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

May 2022 Version 1.2

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

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

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Abbreviations

DHIS 2	District Health Information Software version 2
DQA	Data Quality Assessment
DQR	Data Quality Review [Tool]
EMR	Electronic Medical Record
eRHIS	electronic routine health information system
GIS	geographic Information System
HMIS	health management information system
ICD	international classification of diseases
IDSR	integrated disease surveillance and response (notifiable diseases)
LQAS	lot quality assurance sampling
MAT	Management Assessment Tool
MCH	maternal and child health
MFL	master facility list
MOH	Ministry of Health
M&E	monitoring and evaluation
OBAT	Organizational and Behavioral Assessment Tool
OPD	outpatient department
PRISM	Performance of Routine Information System Management
RDQA	routine data quality assessment
RHIS	routine health information system
SBA	skilled birth attendance
SDP	service delivery point
SOP	standard operating procedure
USAID	United States Agency for International Development

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.

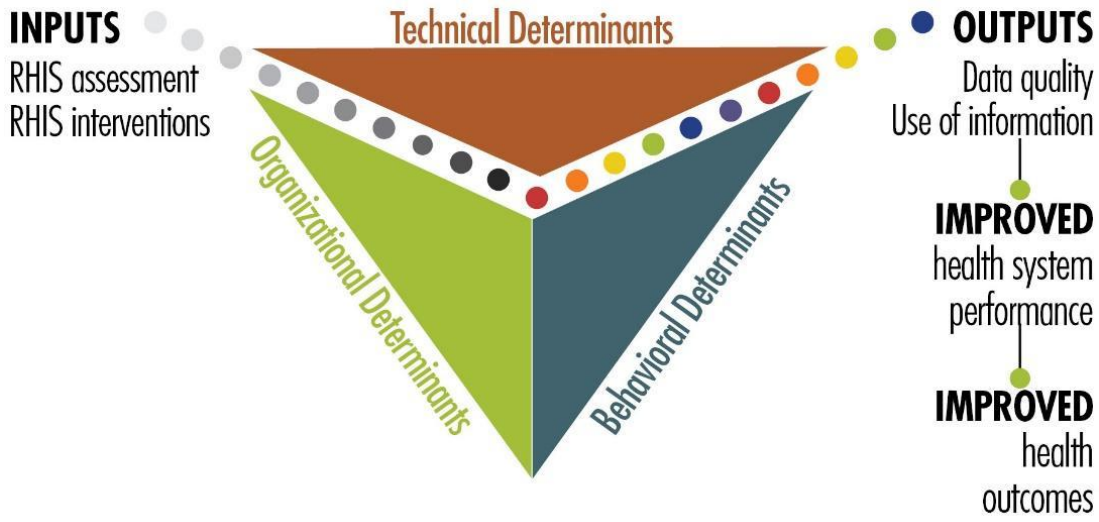
When routine data are lacking or are not used, the results can be lower-quality services, weak infection prevention and control responses, lack of skilled health workers available where they are needed, and weak supply chains for drugs and equipment. These factors contribute to poor health outcomes for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

MEASURE Evaluation, funded by the United States Agency for International Development (USAID), provided technical and financial assistance to strengthen RHIS for more than 15 years. The project contributed to best practices at the global level and to strengthening RHIS data collection, data quality, analysis, and use at the country level. One of the project's mandates was to strengthen the collection, analysis, and use of these data to deliver 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 in 2018, MEASURE Evaluation 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
  - PRISM Tools to Strengthen Community Health Information Systems
  - PRISM Analysis Tool for Data from a PRISM Assessment
- 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.

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, 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.

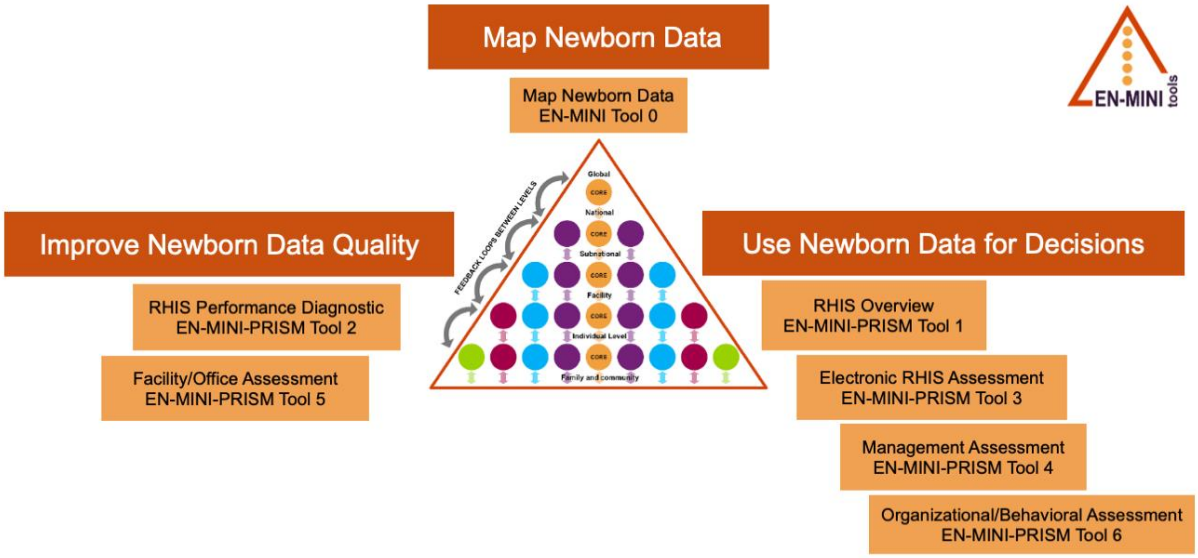
Information on the EN-MINI-PRISM adaptation

Rationale and aim

The Every Newborn-Measurement Improvement for Newborn & Stillbirth Indicators (EN-MINI-PRISM tools are an adaption of the 2018 PRISM series. Using these validated PRISM tools for newborns extends their potential beyond their original focus to strengthen RHIS measurement using indicators for HIV, malaria, immunization, and antenatal care.

The aim of implementing the EN-MINI tools is to enable countries to strengthen newborn and stillbirth indicator measurement in RHIS. The relationship of EN-MINI-PRISM tools to the whole set of EN-MINI tools is shown in Figure 2.

Figure 2. 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.

Process

The EN-MINI Tools adaptation of PRISM tools was designed by the EN-BIRTH phase 2 study team in consultation with an expert advisory group of key stakeholders in maternal and newborn health programming and measurement including the World Health Organization (WHO), UNICEF, and Every Newborn Action Plan collaborators. Development of the EN-MINI tools was supported by USAID through D4I.

Fidelity to the original PRISM tools has been maintained as closely as possible. Indicator specific questions were adapted by the EN-BIRTH study team using a consultative process for core newborn indicators as prioritized by Every Newborn.[1]

EN-MINI-PRISM Tools 1, 3, 4, 5 and 6, include a broad range of these prioritized newborn indicators (impact, coverage and output). EN-MINI-Tool 2 uses a smaller set of prioritized indicators identified through multi-country team discussion and feedback. Detailed instructions for data collectors (standard operating procedures) were added. EN-MINI-PRISM adaptations are shaded in beige in this paper version and listed in a summary table (Appendix 1).

The EN-MINI-PRISM Tools offer the following data collection instruments:

RHIS Overview EN-MINI-PRISM Tool 1

This tool examines technical determinants, including the structure and design of existing information systems for newborns, 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.

RHIS Performance Diagnostic EN-MINI-PRISM Tool 2

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 Functionality and Usability Assessment EN-MINI-PRISM Tool 3

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

Management Assessment EN-MINI-PRISM Tool 4

The Management Assessment Tool (MAT) takes rapid stock of RHIS management practices and supports the development of action plans for better management.

Facility/Office Checklist EN-MINI-PRISM Tool 5

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

Organizational and Behavioral Assessment Tool EN-MINI-PRISM Tool 6

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.

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[1] https://www.who.int/initiatives/every-newborn-action-plan

Data Requirements, Collection, and Management

Direct Digital Data Entry on SurveyCTO

In line with original PRISM tools, the EN-MINI-PRISM tools have been designed for direct digital data entry on SurveyCTO[2] based on Open Data Kit (ODK) which is GDPR compliant using transport encryption, device-side and server-side data redundancy, and the option for restricting unencrypted data.

Original PRISM documents that currently exist to support training for data entry include Using SurveyCTO to Collect and Enter PRISM Assessment Data.

Data collection procedure, security, and storage

EN-MINI-PRISM specific SurveyCTO forms can be downloaded from the EN-MINI tools webpage.

Data are collected on password-protected tablets or mobile devices onto a password-protected the SurveyCTO data collection app. Separate log-in details and passwords can be used for data collectors and research managers allowing differential access to portions of the app.

EN-MINI-PRISM data can be collected via SurveyCTO online or offline then transferred securely to a project specific SurveyCTO server. When data are transmitted via the internet, they are encrypted using Secure Sockets Layer (SSL).

Data elements that are personally identifiable can have an extra level of data encryption (see the SurveyCTO website). Data stored and managed on the project specific SurveyCTO server can be monitored and analyzed for data quality as needed to inform data collection processes. When data collection is completed, all data are downloaded and removed from the SurveyCTO server and should be stored securely locally.

Analysis

EN-MINI Tools use the standard recommended PRISM analysis methods which have been automated using a macro-enabled excel—the EN-MINI-PRISM Analysis tool available on the EN-MINI webpage.

Training

Standard PRISM training tools are being adapted for the EN-MINI-PRISM revisions and will be available on the EN-MINI website.

The EN-MINI-PRISM tools were pilot tested in Tanzania and Bangladesh.

[2] https://www.surveycto.com/

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

RHIS Overview
EN-MINI-PRISM Tool 1

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RHIS Overview EN-MINI-PRISM Tool 1

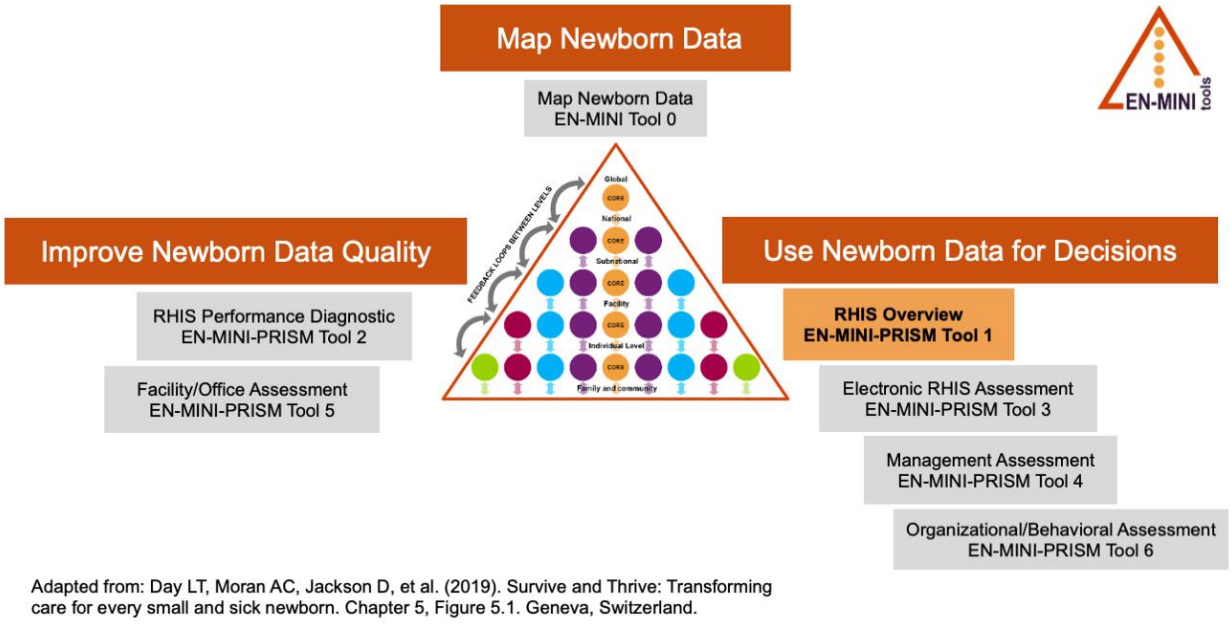
Introduction

EN-MINI-PRISM tool 1 examines technical determinants, including 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.

The relationship of EN-MINI-PRISM Tool 1 to the full set of EN-MINI tools is shown in Figure 3.

An individual tool version of EN-MINI-PRISM Tool 1 is available as a separate document available here.

Figure 3. 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.

Data Requirements, Collection, and Management and Analysis

Data Entry Platform

The EN-MINI-PRISM tools have been set up for direct digital data collection using SurveyCTO and standardized automated analysis. Please see the EN-MINI website for further details.

Purpose

1. List the information systems that exist in the country and the type of data they collect.
2. List the recording and reporting tools used at health facility, district, and national levels.
3. Establish the links among the recording tools maintained at the health facility/community level, and the reports generated by the health facility/community health workers (CHWs).
4. Establish the flow of information from health facility/community to each administrative level of the health system.
5. Identify the potential overlaps among these information systems.

Summary of Information Collected Using the RHIS Overview Tool

The RHIS Overview Tool covers:

- **Data collection**. It lists the data recording tools (patient registers, forms, and electronic medical records [EMRs], etc.) used at the health facility, who introduced them, and the type of information captured.
- **Information systems mapping**. It lists the information systems and data transmission tools that exist at each level of the health system, who introduced them, and the type of data reported. Thus, it identifies redundancies, workload, and levels of fragmentation and integration.
- **Information flow**. It illustrates how and when information flows among different levels of the health system, their overlap, and the burden of information and work.

Data Collection Methods

- The overall picture of the RHIS at a national level is assessed via a linked desk-review data element mapping tool
- Review of RHIS standard operating procedures (SOPs) are captured via linked mapping tool and completed via group discussion with the RHIS unit and health program staff at the national level.
- The above information collected at the national/regional level should be verified by using PRISM Tool 1 tool during health facility and district health office visits
- All sections of **EN-MINI-PRISM** Tool 1 are to be used at the facility level
- **EN-MINI-PRISM** Tool 1, section 4 can also be used at the district health office level to verify data

RHIS Overview EN-MINI-PRISM Tool 1: Data Collection

Survey facilitator		
RHIS_101	Survey date	
RHIS_102	Facilitator name	
RHIS_103	Facilitator code Enter your 2-character identifier.	☐☐
RHIS_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 ministry of health (MOH)
Unit identification [Valid for facility types 6–8]		
RHIS_105h	Central/region/state/province Enter the alphanumeric code that identifies this level**.**	☐☐
RHIS_106h	District Enter the alphanumeric code that identifies this district. [Valid when the type of facility is 6]	☐☐
RHIS_108h	Unit name	
RHIS_109h	Location of the unit Town/city/village	
RHIS_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]		
RHIS_105f	Region/state/province Enter the alphanumeric code that identifies this level.	☐☐
RHIS_106f	District Enter the alphanumeric code that identifies this district.	☐☐
RHIS_107f	Health facility number Enter a 10-digit unit number. Include leading zeros.	☐☐☐☐☐

RHIS_108f	Health facility name	
RHIS_109f	Location of the unit Town/city/village	
RHIS_111f	Urban/rural	1. Urban 2. Rural
RHIS_112f	Managing authority	1. Government/public 2. Nongovernmental organization (NGO)/ not-for-profit 3. Private-for-profit 4. Mission/faith-based/community-based organization (CBO) 96. Other (specify) _____
RHIS_113	Survey start time (Use the 24-hour clock system, e.g., 14:30)	☐☐ : ☐☐

[paper tools] To complete the tables in Section 1 and Section 2:

1. Ask for copies of the data recording tools or check if the procedures manual lists all data recording tools that are used.
2. At the top of each column, list all existing data recording tools (e.g., patient registers, forms, electronic medical records, etc.) in S1_01 for paper-based tools and S2_01 for electronic tools.
3. Verify if a given recording tool includes the listed type of service or disease information and mark an “x” in the corresponding row for S1_02/S2_02.
4. Indicate which organization introduced the recording form and mark an “x” in the corresponding row for S1_03/S2_03.

If there are no paper-based recording tools, leave Section 1 blank.

If there are no electronic recording tools, leave Section 2 blank.

