward targets (indicators, geographic and/or temporal trends, or situation data) | 1 | 2 | 3 | 4 | 5 |
| 09 | Can evaluate whether an intervention achieved the targets or goal | 1 | 2 | 3 | 4 | 5 |
| 10 | Are able to make decisions appropriate to their job description in response to the findings of data analysis (e.g., changes in service delivery, plans for household visits or outreach activities, work flows, or case management practices) | 1 | 2 | 3 | 4 | 5 |
| 11 | Are held accountable for poor performance (e.g., failure to meet reporting deadlines or other data quality standards) | 1 | 2 | 3 | 4 | 5 |
| 12 | Admit mistakes if/when they occur and take corrective action | 1 | 2 | 3 | 4 | 5 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **To what extent do you agree with the following statements, on a scale of 1 to 5?** | | | | | | |
| OB\_004 | **My personal feelings are that…** | **Strongly disagree** | **Disagree** | **Neither disagree nor agree** | **Agree** | **Strongly agree** |
| 01 | I feel discouraged when the data that I (or the CHW that I supervise) collect/record are not used for taking action | 1 | 2 | 3 | 4 | 5 |
| 02 | I (or the CHWs that I supervise) find that collecting/recording data is tedious (i.e., repetitive or duplicative) | 1 | 2 | 3 | 4 | 5 |
| 03 | I find that the data that I collect burdens my workload, making it difficult for me to complete my other duties | 1 | 2 | 3 | 4 | 5 |
| 04 | Collecting data from the community is meaningful/useful for me | 1 | 2 | 3 | 4 | 5 |
| 05 | I feel that the data that I (or the CHWs that I supervise) collect are important for monitoring the performance of the health services provided to the community | 1 | 2 | 3 | 4 | 5 |
| 06 | My work collecting data is appreciated and valued by my supervisors | 1 | 2 | 3 | 4 | 5 |
| 07 | I feel that data collection/recording is not the responsibility of healthcare providers | 1 | 2 | 3 | 4 | 5 |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION 2. SELF-PERCEPTION OF COMPETENCY TO PERFORM CHIS TASKS** | | | | | | | | | | | | |
| OB\_005 | **This part of the questionnaire is about how you perceive your competence in performing tasks related to the CHIS. Please be frank and rate your competence honestly.**  Please rate your competence for each situation on a scale of 0 to 10, 0 being "not at all confident" and 10 being "extremely confident.” | | | | | | | | | | | |
| 01 | I can check data accuracy. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 02 | I can calculate percentages/rates correctly. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 03 | I can plot a trend on a chart. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 04 | I can explain the implication of the results of data analysis. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 05 | I can use data to identify service performance gaps and set performance targets. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 06 | I can use data to make case management decisions or to make changes in service delivery, plans for household visits or outreach activities, work flows, or case management practices. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION 3. COMPETENCY TO PERFORM CHIS TASKS** | | | |
| **We would like you to solve the following problems related to compiling data, calculating percentages, plotting data, and interpreting information.** | | | |
| OB\_006 | The estimated number of pregnant mothers in the facility catchment area for the current period is 340. The antenatal clinic in your facility has registered 170 pregnant mothers.  Calculate the percentage of pregnant mothers in the facility catchment area attending antenatal care (ANC). | | |
| OB\_007 | The table below shows the number of pregnant women attending ANC for the first time and the number of these women who received a first dose of intermittent protective therapy (IPT1) for malaria.   |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Indicator** | **Jan** | **Feb** | **Mar** | **Apr** | **May** | **Jun** | **Jul** | **Aug** | **Sep** | **Oct** | **Nov** | **Dec** | | # of ANC visits | 156 | 162 | 158 | 151 | 168 | 148 | 129 | 138 | 145 | 171 | 164 | 152 | | # of women who received IPT1 in ANC | 101 | 110 | 107 | 106 | 121 | 105 | 97 | 109 | 117 | 144 | 143 | 138 |   Prepare a line graph depicting the trend over one year in IPT1 coverage among women attending ANC for the first time.   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | | | |
| OB\_008 | Picture 143  What does the graph above tell you about the family planning (FP) method mix for new users at the Kateria City Clinic?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| OB\_009 | The target for Kateria City Clinic for new FP clients for the year 2010 is 1,200 clients.  How many new clients would the facility need to have each month if new clients were evenly distributed by month? | | |
| OB\_010 | Let’s assume that Kateria City Clinic maintains, for the next three quarters (9 months), the January to March 2010 trend for the number of new FP clients enrolled. Will Kateria City Clinic meet the target by the end of the year? | | 1. Yes  2. No |
| OB\_011 | Provide at least one use of the above graph findings at the: | | |
| 01 | CHW supervisory level | |
|  | |
|  | |
|  | |
| 02 | Community level | |
|  | |
|  | |
|  | |
| OB\_012 | A survey in the facility catchment area found 500 children (225 boys and 275 girls) under five years of age who were malnourished. The total population of children younger than five years was 5,000, and 55% were female. | | |
| 01 | What is the malnutrition rate of boys? | |
| 02 | What is the malnutrition rate of girls? | |
| OB\_013 | What information do you get by disaggregating the data by sex? | | |
| OB\_014 | How does this information help you plan/improve your service delivery? | | |

|  |  |  |
| --- | --- | --- |
| OB\_102 | **INTERVIEW END TIME**  (Use the 24-hour clock system) | **:** |

# Appendix 3. Community Health Worker-Level Assessment

## Premodule: Background Information and Verbal Consent

|  |  |  |  |
| --- | --- | --- | --- |
| **SURVEY FACILITATOR** | | | |
| CHW\_01 | Survey date | |  |
| CHW\_02 | Facilitator name | |  |
| CHW\_03 | Facilitator code  Please enter your 2-character identifier | | |  |  | | --- | --- | |  |  | |
| **RESPONDENT AND UNIT IDENTIFICATION** | | | |
| CHW\_04 | Type of unit | 1. Health facility  2. Community level-unit/health post/outreach center  96. Other (specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| CHW\_05 | Managing authority | 1. Government/public  2. NGO/not-for-profit  3. Private-for-profit  4. Mission/faith-based/CBO  96. Other (specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| CHW\_06 | Unit name to which the respondent belongs |  | |
| CHW\_07 | Location of the unit | 1. Urban  2. Rural | |
| CHW\_08 | Job title of the respondent | 1. CHW  96. Other (specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

|  |  |  |
| --- | --- | --- |
| **INFORMED CONSENT** | | |
| READ THE FOLLOWING TEXT TO THE RESPONDENT: Good day! My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. We are here on behalf of [*IMPLEMENTING AGENCY*] conducting a survey to help the government know more about how the community health information system in [*COUNTRY*] is performing.  Your unit was randomly selected to participate in this study. We will be asking you questions about the health services and the reporting of those services. This information may be used by [*MOH AND/OR IMPLEMENTING AGENCY*], organizations supporting services at the community level, and researchers, to plan service improvement or to conduct more studies of health services.  Neither your name nor the names of any other respondent participating in this study will be included in the data set or in any report. However, there is a small chance that any of these respondents may be identified later. Nevertheless, we are asking your help to ensure that the information we collect is accurate.  You may refuse to answer any question or choose to stop the interview at any time. However, we hope you will answer all of the questions, which will benefit the clients you serve and the nation.  If there are questions that would be more accurately answered by someone better informed of any specifics we ask about, we would appreciate if you would introduce us to that person to help us collect any missing or incomplete information.  At this point, do you have any questions about the study? Do I have your agreement to proceed?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_  INTERVIEWER'S SIGNATURE INDICATING CONSENT OBTAINED DAY MONTH YEAR | | |
| CHW\_09 | May I begin the interview? | 1. Yes  2. No **🡪 End survey** |

|  |  |  |
| --- | --- | --- |
| **RESPONDENT BACKGROUND** | | |
| CHW\_10 | Employment status of the CHW  *(Adapt these categories to the country context)* | 1. CHW – Full-time salaried  2. CHW – Volunteer  3. CHW – Part-time salaried  96. Other (specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| CHW\_11 | Sex | 1. Male  2. Female  3. Other/prefer not to respond |
| CHW\_12 | Highest level of formal education achieved (circle one) | 1. None  2. Primary/elementary (not completed)  3. Primary/elementary (completed)  4. Secondary/high school (not completed)  5. Secondary/high school (completed)  6. Postsecondary or higher |
| CHW\_13 | Years of employment as a CHW |  |

