Every Newborn-Measurement Improvement for Newborn & Stillbirth Indicators EN-MINI-PRISM Tools for Routine Health Information Systems

Organizational/Behavioral Assessment
EN-MINI-PRISM Tool 6

EN-MINI tools

May 2022 Version 1.2

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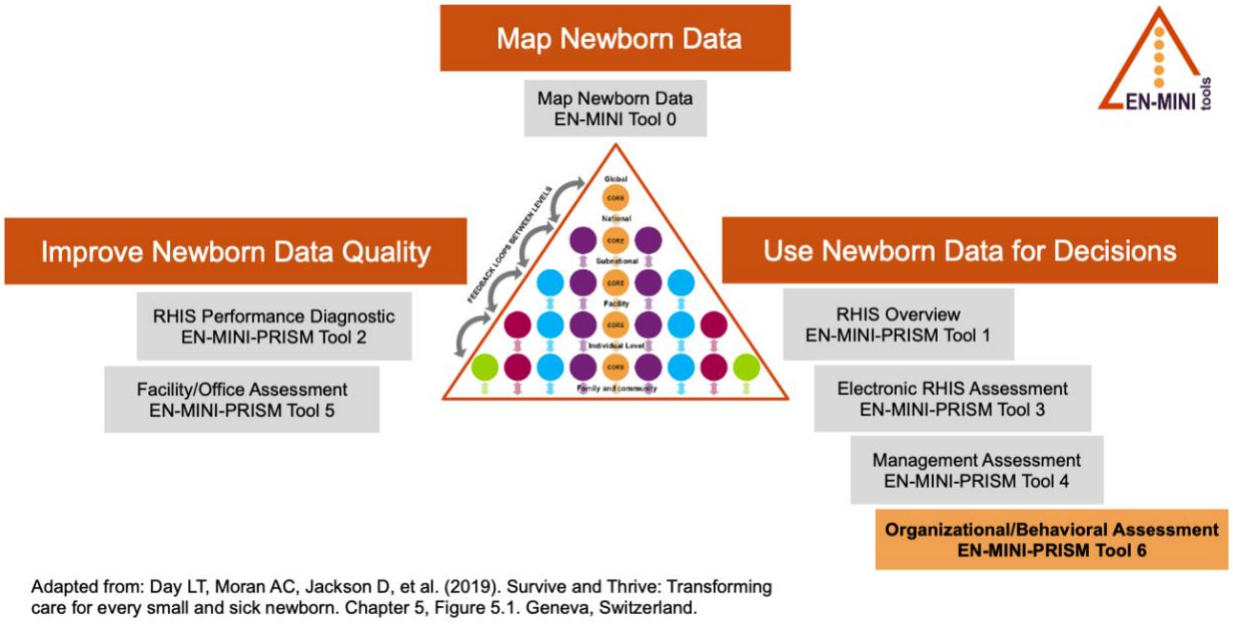
For any questions about the tools or implementing any part of the assessment, please contact: enapmetrics3@lshtm.ac.uk

EN-MINI-PRISM Tools

This individual tool version is designed to be used alongside the complete set of EN-MINI-PRISM tools. Full acknowledgements, background, abbreviations, overview of the original PRISM series and details of the EN-MINI adaptation can be found in the complete set of EN-MINI PRISM tools.

The EN-MINI-PRISM tools 1–6 are linked to other EN-MINI tools as shown in Figure 1. This individual tool is the Organizational/Behavioral Assessment EN-MINI-PRISM Tool 6.

Figure 1. EN-MINI Tools



Adapted from: Day LT, Moran AC, Jackson D, et al. (2019). Survive and Thrive: Transforming care for every small and sick newborn. Chapter 5, Figure 5.1. Geneva, Switzerland.

The EN-MINI-PRISM Tool 6 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.

Organizational/Behavioral Assessment EN-MINI-PRISM Tool 6

Purpose

1. Assess whether the organizational mechanisms are in place for producing the desired results in RHIS performance.
2. Explore the extent to which a culture of information exists in the organization.
3. Identify the commitment and support of upper management for enhancing an information system.
4. Quantify the health staff's motivation, knowledge, and skills to perform RHIS tasks.

Summary of Information Collected Using the OBAT

Promotion of an information culture

- Emphasis on data quality
- Use of RHIS information (for planning, day-to-day operations, and monitoring)
- Problem solving and feedback
- Sense of responsibility
- Empowerment/accountability

Individual skills and behaviors

- Perception of self-competency to perform RHIS tasks
- Knowledge of the RHIS (including rationale for data collection and how to perform data quality checks)
- Skills to perform RHIS tasks (such as identification and problem solving, visually presenting data, calculating rates and percentages, data interpretation, and evidence-based decision making)
- Motivation

Data Collection Methods

Paper and pencil-based self-assessment to be completed by:

- Health facility and district managers
- Regional/state/provincial RHIS/monitoring and evaluation (M&E) unit leads
- Health facility and district data managers or those responsible for the compilation, analysis, and reporting of data
- District- and higher-level health program supervisors or focal persons

Data Requirements, Collection, and Management and Analysis

Data Entry Platform

Some responses to the EN-MINI-PRISM Tool 6 questions need to be entered from the paper response sheet directly onto the EN-MINI-PRISM Tool 6 SurveyCTO form. Other responses require scoring by the data collection team using the Tool 6 Scoring Guide which is located with Tool 6 on the EN-MINI website. The score is then entered into the EN-MINI-PRISM Tool 6 SurveyCTO form for and standardized automated analysis.