[paper tools] Added Explanation for EN-MINI-PRISM Tools Adaptation:

This RHIS overview tool can be completed at each facility location where newborn and maternal data are collected, for example:

The initial point of data collection (e.g., ward or clinical area),

The individual point data are aggregated and entered into the HMIS (this could be at the ward or in a different location at the facility depending on where the person responsible is based),

The interface between paper and electronic records (if relevant),

At any other point in the system, routine data are processed/transferred in a way you assess as applicable (setting specific).

Section 1. Paper-based data recording tools

Paper-based data recording tools at facility level

[paper tools] Added Explanation for EN-MINI-PRISM Tools Adaptation**:**

This section should be used to verify the information collected during the data element/indicator mapping process, and to capture what is currently happening in practice.

The section: ‘’S1_01 Name of the registers/form’’ should be pre-populated with the list of registers and forms identified

from the data element/indicator mapping exercise that contain the selected indicators

Collect data from every health facility ward location that is relevant for:

6 Child / Newborn health services – in all inpatient ward settings (postnatal/ KMC/ neonatal inpatient/ special care newborn ward or unit (SCNU)/ intensive care newborn ward (NICU)

5 Maternal health services – focus on the time of birth (delivery ward and operation theater)

Mark the corresponding row as per the instructions above.

Add in any additional paper-based registers/forms/tally sheets both informal (handwritten) and formal (printed) that are found, including any intervention specific registers/forms/tally sheets (for example, helping babies breathe, kangaroo mother care etc.)

[SurveyCTO] S1_00. Added Explanation for EN-MINI-PRISM Tools Adaptation:

Collect data from every health facility ward location that is relevant for:

Child / Newborn health services – in all inpatient ward settings (postnatal/ KMC/ neonatal inpatient/ special care newborn ward or unit (SCNU)/ intensive care newborn ward (NICU)

And Maternal health services – focus on the time of birth (delivery ward and operation theater)

Include any paper-based registers/forms/tally sheets both informal (handwritten) and formal (printed) that are found, including any intervention specific registers/forms/tally sheets (for example, helping babies breathe, kangaroo mother care etc.)

S1_01. Name of the register/form	S1_01. Name of the register/form													
S1_01. Name of the register/form														
5.1 Maternal health services - Labor and delivery														
5.2 Maternal health services - Operation theater														
5.3 Maternal health services - Postnatal ward														
6.1 Child health services - Postnatal ward														
6.2. Child health services - Kangaroo mother care ward/corner														
6.3. Child health services - Neonatal inpatient care ward														
6.4 Child health services - Special care newborn ward														
6.5 Child health services - Intensive care														

newborn ward															
96. Other (specify) _____															

S1_02.1	Please capture an image copy of all registers and documents listed in S1_01. You may photograph, photocopy, or scan as relevant. Please ensure that all data elements are clearly shown in the copy; you may take more than one image if necessary. Please also take a copy of any register filling instructions or protocols. If relevant, you can take a printout or photocopy of associated documents. Please ensure you store all data in line with the data management protocol.	Please add the number of registers and documents that have been copied _____

Section 1. Paper-based data recording tools

Paper-based data recording tools at facility level

[paper tools] Added Explanation for Newborn modified PRISM assessment:
This section should be used to verify the information collected during the data element/indicator mapping process, and to capture what is currently happening in practice.
The section: ''S1_03 Primary organization that introduced the register/form" should be pre-populated with the list of registers and forms identified from the data element/indicator mapping exercise that contain the selected indicators.
Also add any additional registers and forms identified in "S1_01 Name of the registers/form''

S1_03. Primary organization that introduced the register/form	**S1_01. Name of the register/form**													
1. MOH (standardized national health information system [HIS] tool)														
2. MOH (program-specific name) _____														
3. United Nations (UN) agency (name) _____														
4. Regional/state government														
5. Other partner/donor (name) _____														
6. Locally customized/developed (including facility based)														
96. Other (specify) _____														

Section 2. Electronic data recording tools at facility level

[paper tools]: Added Explanation for Newborn modified PRISM assessment:
This section should be used to verify the information collected process for electronic HMIS/RHIS (e.g., DHIS2), during the data element/indicator mapping and to capture what is currently happening in practice.
The section: “S2_01. Name of the electronic system” should be pre-populated with any electronic data recording tools/forms that were mapped during the data element/indicator mapping (e.g., DHIS2).
Add in any additional electronic systems identified for newborn (and maternal) health services.
Collect data from every health facility ward location that is relevant for:
6 Child / Newborn health services: in all inpatient ward settings (postnatal/KMC/neonatal inpatient/special care newborn ward or unit (SCNU)/intensive care newborn ward (NICU)
5 Maternal health services: focus on the time of birth (delivery ward and operation theater)
Mark the corresponding row as per PRISM instructions.

[SurveyCTO] Added Explanation for Newborn modified PRISM assessment:
Please collect data from every health facility ward location that is relevant for:
Child/Newborn health services – in all inpatient ward settings (postnatal/KMC/neonatal inpatient/special care newborn ward or unit (SCNU)/intensive care newborn ward (NICU)
And Maternal health services – focus on the time of birth (delivery ward and operation theater)
To complete the following section, please ask for copies of the electronic data recording tools.
**Each electronic tool will require its own group. Select "Add group" for each tool. To bypass this section or after the last tool has been entered, select "Do not add".
First, specify a data recording tool (e.g., electronic medical record, etc.).
Then, select the type of service or disease information that it collects.
Also, indicate which organization introduced the electronic tool.
If there are additional electronic recording tools, add another group until all the tools have been entered.

Information and communication technology (ICT) applications/software used for data recording (e.g., Excel, Access, Electronic Medical Record [EMR], District Health Information Software version 2 [DHIS 2], geographic information system [GIS], other software) S2_02. Purpose (type of information recorded)	S2_01. Name of the electronic system													
5.1 Maternal health services – Labor and delivery														
5.2 Maternal health services – Operation theater														
5.3 Maternal health services – Postnatal ward														
6.1 Child health services – Postnatal ward														
6.2. Child health services – Kangaroo mother care ward/corner														
6.3. Child health services – Neonatal inpatient care ward														
6.4 Child health services – Special care newborn ward														
6.5 Child health services – Intensive care newborn ward														

96. Other (specify) _____														

S2_02.1	Please capture an image copy of all electronic data recording tools and documents listed in S2_01. You may photograph, screenshot, or print as relevant. Please ensure that all data elements are clearly shown in the copy; you may take more than one image if necessary. Please also copy any electronic data recording tool filling instructions or protocols. If relevant, you can take a printout or photocopy of associated documents. Please ensure you store all data in line with the data management protocol.	Please add the number of electronic data recording tools and documents that have been copied _____

Section 2. Electronic data recording tools at facility level														
S2_03. Primary organization that introduced the register/form	S2_01. Name of the electronic system													
1. MOH (standardized national HIS tool)														
2. MOH (program-specific name) _____														
3. UN agency (name) _____														
4. Regional/state government														
5. Other partner/donor (name) _____														
6. Locally customized/developed (including facility based)														
96. Other (specify) _____														

[paper tools] To complete the mapping sheet:
List all the reporting forms in S3_01.
Specify if the reports are paper-based, electronic, or both by marking P, E, or B in each column for S3_02.
For electronic forms, mention what type in the appropriate columns for S3_03.
Verify if a given reporting form includes the listed type of service or disease information and mark an “x” in the corresponding column for S3_04.
Indicate which organization introduced the reporting form and mark an “x” in the corresponding column for S3_05.

[paper tools] Added Explanation for EN-MINI-PRISM Tools Adaptation:
Data collectors should list all the facility reporting forms sent and received in S3_01.

[SurveyCTO] Added Explanation for EN-MINI-PRISM Tools Adaptation:
To complete the mapping sheet, create a new group for each reporting form. Select "Add group" for each report. Select " Do not add " to bypass this section or after the last report has been entered, select "Do not add".
Specify the reporting form's name, type, and the electronic system if applicable.
Then select the type of service or disease information contained in the reporting form and which organization introduced the report.
Add another group until all the reporting forms have been entered.

Section 3. Information mapping sheet														
S3_01. Name of the report generated by community/ health facility/district														
S3_02. Paper-based, electronic, or both? *(Mark P, E, or B)*														
S3_03. If electronic, type of electronic system (Excel, Access, DHIS 2, GIS, other software)														
S3_04. Type of data reported														
5.1 Maternal health services – Labor and delivery														

5.2 Maternal health services – Operation theater														
5.3 Maternal health services – Postnatal ward														
6.1 Child health services – Postnatal ward														
6.2. Child health services – Kangaroo mother care ward/corner														
6.3. Child health services – Neonatal inpatient care ward														
6.4 Child health services – Special care newborn ward														
6.5 Child health services – Intensive care newborn ward														
96. Other (specify) _____														
S3_05. Primary organization that introduced the report														
1. MOH (standardized national HIS tool)														
2. MOH (program-specific name) _____														
3. UN agency (name) _____														
4. Regional/state government														
5. Other partner/donor (name) _____														
6. Locally customized/developed (including facility based)														
96. Other (specify) _____														

[paper tools] To complete the information flow sheet:

List all the reports generated at the different levels of the health system in S4_01.
Specify if the reports are paper-based, electronic, or both in S4_02.
For electronic reports, mention what type in S4_03.
In S4_04, list the levels of the health system (from bottom to top) where data are transmitted and received.
Mark an "x" in the corresponding column/row under S4_04 for each report listed in S4_01.
Capture if there is interdepartmental data transmission in the same organizational level by using arrows to indicate the data flow.

[paper tools] Added Explanation for EN-MINI-PRISM Tools Adaptation:

Data collectors should focus on any facility reports sent or received and include the newborn or maternal indicators already mapped.
Once this has been completed at the facility level, the receiving office can verify the results as listed in S4_04.

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

List the levels of the health system (from bottom to top) where data are transmitted and received. Each level will be a group.
Data collectors should focus on any facility reports sent or received and include the newborn or maternal indicators already mapped.
Once this has been completed at facility level, the results can be verified by the receiving office as listed in S4_04.

Section 4. Information flow sheet

S4_01. Name of the report generated by the community/ health facility/ district	**S4_02. Paper-based, electronic, or both** *(Mark P, E, or B)*	**S4_03. If electronic, type of electronic system (Excel, Access, DHIS 2, GIS, other software)**	**S4_04. Where the report is sent**													

RHIS_114	Survey end time (Use the 24-hour clock system, e.g., 14:30)	:

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

RHIS Performance Diagnostic **EN-MINI-PRISM Tool 2**

May 2022 Version 1.2

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RHIS Performance Diagnosis EN-MINI-PRISM Tool 2

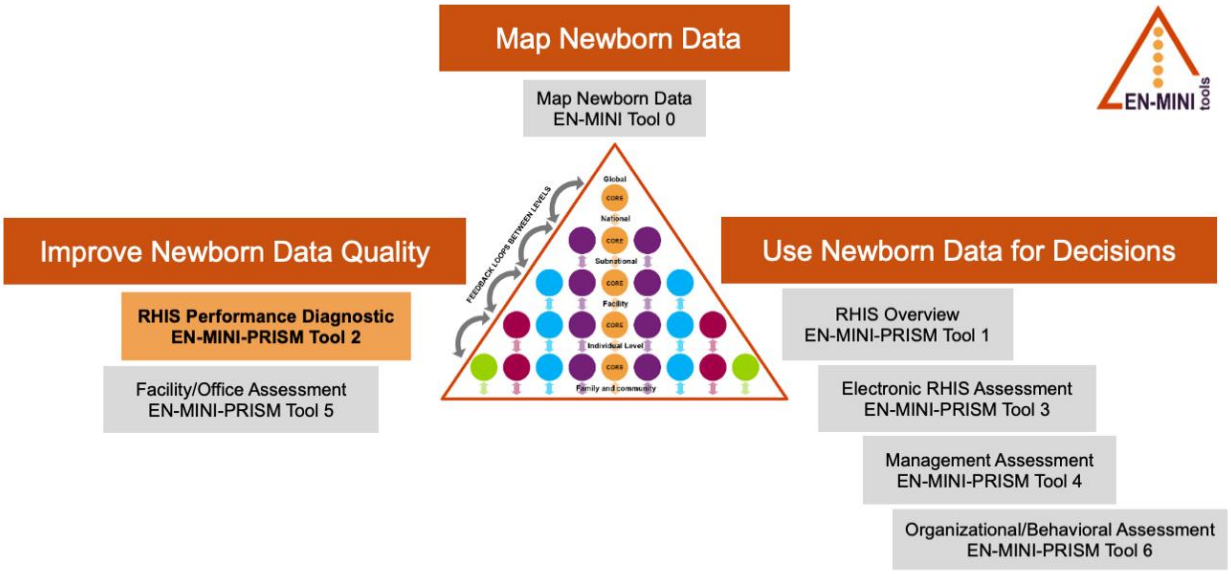
Introduction

EN-MINI-PRISM tool 2 can be used to determine the overall level of RHIS performance via its data quality and use of information. Captures technical and organizational determinants such as indicator definitions and reporting guidelines, the level of complexity of data collection tools and reporting forms, the existence of data-quality assurance mechanisms, RHIS data use mechanisms, and supervision and feedback mechanisms.

The relationship of EN-MINI-PRISM Tool 2 to the full set of EN-MINI tools is shown in Figure 4.

Individual tool versions of EN-MINI-PRISM Tool 2A (District Level) and EN-MINI-PRISM Tool 2B (Health Facility Level) are available as separate documents here.

Figure 4. 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.

Data Requirements, Collection, and Management and Analysis

Data Entry Platform

EN-MINI-PRISM tool 2 has been set up for direct digital data collection using SurveyCTO and standardized automated analysis. EN-MINI website for further details.

RHIS Performance Diagnostic EN-MINI-PRISM Tool 2 includes two parts that interrelate:

- RHIS Performance Diagnostic EN-MINI-PRISM Tool 2A: District Level, **page 27**
- RHIS Performance Diagnostic EN-MINI-PRISM Tool 2B: Health Facility Level, **page 47**

RHIS Performance Diagnostic EN-MINI-PRISM Tool 2A: District Level

Purpose

1. Identify RHIS data quality, gender-disaggregated data, and information use issues.
2. Quantify the levels of data quality (accuracy, reporting timeliness, and completeness) and information use status (access to RHIS data, existence of analyzed data, and use of RHIS data for monitoring and planning).
3. Identify issues/problems with data processing and processes for information use.

Summary of Information Collected Using the RHIS Performance Diagnostic Tool at the District Level

Measuring Data Quality

Through an analysis of program data elements, the RHIS Performance Diagnostic Tool quantifies the status of data availability, completeness, timeliness, and accuracy, and thus provides valuable information on the adequacy of health facility and district data to support planning and monitoring. The data quality assessment section of this tool is aligned with the data verification aspect of the Data Quality Review (DQR) Tool.3 The RHIS Performance Diagnostic Tool has the following core recommended data elements to assess data quality:

- Total births
- Livebirths
- Stillbirths
- Low birthweight
- Early initiation of breastfeeding
- Bag-mask-ventilation

At the district level, the RHIS Performance Diagnostic Tool compares reported data and the value entered in the district database for the same data elements and reporting period examined at the facility level.

Measuring Information Use

The RHIS Performance Diagnostic Tool also measures the continuous use of information to guide day-to-day operations, track performance, learn from past results, and improve service delivery. The tool focuses on the use of RHIS data for analytic report production, discussion, decision/action, target setting, planning, and monitoring.

[3] World Health Organization (WHO). (2017). Data quality review toolkit. Retrieved from http://www.who.int/healthinfo/tools_data_analysis/dqr_modules/en/

Assessing RHIS Data Management Processes

Throughout different sections, this tool assesses various aspects of RHIS data management processes, including:

- **Data processing, analysis, and presentation**: the availability of a copy of RHIS data management guidelines; use of standardized RHIS data collection and reporting tools; evidence of data analysis; and visual representation of data.
- **Data quality check**: presence of data quality assurance guidelines and tools; clearly assigned roles and responsibilities for data entry and review; and regular internal data quality checks conducted by the district.
- **Feedback**: existence of formal feedback loops to the staff collecting the data; regular written feedback sent to health facilities on their performance and the quality of reported data.
- **Performance monitoring and planning:** decisions and actions taken based on performance monitoring meetings (e.g., discussing key performance targets); comparisons of district data over time and with national targets; annual planning.