## Module 1. CHIS Performance Diagnostic Tool

This form is applied at the CHW/health post/community level-health unit where services are provided and service statistics are recorded. In cases where the CHW does not maintain any service records (i.e., records are instead maintained by the CHW’s supervisor), the assessment should be conducted at that level.

|  |  |  |
| --- | --- | --- |
| PD\_201 | **INTERVIEW START TIME**  (Use the 24-hour clock system) | **:** |

### Part A. Data Quality Assessment

|  |  |  |
| --- | --- | --- |
| **Please write the two review months that will be used during this assessment.** | | |
| **Month\_1** | Month: | Year: |
| **Month\_2** | Month: | Year: |

|  |  |  |
| --- | --- | --- |
| **MATERNAL HEALTH INDICATOR** | | |
| **ANTENATAL CARE FIRST VISIT (ANC1)** | | |
| PD\_025 | Does the unit provide ANC services? | 1. Yes  2. No ➔ **Go to PD\_032** |
| PD\_026 | If *yes*, do you report ANC data to the higher level? | 1. Yes  2. No ➔ **Go to PD\_032** |
| PD\_027 | If *yes*, what is the source document (i.e., the instrument in which you record ANC data to compile the monthly reports on ANC services)?  We are primarily interested in the main document used to **compile** the total number of ANC1 visits at this unit. Please report if any improvised documents are used. | 1. ANC register or integrated ANC register  2. Tally sheets  3. Patient cards  4. Electronic patient/client/household records  96. Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Review the source document used to compile and summarize information for monthly reporting (i.e., register, tally sheet) for ANC1 visits and answer the following questions:** | | | | | | |
| PD\_028 | Please confirm (by the interviewer) the availability of the **source document** for ANC visits for Months 1 and 2. If available, please **recount** the number of ANC1 visits recorded in the **main source document** for Months 1 and 2. | **(A)** Source document available | | | | **(B)** Recount the number of ANC1 visits in the source document (if none, enter 0). |
|  |  | Yes, available and complete\* | Yes, available but partly\*\* complete | Yes, available but no data recorded | No |  |
| 01 | Month 1: \_\_\_\_\_/\_\_\_\_\_\_\_  MM YYYY | 1 | 2 | 3 | 4 |  |
| 02 | Month 2: \_\_\_\_\_/\_\_\_\_\_\_\_  MM YYYY | 1 | 2 | 3 | 4 |  |
| **Take all or the last 50 entries (whichever is smaller) recorded in the source document for each reporting period and check whether all the data elements relevant to the selected indicator are filled.**  **\*COMPLETE:** The source document contains the data relevant to the selected indicator. **\*\*PARTLY:** The source document is available but some information is missing. | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Review the monthly report on ANC1 and answer the following questions:** | | | | | | | |
| PD\_029 | Please confirm (by the interviewer) the availability of the **monthly report** on ANC visits for Months 1 and 2. If available, please **record** the number of ANC1 visits recorded in the **monthly report** for Months 1 and 2. | | **(A)** Monthly report available | | | | **(B)** Record the number of ANC1 visits from the monthly report (if missing, leave blank; if no patients for that month, enter 0). |
|  |  | | Yes, available and complete\* | | Yes, available but no data recorded | Not available |  |
| 01 | Month 1: \_\_\_\_\_/\_\_\_\_\_\_\_  MM YYYY | | 1 | | 2 | 3 |  |
| 02 | Month 2: \_\_\_\_\_/\_\_\_\_\_\_\_  MM YYYY | | 1 | | 2 | 3 |  |
| **DATA COMPLETENESS** | | | | | | | |
| PD\_030 | If the source document and/or monthly reports are not completely filled or not available at all, what is/are the reason(s) for the missing data?  (Select all that apply) | 1. Shortage/unavailability of printed forms or malfunctioning electronic tools  2. CHW busy providing services (workload)  3. CHW does not understand the data element(s) required  4. Presence of other vertical reporting requirements (data burden)  96. Other (specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **DISCREPANCIES** | | | | | | | |
| PD\_031 | If a discrepancy was observed between the **main** **source document** (PD\_028) and the **monthly report** (PD\_029), what is/are the reason(s) for the discrepancy? | | | 1. Data entry errors  2. Arithmetic errors  3. Information from all source documents not compiled correctly  96. Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FAMILY PLANNING INDICATOR** | | | | | | | | | | | |
| **WOMEN PROVIDED CONTRACEPTIVES BY THE CHW** | | | | | | | | | | | |
| PD\_032 | Does the unit provide FP services? | | | | | | 1. Yes  2. No ➔ **Go to PD\_039** | | | | |
| PD\_033 | If *yes*, do you report the number of women receiving any form of contraceptive method from the CHW at this unit to the higher level? | | | | | | 1. Yes  2. No ➔ **Go to PD\_039** | | | | |
| PD\_034 | What is the source document (i.e., the instrument in which you record FP data to compile the monthly reports on FP services)?  We are primarily interested in the main document used to **compile** the total number of women receiving any form of contraceptive method from the CHW at this unit. Please report if any improvised documents are used. | | | | | | 1. FP register  2. Tally sheets  3. Patient cards  4. Electronic patient/client/household records  96. Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Review the source document used to compile and summarize information for monthly reporting (i.e., register; tally sheet) for the number of women receiving any form of contraceptive method from the CHW at this unit and answer the following questions:** | | | | | | | | | | | |
| PD\_035 | Please confirm (by the interviewer) the availability of the **source document** for FP data for Months 1 and 2. If available, please **recount** the number of women receiving any form of contraception from the CHW at this unit recorded in the **main source document** for Months 1 and 2. | | **(A)** Source document available | | | | | | | | **(B)** Recount the number of women receiving any form of contraception from the CHW at this unit in the source document (if none, enter 0). |
|  |  | | Yes, available and complete\* | | Yes, available but partly\*\* complete | | Yes, available but no data recorded | | No | |  |
| 01 | Month 1: \_\_\_\_\_/\_\_\_\_\_\_\_  MM YYYY | | 1 | | 2 | | 3 | | 4 | |  |
| 02 | Month 2: \_\_\_\_\_/\_\_\_\_\_\_\_  MM YYYY | | 1 | | 2 | | 3 | | 4 | |  |
| **Take all or the last 50 entries (whichever is smaller) recorded in the source document for each reporting period and check whether all the data elements relevant to the selected indicator are filled.**  **\*COMPLETE:** The source document contains the data relevant to the selected indicator. **\*\*PARTLY:** The source document is available but some information is missing. | | | | | | | | | | | |
| **Review the monthly report on FP and answer the following questions:** | | | | | | | | | | | |
| PD\_036 | Please confirm (by the interviewer) the availability of the **monthly report** on FP data for Months 1 and 2. If available, please **record** the number of women receiving any form of contraception from the CHW at this unit recorded in the **monthly report** for Months 1 and 2. | | **(A)** Monthly report available | | | | | | | **(B)** Record the number of women receiving any form of contraception from the CHW at this unit from the monthly report (if missing, leave blank; if no patients for that month, enter 0). | |
|  |  | | Yes, available and complete\* | | | Yes, available but no data recorded | | Not available | |  | |
| 01 | Month 1: \_\_\_\_\_/\_\_\_\_\_\_\_  MM YYYY | | 1 | | | 2 | | 3 | |  | |
| 02 | Month 2: \_\_\_\_\_/\_\_\_\_\_\_\_  MM YYYY | | 1 | | | 2 | | 3 | |  | |
| **DATA COMPLETENESS** | | | | | | | | | | | |
| PD\_037 | If the source document and/or monthly reports are not completely filled or not available at all, what is/are the reason(s) for the missing data?  (Select all that apply) | 1. Shortage/unavailability of printed forms or malfunctioning electronic tools  2. CHW busy providing services (workload)  3. CHW does not understand the data element(s) required  4. Presence of other vertical reporting requirements (data burden)  96. Other (specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| **DISCREPANCIES** | | | | | | | | | | | |
| PD\_038 | If a discrepancy was observed between the **main** **source document** (PD\_035) and the **monthly report** (PD\_036), what is/are the reason(s) for the discrepancy? | | | 1. Data entry errors  2. Arithmetic errors  3. Information from all source documents not compiled correctly  96. Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |

**Similar questions are available in the supplement section of this module (see page 82 for indicators related to immunization, HIV, TB, and malaria.**

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| **REPORT TIMELINESS** | | | |
| PD\_039 | Is there a deadline for submission of the monthly CHIS report by the CHW (or the CHW supervisor) to the higher level?  If *yes*, what is the deadline? | | 1. Yes (specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. No |
| PD\_040 | Does the CHW record the date of submission of monthly CHIS reports to the district or the next higher level (see register/computer)? | | 1. Yes, observed  2. Reported, not observed ➔ **Go to PD\_042**  3. No ➔ **Go to PD\_042** |
| PD\_041 | **If available, review the records and check the dates of submission for the one or two review months.**  Are the CHIS monthly reports submitted on time (before or on the deadline)? | | |
| 01 | Month 1: \_\_\_\_\_\_\_\_\_\_\_\_ | 1. Yes  2. No |
| 02 | Month 2: \_\_\_\_\_\_\_\_\_\_\_ | 1. Yes  2. No |

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| **SUPERVISION VISITS** | | |
| PD\_042 | How many times did the CHW supervisor visit the CHW in the past three months? | 1. One time  2. Two times  3. Three times  4. Four times  5. More than four times  6. None 🡪 **Go to Part B** |
| PD\_043 | Did the CHW supervisor check the data quality? | 1. Yes  2. No 🡪 **Go to Part B** |
| PD\_044 | If *yes*, did the CHW supervisor use a checklist to assess the data quality? | 1. Yes  2. No |
| PD\_045 | Did the CHW supervisor send a report or written feedback on the last data quality supervision visit(s) (including data accuracy, reporting timeliness, and/or report completeness)? | 1. Yes, observed  2. No |

### Part B: Use of Information

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| **INFORMATION USE GUIDELINES AND STRATEGIC DOCUMENTS** | | |
| PD\_046 | Do written national/regional guidelines on CHIS information exist and are they available at the unit? | 1. Yes, copies available at the unit  2. Yes, but copy is not available at the health unit  3. No |
| **DATA USE AT SERVICE POINT** | | |
| PD\_047 | Can the CHW track clients/patients requiring follow-up services (i.e., CHW can show who to follow up with and when the next appointment of the client/patient has to occur)? | 1. Yes (for multiple services)  2. Partially (for only one type of service, such as immunization)  3. No |

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| **DATA ANALYSIS AND VISUALIZATION** | | | |
| PD\_048 | Does the CHW have access to analyzed data/data visuals (i.e., graphs, tables, maps) showing demographic data for calculating indicators, targets set for the indicators, achievements toward targets (indicators, geographic and/or temporal trends, and situation data)?  Or, if using an electronic system, can demonstrate data visuals? | | 1. Yes, paper or electronic copies of data visuals observed at the health unit  2. No 🡪 **Go to PD\_50** |
| PD\_049 | If *yes*, what type of information is captured in the data visuals? | | |
| 01 | Maternal healthcare | 1. Yes, observed  2. No |
| 02 | Neonate and child healthcare (other than EPI) | 1. Yes, observed  2. No |
| 03 | Top causes of morbidity and mortality | 1. Yes, observed  2. No |
| 04 | Sex-disaggregated indicators | 1. Yes, observed  2. No |
| 05 | Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1. Yes, observed  2. No |

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| **FEEDBACK TO THE CHW** | | |
| PD\_050 | Did the CHW supervisor send a report or written feedback on service performance based on reported CHIS data (e.g., appreciation/ acknowledgement of good performance; resource allocation/mobilization)? | 1. Yes, observed  2. No |

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| **ANNUAL PLANNING** | | | |
| PD\_051 | Does the CHW have an annual plan for the current year? | | 1. Yes  2. No 🡪 **Go to PD\_054** |
| PD\_052 | If *yes*, does that annual plan use data from the CHIS for problem identification and/or target setting? | | 1. Yes  2. No |
| PD\_053 | Does the annual plan contain activities and/or targets related to improving or addressing any of the following? | | |
| 01 | Coverage of services, such as ANC, delivery, EPI, or TB | 1. Yes  2. No |
| 02 | Burden of disease data (e.g., top 10 diseases) | 1. Yes  2. No |
| 03 | Emerging issues/epidemics | 1. Yes  2. No |
| 04 | Medicine stockouts | 1. Yes  2. No |
| 05 | Family planning | 1. Yes  2. No |
| 06 | Gender disparity in health services coverage? | 1. Yes  2. No |

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| **SUPERVISION VISITS** | | |
| **If you selected any of the answers 1 to 5 in PD\_042** *(the CHW supervisor visited the CHW at least once in the past three months)***, proceed.**  **If you selected answer “6” in PD\_042** *(the CHW supervisor did not visit the CHW in the past three months),* **go to PD\_057.** | | |
| PD\_054 | During the supervision visit, did the supervisor discuss your healthcare delivery performance based on the CHIS information? | 1. Yes  2. No 🡪 **Go to PD\_056** |
| PD\_055 | If *yes*, did the supervisor help you make a decision or take corrective action based on the discussion? | 1. Yes  2. No |
| PD\_056 | Did the supervisor send a report/written feedback on the last healthcare delivery performance supervision visit(s)? | 1. Yes  2. No |