Please see the full EN-MINI-PRISM tool version for further details. This is detailed in the table below:

EN-MINI-PRISM Tool 6 Section	Data Collection Method	Is scoring needed?	What to enter in the EN-MINI-PRISM Tool 6 SurveyCTO form
Part 1, Section 1.1 Respondent Background	Pen & paper	No	Enter response
Part 1, Section 1.2 Promotion of information culture	Pen & paper	No	Enter response
Part 1, Section 1.3 RHIS knowledge	Pen & paper	Score using this guide	Enter score
Part 1, Section 1.4 Case study on data quality	Pen & paper	Score using this guide	Enter score
Part 1, Section 1.5 Self-perception of competency to perform RHIS tasks	Pen & paper	No	Enter response
Part 2, Section 2.1 Competency to perform RHIS tasks	Pen & paper	Score using this guide	Enter score
Part 3, Section 3.1	Pen & paper	Score using this guide	Enter score
Part 4, Section 4.1	Pen & paper	Score using this guide	Enter score
Part 5, Section 5.1	Pen & paper	Score using this guide	Enter score

The OBAT has the following parts:

- A survey relevant for staff and management at all levels (Part 1)
- Three cadre-specific competency surveys (Parts 2–4); district and higher-level staff should only fill out Part 2, health facility in-charge should only fill out Part 3, and health facility data management staff should only fill out Part 4

EN-MINI-PRISM Tools adaptation: Health workers to be included in sample for (Part 1) and (Part 3)

Organizational and Behavioral Assessment EN-MINI-PRISM Tool 6

Survey facilitator		
OBAT_101	Survey date	
OBAT_102	Facilitator name	
OBAT_103	Facilitator code *Enter your 2-character identifier.*	☐☐
OBAT_104	Type of facility *(Country-specific: adapt to the local country context and health system structure)*	1. National referral hospital 2. District/provincial hospital 3. Health center 4. Health clinic 5. Health post 6. District health office 7. Regional/provincial health office 8. Central MOH

Unit identification [Valid for facility types 6–8]		
OBAT_105h	Central/region/state/province *Enter the alphanumeric code that identifies this level.*	☐☐
OBAT_106h	District *Enter the alphanumeric code that identifies this district.* [Valid when type of facility is 6]	☐☐
OBAT_108h	Unit name	
OBAT_109h	Location of the unit *Town/city/village*	
OBAT_110h	Office(s) visited *Note: It could be one or more offices from which information is collected. Please list them here.*	_____ _____ _____

Facility identification [Valid for facility types 1–5]		
OBAT_105f	Region/state/province *Enter the alphanumeric code that identifies this level.*	☐☐
OBAT_106f	District *Enter the alphanumeric code that identifies this district.*	☐☐
OBAT_107f	Health facility number *Enter a 10-digit unit number. Include leading zeros.*	☐☐☐☐☐
OBAT_108f	Health facility name	
OBAT_109f	Location of the unit *Town/city/village*	
OBAT_110f	Urban/rural	1. Urban 2. Rural
OBAT_111f	Managing authority	1. Government/public 2. NGO/not-for-profit 3. Private-for-profit 4. Mission/faith-based/CBO 96. Other (specify) _____

Part 1. For Staff and Management at All Levels

Introduction

This survey is part of [*IMPLEMENTING AGENCY OR PROGRAM/PROJECT*]'s *assessment* to improve routine health information systems (RHIS) in [*COUNTRY*]. The objective of this survey is to identify strengths and weaknesses in the RHIS with a view to developing interventions for system strengthening.

As you fill out the following survey, please express your opinions honestly. Your responses will remain confidential and will not be shared with anyone, except in aggregate and anonymous formats. Please let us know if you have any questions or require clarification about any section of the survey. We appreciate your assistance and cooperation in completing this study. Thank you.

OBAT_112.1	Signed the consent form	1. Yes 2. No → **End survey**
OBAT_112	Survey start time (Use the 24-hour clock system, e.g., 14:30)	☐☐ : ☐☐

Section 1.1: Respondent background		
DDI	Current job title **(CIRCLE ANSWER)** *(Country-specific: adapt to the local country context and health system structure)*	1. National/regional /provincial director general 2. Provincial HMIS focal person 3. District health office manager 4. District RHIS focal person 5. Facility in-charge 6. Health worker (specify) _____ 96. Other (specify) _____
DD2	Sex/Gender	1. Male 2. Female 3. Other
Added Explanation	Please document the response given and should be highest level of completed education	
DD3a	Highest level of education achieved **(CIRCLE ONE ANSWER)**	1. None 2. Primary/Elementary 3. Secondary/High School 4. Post-secondary or higher

DD3b	If you received formal medical training, specify what type **(CIRCLE ALL THAT APPLY)**	1. Physician 2. Nurse/Midwife 3. Pharmacist 4. Epidemiologist 5. Laboratory 6. Technician 96. Other (specify) _____
DD4a	Number of years of employment in health sector (not just in current role)	☐☐
DD4b	Number of years working with health data or RHIS (not just in current role) (Working with health data or RHIS includes using data as a healthworker, or in any other role.)	☐☐
DD5a	Have you ever received formal RHIS training? (This could include: Health statistics, RHIS data management/collection/transmission/storage/quality	1. Yes 2. No→ **Go to DD5d**

	assurance, data analysis and use, gender or gender M&E, ICT or data management/analysis applications, DHIS-2 or other digital system)	
DD5b	If *yes,* what type of formal RHIS training have you received in the past? **(CIRCLE ALL THAT APPLY)**	1. Health statistics 2. RHIS data management (data collection, transmission, storage, and/or data quality assurance) 3. Data analysis and use 4. Gender or gender M&E 5. ICT or data management/analysis applications 6.DHIS-2 or other digital data collection system 96. Other (specify)_____
DD5c	Did you receive training in RHIS-related activities in the past year?	1. Yes 2. No
DD5d	What are the perceived barriers to you receiving RHIS-related training? **PROMPT:** Training not available, unable to release staff for training, lack of funding, etc. _____	

Section 1.2: Promotion of information culture

[Paper tool] Added Explanation for EN-MINI-PRISM Tools Adaptation:

This task can be achieved by self-assessment (ideal), or by the data collector completing tool as a survey-based interview.