Data Collection Methods

- Key informant interviews (district manager and district data officer, or those responsible for the compilation, reporting, and analysis of data)
- Document review and observation (RHIS reports, electronic database, planning documents, meeting minutes, feedback reports/notes, guidelines)

RHIS Performance Diagnostic EN-MINI-PRISM Tool 2A: District Level Data Collection

Survey facilitator		
DQ_101	Survey date	
DQ_102	Facilitator name	
DQ_103	Facilitator code Enter your 2-character identifier.	
District level unit identification		
DQ_104	Region/state/province Enter the alphanumeric code that identifies this level.	
DQ_105	District Enter the alphanumeric code that identifies this district.	
DQ_106	District name	
DQ_107	Name of district office(s) visited Note: It could be one or more offices from which information is collected. Please list them here.	_____ _____ _____
DQ_108	Location of the district or district unit Town/city/village	
Informed consent		

READ THE FOLLOWING TEXT TO THE DISTRICT MANAGER OR THE HEAD OF THE DISTRICT UNIT:

Good day! My name is _____. We are here on behalf of [IMPLEMENTING AGENCY] conducting a survey of district health offices to help the government know more about the performance of the routine health information system for newborn and stillbirth data in [COUNTRY].

Your district was selected to participate in this study. We will be asking you questions about various health services and routine reporting. This information may be used by [MOH AND/OR IMPLEMENTING AGENCY], organizations supporting health services, and researchers, to plan service improvements 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

DQ_109	Has the consent form been signed?	1. Yes	2. No → **End survey**
DQ_110	May I begin the interview?	1. Yes	2. No → **End survey**
DQ_111a	Survey start time (Use the 24-hour clock system, e.g., 14:30)		☐☐ : ☐☐

Part 1. Data Quality: District Assessment Form

Assessment review months	
Enter the three review months that will be used during this assessment.	
Month 1	MONTH YEAR
Month 2	MONTH YEAR
Month 3	MONTH YEAR

Resources for data assessment			
DQ_010	Does the district have a designated person responsible for entering data/compiling reports for newborn and stillbirth data from health facilities?	1. Yes 2. No	
DQ_011	Does the district have a designated person to review the quality of compiled newborn and stillbirth data prior to submission to the next level, e.g., to regional/provincial offices, to the central health management information system (HMIS)?	1. Yes 2. Partly (the data are reviewed but no one is designated with the responsibility) 3. Not at all	
DQ_011.1	Does the electronic HIS programme (e.g., DHIS2) have embedded data quality applications (e.g., DQR WHO tool) for newborn and stillbirth data?	1. Yes 2. No → **Skip to DQ_012**	
DQ_011.2	Are the data quality outputs for newborn and stillbirth data regularly generated and used?	1. Yes 2. No	
DQ_012	Does the district have written guidelines for: **(OBSERVE)**		
	A. Data entry/compilation	1. Yes	2. No
	B. Data review and quality control	1. Yes	2. No

DQ_013	Are designated staff trained on:	
	A. Data entry/compilation?	1. Yes (staff have received training in the past two years) 2. Mostly (all staff have received training but not in the past two years) 3. Partly (some staff have received training) 4. Not at all
	B. Data review and quality control?	1. Yes (staff have received training in the past two years)

		2. Mostly (all staff have received training but not in the past two years) 3. Partly (some staff have received training) 4. Not at all

Completeness of health facilities reporting to district

DQ_014	Does the district keep copies of monthly RHIS reports for newborn and stillbirth data (paper-based or electronic) sent by the health facilities? **(CHECK THE REPORTS FROM MONTH 1 TO MONTH 3)**	1. Yes, paper-based copies only 2. Yes, electronic copies only 3. Yes, both paper-based and electronic copies (all health facilities submit both types of reports) 4. Yes, mixed (some health facilities submit paper-based reports; others submit electronic reports) 5. No

DQ_015 How many health facilities in the district are supposed to submit the monthly RHIS report for newborn and stillbirth data to the district and by what method?

(FOR DQ_015 and DQ_016 A-C, SPECIFY THE FACILITY TYPE ACCORDING TO THE STRUCTURE OF THE COUNTRY'S HEALTH SYSTEM)

Health facility type	A. Paper-based report only	B. Electronic report only	C. Both paper and electronic reports
1. Hospitals			
2. Health centers/clinics			
3. Health posts/community-level facilities			
4. Private clinics (all types)			

DQ_016 **How many health facilities in the district actually submitted monthly RHIS reports** for newborn and stillbirth data **for the following months?**

(CHECK THE MONTHLY RHIS REPORTS SUBMITTED BY THE HEALTH FACILITIES DURING THE REVIEW PERIOD)

A. Month 1 _____ year_____

Health facility type	A. Paper-based report only	B. Electronic report only	C. Both paper and electronic reports
1. Hospitals			
2. Health centers/clinics			
3. Health posts/community-level facilities			
4. Private clinics (all types)			

B. Month 2 _____ year_____

Health facility type	A. Paper-based report only	B. Electronic report only	C. Both paper and electronic reports
1. Hospitals			
2. Health centers/clinics			
3. Health posts/community-level facilities			
4. Private clinics (all types)			

C. Month 3 _____ year_____

Health facility type	A. Paper-based report only	B. Electronic report only	C. Both paper and electronic reports
1. Hospitals			
2. Health centers/clinics			
3. Health posts/community-level facilities			
4. Private clinics (all types)			

DQ_017	If health facilities are not submitting monthly RHIS reports for newborn and stillbirth data, what are the possible reasons for this?	1. Storage or archiving problems 2. Staffing issues 3. Absence of reporting forms 4. Transportation issues 5. Internet connectivity issues 6. Presence of other vertical reporting requirements 96. Other (specify) _____

Report timeliness

DQ_018	1. Is there a deadline for submission of the monthly RHIS report for newborn and stillbirth data by the health facilities?	1. Yes 2. No → **Go to DQ_021**
	2. If *yes*, what is the deadline? Reporting deadline: _____ 3. If yes, how long (in days) do staff have between the end of the data collection period (e.g., end of the month) and report submission?	
DQ_019	Does the district office record receipt dates of monthly RHIS reports for newborn and stillbirth data? **(CONSULT REGISTER/COMPUTER)**	1. Yes 2. No → **Go to DQ_021**

DQ_020 If *yes*, how many reports were received on time (before or on the deadline)?

(CHECK THE RECEIPT DATES FOR THE THREE REVIEW MONTHS)

Health facility type	A. Month 1	B. Month 2	C. Month 3
1. Hospitals			
2. Health centers/clinics			
3. Health posts/community-level facilities			
4. Private clinics (all types)			

DQ_021 Does the district office keep a record of its submission of monthly aggregated RHIS reports for newborn and stillbirth data to regional and/or national offices?

(CONSULT REGISTER/COMPUTER)

1. Yes
2. No → **Go to DQ_023**

DQ_022 If *yes*, are monthly RHIS reports submitted on time to _____?

(In the space above, specify the next reporting level[s] according to the existing national reporting protocol)

(Check the submission dates of the aggregate RHIS reports for the three review months)

A. Month 1	B. Month 2	C. Month 3
1. Yes	1. Yes	1. Yes
2. No	2. No	2. No

Reported data completeness on selected data elements

Please answer the following questions for each of the selected data elements.

DQ_023 How many facilities were expected to report on the selected data elements?

Data elements	A. Month 1	B. Month 2	C. Month 3
1. Total births			
2. Number of live births			
3. Number of stillbirths			
4. Number of newborns with low birthweight (<2500g)			
5. Number of newborns with early initiation of breastfeeding			
6. Number of newborns receiving bag-mask-ventilation			
7. Number of women receiving uterotonics to prevent postpartum hemorrhage			
8. Number of newborns admitted to KMC ward <2000g			
9. Number of institutional neonatal deaths			
10. Number of cases of neonatal sepsis			

DQ_024

(CONSULT REGISTER/COMPUTER)

A. Month 1 _____ year_____

Data elements	A. How many facilities actually reported on the selected data elements?	B. How many reports were complete (meaning that the report contains the data relevant to the selected data elements)?
1. Total births		
2. Number of live births		
3. Number of stillbirths		
4. Number of newborns with low birthweight (<2500g)		
5. Number of newborns with early initiation of breastfeeding		
6. Number of newborns receiving bag-mask-ventilation		
7. Number of women receiving uterotonics to prevent postpartum hemorrhage		
8. Number of newborns admitted to KMC ward <2000g		
9. Number of institutional neonatal deaths		
10. Number of cases of neonatal sepsis		

B. Month 2 _____ year_____

Data elements	A. How many facilities actually reported on the selected data elements?	B. How many reports were complete (meaning that the report contains the data relevant to the selected data elements)?
1. Total births		
2. Number of live births		
3. Number of stillbirths		

4. Number of newborns with low birthweight (<2500g)		
5. Number of newborns with early initiation of breastfeeding		
6. Number of newborns receiving bag-mask-ventilation		
7. Number of women receiving uterotonics to prevent postpartum hemorrhage		
8. Number of newborns admitted to KMC ward <2000g		
9. Number of institutional neonatal deaths		
10. Number of cases of neonatal sepsis		

C. Month 3 _____ year_____

data elements	A. How many facilities actually reported on the selected data elements?	B. How many reports were complete (meaning that the report contains the data relevant to the selected data elements)?
1. Total births		
2. Number of live births		
3. Number of stillbirths		
4. Number of newborns with low birthweight (<2500g)		
5. Number of newborns with early initiation of breastfeeding		
6. Number of newborns receiving bag-mask-ventilation		
7. Number of women receiving uterotonics to prevent postpartum hemorrhage		

	8. Number of newborns admitted to KMC ward <2000g		
	9. Number of institutional neonatal deaths		
	10. Number of cases of neonatal sepsis		

DQ_025	If any monthly RHIS reports were not complete, what are the possible reasons for the missing data?	1. Staffing issues 2. Not understanding the data element(s) 3. Presence of other vertical reporting requirements 4. Not applicable- all reports were complete 96. Other (specify): _____

Data accuracy

Manually count the reported figures for the following data elements from the RHIS monthly reports that are submitted by the health facilities for the three review months. Compare the figures with the aggregated RHIS reports, either electronic or paper-based, that are submitted by the district to regional/national offices.

DQ_026	**Month 1:** _____ **Data elements**	**A. Manual count from the source documents, i.e., facility reports** (If none, enter 0; if missing or not applicable, leave blank)	**B. Reported data from district's electronic database or paper-based reports submitted by the district, as applicable** (If missing or not available, leave blank)	**C. Reason for observed discrepancy (if A ≠ B)** 1. Data entry errors 2. Arithmetic errors 3. Information from submitted reports not compiled correctly 4. Monthly reports not available 96. Other (specify) _____
	1. Total births			
	2. Number of live births			
	3. Number of stillbirths			
	4. Number of newborns with low birthweight (<2500g)			
	5. Number of newborns with early initiation of breastfeeding			
	6. Number of newborns receiving bag-mask-ventilation			

	7. Number of women receiving uterotonics to prevent postpartum hemorrhage			
	8. Number of newborns admitted to KMC ward <2000g			
	9. Number of institutional neonatal deaths			
	10. Number of cases of neonatal sepsis			
DQ_027	**Month 2:** _____ **Data elements**	**A. Manual count from the source documents, i.e., facility reports** (If none, enter 0; if missing or not applicable, leave blank)	**B. Reported data from district's electronic database or paper-based reports submitted by the district, as applicable** (If missing or not available, leave blank)	**C. Reason for observed discrepancy (if A ≠ B)** 1. Data entry errors 2. Arithmetic errors 3. Information from submitted reports not compiled correctly 4. Monthly reports not available 96. Other (specify) _____
	1. Total births			
	2. Number of live births			
	3. Number of stillbirths			
	4. Number of newborns with low birthweight (<2500g)			
	5. Number of newborns with early initiation of breastfeeding			
	6. Number of newborns receiving bag-mask-ventilation			
	7. Number of women receiving uterotonics to prevent postpartum hemorrhage			
	8. Number of newborns admitted to KMC ward <2000g			

	9. Number of institutional neonatal deaths			
	10. Number of cases of neonatal sepsis			

DQ_028	**Month 3:** _____ **Data elements**	**A. Manual count from the source documents, i.e., facility reports** (If none, enter 0; if missing or not applicable, leave blank)	**B. Reported data from district's electronic database or paper-based reports submitted by the district, as applicable** (If missing or not available, leave blank)	**C. Reason for observed discrepancy (if A ≠ B)** 1. Data entry errors 2. Arithmetic errors 3. Information from submitted reports not compiled correctly 4. Monthly reports not available 96. Other (specify) _____
	1. Total births			
	2. Number of live births			
	3. Number of stillbirths			
	4. Number of newborns with low birthweight (<2500g)			
	5. Number of newborns with early initiation of breastfeeding			
	6. Number of newborns receiving bag-mask-ventilation			
	7. Number of women receiving uterotonics to prevent postpartum hemorrhage			
	8. Number of newborns admitted to KMC ward <2000g			
	9. Number of institutional neonatal deaths			
	10. Number of cases of neonatal sepsis			

Data quality assessment mechanisms		
DQ_029	Does the district have written guidelines on routine health data quality assessment/assurance? **(OBSERVE)**	1. Yes, observed 2. No
DQ_030	Does the district conduct data quality assessments for newborn and stillbirth data at health facilities?	1. Yes 2. No → **Go to DQ_034**
DQ_031	If *yes*, does the district use data quality assessment tools (e.g., lot quality assurance sampling [LQAS], routine data quality assessment [RDQA], and in-built electronic data quality validation rules/system)? **(OBSERVE)**	1. Yes, observed 2. No
DQ_032	Does the district maintain a record of health facility data quality assessments for newborn and stillbirth data conducted in the past 12 months? **(OBSERVE)**	1. Yes, observed 2. No
DQ_033	Does the district maintain a record of feedback to health facilities on data quality assessment for newborn and stillbirth data findings? **(OBSERVE)**	1. Yes, observed 2. No

Data processing and analysis		
DQ_034	Does the district use an electronic database/system to enter and analyze routine newborn and stillbirth data?	1. Yes 2. No → **Go to DQ_036**

DQ_035 If *yes*, indicate the type of electronic system used for routine data entry and analysis

Electronic system	A. For data entry		B. For data analysis	
	1. Yes	2. No	1. Yes	2. No
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) _____				

DQ_036	**Ask relevant staff in the district office to show up to date (i.e., not more than one year old) reports, documents, and/or displays that contain the following information. Record the observations accordingly.**	
	A. Aggregated/summary RHIS report for newborn and stillbirth data within the past three months. **(OBSERVE)**	1. Yes, observed 2. No
	B. Demographic data on the catchment population of the district for calculating coverages for newborn and stillbirth data. **(OBSERVE)**	1. Yes, observed 2. No
	C. Indicators (e.g., early initiation of breastfeeding, bag-mask-ventilation, birthweight/low birthweight, and stillbirth) calculated for each facility catchment area in the district within the past three months. **(OBSERVE)**	1. Yes, observed 2. No
	D. Comparisons among facilities in the district (e.g., for early initiation of breastfeeding, bag-mask-ventilation, birthweight/low birthweight, stillbirth). **(OBSERVE)**	1. Yes, observed 2. No
	E. Comparisons with district/national targets for newborn and stillbirths **(OBSERVE)**	1. Yes, observed 2. No
	F. Comparisons of data over time (monitoring trends) (e.g., early initiation of breastfeeding, bag-mask-ventilation, birthweight/low birthweight, stillbirth). **(OBSERVE)**	1. Yes, observed 2. No
	G. Comparisons of sex-disaggregated data (e.g., low birthweight, etc.). **(OBSERVE)**	1. Yes, observed 2. No
	H. Comparisons of service coverage (e.g., early initiation of breastfeeding, bag-mask-ventilation, birthweight/low birthweight, stillbirth etc.). **(OBSERVE)**	1. Yes, observed 2. No

Part 2. Use of Information: District Assessment Form

Information use guidelines and strategic documents		
DU_001	Are there any written guidelines on RHIS information display, use, and feedback? **(OBSERVE)**	1. Yes, copy available at the district office 2. Yes, but copy not available at the district office 3. No
DU_002	Does the district office have copies of the national RHIS strategic plans, district annual plans, and/or district performance targets? **(OBSERVE)**	1. Yes, copy available at the district office 2. Yes, but copy not available at the district office 3. No