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| **DATA DISSEMINATION OUTSIDE THE HEALTH SECTOR** | | |
| PD\_057 | Does the CHW have to submit/present performance reports to a council of public representatives/civil administration? | 1. Yes  2. No 🡪 **End survey** |
| PD\_058 | If *yes*, did the CHW submit/present health sector performance reports to a council of public representatives/civil administration in the past 12 months? | 1. Yes  2. No 🡪 **End survey** |
| PD\_059 | Do those reports/presentations use data from the CHIS to report on the health sector’s progress? | 1. Yes  2. No |

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| PD\_202 | **INTERVIEW END TIME**  (Use the 24-hour clock system) | **:** |

### Supplemental Section: Other Indicators

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| **INDICATOR DEFINITIONS AND REPORTING GUIDELINES** | | | | |
| PD\_060 | Do you have standard written definitions of the following indicators?  *(Recommended indicators; adapt in-country,* *as necessary)* | | | |
| 01 | | Number of ANC1 visits | 1. Yes  2. No  3. N/A |
| 02 | | Number of DTP3 | 1. Yes  2. No  3. N/A |
| 03 | | Number of patients currently on ART | 1. Yes  2. No  3. N/A |
| 04 | | Number of presumptive TB cases referred by the CHW (for screening and diagnosis) | 1. Yes  2. No  3. N/A |
| 05 | | Number of RDT-confirmed malaria cases | 1. Yes  2. No  3. N/A |
| 06 | | Other (specify ) | 1. Yes  2. No  3. N/A |
| PD\_061 | Are written guidelines or instructions available to you on the reporting protocol for the CHIS, including… | | | |
| 01 | …the reporting formats to be used for reporting to the next higher level? | | 1. Yes, observed  2. Reported, not observed  3. No |
| 02 | ...to whom the reports should be submitted? | | 1. Yes, observed  2. Reported, not observed  3. No |
| 03 | ...when the reports are due? | | 1. Yes, observed  2. Reported, not observed  3. No |

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| **IMMUNIZATION INDICATOR** | | | | | | |
| **PENTAVALENT/DTP THIRD DOSE (DTP3) IN CHILDREN UNDER 1 YEAR** | | | | | | |
| PD\_062 | Does this unit provide immunization services? | | 1. Yes  2. No ➔ **Go to PD\_069** | | | |
| PD\_063 | If *yes*, does this unit report immunization data to a reporting system? | | 1. Yes  2. No ➔ **Go to PD\_069** | | | |
| PD\_064 | What source document is used by this unit for monthly reporting on DTP3?  We are primarily interested in the main document used to **compile** monthly summary statistics for DTP3. Please report if any improvised documents are used. | | 1. Child register or child immunization register  2. Immunization tally sheets  3. Child health/immunization cards  96. Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Review the source document used to compile and summarize information for monthly reporting on DTP3 and answer the following questions:** | | | | | | |
| PD\_065 | Please confirm the availability of the **source document** for DTP3 for Months 1 and 2. If available, please **recount** the number of DTP3 immunizations recorded in the **main** **source document** for Months 1 and 2. | **(A)** Source documents available | | | | **(B)** Recount the number of DTP3 immunizations in the source documents (if none, enter 0). |
|  |  | Yes, available and complete\* | Yes, available but partly\*\* complete | Yes, available but no data recorded | No |  |
| 01 | Month 1: \_\_\_\_\_/\_\_\_\_\_\_\_  MM YYYY | 1 | 2 | 3 | 4 |  |
| 02 | Month 2: \_\_\_\_\_/\_\_\_\_\_\_\_  MM YYYY | 1 | 2 | 3 | 4 |  |
| **Take all or the last 50 entries (whichever is smaller) recorded in the source document for each reporting period and check whether all the data elements relevant to the selected indicator are filled.**  **\*COMPLETE:** The source document contains the data relevant to the selected indicator.  **\*\*PARTLY:** The source document is available but some information is missing. | | | | | | |

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| **Review monthly reports for DTP3 and answer the following questions:** | | | | | |
| PD\_066 | Please confirm the availability of **monthly reports** for Months 1 and 2. If available, please **report** the number of DTP3 immunizations recorded in the **EPI monthly report** for Months 1 and 2. | **(A)** Monthly reports available | | | **(B)** Record the number of DTP3 immunizations from the monthly report (if missing, leave blank; if no patients for that month, enter 0). |
|  |  | Yes, available and complete\* | Yes, available but no data recorded | Not available |  |
| 01 | Month 1: \_\_\_\_\_/\_\_\_\_\_\_\_  MM YYYY | 1 | 2 | 3 |  |
| 02 | Month 2: \_\_\_\_\_/\_\_\_\_\_\_\_  MM YYYY | 1 | 2 | 3 |  |
| **DATA COMPLETENESS** | | | | | |
| PD\_067 | If the source document and/or monthly reports are not completely filled, what is/are the reason(s) for the missing data?  (Select all that apply) | | 1. Shortage/unavailability of printed forms or malfunctioning electronic tools  2. CHW busy providing services (workload)  3. CHW does not understand the data element(s) required  4. Presence of other vertical reporting requirements (data burden)  96. Other (specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **DISCREPANCIES** | | | | | |
| PD\_068 | If a discrepancy was observed between the **main** **source document** (PD\_065) and the **monthly report** (PD\_066), what is/are the reason(s) for the discrepancy? | | 1. Data entry errors  2. Arithmetic errors  3. Information from all source documents not compiled correctly  96. Other (specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

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| **HIV INDICATOR** | | | | | | | |
| **PATIENTS ON ART** | | | | | | | |
| PD\_069 | Does this unit provide ART, or other HIV-related services (e.g., voluntary counseling and testing)? | | | 1. Yes  2. No ➔ **Go PD\_076** | | | |
| PD\_070 | If *yes*, does this unit report the number of patients on ART to a reporting system? | | | 1. Yes  2. No ➔ **Go PD\_076** | | | |
| PD\_071 | What source document does this unit use for monthly reporting on the number of patients on ART?  We are primarily interested in the main document used to **compile** the total number of patients on ART seen at this unit. Please report if any improvised documents are used. | | | 1. Pre-ART register  2. ART tally sheet  3. Patient cards  4. ART register  96. Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Review the source document used to compile and summarize information for monthly reporting on ART and answer the following questions:** | | | | | | | |
| PD\_072 | Please confirm the availability of the **source document** for use at the unit to compile the number of **patients on ART** for Months 1 and 2. If available, please **recount** the number of **patients on ART** recorded in the **main source document** for Months 1 and 2. | **(A)** Source document available | | | | | **(B)** Recount the number of patients on ART in the source document (if none, enter 0). |
|  |  | Yes, available and complete\* | Yes, available but partly\*\* complete | | Yes, available but no data recorded | No |  |
| 01 | Month 1: \_\_\_\_\_/\_\_\_\_\_\_\_  MM YYYY | 1 | 2 | | 3 | 4 |  |
| 02 | Month 2: \_\_\_\_\_/\_\_\_\_\_\_\_  MM YYYY | 1 | 2 | | 3 | 4 |  |
| **Take all or the last 50 entries (whichever is smaller) recorded in the source document for each reporting period and check whether all the data elements relevant to the selected indicator are filled.**  **\*** **COMPLETE:** The source document contains the data relevant to the selected indicator.   **\*\*PARTLY:** The source document is available but some information is missing. | | | | | | | |