PROMPT: Please remind the participant all their answers are confidential and will be anonymized. Their honest reply is important to inform and improve functioning of HMIS, please do not feel embarrassed.

We would like to know your opinion (how strongly you agree or disagree) regarding certain aspects of the RHIS in (*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” (score of 1) to “strongly agree” (score of 5).

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

Strongly disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree
1	2	3	4	5

For each of the following questions, please focus on newborn and maternal health service and data

To what extent, do you agree with the following statements, on a scale of 1–5?

“Unable to answer” should only be ticked under the exceptional circumstance that the question is not relevant in any way to the respondent’s knowledge. We would anticipate most respondents can provide a reply so please provide a prompt.

Number	**In the health department, decisions are based on:**	**Strongly disagree**	**Disagree**	**Neither disagree nor agree**	**Agree**	**Strongly agree**	**Unable to answer**
D1	Personal preference of decision makers	1	2	3	4	5	Unable to answer
D2	Superiors' directives	1	2	3	4	5	Unable to answer
D3	Evidence/facts/data	1	2	3	4	5	Unable to answer
D4	History (e.g., what was done last year)	1	2	3	4	5	Unable to answer
D5	Funding directives from higher levels	1	2	3	4	5	Unable to answer
D6	Political considerations	1	2	3	4	5	Unable to answer
D7	Official health sector strategic objectives	1	2	3	4	5	Unable to answer
D8	Locally identified health needs of the population	1	2	3	4	5	Unable to answer
D9	The relative cost of interventions	1	2	3	4	5	Unable to answer
D10	Participatory decision making, by obtaining input from relevant staff	1	2	3	4	5	Unable to answer

[Paper tool] Added Explanation for EN-MINI-PRISM Tools Adaptation:
For each of the following questions, please focus on newborn and maternal health service and data

To what extent, do you agree with the following statements, on a scale of 1–5?

"Unable to answer" should only be ticked under the exceptional circumstance that the question is not relevant in any way to the respondent's knowledge. We would anticipate most respondents can provide a reply so please provide a prompt.

Number	**In the health department, supervisors (managers or higher-level supervisors):**	**Strongly disagree**	**Disagree**	**Neither disagree nor agree**	**Agree**	**Strongly agree**	**Unable to answer**
S1	Seek input from relevant staff	1	2	3	4	5	Unable to answer
S2	Emphasize that data quality procedures be followed in the compilation and submission of periodic reports (e.g., monthly reports)	1	2	3	4	5	Unable to answer
S3	Promote multidirectional feedback mechanisms to share/present information within the team, and to lower and upper levels of the health system	1	2	3	4	5	Unable to answer
S4	Use RHIS data for service performance monitoring and target setting	1	2	3	4	5	Unable to answer
S5	Emphasize the need to use RHIS data to identify potential gender-related disparities in service delivery or use	1	2	3	4	5	Unable to answer
S6	Conduct routine data quality checks at points where data are captured, processed, or aggregated	1	2	3	4	5	Unable to answer
S7	Ensure that regular meetings are held where data and information are discussed, performance reports are	1	2	3	4	5	Unable to answer

	presented and reviewed, decisions are made, follow-up actions are identified, and their implementation is monitored						
S8	Provide regular feedback on reported data quality (e.g., accuracy of data compilation/reporting) to the staff responsible for compiling and reporting the data	1	2	3	4	5	Unable to answer
S9	Recognize or reward staff for good work performance	1	2	3	4	5	Unable to answer

[Paper tool] Added Explanation for EN-MINI-PRISM Tools Adaptation:

For each of the following questions, please focus on newborn and maternal health service and data

To what extent, do you agree with the following statements, on a scale of 1–5?

"Unable to answer'' should only be ticked under the exceptional circumstance that the question is not relevant in any way to the respondent's knowledge. We would anticipate most respondents can provide a reply so please provide a prompt.

Number	**In the health department, staff:**	**Strongly disagree**	**Disagree**	**Neither disagree nor agree**	**Agree**	**Strongly agree**	**Unable to answer**
P1	Complete RHIS tasks (reporting, processing/aggregation, and/or analysis) in a timely manner (i.e., meet appropriate deadlines)	1	2	3	4	5	Unable to answer
P2	Display commitment to the RHIS mission (i.e., to generate and use good-quality—accurate, complete, and timely—data for evidence-based decision making)	1	2	3	4	5	Unable to answer
P3	Pursue national targets and set feasible local targets for essential service performance	1	2	3	4	5	Unable to answer
P4	Feel "personal responsibility" for failing to reach performance targets	1	2	3	4	5	Unable to answer