Data visualization			
DU_003	Does the district office prepare data visuals (graphs, tables, maps, etc.) showing achievements toward targets (indicators, geographic and/or temporal trends, and situation data) for newborn and stillbirth data? **(OBSERVE)**	1. Yes, paper or electronic copies of data visuals observed at the district offices 2. No → **Go to DU_005**	
DU_004	If *yes*, what type of information is captured in the data visuals?		
	1. Maternal health care **(OBSERVE)**		1. Yes, observed 2. No
	2. Neonate and child health care (other than the Expanded Program on Immunization [EPI]) **(OBSERVE)**		1. Yes, observed 2. No
	3. Top causes of morbidity and mortality **(OBSERVE)**		1. Yes, observed 2. No
	96. Other (specify) _____		1. Yes, observed 2. No

RHIS analytic report production				
DU_005	Does the district have access to analyzed newborn and stillbirth RHIS data (e.g., summary tables, charts, maps)? **(OBSERVE)**		1. Yes, observed paper-based 2. Yes, observed electronic 3. No	
DU_006	Does the district office produce any report or bulletin (annual, quarterly, etc.) based on an analysis of RHIS newborn and stillbirth data? **(OBSERVE)** (Excluding the monthly summary/aggregate reports submitted to the higher level)		1. Yes, observed 2. No →**Go to DU_009**	
DU_007	If *yes*, list the reports and indicate the frequency of the reports and number of times the reports were actually issued in the past 12 months.			
	A. Title of the report	**B. Number of times this report is supposed to be issued per year**	**C. Number of times this report was actually issued in the past 12 months**	**D. Target audience of the report** (e.g., MOH, civil administration, parliament, community forums, general population)
01				
02				
03				
DU_008	Do any of these reports and/or bulletins contain discussions and decisions/recommendations based on key performance targets and based on RHIS newborn and stillbirth data? Such as:			
	1. Coverage of service such as, early initiation of breastfeeding, bag-mask-ventilation, birthweight/low birthweight etc.		1. Yes 2. No	
	2. Hospital/health center performance indicators		1. Yes 2. No	
	3. Major neonatal morbidity diagnoses (e.g., top ten diseases: retinopathy, growth faltering, kernicterus, and jaundice).		1. Yes 2. No	
	4. Identification of emerging issues/epidemics		1. Yes 2. No	
	5. Medicine stockout		1. Yes 2. No	
	6. Human resource management		1. Yes 2. No	
	7. Sex-disaggregated data, e.g., low birthweight		1. Yes 2. No	

Feedback to health facilities		
DU_009	Did the district send feedback reports using newborn and stillbirth RHIS information to health facilities in the past three months? **(OBSERVE THE REPORT AND CHECK THE DATE)**	1. Yes, observed 2. No → **Go to DU_011**
DU_010	If *yes*, indicate the types of feedback reports:	
	1. Feedback on data quality (including data accuracy, reporting timeliness, and/or report completeness) **(OBSERVE)**	1. Yes, observed 2. No
	2. Feedback on service performance based on reported RHIS data (e.g., appreciation/ acknowledgement of good performance; resource allocation/mobilization) **(OBSERVE)**	1. Yes, observed 2. No

Routine decision-making forums and processes at the district office		
DU_011	Does the district have a performance monitoring or management team?	1. Yes 2. No
DU_012	Does the district have routine team meetings to discuss performance monitoring and management?	1. Yes 2. No → **Go to DU_020**
DU_013	If *yes*, how often are the performance review/management meetings supposed to take place?	1. Weekly 2. Monthly 3. Quarterly 4. Biannually 5. Annually 6. No schedule
DU_014	How many times did the performance monitoring/ management meetings take place during the past three months?	1. More than four times 2. Four times 3. Three times 4. Two times 5. One time 6. Not once
DU_015	Were minutes of the performance monitoring/management meetings maintained for the three review months from _____ to _____? **(OBSERVE)**	1. Yes 2. No → **Go to DU_020**

DU_016	If *yes*, please check the performance monitoring/management meeting records for the review months and see if the following topics were discussed		
A	Did they have any discussions on RHIS management, such as data quality, completeness, or timeliness of reporting?	1. Yes 2. No → **Go to DU_016D**	
B	If *yes*, have they made any decisions based on the discussions of RHIS-related issues (including no interventions required at this time)?	1. Yes 2. No → **Go to DU_016D**	
C	If *yes*, has any follow-up action taken place on the decisions made during the previous meetings on RHIS-related issues (e.g., referring RHIS-related issues/problems for solution to the higher level)?	1. Yes 2. No	
D	Were discussions held to review key performance targets (tracking progress against targets) based on RHIS data? Such as:		
	1. Coverage of services like early initiation of breastfeeding, bag-mask-ventilation, birthweight/low birthweight etc.	1. Yes 2. No	If all are No → **Go to DU_018**
	2. Hospital/health center performance indicators	1. Yes 2. No	
	3. Major neonatal morbidity diagnoses (e.g., top ten diseases: retinopathy, growth faltering, kernicterus, and jaundice).	1. Yes 2. No	
	4. Identification of emerging issues/epidemics	1. Yes 2. No	
	5. Medicine stockouts	1. Yes 2. No	
	6. Human resource management	1. Yes 2. No	
	7. Sex-disaggregated data, e.g., total births	1. Yes 2. No	

E	If *yes*, pick one discussion topic for which performance was reviewed using RHIS data. Record the decisions and the follow-on discussion on that topic in the subsequent meeting minutes. Use this section to prepare a qualitative report on instances of RHIS information use. _____ _____ _____ _____ _____ _____ _____		
DU_017	Were any decisions made based on the discussion of the district and/or health facility's performance? Such as:		
	1. Formulation of plans	1. Yes	2. No
	2. Budget preparation	1. Yes	2. No
	3. Budget reallocation	1. Yes	2. No
	4. Medicine supply and drug management	1. Yes	2. No
	5. Human resource management (training, reallocation, etc.)	1. Yes	2. No
	6. Advocacy for policy, programmatic, or strategic decisions from the higher level	1. Yes	2. No
	7. Health services (preventive, promotive, clinical, rehabilitative) planning	1. Yes	2. No
	8. Promotion of service quality/improvement	1. Yes	2. No
	9. Reducing the gender gap in the provision of health services	1. Yes	2. No
	10. Involvement of the community and local government	1. Yes	2. No
	11. No action required at this time	1. Yes	2. No
DU_018	Were the performance review/management meeting minutes circulated to all members?	1. Yes 2. No	
DU_019	Did the head of the district health office attend any of the performance review/management meetings?	1. Yes 2. No	

Annual planning			
DU_020	Does the district have an annual plan for the current year?	1. Yes 2. No → **Go to DU_023**	
DU_021	If *yes*, does that annual plan use data from the RHIS for problem identification and/or target setting?	1. Yes 2. No → **Go to DU_023**	
DU_022	If *yes*, does the annual plan contain activities and/or targets related to improving or addressing any of the following?		
	1. Coverage of service like early initiation of breastfeeding, bag-mask-ventilation, birthweight/low birthweight etc.	1. Yes	2. No
	2. Hospital/health center performance	1. Yes	2. No
	3. Major neonatal morbidity diagnoses (e.g., top ten diseases: retinopathy, growth faltering, kernicterus, and jaundice).	1. Yes	2. No
	4. Emerging issues/epidemics	1. Yes	2. No
	5. Medicine stockouts	1. Yes	2. No
	6. Human resource management	1. Yes	2. No
	7. Gender disparity in health services coverage	1. Yes	2. No

Data dissemination outside the health sector		
DU_023	Does the district have to submit/present health sector performance reports for newborns and stillbirths to a district council/district administration?	1. Yes 2. No →**Go to DU_026**
DU_024	If *yes*, did the district submit/present health sector performance reports to a district council/district administration in the past one year?	1. Yes 2. No
DU_025	Do those reports/presentations use newborn and stillbirth data from the RHIS to assess the health sector's progress?	1. Yes 2. No
DU_026	Is there a website updated at least annually for accessing the district's RHIS newborn and stillbirth data by the general public?	1. Yes 2. No
DU_027	Are district newborn and stillbirth performance data shared with the general public via bulletin boards, chalkboards, and/or local publications?	1. Yes 2. No
DQ_111b	Survey end time (Use the 24-hour clock system, e.g., 14:30)	☐☐:☐☐

RHIS Performance Diagnostic EN-MINI-PRISM Tool 2B: Health Facility Level

Purpose

1. Identify RHIS data quality, gender-disaggregated data, and information use issues.
2. Quantify the levels of data quality (accuracy, reporting timeliness, and completeness) and information use status (access to RHIS data, existence of analyzed data, and use of RHIS data for monitoring and planning).
3. Identify issues/problems with data processing and processes for information use.

Summary of Information Collected Using the RHIS Performance Diagnostic Tool at the Health Facility Level

Measuring Data Quality

Through an analysis of program data elements, the RHIS Performance Diagnostic Tool quantifies the status of data completeness, timeliness, and accuracy, and thus provides valuable information on the adequacy of health facility data to support planning and monitoring. The data quality assessment section of this tool is aligned with the data verification aspect of the DQR Tool.[4] The RHIS Performance Diagnostic Tool has the following core recommended data elements to assess data quality:

- Total births
- Livebirths
- Stillbirths
- Low birthweight
- Early initiation of breastfeeding
- Bag-mask-ventilation

At the facility level, the RHIS Performance Diagnostic Tool compares the reported value of a data element for a selected reporting period to recorded data by reviewing the source document for the same facility and period. The result is an estimate of the accuracy of reporting for the data elements in question for the whole program.

Measuring Information Use

The RHIS Performance Diagnostic Tool also measures the continuous use of information to guide day-to-day operations, track performance, learn from past results, and improve service delivery. The tool focuses on the use of RHIS data for analytic report production, discussion, decision/action, target setting, planning, and monitoring.

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[4] World Health Organization (WHO). (2017). Data quality review toolkit. Retrieved from http://www.who.int/healthinfo/tools_data_analysis/dqr_modules/en/

Assessing RHIS Data Management Processes

Throughout different sections, this tool assesses various aspects of RHIS data management processes, including:

- **Data processing, analysis, and presentation**: the availability of a copy of RHIS data management guidelines; use of standardized RHIS data collection and reporting tools; evidence of data analysis; and visual representation of data.
- **Data quality check**: presence of data quality assurance guidelines and tools; clearly assigned roles and responsibilities for data entry and review; and regular internal data quality checks conducted by the health facility.
- **Supervision quality**: supervision frequency; checking data quality; using data for discussion; helping in decision making; and supervisory feedback.

Data Collection Methods

- Key informant interviews (health facility in-charge and data manager, or those responsible for compilation, reporting, and analysis of data)
- Document review and observation (RHIS recording tools/source documents, RHIS reports, electronic database, planning documents, meeting minutes, feedback reports/notes, guidelines)

RHIS Performance Diagnostic Tool EN-MINI-PRISM Tool 2B: Health Facility Level Data Collection

Survey facilitator		
FQ_101	Interview date	
FQ_102	Facilitator name	
FQ_103	Facilitator code *Enter your 2-character identifier.*	

Facility identification		
FQ_104	Region/state/province *Enter the alphanumeric code that identifies this level.*	
FQ_105	District *Enter the alphanumeric code that identifies this district.*	
FQ_106	Health facility number *Enter a 10-digit unit number. Include leading zeros.*	
FQ_107	Health facility name	
FQ_108	Location of the health facility *Town/city/village*	
FQ_109	Type of health 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
FQ_110	Urban/rural	1. Urban 2. Rural
FQ_111	Managing authority	1. Government/public 2. NGO/not-for-profit 3. Private-for-profit 4. Mission/faith-based/CBO 96. Other (specify) _____

Informed consent

Read the following text to the manager, the person in charge of the facility, or the most senior health worker responsible for outpatient services who is present at the facility:

Good day! My name is _____. We are here on behalf of [*IMPLEMENTING AGENCY*] conducting a survey of health facilities to help the government know more about the performance of the routine health information system for newborn and stillbirth data in [*COUNTRY*].

Your health facility was selected to participate in this study. We will be asking you questions about various health services and routine reporting. This information may be used by [*MOH AND/OR IMPLEMENTING AGENCY*], organizations supporting health services, and researchers, to plan service improvements 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 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

FQ_112	Is the consent form signed by interviewee?	1. Yes	2. No → **End survey**
FQ_113	May I begin the interview?	1. Yes	2. No → **End survey**
FQ_113	Survey start time (Use the 24-hour clock system, e.g., 14:30)		☐☐:☐☐

Part I. Data Quality: Health Facility Assessment Form

Assessment review months	
Enter the three review months that will be used during this assessment.	
Month 1	MONTH YEAR
Month 2	MONTH YEAR
Month 3	MONTH YEAR
Resources for data assessment	

FQ_011	Is there a designated person to enter data/compile newborn and stillbirth data reports from the different units in the health facility?	1. Yes 2. No
FQ_012	Is there a designated person to review the quality of compiled newborn and stillbirth data prior to submission to the next level, e.g., to districts, to regional offices, to the central HMIS, etc.?	1. Yes 2. Partly (the data are reviewed but no one is designated with the responsibility) 3. Not at all
FQ_013	Are designated staff trained in:	
	A. Data entry/compilation?	1. Yes (staff have received training in the past two years) 2. Mostly (all staff have received training but not in the past two years) 3. Partly (some staff have received training) 4. Not at all
	B. Data quality review or data quality check?	1. Yes (staff have received training in the past two years) 2. Mostly (all staff have received training but not in the past two years) 3. Partly (some staff have received training) 4. Not at all

Data elements definitions and reporting guidelines				
FQ_014	Does the health facility have standard written definitions for the following data elements? *Please only select N/A if the data elements/ indicator is not collected in this facility. If the respondent replies "no" or "don't know", please check with all facility staff who may know before entering "no".*			
	1. Total births	1. Yes	2. No	3. N/A
	2 Number of live births	1. Yes	2. No	3. N/A
	3 Number of stillbirths	1. Yes	2. No	3. N/A
	4. Number of newborns with low birthweight (<2500g)	1. Yes	2. No	3. N/A
	5. Number of newborns with early (within 1 hour) initiation of breastfeeding	1. Yes	2. No	3. N/A
	6. Number of newborns receiving bag-mask-ventilation	1. Yes	2. No	3. N/A
	7. Number of women receiving uterotonics to prevent postpartum hemorrhage	1. Yes	2. No	3. N/A
	8. Number of newborns admitted to KMC ward <2000g	1. Yes	2. No	3. N/A
	9. Number of institutional neonatal deaths	1. Yes	2. No	3. N/A
	10. Number of cases of neonatal sepsis	1. Yes	2. No	3. N/A
	96. Other (specify) _____	1. Yes	2. No	3. N/A
FQ_015	Are there written guidelines available at the health facility on newborn/stillbirth data reporting protocols for the program/RHIS, including:			
	1. What they are supposed to report on	1. Yes 2. Mostly (there are guidelines, but they are not printed, or available at the facility) 3. Partly (there are guidelines, but they are informal, i.e., not written or not standard) 4. Not at all		
	2. How reports are to be submitted, e.g., in what specific format	1. Yes 2. Mostly (there are guidelines, but they are not printed, or available at the facility) 3. Partly (there are guidelines, but they are informal, i.e., not written or not standard) 4. Not at all		

	3. To whom the reports should be submitted	1. Yes 2. Mostly (there are guidelines, but they are not printed, or available at the facility) 3. Partly (there are guidelines, but they are informal, i.e., not written or not standard) 4. Not at all
	4. When the reports are due	1. Yes 2. Mostly (there are guidelines, but they are not printed, or available at the facility) 3. Partly (there are guidelines, but they are informal, i.e., not written or not standard) 4. Not at all

Total births			
FQ_016	Does this facility provide labor and delivery services?	1. Yes 2. No → **Go to Q_054KMC**	
Source documents and reports			
FQ_017	If *yes*, does this facility report total births data to a reporting system?	1. Yes 2. No → **Go to FQ_024**	
FQ_018	If *yes*, to which of the following reporting systems does the facility report total births data?		
	1. Health management information system (HMIS)	1. Yes	2. No
	2. Program specific reporting system for maternal and child health (MCH)	1. Yes	2. No
	3. Nongovernmental organizations (NGOs) or institutions	1. Yes	2. No
	96. Other reporting system If *yes*, specify _____	1. Yes	2. No
FQ_019	What is the source document used by this facility for monthly reporting of total births? We are primarily interested in the main document that is used for **compiling** the total number of births (total births) at this facility. Please report if any customized documents are used.	1. Labor and delivery register 2. Operation theater register 3. Tally sheets 96. Other (specify) _____	

Review the source document used to compile and summarize information for monthly reporting (i.e., register, tally sheet) for total births and answer the following questions:

FQ_020	Please confirm the availability of the **source document** for total births for month 1 to month 3. If available, please **recount** the number of total births recorded in the **main source document** for month 1 to month 3.	**A. Source document available**				**B. Recount the number of total births 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**	1	2	3	4	
02	**Month 2**	1	2	3	4	
03	**Month 3**	1	2	3	4	

*COMPLETE means that the source document contains the data relevant to the selected data element total births. Take the last 50 entries recorded in the register for each reporting period and check if all the data elements (e.g., birth outcome, etc.) relevant to the selected data element total births are filled in.
**PARTLY means that the register is available, but some information is missing.