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| **Review the monthly report on ART and answer the following questions:** | | | | | | |
| PD\_073 | Please confirm the availability of the **monthly report** on the number of **patients on** **ART** for Months 1 and 2. If available, please **record** the number of **patients on ART** as recorded in the **monthly report** for Months 1 and 2. | | **(A)** Monthly report available | | | **(B)** Record the number of patients on ART from the monthly report (if missing, leave blank; if no patients for that month, enter 0). |
|  |  | | Yes, available and complete\* | Yes, available but no data recorded | Not available |  |
| 01 | Month 1: \_\_\_\_\_/\_\_\_\_\_\_\_  MM YYYY | | 1 | 2 | 3 |  |
| 02 | Month 2: \_\_\_\_\_/\_\_\_\_\_\_\_  MM YYYY | | 1 | 2 | 3 |  |
| **DATA COMPLETENESS** | | | | | | |
| PD\_074 | If the source document and/or monthly reports are not completely filled, what is/are the possible reason(s) for the missing data?  (Select all that apply) | 1. Shortage/unavailability of printed forms or malfunctioning electronic tools  2. CHW busy providing services (workload)  3. CHW does not understand the data element(s) required  4. Presence of other vertical reporting requirements (data burden)  96. Other (specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **DISCREPANCIES** | | | | | | |
| PD\_075 | If a discrepancy was observed between the **main** **source document** (PD\_072) and the **monthly report** (PD\_073), what is/are the reason(s) for the discrepancy? | 1. Data entry errors  2. Arithmetic errors  3. Information from all source documents not compiled correctly  96. Other (specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |

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| **TB INDICATOR** | | |
| **REFERRED TB CASES** | | |
| PD\_076 | Do you refer patients for TB screening and diagnosis? | 1. Yes  2. No ➔ **Go to PD\_083** |
| PD\_077 | If *yes*, do you report the **total number of presumptive (or suspected) TB cases referred by you (CHW) for screening and diagnosis?**  *(This indicator will require customization, based on the practices at the community level in the country.)* | 1. Yes  2. No ➔ **Go to PD\_083** |
| PD\_078 | Do you maintain any record on the number of presumptive TB cases referred by the CHW (for screening and diagnosis)?  We are primarily interested in the main document used to **compile** monthly or quarterly summary statistics on the **total number of presumptive (or suspected) TB cases that you refer to a health facility for screening and diagnosis**. Please report if any improvised documents are used.  *Note: If multiple documents are used, please indicate the summary document used (compiling all the information) as the source document for reporting.* | 1. TB register  2. Presumptive TB register  3. Patient cards  4. TB laboratory register  5. Outpatient register  6. Electronic patient record system  96. Other (specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Review the source document used to compile and summarize information for monthly or quarterly reporting on presumptive TB cases and answer the following questions:** | | | | | | |
| PD\_079 | Please confirm the availability of the **source document** used by the CHW at the unit to compile the number of presumptive TB cases referred by the CHW (for screening and diagnosis) by month(s) or quarter. If available, please **recount** and record the number of **cases of presumptive (or suspected) TB referred by the CHW/unit** asrecorded in the **main** **source document** for the month(s) or quarter. | **(A)** Source document available | | | | (B) Recount the number of cases of presumptive (or suspected) TB referred by the CHW/unit in the source document (if none, enter 0). |
|  |  | Yes, available and complete\* | Yes, available but no data recorded | No | N/A |  |
| 01 | Month 1: \_\_\_\_\_/\_\_\_\_\_\_\_  MM YYYY | 1 | 2 | 3 | 4 |  |
| 02 | Month 2: \_\_\_\_\_/\_\_\_\_\_\_\_  MM YYYY | 1 | 2 | 3 | 4 |  |
| 03 | *If quarterly:*  Quarter: \_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_  *Insert quarter number (Q1-Q4) and year (YYYY)* | 1 | 2 | 3 | 4 |  |
| **Take all or the last 50 entries (whichever is smaller) recorded in the source document for each reporting period and check whether all the data elements relevant to the selected indicator are filled.**  **\*** **COMPLETE:** The source document contains the data relevant to the selected indicator.  **\*\*PARTLY:** The source document is available but some information is missing. | | | | | | |

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| **Review the monthly or quarterly report(s) for TB cases and answer the following questions:** | | | | | | | | | | | | | | | | | | | | | | |
| PD\_080 | | | | Please confirm the availability of the **monthly or quarterly report** on the number of **presumptive TB cases referred by the CHW** by month(s) or quarter. If available, please **record** the number of **presumptive TB cases referred by the CHW** as recorded in the **monthly or** **quarterly report**. | | | **(A)** Report available | | | | | | | | | | | | **(B)** Record the number of presumptive TB cases referred by the CHW in the monthly/quarterly report (if missing in the monthly/ quarterly report, leave blank; if no patients for that month, enter 0). | | | |
|  | | | |  | | | Yes, available and complete\* | | | | Yes, available but no data recorded | | | | Not available | | N/A | |  | | | |
| 01 | | | | Month 1: \_\_\_\_\_/\_\_\_\_\_\_\_  MM YYYY | | | 1 | | | | 2 | | | | 3 | | 4 | |  | | | |
| 02 | | | | Month 2: \_\_\_\_\_/\_\_\_\_\_\_\_  MM YYYY | | | 1 | | | | 2 | | | | 3 | | 4 | |  | | | |
| 03 | | | | *If quarterly,* Quarter: \_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_  *Insert quarter (Q1-Q4) and year (YYYY)* | | | 1 | | | | 2 | | | | 3 | | 4 | |  | | | |
| **DATA COMPLETENESS** | | | | | | | | | | | | | | | | | | | |
| PD\_081 | If the monthly and/or quarterly reports are not completely filled, what are the possible reasons for the missing data?  (Select all that apply) | | | | | | | 1. Shortage/unavailability of printed forms or malfunctioning electronic tools  2. CHW busy providing services (workload)  3. CHW does not understand the data element(s) required  4. Presence of other vertical reporting requirements (data burden)  96. Other (specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| **DISCREPANCIES** | | | | | | | | | | | | | | | | | | | |
| PD\_082 | What are the reasons for the discrepancy (if any) between recorded data (PD\_079) and reported data (PD\_080)? | | | | | | | 1. Data entry errors  2. Arithmetic errors  3. Information from all source documents not compiled correctly  96. Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| **MALARIA INDICATOR** | | | | | | | | | | | | | | | | | | | | | | | |
| **RDT-CONFIRMED MALARIA CASES** | | | | | | | | | | | | | | | | | | | | | | | |
| PD\_083 | | | | | Does the unit use RDTs for malaria diagnosis? | | | | | | | | | 1. Yes  2. No ➔ **End survey** | | | | | | | | | |
| PD\_084 | | | | | If *yes*, do you report malaria cases to a reporting system? | | | | | | | | | 1. Yes  2. No ➔ **End survey** | | | | | | | | | |
| PD\_085 | | | | | What indicator do you use when reporting malaria cases? | | | | | | | | | 1. Total malaria cases treated (presumed and confirmed)  2. Confirmed malaria cases (either by microscopy or RDT)  3. Suspected malaria cases tested  96. Other (specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| PD\_086 | | | | | What source document does this unit use for monthly reporting on malaria cases?  We are primarily interested in the main document used to **compile** monthly summary statistics for malaria cases. Please report if any improvised documents are used. | | | | | | | | | 1. Outpatient department register  2. Tally sheets  3. Patient cards  4. Lab register  96. Other (specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| **Review the source document used to compile and summarize information for monthly reporting on the confirmed malaria cases and answer the following questions:** | | | | | | | | | | | | | | | | | | | | | | | |
| PD\_087 | | | | | Please confirm the availability of the **source document** on malaria cases for Months 1 and 2. If available, please **recount** the number of malaria cases as recorded in the **main source document** for Months 1 and 2. | | | | **(A)** Source document available | | | | | | | | | | | | **(B)** Recount the number of malaria cases in the source document (if none, enter 0). | | |
|  | | | | |  | | | | Yes, available and complete\* | | | | | Yes, available but partly\*\* complete | | Yes, available but no data recorded | | No | | |  | | |
| 01 | | | | | Month 1: \_\_\_\_\_/\_\_\_\_\_\_\_  MM YYYY | | | | 1 | | | | | 2 | | 3 | | 4 | | |  | | |
| 02 | | | | | Month 2: \_\_\_\_\_/\_\_\_\_\_\_\_  MM YYYY | | | | 1 | | | | | 2 | | 3 | | 4 | | |  | | |
| **Take all or the last 50 entries (whichever is smaller) recorded in the source document for each reporting period and check whether all the data elements relevant to the selected indicator are filled.**  **\* COMPLETE:** The source document contains the data relevant to the selected indicator.  **\*\*PARTLY:** The source document is available but some information is missing. | | | | | | | | | | | | | | | | | | | | | | | |
| **Review the monthly report on confirmed malaria cases and answer the following questions:** | | | | | | | | | | | | | | | | | | | | | |
| PD\_088 | | | Please confirm the availability of the **monthly report** on malaria cases for Months 1 and 2. If available, please **record** the number of malaria cases recorded in the **monthly report** for Months 1 and 2. | | | **(A)** Monthly report available | | | | | | | | | | | | **(B)** Record the number of malaria cases in the monthly report (if missing, leave blank; if no patients for that month, enter 0). | | | |
|  | | |  | | | Yes, available and complete\* | | | | | | Yes, available but no data recorded | | Not available | | | |  | | | |
| 01 | | | Month 1: \_\_\_\_\_/\_\_\_\_\_\_\_  MM YYYY | | | 1 | | | | | | 2 | | 3 | | | |  | | | |
| 02 | | | Month 2: \_\_\_\_\_/\_\_\_\_\_\_\_  MM YYYY | | | 1 | | | | | | 2 | | 3 | | | |  | | | |
| **DATA COMPLETENESS** | | | | | | | | | | | | | | | | | | | | | |
| PD\_089 | | | If the source document and/or monthly reports are not completely filled, what are the possible reasons for the missing data?  (Select all that apply) | | | | | | | | 1. Shortage/unavailability of printed forms or malfunctioning electronic tools  2. CHW busy providing services (workload)  3. CHW does not understand the data element(s) required  4. Presence of other vertical reporting requirements (data burden)  96. Other (specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| **DISCREPANCIES** | | | | | | | | | | | | | | | | | | | | | | | |
| PD\_090 | | | | | If a discrepancy was observed between the **main** **source document** (PD\_087) and the **monthly report** (PD\_088), what are the reasons for the discrepancy? | | | | | | 1. Data entry errors  2. Arithmetic errors  3. Information from all source documents not compiled correctly  96. Other (specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |

## Module 2. Management Assessment Tool (MAT)

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| MAT\_201 | **INTERVIEW START TIME**  (Use the 24-hour clock system) | **:** |

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| **TRAINING** | | | |
| MAT\_020 | Did you receive training on the CHIS in the past three years? | | 1. Yes  2. No |
| MAT\_021 | If *yes*, when? | |  |
| MAT\_022 | For how many days? | |  |
| MAT\_023 | On what topics? | | |
| 01 | Data collection | 1. Yes  2. No |
| 02 | Data compilation | 1. Yes  2. No |
| 03 | Data reporting | 1. Yes  2. No |
| 04 | Data quality assessment | 1. Yes  2. No |
| 05 | Data analysis | 1. Yes  2. No |
| 06 | Data use | 1. Yes  2. No |

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| MAT\_202 | **INTERVIEW END TIME**  (Use the 24-hour clock system) | **:** |

## Module 3. CHIS Resource Checklist

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| RC\_201 | **INTERVIEW START TIME**  (Use the 24-hour clock system) | **:** |

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| **EQUIPMENT** | | |
| RC\_021 | Do you have a tablet? | 1. Yes  2. No |
| RC\_022 | Do you have an Android phone (work phone)? | 1. Yes  2. No |
| RC\_023 | Do you have an Android phone (personal phone)? | 1. Yes  2. No |
| RC\_024 | Do you have access to the Internet? | 1. Yes  2. No 🡪 **Go to RC\_027** |
| RC\_025 | If *yes*, on average, how many days per month is there access to the Internet? | 1. 20 or more  2. 10 to 19  3. Fewer than 10 |
| RC\_026 | On average, how many hours per day is there access to the Internet on days with Internet access? | 1. Less than 1 hour  2. 1 to 4 hours  3. More than 4 hours |
| RC\_027 | Do you have access to a charging station for electronic equipment? | 1. At home  2. At work station  3. At health unit or other place away from the work station  4. None 🡪 **Go to RC\_029** |
| RC\_028 | If *yes*, on average, how many days per month is there access to electricity for charging electronic equipment? | 1. 20 or more  2. 10 to 19  3. Fewer than 10 |

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| --- | --- | --- |
| **AVAILABILITY OF CHIS SUPPLIES** | | |
| In the column for RC\_029 below, list the different paper-based documents, registers, tally sheets, checklists, guidelines, job aids, training/reporting/feedback/other forms that you use on a regular basis. Answer questions RC\_030 and RC\_031 for each of these documents individually. | | |
| **RC\_029. Type of records, tally sheets, reports, job aids, and training materials** | **RC\_030. Is the tool available?** | **RC\_031. Have you run out of this form in the past 6 months?** |
|  | 1. Yes 2. No | 1. Yes 2. No |
|  | 1. Yes 2. No | 1. Yes 2. No |
|  | 1. Yes 2. No | 1. Yes 2. No |
|  | 1. Yes 2. No | 1. Yes 2. No |
|  | 1. Yes 2. No | 1. Yes 2. No |
|  | 1. Yes 2. No | 1. Yes 2. No |
|  | 1. Yes 2. No | 1. Yes 2. No |
|  | 1. Yes 2. No | 1. Yes 2. No |
|  | 1. Yes 2. No | 1. Yes 2. No |
|  | 1. Yes 2. No | 1. Yes 2. No |

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| RC\_202 | **INTERVIEW END TIME**  (Use the 24-hour clock system) | **:** |