P5	Use RHIS data for day-to-day management of the facility and district (e.g., service delivery, financial, commodities, and human resource management)	1	2	3	4	5	Unable to answer
P6	Use RHIS data to solve common problems in service delivery	1	2	3	4	5	Unable to answer
P7	Use sex-disaggregated or gender-sensitive RHIS data to identify and/or solve gender-related problems in service delivery	1	2	3	4	5	Unable to answer
P8	Prepare data visuals (graphs, tables, maps, etc.) showing progress toward targets (indicators, geographic and/or temporal trends, or situation data)	1	2	3	4	5	Unable to answer
P9	Can evaluate whether a Maternal Newborn Health intervention achieved the target(s) or goal(s)	1	2	3	4	5	Unable to answer
P10	Are able to make decisions appropriate to their job descriptions in response to the findings of data analysis (e.g., changes in service delivery or management practices)	1	2	3	4	5	Unable to answer
P11	Are held accountable for poor performance (e.g., failure to meet reporting deadlines)	1	2	3	4	5	Unable to answer
P12	Admit mistakes if/when they occur and take corrective action	1	2	3	4	5	Unable to answer

[Paper tool] Added Explanation for EN-MINI-PRISM Tools Adaptation:

For each of the following questions, please focus on newborn and maternal health service and data

To what extent, do you agree with the following statements, on a scale of 1–5?

“Unable to answer’’ should only be ticked under the exceptional circumstance that the question is not relevant in any way to the respondent’s knowledge. We would anticipate that most respondents can provide a reply so please provide a prompt.

Number	**Personal feelings:**	**Strongly disagree**	**Disagree**	**Neither disagree**	**Agree**	**Strongly agree**	**Unable to answer**

				nor agree			
BC1	I feel discouraged when the data that I collect/record are not used for taking action (either for monitoring or decision making)	1	2	3	4	5	Unable to answer
BC2	I find collecting/recording data to be tedious (i.e., repetitive or duplicative)	1	2	3	4	5	Unable to answer
BC3	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	Unable to answer
BC4	Collecting data is meaningful/useful for me	1	2	3	4	5	Unable to answer
BC5	I feel that the data I collect are important for monitoring the performance of the health services provided at my facility/unit	1	2	3	4	5	Unable to answer
BC6	My work of collecting data is appreciated and valued by supervisors	1	2	3	4	5	Unable to answer
BC7	I feel that data collection/recording is not the responsibility of healthcare providers	1	2	3	4	5	Unable to answer

Section 1.3: RHIS Knowledge

[Paper tool] Added Explanation for EN-MINI-PRISM Tools Adaptation:

This task can be achieved by self-assessment (ideal), or by the data collector completing tool as a survey-based interview.

PROMPT: Please remind the participant all their answers are confidential and will be anonymized. Their honest reply is important to inform and improve functioning of HMIS, please do not feel embarrassed.

[SurveyCTO]

Enter the scores for the following questions that were completed and marked on paper

Describe at least three reasons for collecting or using the following types of data a monthly basis:
PROMPT: Ask "Can you tell me a reason…can you think of another reason…" (do not give examples)

U1A	Newborn Diseases/ conditions/diagnoses
	1.
	2.
	3.
U1B	Newborn Immunization
	1.
	2.
	3.
U1C	Maternal Age
	1.
	2.
	3.
U1D	Sex of newborn
	1.
	2.
	3.
U1E	Geographical data or residence of families
	1.
	2.
	3.
U1F	Why are population data needed (e.g., information on the number of people living in the catchment area, disaggregated by relevant characteristics, such as age and sex)?
	1.
	2.
	3.
U2	Describe at least three aspects of data quality:
	1.
	2.
	3.

Section 1.4: Case study on data quality	
[Paper tool] Added Explanation for Newborn Adaptation: This task can be achieved by self-assessment (ideal), or by the data collector completing tool as a survey-based interview. **PROMPT:** Please remind the participant all their answers are confidential and will be anonymized. Their honest reply is important to inform and improve functioning of HMIS, please do not feel embarrassed. **[SurveyCTO]** **ENTER THE SCORES FOR THE FOLLOWING QUESTIONS THAT WERE COMPLETED ON PAPER**	
Newborn adapted case study: Dr. Akram, District Health Executive Officer, read a recent report prepared by the HIS Officer after a supervision visit made to five out of eight health facilities in the district. The supervisor cross-checked the reported data with the recorded data from the source document. The supervision report showed that the average data accuracy for the indicator—neonatal mortality rate—was only 40% and Dr. Akram felt very disturbed by it. "I need to take action," he said aloud. He set up a meeting with the entire district health team to identify the reasons for the discrepancy and think about next steps to improve data quality. After some discussion with his team about the potential reasons for the low percentage of data accuracy, the district team started preparing an action plan for all health facilities in the district.	
PSa	Describe how Dr. Akram and his team defined the data quality problem in this scenario: _____ _____ _____ _____ _____ _____
PSb	List potential reasons for the data quality problem encountered:
	1.
	2.
	3.
	4.
PSc	Describe what major activities/actions Dr. Akram and his team may have included in the district action plan to improve data quality:
	1.
	2.
	3.
	4.
	5.

Section 1.5: Self-perception of competency to perform RHIS tasks

This part of the questionnaire is about how you perceive your competence in performing tasks related to health information systems. A high perception of competence suggests that the person can perform the task, while a low perception of competence could indicate a need for improvement or training. We are interested in knowing how competent *you* feel in performing RHIS-related tasks. Please be frank and rate your competence honestly.

Please rate your competence in accomplishing various RHIS activities on a scale from 0–10, where 0 is "no competence" and 10 is "very strong competence".

[Paper tool] Added Explanation for Newborn Adaptation:

This task can be achieved by self-assessment (ideal), or by the data collector completing tool as a survey-based interview.

PROMPT: Please remind the participant all their answers are confidential and will be anonymized. Their honest reply is important to inform and improve functioning of HMIS, please do not feel embarrassed
Key terms (e.g., accuracy) are defined in the PRISM glossary.