Review the monthly reports for total births and answer the following questions:

FQ_021	Please confirm the availability of the **monthly reports** for total births for month 1 to month 3. If available, please **record** the number of total births recorded in the **monthly reports** for month 1 to month 3.	**A. Monthly report available**				**B. Record the number of total births from the monthly reports** (If missing, leave blank)
		Yes, available and complete*	**Yes, available but partly** complete**	**Yes, available but no data recorded**	**No**	
01	**Month 1**	1	2	3	4	
02	**Month 2**	1	2	3	4	
03	**Month 3**	1	2	3	4	

*COMPLETE means that the monthly report contains the data relevant to the selected data element total births.
**PARTLY means that the monthly report is available, but some information is missing.

Data completeness		
FQ_022	If the source document and/or monthly reports are not completely filled in, in your opinion, what are the possible reasons for the missing data?	1. Storage or archiving problems 2. Staffing issues 3. Not understanding the data element(s) 4. Presence of other vertical reporting requirements 96. Other (specify) _____

Discrepancies		
FQ_023	If there was a discrepancy observed between the **main source document** and the **monthly reports**, in your opinion 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) _____

Live births			
Source Documents and Reports			
FQ_025	Does this facility report live birth data to a reporting system?	1. Yes 2. No → **Go to FQ_032**	
FQ_026	If *yes*, to which of the following reporting systems does the facility report immunization data?		
	1. HMIS	1. Yes	2. No
	2. Program specific reporting system for maternal and child health (MCH)	1. Yes	2. No
	3. NGOs or institutions	1. Yes	2. No
	96. Other reporting system If *yes*, specify _____	1. Yes	2. No
FQ_027	What is the source document used by this facility for monthly reporting of live births? We are primarily interested in the main document that is used for **compiling** the total number of live births at this facility. Please report if any customized documents are used.	1. Labor and delivery register 2. Operation theater register 3. Tally sheets 96. Other (specify) _____	

Review the source document used to compile and summarize information for monthly reporting (i.e., register, tally sheet) for live births and answer the following questions:

FQ_028	Please confirm the availability of the **source document** for live births for month 1 to month 3. If available, please **recount** the number of live births recorded in the **main source document** for month 1 to month 3.	**A. Source documents available**				**B. Recount the number of** live births **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**	1	2	3	4	
02	**Month 2**	1	2	3	4	
03	**Month 3**	1	2	3	4	

*COMPLETE means that the source document contains the data relevant to the selected data element live birth. Take the last 50 entries recorded in the register for each reporting period and check if all the data elements (e.g., birth outcome) relevant to the selected data element live births are filled in.
**PARTLY means that the register is available, but some information is missing.

Review the monthly reports for live births and answer the following questions:

FQ_029	Please confirm the availability of the **monthly reports** for live births for month 1 to month 3. If available, please **record** the number of live births recorded in the **monthly reports** for month 1 to month 3.	**A. Monthly reports available**				**B. Record the number of live births/ from the monthly reports** (If missing, leave blank)
		Yes, available and complete*	**Yes, available but partly** complete**	**Yes, available but no data recorded**	**No**	
01	**Month 1**	1	2	3	4	
02	**Month 2**	1	2	3	4	
03	**Month 3**	1	2	3	4	

*COMPLETE means that the monthly report contains the data relevant to the selected data element live births.
**PARTLY means that the monthly report is available, but some information is missing.

Data completeness		
FQ_030	If the source document and/or monthly reports are not completely filled in, in your opinion what are the possible reasons for the missing data?	1. Storage or archiving problems 2. Staffing issues 3. Not understanding the data element(s) 4. Presence of other vertical reporting requirements 96. Other (specify) _____

Discrepancies		
FQ_031	If there was a discrepancy observed between the **main source document** and the **monthly reports**, in your opinion 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) _____

Stillbirths			
Source documents and reports			
FQ_033	Does this facility report stillbirth data to a reporting system?	1. Yes 2. No → **Go to FQ_041**	
FQ_034	To which of the following reporting systems does the facility report stillbirth data?		
	1. HMIS	1. Yes	2. No
	2. Program specific reporting system for maternal and child health (MCH)	1. Yes	2. No
	3. NGOs or institutions	1. Yes	2. No
	96. Other reporting system If *yes*, specify _____	1. Yes	2. No
FQ_035	What is the source document used by this facility for monthly reporting of stillbirths? We are primarily interested in the main document that is used for **compiling** the total number of stillbirths at this facility. Please report if any customized documents are used.	1. Labor and delivery register 2. Operation theater register 3. Tally sheets 96. Other (specify) _____	

Review the source document used to compile and summarize information for monthly reporting (i.e., register, tally sheet) for live births/stillbirths and answer the following questions:

FQ_036	Please confirm the availability of the **source document** for stillbirths for month 1 to month 3. If available, please **recount** the number of stillbirths recorded in the **main source document** for month 1 to month 3.	**A. Source documents available**				**B. Recount the number of stillbirths 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**	1	2	3	4	
02	**Month 2**	1	2	3	4	
03	**Month 3**	1	2	3	4	

*COMPLETE means that the source document contains the data relevant to the selected data element stillbirths. Take the last 50 entries recorded in the register for each reporting period and check if all the data elements (e.g., birth outcome) relevant to the selected data element stillbirths are filled in.
**PARTLY means that the register is available, but some information is missing.

Review the monthly reports for stillbirths and answer the following questions:

FQ_037	Please confirm the availability of the **monthly reports** for stillbirths for month 1 to month 3. If available, please **record** the number of stillbirths recorded in the **monthly reports** for month 1 to month 3.	**A. Monthly reports available**				**B. Record the number of stillbirths from the monthly reports** (If missing, leave blank)
		Yes, available and complete*	**Yes, available but partly** complete**	**Yes, available but no data recorded**	**No**	
01	**Month 1**	1	2	3	4	
02	**Month 2**	1	2	3	4	
03	**Month 3**	1	2	3	4	

*COMPLETE means that the monthly report contains the data relevant to the selected data element stillbirths.
**PARTLY means that the monthly report is available, but some information is missing.

Data completeness		
FQ_038	If the source document and/or monthly reports are not completely filled in, in your opinion what are the possible reasons for the missing data?	1. Storage or archiving problems 2. Staffing issues 3. Not understanding the data element(s) 4. Presence of other vertical reporting requirements 96. Other (specify) _____

Discrepancies		
FQ_039	If there was a discrepancy observed between the **main source document** and the **monthly reports**, in your opinion 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) _____

Low birthweight			
Source documents and reports			
FQ_041	Does this facility report low birthweight to a reporting system?	1. Yes 2. No → **Go to FQ_048**	
FQ_042	To which of the following reporting systems does the facility report low birthweight data?		
	1. HMIS	1. Yes	2. No
	2. Program specific reporting system for maternal and child health (MCH)	1. Yes	2. No
	3. NGOs or institutions	1. Yes	2. No
	96. Other reporting system If *yes*, specify _____	1. Yes	2. No
FQ_043	What is the source document used by this facility for monthly reporting of low birthweight? We are primarily interested in the main document that is used for **compiling** the total number of newborns with low birthweight born at this facility. Please report if any customized documents are used.	1. Labor and delivery register 2. Operation theater register 3. Tally sheets 96. Other (specify) _____	

Review the source document used to compile and summarize information for monthly reporting (i.e., register, tally sheet) for low birthweight and answer the following questions:

FQ_044	Please confirm the availability of the **source document** for low birthweight for month 1 to month 3. If available, please **recount** the number of newborns with low birthweight recorded in the **main source document** for month 1 to month 3.	**A. Source document available**				**B. Recount the number of newborns with low birthweight 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**	1	2	3	4	
02	**Month 2**	1	2	3	4	
03	**Month 3**	1	2	3	4	

*COMPLETE means that the source document contains the data relevant to the selected data element low birthweight. Take the last 50 entries recorded in the register for each reporting period and check if all the data elements (e.g.birthweight relevant to the selected data element low birthweight are filled in.
**PARTLY means that the register is available, but some information is missing.

Review the monthly reports for low birthweight and answer the following questions:

FQ_045	Please confirm the availability of the **monthly reports** for low birthweight for month 1 to month 3. If available, please **record** the number of newborns with low birthweight recorded in the **monthly reports** for month 1 to month 3.	**A. Monthly report available**				**B. Record the number of newborns with low birthweight from the monthly reports** (If missing, leave blank)
		Yes, available and complete*	**Yes, available but partly** complete**	**Yes, available but no data recorded**	**No**	
01	**Month 1**	1	2	3	4	
02	**Month 2**	1	2	3	4	
03	**Month 3**	1	2	3	4	

	*COMPLETE means that the monthly report contains the data relevant to the selected data element low birthweight. **PARTLY means that the monthly report is available, but some information is missing.	
Data completeness		
FQ_046	If the source document and/or monthly reports are not completely filled in, in your opinion what are the possible reasons for the missing data?	1. Storage or archiving problems 2. Staffing issues 3. Not understanding the data element(s) 4. Presence of other vertical reporting requirements 96. Other (specify) _____

Discrepancies		
FQ_047	If there was a discrepancy observed between the **main source document** and the **monthly reports**, in your opinion 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) _____

Early initiation of breastfeeding			
Source documents and reports			
FQ_048	Does this facility report early initiation of breastfeeding data to a reporting system?	1. Yes 2. No → **Go to FQ_055**	
FQ_049	To which of the following reporting systems does the facility report early initiation of breastfeeding data?		
	1. HMIS	1. Yes	2. No
	2. Program specific reporting system for maternal and child health (MCH)	1. Yes	2. No
	3. NGOs or institutions	1. Yes	2. No
	96. Other reporting system If *yes*, specify _____	1. Yes	2. No
FQ_050	What is the source document used by this facility for monthly reporting of early initiation of breastfeeding? We are primarily interested in the main document that is used for **compiling** the total number of newborns initiating breastfeeding within one hour of	1. Labor and delivery register 2. Operation theater register 3. Tally sheets 96. Other (specify) _____	

	birth at this facility. Please report if any customized documents are used.	

Review the source document used to compile and summarize information for monthly reporting for early initiation of breastfeeding and answer the following questions:						
FQ_051	Please confirm the availability of the **source document** for early initiation of breastfeeding for month 1 to month 3 (or for the quarter). If available, please **recount** the number of newborns with early initiation of breastfeeding recorded in the **main source document** for month 1 to month 3.	**A. Source document available**				**B. Recount the number of newborns with early initiation of breastfeeding 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**	1	2	3	4	
02	**Month 2**	1	2	3	4	
03	**Month 3**	1	2	3	4	
	*COMPLETE means that the source document contains the data relevant to the selected data element early initiation of breastfeeding. Take the last 50 entries recorded in the register for each reporting period and check if all the data elements relevant to the selected data element early initiation of breastfeeding are filled in. **PARTLY means that the register is available, but some information is missing.					
Review the monthly reports for early initiation of breastfeeding and answer the following questions:						
FQ_052	Please confirm the availability of the **monthly reports** for early initiation of breastfeeding notified for month 1 to month 3 (or for the quarter). If available, please **record** the number of newborns with early initiation of breastfeeding recorded in the **monthly reports** for month 1 to month 3.	**A. Monthly report available**				**B. Record the number of newborns with early initiation of breastfeeding from the monthly reports** (If missing, leave blank)
		Yes, available and complete*	**Yes, available but partly** complete**	**Yes, available but no data recorded**	**No**	
01	**Month 1**	1	2	3	4	

02	**Month 2**	1	2	3	4	
03	**Month 3**	1	2	3	4	

*COMPLETE means that the monthly report contains the data relevant to the selected data element early initiation of breastfeeding.
**PARTLY means that the monthly report is available, but some information is missing.

Data completeness		
FQ_053	If the source document and/or monthly reports are not completely filled in, in your opinion what are the possible reasons for the missing data?	1. Storage or archiving problems 2. Staffing issues 3. Not understanding the data element(s) 4. Presence of other vertical reporting requirements 96. Other (specify) _____

Discrepancies		
FQ_054	If there was a discrepancy observed between the **main source document** and the **monthly reports**, in your opinion 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) _____

Bag-Mask-Ventilation			
Source documents and reports			
FQ_055	Does this facility report bag-mask-ventilation data to a reporting system?	1. Yes 2. No → **Go to FQ_060**	
FQ_056	To which of the following reporting systems does the facility report bag-mask-ventilation data?		
	1. HMIS	1. Yes	2. No
	2. Program specific reporting system for maternal and child health (MCH)	1. Yes	2. No
	3. NGOs or institutions	1. Yes	2. No
	96. Other reporting system If *yes*, specify _____	1. Yes	2. No

FQ_057	What is the source document used by this facility for monthly reporting of bag-mask-ventilation? We are primarily interested in the main document that is used for **compiling** the total number of newborns receiving bag-mask-ventilation at birth at this facility. Please report if any customized documents are used.	1. Labor and delivery register 2. Operation theater register 3. Tally sheets 96. Other (specify) _____

Review the source document used to compile and summarize information for monthly reporting (i.e., register, tally sheet) for bag-mask-ventilation and answer the following questions:

FQ_058	Please confirm the availability of the **source document** for bag-mask-ventilation for month 1 to month 3. If available, please **recount** the number of newborns receiving bag-mask-ventilation recorded in the **main source document** for month 1 to month 3.	**A. Source document available**				**B. Recount the number of newborns receiving bag-mask-ventilation 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**	1	2	3	4	
02	**Month 2**	1	2	3	4	
03	**Month 3**	1	2	3	4	

*COMPLETE means that the source document contains the data relevant to the selected data element bag-mask-ventilation. Take the last 50 entries recorded in the register for each reporting period and check if all the data elements relevant to the selected data element bag-mask-ventilation are filled in.
**PARTLY means that the register is available, but some information is missing.

Review the monthly reports for bag-mask-ventilation and answer the following questions:

FQ_059	Please confirm the availability of the **monthly reports** for bag-mask-ventilation for month 1 to month 3. If available, please **record** the number of newborns receiving bag-mask-ventilation recorded in the **monthly reports** for month 1 to month 3.	**A. Monthly report available**				**B. Record the number of newborns receiving bag-mask-ventilation in the monthly reports** (If missing, leave blank)
		Yes, available and complete*	**Yes, available but partly** complete**	**Yes, available but no data recorded**	**No**	
01	**Month 1**	1	2	3	4	

02	**Month 2**	1	2	3	4	
03	**Month 3**	1	2	3	4	

*COMPLETE means that the monthly report contains the data relevant to the selected data element bag-mask-ventilation.
**PARTLY means that the monthly report is available, but some information is missing.