## Module 4. Organizational and Behavioral Assessment Tool (OBAT)

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| --- | --- | --- |
| OB\_201 | **INTERVIEW START TIME**  (Use the 24-hour clock system) | **:** |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION 1: PROMOTION OF AN INFORMATION CULTURE** | | | | | | | |
| We would like to know your opinion (how strongly you agree or disagree) about certain aspects of the CHIS in your country. There is no right or wrong answer, only an expression of your opinion based on a scale. The scale assesses the intensity of your belief and ranges from strongly disagree (1) to strongly agree (5).  This information will remain confidential and will not be shared with anyone, except when presented as an aggregated data report. Please be frank and choose your answers honestly.  **Strongly disagree = 1 Disagree = 2 Neither disagree nor agree = 3 Agree = 4 Strongly agree = 5** | | | | | | | |
| **To what extent do you agree with the following statements, on a scale of 1 to 5?** | | | | | | |
| OB\_015 | **In your organization, decisions are based on…** | **Strongly disagree** | **Disagree** | **Neither disagree nor agree** | **Agree** | **Strongly agree** | | |
| 01 | Personal preference of decision makers | 1 | 2 | 3 | 4 | 5 | | |
| 02 | Superiors’ directives | 1 | 2 | 3 | 4 | 5 | | |
| 03 | Evidence/facts/data | 1 | 2 | 3 | 4 | 5 | | |
| 04 | History (e.g., what was done last year) | 1 | 2 | 3 | 4 | 5 | | |
| 05 | Funding directives from higher levels | 1 | 2 | 3 | 4 | 5 | | |
| 06 | Political considerations | 1 | 2 | 3 | 4 | 5 | | |
| 07 | Overall health-sector strategic objectives of the country | 1 | 2 | 3 | 4 | 5 | | |
| 08 | Locally identified health needs of the population | 1 | 2 | 3 | 4 | 5 | | |
| 09 | The relative cost of interventions | 1 | 2 | 3 | 4 | 5 | | |
| 10 | Participatory decision making, by obtaining input from relevant staff | 1 | 2 | 3 | 4 | 5 | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **To what extent do you agree with the following statements, on a scale of 1 to 5?** | | | | | | |
| OB\_016 | **In your organization, community health program managers or higher-level supervisors…** | **Strongly disagree** | **Disagree** | **Neither disagree nor agree** | **Agree** | **Strongly agree** |
| 01 | Seek input from CHWs | 1 | 2 | 3 | 4 | 5 |
| 02 | Emphasize that data quality procedures should be followed in the compilation and submission of periodic reports (e.g., monthly reports) | 1 | 2 | 3 | 4 | 5 |
| 03 | Promote getting feedback from the CHWs, CHW supervisors, and community members | 1 | 2 | 3 | 4 | 5 |
| 04 | Use community data for health service performance monitoring and target setting | 1 | 2 | 3 | 4 | 5 |
| 05 | Emphasize the need to use CHIS data to identify potential gender-related disparities in service delivery or use | 1 | 2 | 3 | 4 | 5 |
| 06 | Conduct routine data quality checks at points where data are captured, processed, or aggregated | 1 | 2 | 3 | 4 | 5 |
| 07 | Ensure that regular meetings are held with CHWs, at which data and information are discussed and used in decision making | 1 | 2 | 3 | 4 | 5 |
| 08 | Provide regular feedback on reported data quality (e.g., accuracy of data compilation/reporting) to the CHWs responsible for collecting and reporting the data | 1 | 2 | 3 | 4 | 5 |
| 09 | Recognize or reward staff/CHWs for good work performance | 1 | 2 | 3 | 4 | 5 |

| **To what extent do you agree with the following statements, on a scale of 1 to 5?** | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| OB\_017 | **In general, at the community level, CHWs…** | **Strongly disagree** | **Disagree** | **Neither disagree nor agree** | **Agree** | **Strongly agree** | |
| 01 | Complete CHIS tasks (reporting, processing/aggregation, and/or analysis) in a timely manner (i.e., meet appropriate deadlines) | 1 | 2 | 3 | 4 | 5 | |
| 02 | Display commitment to the CHIS mission (i.e., to generate and use good-quality—accurate, complete, and timely—data for evidence-based decision making) | 1 | 2 | 3 | 4 | 5 | |
| 03 | Pursue individual performance targets and set feasible service delivery targets for essential service performance | 1 | 2 | 3 | 4 | 5 | |
| 04 | Feel “personal responsibility” for failing to reach performance targets | 1 | 2 | 3 | 4 | 5 | |
| 05 | Use CHIS data for day-to-day management of the unit and  district (e.g., service delivery, financial, commodities, and HR management) | 1 | 2 | 3 | 4 | | 5 |
| 06 | Use CHIS data to solve common problems in service delivery | 1 | 2 | 3 | 4 | | 5 |
| 07 | Use sex-disaggregated or gender-sensitive CHIS data to identify and/or solve gender-related problems in service delivery | 1 | 2 | 3 | 4 | | 5 |
| 08 | Prepare data visuals (graphs, tables, maps, etc.) showing achievements toward targets (indicators, geographic and/or temporal trends, or situation data) | 1 | 2 | 3 | 4 | | 5 |
| 09 | Can evaluate whether an intervention achieved the targets or goal | 1 | 2 | 3 | 4 | | 5 |
| 10 | Are able to make decisions appropriate to their job description in response to the findings of data analysis (e.g., changes in service delivery, plans for household visits or outreach activities, work flows, or case management practices) | 1 | 2 | 3 | 4 | | 5 |
| 11 | Are held accountable for poor performance (e.g., failure to meet reporting deadlines or other data quality standards) | 1 | 2 | 3 | 4 | | 5 |
| 12 | Admit mistakes if/when they occur and take corrective action | 1 | 2 | 3 | 4 | | 5 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **To what extent do you agree with the following statements, on a scale of 1 to 5?** | | | | | | |
| OB\_018 | **My personal feelings are that…** | **Strongly disagree** | **Disagree** | **Neither disagree nor agree** | **Agree** | **Strongly agree** |
| 01 | I feel discouraged when the data that I collect/record are not used for taking action | 1 | 2 | 3 | 4 | 5 |
| 02 | I find that collecting/recording data is tedious (i.e., repetitive, duplicative) | 1 | 2 | 3 | 4 | 5 |
| 03 | I find the data that I collect burdens my work load, making it difficult for me to complete my other duties | 1 | 2 | 3 | 4 | 5 |
| 04 | Collecting data from the community is meaningful/useful for me | 1 | 2 | 3 | 4 | 5 |
| 05 | I feel that the data that I collect are important for monitoring the performance of the health services provided to the community | 1 | 2 | 3 | 4 | 5 |
| 06 | My work collecting data is appreciated and valued by my supervisors | 1 | 2 | 3 | 4 | 5 |
| 07 | I feel that data collection/recording is not the responsibility of healthcare providers | 1 | 2 | 3 | 4 | 5 |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION 2: SELF-PERCEPTION OF COMPETENCY TO PERFORM CHIS TASKS** | | | | | | | | | | | | |
| OB\_019 | **This part of the questionnaire is about how you perceive your competence in performing tasks related to the CHIS. Please be frank and rate your competence honestly.**  Please rate your competence for each situation on a scale of 0 to 10, 0 being "not at all confident" and 10 being "extremely confident.” | | | | | | | | | | | |
| 01 | I can check data accuracy. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 02 | I can calculate percentages/rates correctly. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 03 | I can plot a trend on a chart. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 04 | I can explain the implication of the results of data analysis. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 05 | I can use data to identify service performance gaps and set performance targets. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 06 | I can use data to make case management decisions or to make changes in service delivery, plans for household visits or outreach activities, work flows, or case management practices. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

|  |  |  |
| --- | --- | --- |
| **SECTION 3: COMPETENCY TO PERFORM CHIS TASKS** | | |
| **This survey is for the CHWs who prepare the monthly reports. We would like you to answer the following questions about calculating percentages, plotting data, and interpreting information.** | | |
| OB\_020 | Who is administering this questionnaire? | 1. Self-administered  2. Administered by the enumerator |
| OB\_021 | In your catchment area, 20 children under one year of age got the DTP3 (Penta 3) vaccine in March, 15 in April, 10 in May, 10 in June, and 20 in July.  Prepare a trend graph (a line graph) depicting the month-by-month number of children under one year of age vaccinated for DTP3.   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | | |
| OB\_022 | Review the graph above. What aspects of the graph stand out? Is there a trend or an irregularity? If *yes* or *no*, explain the reasons for your answer.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| OB\_023 | Provide at least one use of the above chart findings at the community level: | |
|  | |
|  | |
|  | |
| OB\_024 | A survey in your catchment area found 100 children under five years of age who were malnourished. The total population of children younger than five years was 1,000. What is the malnutrition rate? | |
| OB\_025 | If the malnutrition rate in children younger than two years was 20% and the total number of children younger than two years was 500, calculate the number of children who are malnourished. | |