Rate your competence in accomplishing the following RHIS activities/tasks on a scale from 0 to 10:

SE1	I can check data accuracy	0	1	2	3	4	5	6	7	8	9	10
SE2	I can calculate percentages/rates correctly	0	1	2	3	4	5	6	7	8	9	10
SE3	I can plot a trend on a chart	0	1	2	3	4	5	6	7	8	9	10
SE4	I can explain the implication of the results of data analysis	0	1	2	3	4	5	6	7	8	9	10
SE5	I can use data for identifying service performance gaps and setting performance targets	0	1	2	3	4	5	6	7	8	9	10
SE6	I can use data for making operational/management decisions (e.g., for service delivery, budget allocation, distribution of roles and responsibilities, staff assignment, and logistics distribution)	0	1	2	3	4	5	6	7	8	9	10
SE7	I need/appreciate further training on these competencies	0	1	2	3	4	5	6	7	8	9	10
SE8	I can use data for (Other)_____ **(PLEASE LIST ANY FURTHER USES GIVEN FOR DATA)**											

Part 2. For Staff and Management at District and Higher Levels

Section 2.1: Competency to perform RHIS tasks

This survey is designed for the district or regional RHIS manager or staff responsible for the analysis and interpretation of aggregate district/regional data.

We would like you to solve the following problems in compiling data, calculating percentages, plotting data, and interpreting information.

You may use a calculator; one can be provided for you.

[Paper tools] Added Explanation for Newborn Adaptation:

This task can be achieved by self-assessment (ideal), or by the data collector completing tool as a survey-based interview.

PROMPT: Please remind the participant all their answers are confidential and will be anonymized. Their honest reply is important to inform and improve functioning of HMIS, please do not feel embarrassed.

[SurveyCTO]

ENTER THE SCORES FOR THE FOLLOWING QUESTIONS THAT WERE COMPLETED ON PAPER

CD1

The estimated number of pregnant women in the district catchment area for the current period is 760. The health facilities in your district have registered 456 pregnant mothers for antenatal care—first visit (ANC1). Calculate the percentage of pregnant mothers in the district attending ANC in the current period.

_____

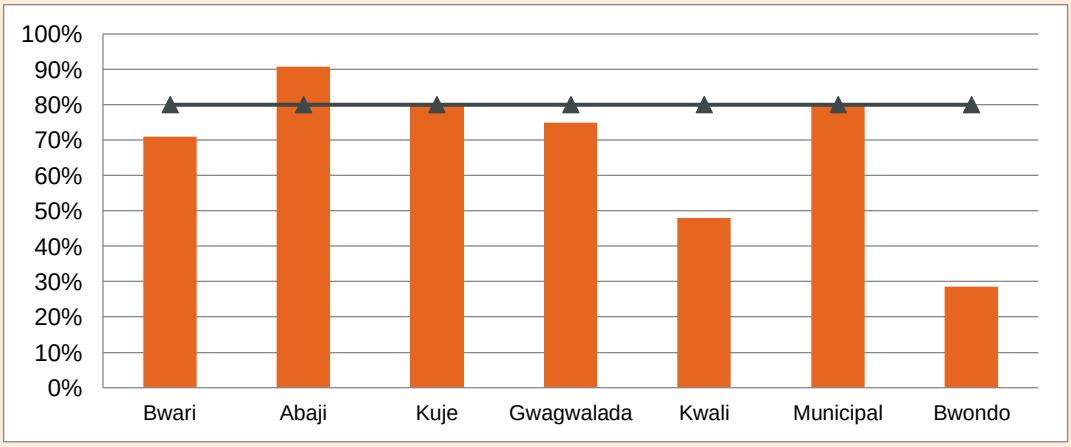
CD2_n

Newborn adapted case study:

The table below shows the monthly birthweight results for Coast District. In this district, government facilities provide maternal and newborn health services. During a recent review of the data, it was discovered that a significant number of adolescents were having low birthweight babies. In response to these data, clinics in Coast District regularly review birthweight data to inform decisions related to increasing the uptake of maternal and newborn services.

Table 1. Birthweight monthly summary, December 2009

		Facility # 1		Facility # 2		Facility # 3		Facility # 4	
		Age of client (in years)							
Birthweight Indicators		<20	20+	<20	20+	<20	20+	<20	20+
HCT 1	Number of facility births	341	401	61	226	501	623	108	151
HCT 2	Number of newborns weighed	339	399	53	220	494	600	108	151
HCT 4	Number of newborns with recorded birthweight	338	399	40	214	431	487	107	151
HCT 5	Number of low birthweight newborns	30	41	9	63	96	141	17	19
HCT 7	Number of clients referred for follow up	30	41	4	41	84	98	4	8

CD2a_n	Develop a bar chart depicting the distribution across the maternal ages, of newborns with a low birthweight at the four facilities in Coast District.
CD2b_n	**Newborn adapted case study:** **Figure 1. Facility based early initiation of breastfeeding in the period of January to December 2021 by a local government agency, as compared to the national target**  Interpret the graph above: _____ _____ _____

	_____ _____ _____
CD2c_n	The proportion of infants exclusively breastfeeding at 6 months is estimated at 5 percent. The government's National Childhood Nutrition Plan (2015-2020) set revised targets to improve breastfeeding coverage. To meet this goal, the National Childhood Nutrition Program began focusing on early initiation of breastfeeding. The target was set at 80% for the end of 2020.
CD2c1_n	Among the districts shown in the above graph, which attained the target coverage rate (80%) by the end of 2020?
CD2c2_n	What guidance could you provide to districts and programs based on these data?
CD2d_n	**Provide at least one use of the above chart findings at the:**
CD2d1_n	Facility level
	1.
	2.
	3.
CD2d2_n	Community level
	1.
	2.
	3.
CD2d3_n	District level
	1.
	2.