Data completeness		
FQ_059.5	If the source document and/or monthly reports are not completely filled in, in your opinion what are the possible reasons for the missing data?	1. Storage or archiving problems 2. Staffing issues 3. Not understanding the data element(s) 4. Presence of other vertical reporting requirements 96. Other (specify) _____

Discrepancies		
FQ_059.6	If there was a discrepancy observed between the **main source document** and the **monthly reports**, in your opinion 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) _____

Uterotonics to prevent postpartum hemorrhage

Source documents and reports

FQ_055UT	Does this facility report uterotonics to prevent postpartum hemorrhage data to a reporting system?	1. Yes 2. No → **Go to FQ_060**	
FQ_056UT	To which of the following reporting systems does the facility report uterotonics to prevent postpartum hemorrhage data?		
	1. HMIS	1. Yes	2. No
	2. Program specific reporting system for maternal and child health (MCH)	1. Yes	2. No
	3. NGOs or institutions	1. Yes	2. No
	96. Other reporting system If *yes*, specify _____	1. Yes	2. No

FQ_057UT	What is the source document used by this facility for monthly reporting of uterotonics to prevent postpartum hemorrhage? We are primarily interested in the main document that is used for **compiling** the total number of women receiving uterotonics to prevent postpartum hemorrhage at this facility. Please report if any customized documents are used.	1. Labor and delivery register 2. Operation theater register 3. Tally sheets 96. Other (specify) _____

Review the source document used to compile and summarize information for monthly reporting (i.e., register, tally sheet) for uterotonics to prevent postpartum hemorrhage and answer the following questions:

FQ_058UT	Please confirm the availability of the **source document** for uterotonics to prevent postpartum hemorrhage for month 1 to month 3. If available, please **recount** the number of women receiving uterotonics to prevent postpartum hemorrhage recorded in the **main source document** for month 1 to month 3.	**A. Source document available**				**B. Recount the number of women receiving uterotonics to prevent postpartum hemorrhage 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**	1	2	3	4	
02	**Month 2**	1	2	3	4	
03	**Month 3**	1	2	3	4	

*COMPLETE means that the source document contains the data relevant to the selected data element uterotonics to prevent postpartum hemorrhage. Take the last 50 entries recorded in the register for each reporting period and check if all the data elements relevant to the selected data element uterotonics to prevent postpartum hemorrhage are filled in.

**PARTLY means that the register is available, but some information is missing.

Review the monthly reports for uterotonics to prevent postpartum hemorrhage and answer the following questions:						
FQ_059UT	Please confirm the availability of the **monthly reports** for uterotonics to prevent postpartum hemorrhage for month 1 to month 3. If available, please **record** the number of women receiving uterotonics to prevent postpartum hemorrhage recorded in the **monthly reports** for month 1 to month 3.	**A. Monthly report available**				**B. Record the number of women receiving uterotonics to prevent postpartum hemorrhage in the monthly reports** (If missing, leave blank)
		Yes, available and complete*	**Yes, available but partly** complete**	**Yes, available but no data recorded**	**No**	
01	**Month 1**	1	2	3	4	
02	**Month 2**	1	2	3	4	
03	**Month 3**	1	2	3	4	
*COMPLETE means that the monthly report contains the data relevant to the selected data element uterotonics to prevent postpartum hemorrhage. **PARTLY means that the monthly report is available, but some information is missing.						

Data completeness		
FQ_059.5UT	If the source document and/or monthly reports are not completely filled in, in your opinion what are the possible reasons for the missing data?	1. Storage or archiving problems 2. Staffing issues 3. Not understanding the data element(s) 4. Presence of other vertical reporting requirements 96. Other (specify) _____

Discrepancies		
FQ_059.6UT	If there was a discrepancy observed between the **main source document** and the **monthly reports**, in your opinion 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) _____

Admitted to for KMC ward <2000g			
FQ_054 KMC	Does this facility provide KMC services?	1. Yes 2. No → **Go to FQ_054NSD**	
Source documents and reports			
FQ_055 KMC	Does this facility report data on admission to a KMC ward <2000g to a reporting system?	1. Yes 2. No → **Go to FQ_060**	
FQ_056 KMC	To which of the following reporting systems does the facility report data on admission to a KMC ward <2000g?		
	1. HMIS	1. Yes	2. No
	2. Program specific reporting system for maternal and child health (MCH)	1. Yes	2. No
	3. NGOs or institutions	1. Yes	2. No
	96. Other reporting system If *yes*, specify _____ ___	1. Yes	2. No
FQ_057 KMC	What is the source document used by this facility for monthly reporting of data on admission to a KMC ward <2000g? We are primarily interested in the main document that is used for **compiling** the total number of newborns <2000g admitted to a KMC ward at this facility. Please report if any customized documents are used.	1. KMC register 2. Postnatal ward register 3. Special care newborn ward register 4. Tally sheets 96. Other (specify) _____	
Review the source document used to compile and summarize information for monthly reporting (i.e., register, tally sheet) for admission to a KMC ward <2000g and answer the following questions:			
FQ_058 KMC	Please confirm the availability of the **source document** for data on admission to a KMC ward <2000g for month 1 to month 3. If available, please **recount** the number of newborns <2000g admitted to a KMC ward recorded in the **main source document** for month 1 to month 3.	**A. Source document available**	**B. Recount the number of newborns <2000g admitted to a KMC ward 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**	1	2	3	4	
02	**Month 2**	1	2	3	4	
03	**Month 3**	1	2	3	4	

*COMPLETE means that the source document contains the data relevant to the selected data element admission to a KMC ward <2000g. Take the last 50 entries recorded in the register for each reporting period and check if all the data elements relevant to the selected data element admission to a KMC ward <2000g are filled in.
**PARTLY means that the register is available, but some information is missing.

Review the monthly reports for admission to a KMC ward <2000g and answer the following questions:

FQ_059 KMC	Please confirm the availability of the **monthly reports** data on admission to a KMC ward <2000g for month 1 to month 3. If available, please **record** the number of newborns <2000g admitted to a KMC ward recorded in the **monthly reports** for month 1 to month 3.	**A. Monthly report available**	**B. Record the number of newborns <2000g admitted to a KMC ward in the monthly reports** (If missing, leave blank)

		Yes, available and complete*	Yes, available but partly** complete	Yes, available but no data recorded	No	
01	**Month 1**	1	2	3	4	
02	**Month 2**	1	2	3	4	
03	**Month 3**	1	2	3	4	

*COMPLETE means that the monthly report contains the data relevant to the selected data element admission to a KMC ward <2000g.
**PARTLY means that the monthly report is available, but some information is missing.

Data completeness		
FQ_059.5 KMC	If the source document and/or monthly reports are not completely filled in, in your opinion what are the possible reasons for the missing data?	1. Storage or archiving problems 2. Staffing issues 3. Not understanding the data element(s) 4. Presence of other vertical reporting requirements

		96. Other (specify) _____

Discrepancies		
FQ_059.6 KMC	If there was a discrepancy observed between the **main source document** and the **monthly reports**, in your opinion 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) _____

Institutional neonatal death		
FQ_054ND	Does this facility provide labor and delivery/newborn services?	1. Yes 2. No → **Go to FQ_054NS**

Source documents and reports			
FQ_055ND	Does this facility report institutional neonatal death data to a reporting system? (This could include deaths on labor ward, deaths on KMC ward or corner, deaths in operating theater, etc.)	1. Yes 2. No → **Go to FQ_060**	
FQ_056ND	To which of the following reporting systems does the facility report institutional neonatal death data?		
	1. HMIS	1. Yes	2. No
	2. Program specific reporting system for maternal and child health (MCH)	1. Yes	2. No
	3. NGOs or institutions	1. Yes	2. No
	96. Other reporting system If *yes*, specify _____	1. Yes	2. No
FQ_057ND	What is the source document used by this facility for monthly reporting of institutional neonatal deaths? We are primarily interested in the main document that is used for **compiling** the total number of institutional neonatal deaths at birth at this facility. Please report if any customized documents are used.	1. Death register 2. Postnatal ward register 3. Labor and delivery register 4. Operation theater register 5. Tally sheets 96. Other (specify) _____	

Review the source document used to compile and summarize information for monthly reporting (i.e., register, tally sheet) for institutional neonatal deaths and answer the following questions:

FQ_058ND	Please confirm the availability of the **source document** for institutional neonatal deaths for month 1 to month 3. If available, please **recount** the number of institutional neonatal deaths recorded in the **main source document** for month 1 to month 3.	**A. Source document available**				**B. Recount the number of institutional neonatal deaths 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**	1	2	3	4	
02	**Month 2**	1	2	3	4	
03	**Month 3**	1	2	3	4	

*COMPLETE means that the source document contains the data relevant to the selected data element institutional neonatal deaths. Take the last 50 entries recorded in the register for each reporting period and check if all the data elements relevant to the selected data element institutional neonatal deaths are filled in.
**PARTLY means that the register is available, but some information is missing.

Review the monthly reports for institutional neonatal deaths and answer the following questions:

FQ_059ND	Please confirm the availability of the **monthly reports** for institutional neonatal deaths for month 1 to month 3. If available, please **record** the number of institutional neonatal deaths recorded in the **monthly reports** for month 1 to month 3.	**A. Monthly report available**				**B. Record the number of institutional neonatal deaths in the monthly reports** (If missing, leave blank)
		Yes, available and complete*	**Yes, available but partly** complete**	**Yes, available but no data recorded**	**No**	
01	**Month 1**	1	2	3	4	
02	**Month 2**	1	2	3	4	
03	**Month 3**	1	2	3	4	

*COMPLETE means that the monthly report contains the data relevant to the selected data element institutional neonatal deaths.
**PARTLY means that the monthly report is available, but some information is missing.

Data completeness		
FQ_059.5ND	If the source document and/or monthly reports are not completely filled in, in your opinion what are the possible reasons for the missing data?	1. Storage or archiving problems 2. Staffing issues 3. Not understanding the data element(s) 4. Presence of other vertical reporting requirements 96. Other (specify) _____

Discrepancies		
FQ_059.6ND	If there was a discrepancy observed between the **main source document** and the **monthly reports**, in your opinion 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) _____

Neonatal sepsis			
FQ_054NS	Does this facility provide newborn inpatient services?	1. Yes 2. No → **Go to FQ_060**	
Source documents and reports			
FQ_055 NS	Does this facility report neonatal sepsis data to a reporting system?	1. Yes 2. No → **Go to FQ_060**	
FQ_056 NS	To which of the following reporting systems does the facility report neonatal sepsis data?		
	1. HMIS	1. Yes	2. No
	2. Program specific reporting system for maternal and child health (MCH)	1. Yes	2. No
	3. NGOs or institutions	1. Yes	2. No
	96. Other reporting system If *yes*, specify _____	1. Yes	2. No

FQ_057 NS	What is the source document used by this facility for monthly reporting of neonatal sepsis? We are primarily interested in the main document that is used for **compiling** the total number of newborns with neonatal sepsis at this facility. Please report if any customized documents are used.	1. Neonatal inpatient care register 2. Special care newborn ward register 3. Intensive care newborn ward register 4. KMC register 5. Tally sheets 96. Other (specify) _____

Review the source document used to compile and summarize information for monthly reporting (i.e., register, tally sheet) for neonatal sepsis and answer the following questions:

FQ_058 NS	Please confirm the availability of the **source document** neonatal sepsis for month 1 to month 3. If available, please **recount** the number of newborns with neonatal sepsis recorded in the **main source document** for month 1 to month 3.	**A. Source document available**				**B. Recount the number of newborns with neonatal sepsis 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**	1	2	3	4	
02	**Month 2**	1	2	3	4	
03	**Month 3**	1	2	3	4	

*COMPLETE means that the source document contains the data relevant to the selected data element neonatal sepsis. Take the last 50 entries recorded in the register for each reporting period and check if all the data elements relevant to the selected data element neonatal sepsis are filled in.
**PARTLY means that the register is available, but some information is missing.

Review the monthly reports for neonatal sepsis and answer the following questions:

FQ_059 NS	Please confirm the availability of the **monthly reports** for neonatal sepsis for month 1 to month 3. If available, please **record** the number of newborns with neonatal sepsis recorded in the **monthly reports** for month 1 to month 3.	**A. Monthly report available**	**B. Record the number of newborns with neonatal sepsis in the monthly reports** (If missing, leave blank)

		Yes, available and complete*	Yes, available but partly** complete	Yes, available but no data recorded	No	
01	**Month 1**	1	2	3	4	
02	**Month 2**	1	2	3	4	
03	**Month 3**	1	2	3	4	

*COMPLETE means that the monthly report contains the data relevant to the selected data element neonatal sepsis.
**PARTLY means that the monthly report is available, but some information is missing.

Data completeness		
FQ_059.5 NS	If the source document and/or monthly reports are not completely filled in, in your opinion what are the possible reasons for the missing data?	1. Storage or archiving problems 2. Staffing issues 3. Not understanding the data element(s) 4. Presence of other vertical reporting requirements 96. Other (specify) _____

Discrepancies		
FQ_059.6 NS	If there was a discrepancy observed between the **main source document** and the **monthly reports**, in your opinion 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) _____

Report timeliness			
FQ_060	1. Is there a deadline for submission of the monthly RHIS report by the health facilities?	1. Yes 2. No → **Go to FQ_063**	
	2. If *yes*, what is the deadline? Reporting deadline: _____		
FQ_061	Does the health facility record the dates of submission of monthly RHIS reports to the district? **(SEE REGISTER/COMPUTER)**	1. Yes 2. No → **Go to FQ_063**	
FQ_062	If *yes*, are the RHIS monthly reports submitted on time (before or on the deadline)? **(REVIEW THE RECORDS AND CHECK THE DATES OF SUBMISSION FOR THE THREE REVIEW MONTHS)**		
	1. Month 1	1. Yes	2. No
	2. Month 2	1. Yes	2. No
	3. Month 3	1. Yes	2. No

Data quality assessment mechanism		
FQ_063	Does the health facility have written instructions/guidelines on how to perform a data quality review or data quality check? **(OBSERVE)**	1. Yes, observed 2. No
FQ_064	Does the health facility conduct regular data accuracy checks (data quality self-assessment)?	1. Yes 2. No → **Go to FQ_068**
FQ_065	If *yes*, does the health facility have access to data quality self-assessment tools (paper or electronic)? **(OBSERVE)**	1. Yes, observed 2. No
FQ_066	Does the health facility maintain a record of health facility data accuracy self-assessments conducted in the past three months? **(OBSERVE)**	1. Yes, observed 2. No
FQ_067	Does the health facility maintain records of feedback to staff on data quality self-assessment findings? **(OBSERVE)**	1. Yes, observed 2. No
FQ_067.1	Does the electronic HIS program (e.g., DHIS2) have embedded data quality application (e.g., DQR WHO tool)?	1. Yes 2. No
FQ_067.2	Are the data quality outputs regularly generated and used (e.g., data are discussed regularly in meetings, actions agreed, etc.)?	1. Yes 2. No

Data processing and analysis

FQ_068	Does the health facility use an electronic database/system to enter and analyze routine health data?	1. Yes 2. No → **Go to FQ_070**

FQ_069 If *yes*, indicate the type of electronic system used for routine data entry and analysis.