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| OB\_202 | **INTERVIEW END TIME**  (Use the 24-hour clock system) | **:** |

### Supplemental Section: Competency for RHIS Tasks

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| --- | --- | --- |
| **SECTION 4: COMPETENCY TO IMPROVE DATA QUALITY** | | |
| **Case Study on Data Quality**  The health extension workers (HEWs) at the Abela health post randomly selected 12 data elements from the Yekatit monthly report. The data elements varied across indicators (e.g., ranging from the number of women receiving contraceptives, to the number of ANC1 visits in a month, to the number of children vaccinated in the first six months after birth). The data elements from the monthly report (reported data) were cross-checked with the recorded data from the relevant tally sheets and registers for the same indicators, in the same period. The results showed that only seven data elements matched. For the five other data elements, the recorded data did not match the data in the report. The HEWs were upset about this result. They sat together to identify the reasons for the discrepancies and think about next steps to avoid such results in the future. After some discussion about the potential reasons for this problem, the HEWs started preparing an action plan for their health post. | | |
| OB\_026 | What could be the possible cause of the mismatch? | |
| 1 |  |
| 2 |  |
| 3 |  |
| OB\_027 | What would you do to correct this situation? | |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |

## Module 5. Electronic CHIS Usability Assessment Tool

This section is used to assess whether the CHW is able to use the eCHIS. The CHW is asked to show the features as listed below. Observe and record the findings accordingly.

|  |  |  |
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| EUA\_101 | **INTERVIEW START TIME**  (Use the 24-hour clock system) | **:** |

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| EUA\_001 | Does the CHW use an electronic community health information system (eCHIS)?  *Provide a definition*: The eCHIS is the community-based electronic health information system used by the CHW. It may have different names and functions depending on the local context. | 1. Yes  2. No **🡪 End survey** |
| EUA\_002 | If *yes*, is the eCHIS used for individual/household data and/or for aggregate data? | 1. Individual or household data  2. Aggregate data 🡪 **Go to Section EUA-F**  3. Both individual/household and aggregate data |

|  |  |  |
| --- | --- | --- |
| **INDIVIDUAL OR HOUSEHOLD DATA: POINT OF CARE DATA ENTRY** | | |
| If the CHW is using an electronic system that allows data entry during individual encounters with the client/patient at the point of care/service, use the following tool to assess the basic usability of the electronic system used by the CHWs.  **If the answer to EUA\_002 is “1” or “3” (i.e., the eCHIS is used for individual or household data only or along with aggregate data), fill out sections EUA-A to EUA-E.**  **If the answer to EUA\_002 is “2” (aggregate data only), only fill out section EUA-F.** | | |
| **SECTION EUA-A: CLIENT IDENTIFICATION AND REGISTRATION** | | |
| EUA\_003 | Is the CHW able to register a new client using the eCHIS? | 1. Yes, observed 2. No 🡪 **Go to Section EUA-B** |
| EUA\_004 | If *yes*, can the CHW retrieve a client’s data in the eCHIS using the unique ID or other identification data? | 1. Yes, observed 2. No |

|  |  |  |
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| **SECTION EUA-B: CLIENT HEALTH RECORDS** | | |
| EUA\_005 | Can the CHW longitudinally track a client’s health status and services received? | 1. Yes, observed 2. No  3. N/A: system does not have client health records |
| **SECTION EUA-C: CHW DECISION SUPPORT/JOB AIDS** | | |
| EUA\_006 | Can the CHW show the checklist/job aids to enter data based on a national service delivery protocol (e.g., for pregnant women, child immunization, and FP services)? | 1. Yes, observed 2. No  3. N/A: system does not have CHW decision support/job aids |
| EUA\_007 | Can the CHW show the list of maternal or child health clients who need follow-up visits? | 1. Yes, observed 2. No |
| **SECTION EUA-D: REFERRAL COORDINATION** | | |
| EUA\_008 | Can the CHW send information electronically to the referral facility? | 1. Yes, observed 2. No  3. N/A: system does not have referral coordination |
| EUA\_009 | Can the CHW assess and review the data updated by the referral facility to confirm that service was provided to the client/patient referred by the CHW? | 1. Yes, observed 2. No |
| **SECTION EUA-E: CHW ACTIVITY PLANNING AND SCHEDULING** | | |
| EUA\_010 | Can the CHW show her/his activity plans and work schedules (e.g., monthly household/outreach visit schedule) using the eCHIS? | 1. Yes, observed 2. No  3. N/A: system does not have CHW activity planning and scheduling |

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| **SECTION EUA-F: AGGREGATE REPORTING** | | |
| If the CHW is using an electronic system that allows aggregate data entry, use the following tool to assess the basic usability of the electronic system used by the CHWs. | | |
| EUA\_011 | Can the CHW access aggregate reports generated by the eCHIS? | 1. Yes, observed 2. No |

|  |  |  |
| --- | --- | --- |
| **AGE AND SEX-DISAGGREGATED DATA** | | |
| EUA\_012 | Can the CHW show eCHIS-generated reports that are disaggregated by age? | 1. Yes, observed 2. No |
| EUA\_013 | Can the CHW show eCHIS-generated reports that are disaggregated by sex? | 1. Yes, observed 2. No |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **DATA VISUALIZATION AND ANALYSIS** | | | | | | | |
| EUA\_014 | Select two indicators from the national CHIS. | | | | | | |
| 01 | | Indicator 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| 02 | | Indicator 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| EUA\_015 | Can the CHW use the eCHIS to present data in time-trend or bar graphs? | | | | | | |
| 01 | | | Indicator 1 | | | 1. Yes, observed 2. No |
| 02 | | | Indicator 2 | | | 1. Yes, observed 2. No |
| EUA\_016 | Can the CHW use the eCHIS to visualize data, using graphs to compare indicators or villages/subunits? Check whether the two indicators use graphs for comparison. | | | | | | |
| 01 | | | | Indicator 1 | | 1. Yes, observed 2. No |
| 02 | | | | Indicator 2 | | 1. Yes, observed 2. No |
| **CHW’s PERSPECTIVE ON THE ELECTRONIC DATABASE** | | | | | | | | |
| EUA\_017 | | How do you classify/rate the eCHIS software, based on your experience? | | | | 1. Easy to use  2. Moderate  3. Difficult to use  4. N/A | | |
| EUA\_018 | | Would you like to see any improvements in the eCHIS software? | | | | 1. Yes  2. No  3. N/A | | |
| EUA\_019 | | If *yes*, please outline/describe the improvements you would like to see.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |

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| EUA\_202 | **INTERVIEW END TIME**  (Use the 24-hour clock system) | **:** |