	3.
CD3_n	**Newborn adapted case study:** A survey in the facility catchment area found 80 newborns had died in the first 28 days of life. The total number of live births was 2,000. What is the neonatal mortality rate? _____
CD4_n	**Newborn adapted question:** If the neonatal mortality rate was 2 percent and the total number of live births was 10,000, calculate the number of newborns who died. _____

Part 3. For Health Facility In-Charge

Section 3.1: Competency to perform RHIS tasks	
This survey is designed for a facility in-charge or staff responsible for the analysis and interpretation of health facility data. We would like you to solve these problems in compiling data, calculating percentages, plotting data, and interpreting information.	
[Paper tools] Added Explanation for Newborn Adaptation: Please also include health workers in sample frame for this section ORGANIZATIONAL AND BEHAVIORAL ASSESSMENT TOOL (OBAT), Part 3. This task can be achieved by self-assessment (ideal), or by the data collector completing tool as a survey-based interview. **PROMPT:** Please remind the participant all their answers are confidential and will be anonymized. Their honest reply is important to inform and improve functioning of HMIS, please do not feel embarrassed. **[SurveyCTO]** **ENTER THE SCORES FOR THE FOLLOWING QUESTIONS THAT WERE COMPLETED ON PAPER**	
CF1_n	**Newborn adapted case study:** The estimated number of stable newborns with birthweight ≤2000g in the catchment area for the current period is 120. The kangaroo mother care (KMC) ward in your facility has 40 admitted mother baby pairs. Calculate the percentage of eligible newborns in the facility catchment area receiving KMC. _____

CF2_n

Newborn adapted case study:

The table below shows the number of stable newborns with birthweight <2000g born in Bwari Health Centre during 2021, as well as the number of mother baby pairs receiving KMC.

Table 1. Stable newborns with birthweight <2000g at Bwari Health Centre and who received KMC

Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
# stable newborns <2000g	156	162	158	151	168	148	129	138	145	171	164	152
# mother baby pairs who received KMC	60	72	78	70	74	70	62	72	78	77	68	71

CF2a_n

Develop a line graph depicting the trend over one year of KMC coverage among eligible babies born at Bwari Health Center.

CF2b_n

Newborn adapted case study:

Kateria City Hospital, January–March, 2021
Figure: Neonatal mortality rates per 1000 livebirths, by birthweight categories, Kateria City Hospital, January–March, 2021

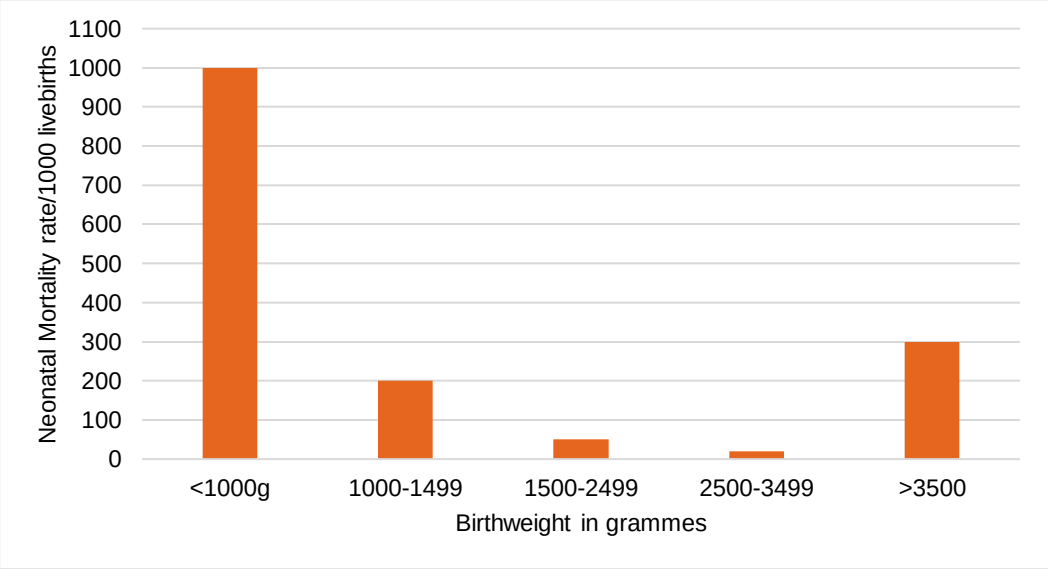


Table: Number of neonatal livebirths and neonatal deaths by birthweight categories, Kateria City Hospital, January–March, 2021

Birthweight	Live births	Deaths
<1000g	1	1
1000-1499	5	1
1500-2499	140	7
2500-3499	200	4
>3500	10	3
Totals	356	16

What do the data above tell you about the birthweight mix for neonatal deaths the Kateria City hospital?

_____

_____

CF2c1_n

Calculate the neonatal mortality rate in Kateria City hospital during January to March 2021.