Electronic system	A. For data entry		B. For data analysis	
	1. Yes	2. No	1. Yes	2. No
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) _____				

FQ_070 **Ask relevant staff in the health facility office to show up to date (i.e., not more than one year old) reports, documents, and/or displays that contain the following. The assessor should record the observations accordingly.**

A. Aggregated/summary RHIS report within the past three months. **(OBSERVE)**	1. Yes, observed 2. No
B. Demographic data on the catchment population of the health facility for calculating coverages. **(OBSERVE)**	1. Yes, observed 2. No
C. Indicators (e.g., early initiation of breastfeeding, bag-mask-ventilation, birthweight/low birthweight, stillbirth) calculated for the health facility catchment area within the past three months. **(OBSERVE)**	1. Yes, observed 2. No
D. Comparisons between health facility and district/national targets. **(OBSERVE)**	1. Yes, observed 2. No
E. Comparisons of data over time, i.e., monitoring trends (e.g., for early initiation of breastfeeding, bag-mask-ventilation, birthweight/low birthweight, stillbirth). **(OBSERVE)**	1. Yes, observed 2. No
F. Comparisons of sex-disaggregated data (e.g., for total births). **(OBSERVE)**	1. Yes, observed 2. No
G. Comparisons of service coverage (e.g., early initiation of breastfeeding, bag-mask-ventilation, birthweight/low birthweight, stillbirth). **(OBSERVE)**	1. Yes, observed 2. No

Part 2. Use of Information: Health Facility Assessment Form

Information use guidelines and strategic documents		
FU_001	Are there written national/regional guidelines on RHIS information display and use at health facilities? **(OBSERVE)**	1. Yes, copies available at the health facility 2. Yes, but copy not available at the health facility 3. No
FU_002	Does the health facility have copies of the national/district strategic plans, health facility annual plans, and/or health facility performance targets? **(OBSERVE)**	1. Yes, copies available at the health facility 2. Yes, but copy not available at the health facility 3. No

Data visualization			
FU_003	Does the health facility prepare data visuals (graphs, tables, maps, etc.) showing achievements toward targets (indicators, geographic and/or temporal trends, and situation data)? **(OBSERVE)**	1. Yes, paper or electronic copies of data visuals observed at the health facility 2. No → **Go to FU_005**	
FU_004	If *yes*, what type of information is captured in the data visuals? **(OBSERVE)**		
	1. Maternal health care	1. Yes, observed	2. No
	2. Neonatal and child health care (other than EPI)	1. Yes, observed	2. No
	3. Top causes of morbidity and mortality (e.g., pre-term, birth asphyxia, sepsis, retinopathy, growth faltering, kernicterus, jaundice etc.)	1. Yes, observed	2. No
	96. Other (specify) _____	1. Yes, observed	2. No

RHIS analytic report production		
FU_005	Does the health facility have access to analyzed RHIS data (e.g., summary tables, charts, maps)? **(OBSERVE)**	1. Yes, observed 2. No
FU_006	Does the health facility produce any report or bulletin (annual, quarterly, etc.) based on an analysis of RHIS data? **(OBSERVE)** *(Excluding the monthly summary/aggregate reports submitted to the higher level)*	1. Yes, observed 2. No → **Go to FU_009**

FU_007	If *yes*, list the reports, indicating the frequency of the reports and the number of times the reports were actually issued in the past 12 months **(OBSERVE)**			
	A. Title of the report/bulletin	**B. Number of times this report is supposed to be issued per year**	**C. Number of times this report was actually issued in the past 12 months**	**D. Target audience of the report** (e.g., MOH, civil administration, parliament, community forums, general population)
01				
02				
03				

FU_008	Do any of these reports and/or bulletins contain discussions and decisions/recommendations based on key performance targets and based on RHIS data, such as: **(OBSERVE)**		
	1. Coverage of service like early initiation of breastfeeding, bag-mask-ventilation, birthweight/low birthweight etc.	1. Yes	2. No
	2. Hospital/health center performance indicators	1. Yes	2. No
	3. Major neonatal morbidity diagnoses (e.g., top ten diseases: retinopathy, growth faltering, kernicterus, jaundice)	1. Yes	2. No
	4. Identification of emerging issues/epidemics	1. Yes	2. No
	5. Medicine stockout	1. Yes	2. No
	6. Human resource management	1. Yes	2. No
	7. Sex-disaggregated data e.g., total births	1. Yes	2. No

Feedback to health facilities		
FU_009	Did the health facility receive feedback reports from the district office/MOH based on RHIS information in the past three months? **(OBSERVE THE REPORT AND CHECK THE DATE)**	1. Yes, observed 2. No → **Go to FU_011**
FU_010	If *yes*, indicate the types of feedback reports:	
	A. Feedback on data quality (including data accuracy, reporting timeliness, and/or report completeness) **(OBSERVE)**	1. Yes, observed 2. No
	B. Feedback on service performance based on reported RHIS data (e.g., appreciation/acknowledgement of good performance; resource allocation/mobilization) **(OBSERVE)**	1. Yes, observed 2. No

Routine decision-making forums and processes at the health facility			
FU_011	Does the health facility have a performance monitoring or management team?	1. Yes 2. No	
FU_012	Does the health facility have routine team meetings for performance monitoring and/or management?	1. Yes 2. No → **Go to FU_019**	
FU_013	If *yes*, how often are the performance review/management meetings supposed to take place?	1. Weekly 2. Monthly 3. Quarterly 4. Biannually 5. Annually 6. No schedule	
FU_014	How many times did the performance monitoring/ management meetings take place during the past three months? **(OBSERVE THE REPORT AND CHECK THE DATE)**	1. More than four times 2. Four times 3. Three times 4. Two times 5. One time 6. Not once	
FU_015	Were minutes of performance monitoring/management meetings maintained for the three review months of _____ to _____? **(OBSERVE THE REPORT AND CHECK THE DATE)**	1. Yes 2. No → **Go to FU_019**	
FU_016	If *yes*, please check the performance monitoring/management meeting records for the selected months and determine if the following topics were discussed:		
A	Did they have discussions on RHIS management, such as data quality, completeness, or timeliness of reporting? **(OBSERVE)**	1. Yes 2. No → **Go to FU_016D**	
B	If *yes*, have they made any decisions based on the discussions on RHIS-related issues (including no interventions required at this time)? **(OBSERVE)**	1. Yes 2. No → **Go to FU_016D**	
C	If *yes*, has any follow-up action taken place on the decisions made during the previous meetings on RHIS-related issues (e.g., referring RHIS-related issues/problems for solution to the higher level)? **(OBSERVE)**	1. Yes 2. No	
D	Were discussions held to review key performance targets (tracking progress against targets) based on RHIS data, such as: _____ **(OBSERVE THE REPORT AND CHECK THE DATE)**		
	1. Coverage of services like early initiation of breastfeeding, bag-mask-ventilation, birthweight/low birthweight, etc.	1. Yes 2. No	If all are No → **Go to FU_018**
	2. Hospital/health center performance indicators	1. Yes 2. No	
	3. Major neonatal morbidity diagnoses (e.g., top ten diseases: retinopathy, growth faltering, kernicterus, jaundice)	1. Yes 2. No	
	4. Identification of emerging issues/epidemics	1. Yes 2. No	

	5. Commodity stockout	1. Yes 2. No	
	6. Human resource management	1. Yes 2. No	
	7. Sex disaggregated data e.g., total births	1. Yes 2. No	
E	If *yes*, pick one discussion topic for which performance was reviewed using RHIS data. Record the decisions and the follow-on discussion on that topic in the subsequent meeting minutes. Use this section to prepare a qualitative report on instances of RHIS information use. _____ _____ _____ _____ _____ _____		
FU_017	Were any decisions made based on the discussions of the health facility's performance? Such as: **(OBSERVE THE REPORT AND CHECK THE DATE)**		
	1. Formulation of plans	1. Yes	2. No
	2. Budget preparation	1. Yes	2. No
	3. Budget reallocation	1. Yes	2. No
	4. Medicine supply and drug management	1. Yes	2. No
	5. Human resource management (training, reallocation, etc.)	1. Yes	2. No
	6. Advocacy for policy, programmatic, or strategic decisions from higher levels	1. Yes	2. No
	7. Promotion of service quality/improvement	1. Yes	2. No
	8. Reducing the gender gap in the provision of health services	1. Yes	2. No
	9. No action required at this time	1. Yes	2. No
FU_018	Were the performance review/management meeting minutes circulated to all members? Ask to see a distribution list and ask list members whether received or not	1. Yes	2. No

Annual planning			
FU_019	Does the health facility have an annual plan for the current year? **(OBSERVE THE REPORT AND CHECK THE DATE)**	1. Yes 2. No → **Go to FU_022**	
FU_020	If *yes*, does that annual plan use data from the RHIS for problem identification and/or target setting? **(OBSERVE)**	1. Yes 2. No	
FU_021	Does the annual plan contain activities and/or targets related to improving or addressing any of the following? **(OBSERVE)**		
	1. Coverage of services like early initiation of breastfeeding, bag-mask-ventilation, birthweight/low birthweight etc.	1. Yes	2. No
	2. Hospital/health center performance	1. Yes	2. No
	3.) Major neonatal morbidity diagnoses (e.g., top ten diseases: retinopathy, growth faltering, kernicterus, jaundice)	1. Yes	2. No
	4. Emerging issues/epidemics	1. Yes	2. No
	5. Commodity stockout	1. Yes	2. No
	6. Human resource management	1. Yes	2. No
	7. Gender disparity in health services coverage	1. Yes	2. No

Supervision by the district		
FU_022	How many times did the district supervisor visit your health facility over the past three months?	1. More than four times 2. Four times 3. Three times 4. Two times 5. One time 6. Not once → **Go to FU_028**
FU_023	Did the supervisor check the data quality?	1. Yes 2. No → **Go to FU_025**
FU_024	If *yes*, did the supervisor use a checklist to assess the data quality?	1. Yes 2. No
FU_025	During the visit, did the district supervisor discuss your health facility's performance based on the RHIS information?	1. Yes 2. No → **Go to FU_027**
FU_026	If yes, did the supervisor help you make a decision or take corrective action based on the discussion?	1. Yes 2. No
FU_027	Did the supervisor send a report/written feedback on the past supervisory visit(s)? **(OBSERVE)**	1. Yes 2. No

Data dissemination outside health sector		
FU_028	Does the health facility have to submit/present performance reports to a council of public representatives/civil administration?	1. Yes 2. No → **Go to FU_031**
FU_029	If *yes*, did the health facility submit/present health sector performance reports to a council of public representatives /civil administration in the past 12 months? **(OBSERVE THE REPORT AND CHECK THE DATE)**	1. Yes 2. No → **Go to FU_031**
FU_030	If *yes*, do those reports/presentations use data from the RHIS to assess the health sector's progress? **(OBSERVE)**	1. Yes 2. No
FU_031	Is there a website updated at least annually for accessing the health facility's RHIS data by the general public? **(OBSERVE)**	1. Yes 2. No
FU_032	Are health facility performance data shared with the general public via bulletin boards, chalkboards, and/or local publications? **(OBSERVE)**	1. Yes 2. No

FQ_114	Survey end time (Use the 24-hour clock system, e.g., 14:30)	☐☐ : ☐☐

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

Electronic RHIS Assessment **EN-MINI-PRISM Tool 3**

May 2022 Version 1.2

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Electronic RHIS Assessment EN-MINI-PRISM Tool 3

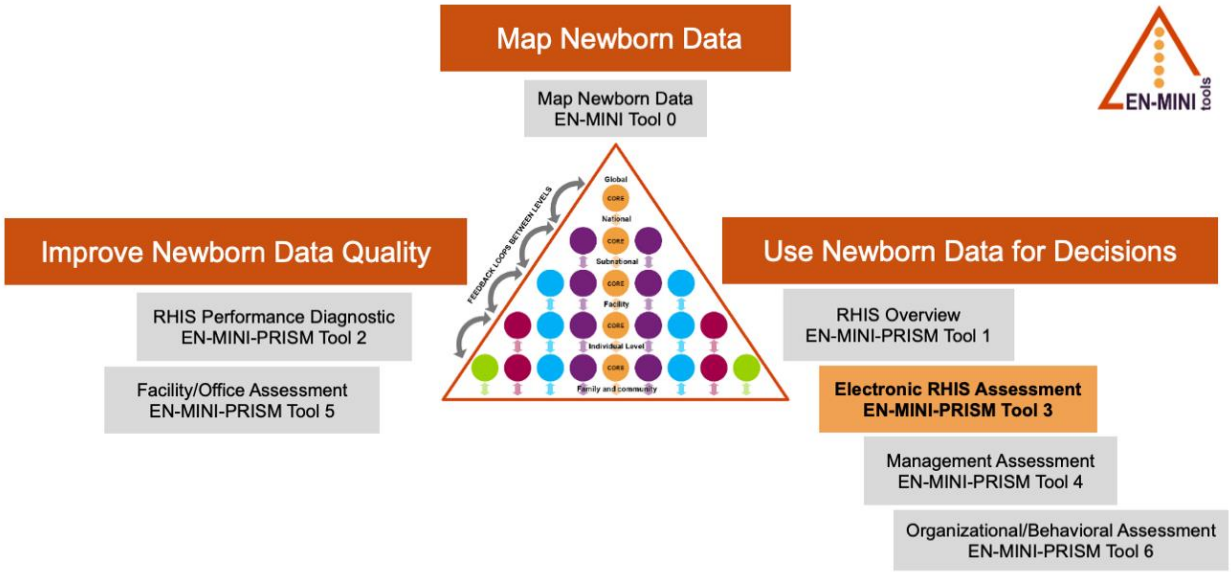
Introduction

EN-MINI-PRISM tool 3 examines the functionality and user-friendliness of the technology employed for generating, processing, analyzing, and using routine health data.

The relationship of EN-MINI-PRISM Tool 3 to the full set of EN-MINI tools is shown in Figure 5.

An individual tool version of EN-MINI-PRISM Tool 3 is available as a separate document here.

Figure 5. 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.

Data Requirements, Collection, and Management and Analysis

Data Entry Platform

EN-MINI-PRISM tool 3 has been set up for direct digital data collection using SurveyCTO and standardized automated analysis. Please see the EN-MINI website for further details.

Purpose

With technological advancements in HIS, electronic health information systems are an essential component of routine health data processing, dissemination, and use. The focus of this tool is the assessment of an electronic RHIS (eRHIS) that is used mainly for capturing and processing aggregate-level routine health data. The purpose of this tool is to:

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

Summary of Information Collected Using the Electronic RHIS Functionality/Usability Assessment Tool

This assessment tool collects information on whether the eRHIS can perform the desired RHIS functions, and whether the RHIS staff are able to carry out those functions. The functions are:

- Use of unique identifiers for health facilities and health administrative units (e.g., a master facility list [MFL])
- Aggregate report generation
- Coverage calculation using population estimates
- Data integration
- Data disaggregation by age and sex
- Data analysis and visualization

Data Collection Methods

The functionality of the eRHIS is assessed at the central level against the functions desired/intended by the MOH or other relevant authority. The eRHIS functions are examined by experts against relevant documents that describe the conceptual design of the electronic system(s). The questions in this assessment tool are generic—for any electronic RHIS—and can be customized accordingly.

The usability of the eRHIS is assessed at the regional, district, and/or health facility levels, where staff use the eRHIS for data entry, aggregation, transmission, and/or analysis. Data on usability are collected through systematic observation of a set of relevant tasks carried out by the RHIS staff at the regional, district, and/or health facility levels using the electronic system.

Electronic RHIS Assessment EN-MINI-PRISM Tool 3: Data Collection

Part 1. Functionality

The functionality of the electronic RHIS (eRHIS) for newborn/stillbirth data should be assessed at one location only and against the functions desired/intended by the MOH. Check if any document is available that describes the conceptual design of the electronic systems in terms of functions. The assessment questions below are generic for any eRHIS and may be customized accordingly.

Survey facilitator		
ESF_101	Survey date	
ESF_102	Facilitator name	
ESF_103	Facilitator code *Enter your 2-character identifier.*	
Unit identification		
ESF_104	Administrative level *(Country-specific: adapt to the local country context and health system structure)*	7. Regional/provincial health office 8. Central MOH
ESF_105	Central/region/state/province *Enter the alphanumeric code that identifies this level.*	
ESF_106	Unit name	
ESF_107	Location of the unit *Town/city/village*	

Informed consent

Read the following text to the manager or person in charge of the central/regional/provincial RHIS unit:

Good day! My name is _____. We are here on behalf of [*IMPLEMENTING AGENCY*] conducting a survey to help the government know more about the performance of the routine health information system for newborn and stillbirth data in [*COUNTRY*].

Your unit was selected to participate in this study. We will be asking you questions about various health services and routine reporting. This information may be used by [*MOH AND/OR IMPLEMENTING AGENCY*], organizations supporting health services, and researchers, to plan service improvements 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

ESF_107.1	Signed the consent form	1. Yes	2. No → **End survey**
ESF_108	May I begin the interview?	1. Yes	2. No → **End survey**
ESF_109	Survey start time (Use the 24-hour clock system, e.g., 14:30)	☐☐ : ☐☐	
ESF_110	Name of the electronic system: _____		

RHIS reporting		
ESF_010	Does the RHIS software allow users to determine the number and percentage of monthly reports for newborn and stillbirth data received out of the total number of expected reports? **(OBSERVE)**	1. Yes 2. No
ESF_011	Does the system allow users to analyze the trend in reporting completeness for newborn and stillbirth data for a year by facility? (Does the system enable users to identify which health facility has recurring reporting problems?) **(OBSERVE)**	1. Yes 2. No
ESF_012	Does the system allow users to determine the number and percentage of reports for newborn and stillbirth data that were received on time? **(OBSERVE)**	1. Yes 2. No

ESF_013 Does the RHIS software generate newborn and stillbirth indicator summary reports for the different levels and periods?