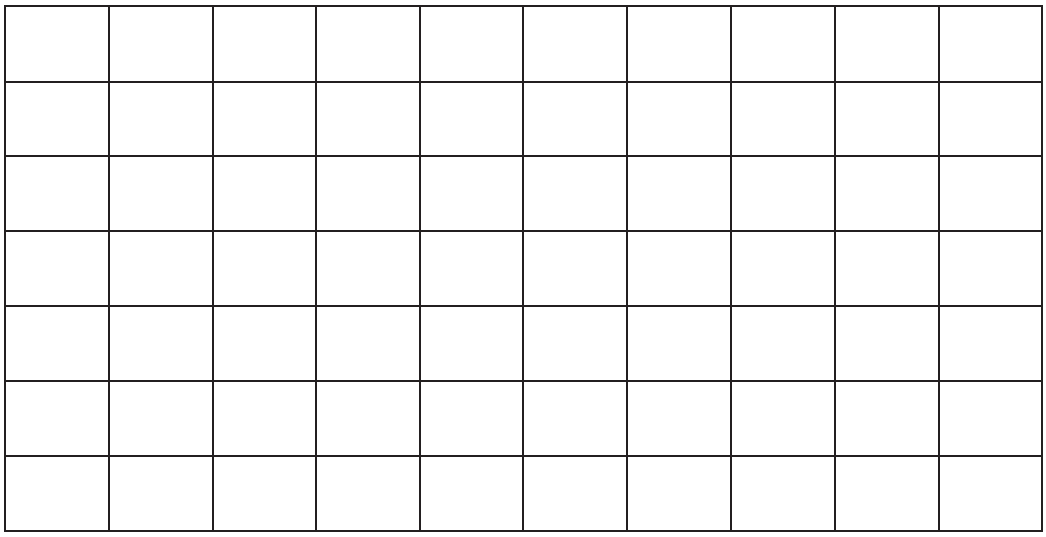
CF2c2_n

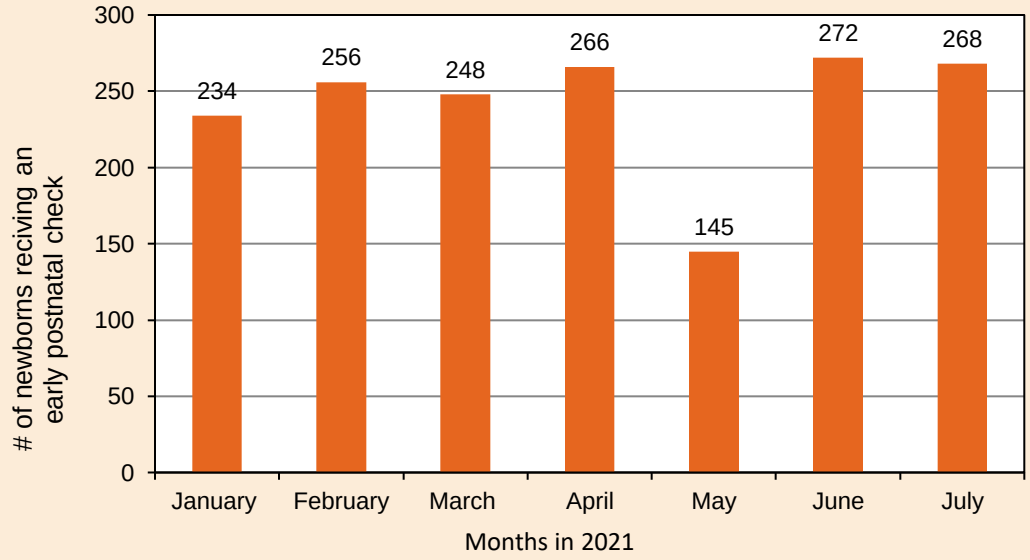
For Kateria City hospital to *lower their neonatal mortality rate, which birthweight category should they focus on?*

1. <1000g
2. 1000–1499g
3. 1500–2499g
4. 2500–3499g

		5. >3500g
CF2d_n	**Provide at least one use of the above graph findings at the:**	
CF2d1_n	Facility level	
	1.	
	2.	
	3.	
CF2d2_n	Community level	
	1.	
	2.	
	3.	
CF3_n	**Newborn adapted case study:** A survey in the facility catchment area found 70 newborns had died in the first 28 days of life among whom 40 were female. The total number of live births in the catchment area was 1,000, and at birth 50% were female.	
CF3a_n	What is the neonatal morality rate among boys?	
CF3b_n	What is the neonatal morality rate among girls?	
CF3c_n	What information do you get by disaggregating the data by sex? How does this information help you to plan and improve your service delivery?	

Part 4. For Data Management Staff in the Health Facility

Section 4.1: Competency to perform RHIS tasks	
This survey is designed for data managers or staff responsible for preparing the monthly RHIS report in the health facility. We would like you to solve the following problems: compiling data, calculating percentages, plotting data, and interpreting information.	
[Paper tools] Added Explanation for Newborn Adaptation: This task can be achieved by self-assessment (ideal) or by the data collector completing the tool as a survey-based interview. **PROMPT:** Please remind the participant all their answers are confidential and will be anonymized. Their honest reply is important to inform and improve the functioning of HMIS; please do not feel embarrassed. **[SurveyCTO]** **ENTER THE SCORES FOR THE FOLLOWING QUESTIONS THAT WERE COMPLETED ON PAPER**	
CS2_n	**Newborn adapted case study:** The coverage of kangaroo mother care was found to be 60 percent, 50 percent, 30 percent, 40 percent, and 40 percent for the years 2015, 2016, 2017, 2018, and 2019, respectively.
CS2a_n	 Develop a trend graph (a line graph) depicting the coverage of KMC, by year

CS2b_n	**Newborn adapted case study:** **Figure 1. Number of newborns who received an early postnatal check in Edo Health District, January–July 2021**  Interpret the graph above: _____ _____ _____ _____ _____
CS2c_n	What aspects of the graph stand out? Is there a trend, or an irregularity? If yes or no, explain the reasons for your answer.
CS2d_n	**Provide at least one use of the above graph findings at the:**
CS2d1_n	Facility level
	1.
	2.
	3.

CS2d2_n	Community level
	1.
	2.
	3.
CS3_n	A survey in the facility catchment area found 80 newborns had died in the first 28 days of life. The total number of live births was 2,000. What is the neonatal mortality rate? _____
CS4_n	If the neonatal mortality rate was 2 percent and the total number of live births was 10,000, calculate the number of newborns who died. _____

Part 5. For All Health Facility Staff

SECTION 5: EXTRA QUESTION-GROUP CASE STUDY ON DATA QUALITY		
Section 5.1: Data quality group case study		
[Paper tool] Added Explanation for Newborn Adaptation: This group task can be achieved in the health facility after the completion of Tool 6 by individuals. Please invite all participants who completed Tool 6 individually. The data collector facilitates the discussion and take notes to capture the discussion of the participants. **PROMPT:** Please remind the participant all their answers are confidential and will be anonymized. Their honest reply is important to inform and improve functioning of HMIS, please do not feel embarrassed. **[SurveyCTO]** **Enter the points from the discussion for the following two questions that were completed on paper into an extra question** **Read to the group:** You already answered this Newborn adapted case study as individuals, now we want you to discuss the same case study as a team working together – what would you do in your facility if you were faced with the same problem that Dr Akram?		
Dr. Akram, District Health Executive Officer, read a recent report prepared by the HIS Officer after a supervision visit made to five out of eight health facilities in the district. The supervisor cross-checked the reported data with the recorded data from the source document. The supervision report showed that the average data accuracy for the indicator—neonatal mortality rate—was only 40% and Dr. Akram felt very disturbed by it. "I need to take action," he said aloud. He set up a meeting with the entire district health team to identify the reasons for the discrepancy and think about next steps to improve data quality. He asked each health facility to meet to discuss the potential reasons for neonatal mortality rate low data accuracy, and an action plan to improve data quality. Please have that discussion now as a health facility team—what would you do?		
PSb – X1	List potential reasons for poor data quality in health facilities:	
	1.	
	2.	
	3.	
	4.	
PSc – X2	Describe what major activities/actions your team in the health facility may do to improve data quality:	
	1.	
	2.	
	3.	
	4.	
	5.	
OBAT_113	Survey end time (Use the 24-hour clock system, e.g., 14:30)	☐☐ : ☐☐

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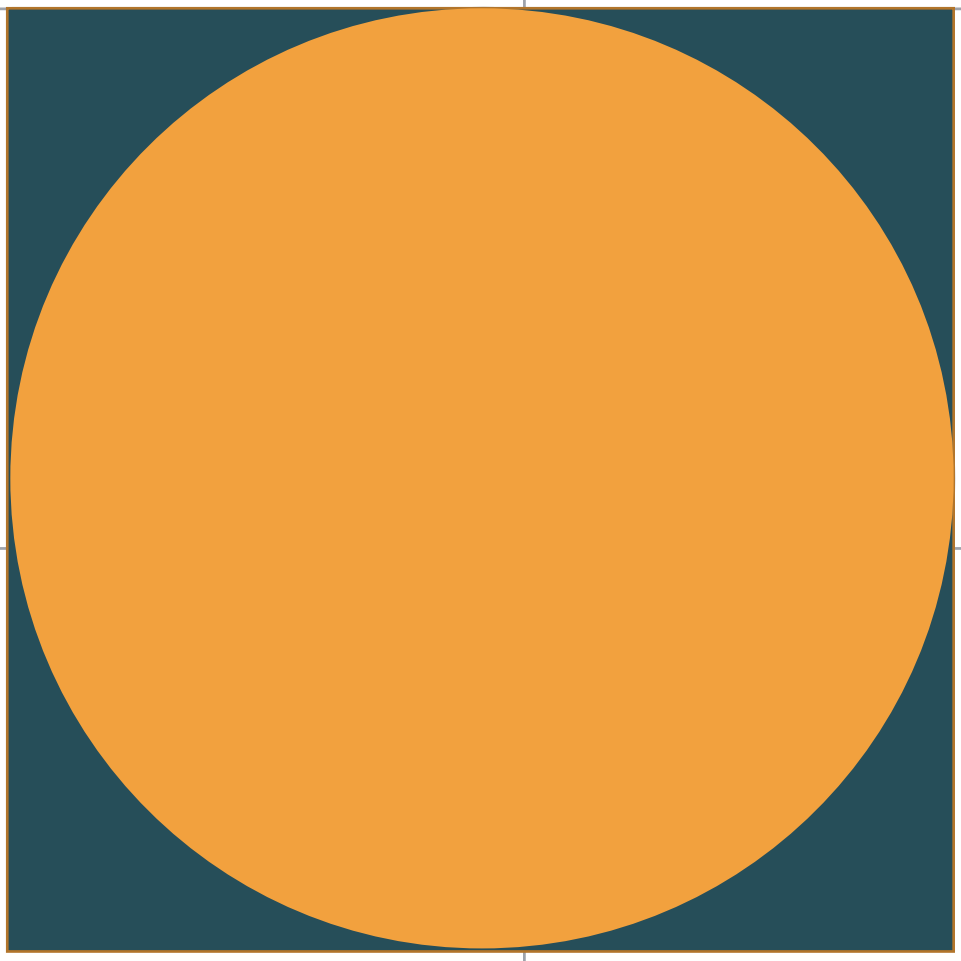

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