(OBSERVE AND SELECT ACCORDINGLY)

Levels:	**A. Monthly**	**B. Quarterly**	**C. Annually**	**D. Customized reporting period**
1. National				
2. Regional				
3. District				
4. Health facility				
5. Community-level service delivery point (SDP)				

Population estimates and coverage calculation			
ESF_014	Does the RHIS software have population estimates to calculate denominators for newborn and stillbirth indicators?	1. Yes 2. No	
ESF_015	Can the system calculate coverages for (definitions of these indicators are in EN-MINI Tool 0):		
	1. Antenatal care first visit (ANC1) **(OBSERVE)**	1. Yes, observed 2. No	If all are No → **Go to ESF_016.5**
	2. Deliveries at health facilities **(OBSERVE)**	1. Yes, observed 2. No	
	4. Stillbirth rate in a health facility **(OBSERVE)**	1. Yes, observed 2. No	
	5. Pre-discharge neonatal mortality rate **(OBSERVE)**	1. Yes, observed 2. No	
	6. Low birthweight rate among live births **(OBSERVE)**	1. Yes, observed 2. No	
	7. Preterm birth (facility based) **(OBSERVE)**	1. Yes, observed 2. No	
	8. Postnatal care for newborns (Facility-based) **(OBSERVE)**	1. Yes, observed 2. No	
	9. Newborns with documented birthweight **(OBSERVE)**	1. Yes, observed 2. No	
	10. Newborns breastfed within one hour of birth **(OBSERVE)**	1. Yes, observed 2. No	
	11. Newborn resuscitation with bag and mask **(OBSERVE)**	1. Yes, observed 2. No	
	12. Premature (LBW) babies initiating KMC **(OBSERVE)**	1. Yes, observed 2. No	
	13. Newborns treated for neonatal sepsis/infection **(OBSERVE)**	1. Yes, observed 2. No	
	14. Antenatal corticosteroid use **(OBSERVE)**	1. Yes, observed 2. No	
	15. Companion of choice during labor and/or childbirth **(OBSERVE)**	1. Yes, observed 2. No	
	16. Zero separation of mother and newborn (to be defined) **(OBSERVE)**	1. Yes, observed 2. No	
	17. Respectful care indicator (to be defined) **(OBSERVE)**	1. Yes, observed 2. No	
ESF_016	If yes, *observed*, at which levels are the coverage measures available?		
	1. Region **(OBSERVE)**	1. Yes, observed 2. No	

	2. District **(OBSERVE)**	1. Yes, observed 2. No
	3. Health facility **(OBSERVE)**	1. Yes, observed 2. No
	4. Community-level SDP **(OBSERVE)**	1. Yes, observed 2. No

Data integration		
ESF_016.5	**[Paper & SurveyCTO] Added explanation for EN-MINI-PRISM adaptation** Parallel systems are other long-term projects running at the same time (rather than short term projects e.g., research) RHIS refers to the national system	
ESF_017	Are there other parallel disease or program specific software applications in use? **(OBSERVE)**	1. Yes 2. No → **Go to ESF_020**
ESF_018	If *yes*, please list the disease or program specific software application(s) that is/are in use. _____ _____	
ESF_019	Does the RHIS software interoperate (work together) with those parallel systems? **(OBSERVE AND TAKE NOTE OF HOW THE INTEGRATION/INTEROPERABILITY TAKES PLACE)**	1. Yes (it interoperates with all parallel systems listed) 2. Yes, partially (it interoperates with only some of the parallel systems listed) 3. No
ESF_020	Does the RHIS software have or integrate with human resources information system (HRIS)?	1. Yes 2. No
ESF_021	Does the RHIS software have or integrate with logistics information systems?	1. Yes 2. No
ESF_022	Does the RHIS software have or integrate with financial information?	1. Yes 2. No
ESF_023	Does the RHIS software have or integrate with the integrated disease surveillance and response (IDSR)/notifiable diseases?	1. Yes 2. No
ESF_023.1	Are the RHIS embedded Data Quality Assessment (DQA) applications (e.g., DHIS2 DQA) regularly generated?	1. No → **Go to ESF_023.3** 2. Monthly 3. Quarterly 4. Annually 96. Other _____
ESF_023.2	Are the RHIS embedded DQA applications (e.g., DHIS2 DQA) regularly used?	1. Yes 2. No

ESF_023.3	Does the RHIS software have an added data quality application (e.g., DQR WHO tool)?	1. Yes 2. No → **Go to ESF_024**
ESF_023.4	Are the added DQA application (e.g., DQR WHO tool) regularly generated?	1. No → **Go to ESF_024** 2. Monthly 3. Quarterly 4. Annually 96. Other _____
ESF_023.5	Are the added DQA application (e.g., DQR WHO tool) regularly used?	1. Yes 2. No

Age and sex disaggregated data		
ESF_024	Does the RHIS software capture any newborn/stillbirth indicator data disaggregated by age? **(OBSERVE)**	1. Yes 2. No
ESF_025	Does the RHIS software capture any newborn/stillbirth indicator data disaggregated by sex? **(OBSERVE)**	1. Yes 2. No

Unique identifiers for health facilities and health administrative units		
ESF_026	1. Does the RHIS software use an existing master facility list (MFL) for newborn/stillbirth data? **(OBSERVE)**	1. Yes → **Go to ESF_027** 2. No
	2. If *no*, does the eRHIS have a built-in facility list that acts as a MFL?	1. Yes 2. No → **Go to ESF_028**
ESF_027	Is there a working mechanism to keep the MFL updated?	1. Yes 2. No
ESF_028	What percentage of the health facilities collecting newborn/stillbirth data have geographic coordinates attached to them? **(OBSERVE)**	1. None 2. 1-25% of facilities 3. 26-50% of facilities 4. 51-75% of facilities 5. 76-100% of facilities
ESF_029	Does the RHIS software use unique identifiers for districts and regions? **(OBSERVE)**	1. Yes 2. No → **Go to ESF_031**
ESF_030	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, implementing partners? **(OBSERVE)**	1. Yes 2. No

Data visualization	
ESF_031	**SELECT THREE INDICATORS FROM THE NATIONAL RHIS** Agree at the start of an EN-MINI assessment which three indicators you will use across all facilities/offices assessed.

	If available, select an impact indicator for Indicator 1 (e.g., stillbirth rate, neonatal mortality rate, low birthweight rate, pre-term birth rate) If available, select a coverage indicator (contact) for indicator 2 (e.g., antenatal care, early postnatal care) If available, select a coverage indicator (content) for indicator 3 (e.g., weighed at birth, early initiation of breastfeeding)		
	1. Indicator 1 _____		
	2. Indicator 2 _____		
	3. Indicator 3 _____		
ESF_032	Does the RHIS software generate tabular data arranged in listing format (i.e., facilities in rows, data elements/indicators in columns, and rows for district/region/national aggregations)? **(OBSERVE)**		
	1. Indicator 1	1. Yes	2. No
	2. Indicator 2	1. Yes	2. No
	3. Indicator 3	1. Yes	2. No
ESF_033	Does the RHIS software allow users to present data in time trend graphs? **(OBSERVE)**		
	1. Indicator 1	1. Yes	2. No
	2. Indicator 2	1. Yes	2. No
	3. Indicator 3	1. Yes	2. No
ESF_034	Does the RHIS software allow users to visualize data using graphs for comparing facilities/districts/regions? **(OBSERVE)**		
	1. Indicator 1	1. Yes	2. No
	2. Indicator 2	1. Yes	2. No
	3. Indicator 3	1. Yes	2. No
ESF_035	Does the RHIS software allow users to visualize data using thematic maps? **(OBSERVE)**		
	1. By region	1. Yes	2. No
	2. By district	1. Yes	2. No
	3. By facility	1. Yes	2. No
	4. By community-level SDP	1. Yes	2. No
ESF_036.5	Does the RHIS software generate reports of the major causes of institution-based (inpatient, emergency) neonatal mortality (e.g., preterm, birth asphyxia, sepsis)?		1. Yes 2. No
ESF_037.5	Does the RHIS software generate reports of the major neonatal morbidity diagnoses for inpatient and outpatient services (e.g., top ten diseases: retinopathy, growth faltering, kernicterus, and jaundice).		1. Yes 2. No

ESF_111	Survey end time (Use the 24-hour clock system, e.g., 14:30)	☐☐ : ☐☐

Part 2. Usability

This tool can be used at each level that an electronic RHIS (eRHIS) is in use. Ask the RHIS user to carry out the functions described in the assessment. Observe the user's ease/difficulty in carrying out each function.

Survey facilitator		
ESU_101	Survey date	
ESU_102	Facilitator name	
ESU_103	Facilitator code *Enter your 2-character identifier.*	☐☐
ESUY	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]		
ESU_105h	Central/region/state/province *Enter the alphanumeric code that identifies this level.*	☐☐
ESU_106h	District *Enter the alphanumeric code that identifies this district.* [Valid when type of facility is 6]	☐☐
ESU_108h	Unit name	
ESU_109h	Location of the unit *Town/city/village*	
ESU_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]		
ESU_105f	Region/state/province *Enter the alphanumeric code that identifies this level.*	☐☐
ESU_106f	District *Enter the alphanumeric code that identifies this district.*	☐☐
ESU_107f	Health facility number *Enter a 10-digit unit number. Include leading zeros.*	☐☐☐☐☐
ESU_108f	Health facility name	
ESU_109f	Location of the unit *Town/city/village*	
ESU_110f	Urban/rural	1. Urban 2. Rural
ESU_111f	Managing authority	1. Government/public 2. NGO/not-for-profit 3. Private-for-profit 4. Mission/faith-based/CBO 96. Other (specify) _____

Informed consent

At the central, regional, or provincial level:

Read the following text to the manager or person in charge of the central/regional/provincial RHIS unit:

Good day! My name is _____. We are here on behalf of [*IMPLEMENTING AGENCY*] conducting a survey to help the government know more about the performance of the routine health information system for newborn and stillbirth data in [*COUNTRY*].

Your unit was selected to participate in this study. We will be asking you questions about various health services and routine reporting. This information may be used by [*MOH AND/OR IMPLEMENTING AGENCY*], organizations supporting health services, and researchers, to plan service improvements 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 the district level:

Read the following text to the manager or the head of the district unit:

Good day! My name is _____. We are here on behalf of [*IMPLEMENTING AGENCY*] conducting a survey of district health offices to help the government know more about the performance of the routine health information system for newborn and stillbirth data in [*COUNTRY*].

Your district office was selected to participate in this study. We will be asking you questions about various health services and routine reporting. This information may be used by [*MOH AND/OR IMPLEMENTING AGENCY*], organizations supporting health services, and researchers, to plan service improvements 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 the health facility level:

Read the following text to the manager, the person in charge of the facility, or the most senior health worker responsible for outpatient services who is present at the facility:

Good day! My name is _____. We are here on behalf of [*IMPLEMENTING AGENCY*] conducting a survey of health facilities to help the government know more about the performance of the routine health information system for newborn and stillbirth data in [*COUNTRY*].

Your health facility was selected to participate in this study. We will be asking you questions about various health services and routine reporting. This information may be used by [*MOH AND/OR IMPLEMENTING AGENCY*], organizations supporting health services, and researchers, to plan service improvements 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
ESU_111.5	Has the consent form been signed?	1. Yes 2. No → **End survey**
nESU_112	May I begin the interview?	1. Yes 2. No → **End survey**
ESU_113	Survey start time (Use the 24-hour clock system, e.g., 14:30)	☐☐ : ☐☐
ESU_114	Name of the electronic system: _____	
ESU_115	Title of the person completing the questionnaire **(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 96. Other (specify) _____

RHIS software functions: summary reports				
ESU_010	Does the RHIS software produce a report on the number and percentage of reports on newborn/stillbirth data received out of the total number of expected reports? **(OBSERVE)**	1. Yes	2. No	3. N/A
ESU_011	Does the RHIS software generate summary reports for the following aggregate levels and periods?			
	A. National/regional summary			
	1. For a month	1. Yes	2. No	3. N/A
	2. For a quarter	1. Yes	2. No	3. N/A
	3. For the year	1. Yes	2. No	3. N/A
	B. District summary			
	1. For a month	1. Yes	2. No	3. N/A
	2. For a quarter	1. Yes	2. No	3. N/A
	3. For the year	1. Yes	2. No	3. N/A
	C. Health facility summary			
	1. For a month	1. Yes	2. No	3. N/A
	2. For a quarter	1. Yes	2. No	3. N/A

	3. For the year	1. Yes	2. No	3. N/A
	D. Community-level SDP summary			
	1. For a month	1. Yes	2. No	3. N/A
	2. For a quarter	1. Yes	2. No	3. N/A
	3. For the year	1. Yes	2. No	3. N/A

RHIS software functions: user abilities				
ESU_012	**SELECT THREE INDICATORS** Agree at the start of an EN-MINI assessment which three indicators you will use across all facilities/offices assessed. If available, select an impact indicator for Indicator 1 (e.g., stillbirth rate, neonatal mortality rate, low birthweight rate, pre-term birth rate) If available, select a coverage indicator (contact) for indicator 2 (e.g., antenatal care, early postnatal care) If available, select a coverage indicator (content) for indicator 3 (e.g., weighed at birth, early initiation of breastfeeding) 1. Could the user calculate coverage with the eRHIS software for **indicator 1**: _____ at the following levels? **(OBSERVE)**			
	A. National	1. Yes	2. No	3. N/A
	B. Region	1. Yes	2. No	3. N/A
	C. District	1. Yes	2. No	3. N/A
	D. Health facility	1. Yes	2. No	3. N/A
	E. Community-level SDP	1. Yes	2. No	3. N/A
	2. Could the user calculate coverage with the eRHIS software for **indicator 2**: _____ at the following levels?			
	A. National	1. Yes	2. No	3. N/A
	B. Region	1. Yes	2. No	3. N/A
	C. District	1. Yes	2. No	3. N/A
	D. Health facility	1. Yes	2. No	3. N/A
	E. Community-level SDP	1. Yes	2. No	3. N/A
	3. Could the user calculate coverage with the eRHIS software for **indicator 3**: _____ at the following levels?			
	A. National	1. Yes	2. No	3. N/A
	B. Region	1. Yes	2. No	3. N/A
	C. District	1. Yes	2. No	3. N/A
	D. Health facility	1. Yes	2. No	3. N/A

	E. Community-level SDP	1. Yes	2. No	3. N/A

ESU_013	1. **SELECT ONE INDICATOR (e.g., stillbirth rate, neonatal mortality rate, low birthweight rate, pre-term birth rate, weighed at birth, early initiation of breastfeeding)** Agree at the start of an EN-MINI assessment which one indicator you will use across all facilities/offices assessed.	_____		
	2. Ask to show age and sex disaggregation for the selected indicator	1. Yes	2. No	3. N/A
ESU_014	**SELECT TWO INDICATORS (e.g., stillbirth rate, neonatal mortality rate, low birthweight rate, pre-term birth rate, weighed at birth, early initiation of breastfeeding)** Agree at the start of an EN-MINI assessment which one indicator you will use across all facilities/offices assessed. 1. Could the user generate with the eRHIS software the following for **indicator 1**: _____?			
	A. Time trend graphs	1. Yes	2. No	3. N/A
	B. Bar graphs for comparing facilities, districts, or regions	1. Yes	2. No	3. N/A
	C. Thematic maps, by region, district, or health facility	1. Yes	2. No	3. N/A
	2. Could the user generate with the eRHIS software the following for **indicator 2**: _____?			
	A. Time trend graphs	1. Yes	2. No	3. N/A
	B. Bar graphs for comparing facilities, districts, or regions	1. Yes	2. No	3. N/A
	C. Thematic maps, by region, district, or health facility	1. Yes	2. No	3. N/A
ESU_015	Could the user generate with the eRHIS software major causes of institution-based (inpatient, emergency) mortality? (e.g., preterm birth, birth asphyxia, sepsis) **(OBSERVE)**	1. Yes	2. No	3. N/A
ESU_016	Could the user generate with the eRHIS software major morbidity diagnoses for inpatient and outpatient services (e.g., top ten diseases: : retinopathy, growth faltering, kernicterus, and jaundice)? **(OBSERVE)**	1. Yes	2. No	3. N/A

User perspective of eRHIS		
ESU_017	How do you classify/rate the eRHIS software being used for newborn/stillbirth data based on your experience?	1. Easy to use 2. Moderate 3. Difficult to use 4. N/A → **End survey**

ESU_018A	Are there any improvements you would like to see in the eRHIS software being used for newborn/stillbirth data?	1. Yes 2. No → **End survey**
ESU_018B	If *yes*, please describe the improvements you would like to see. _____ _____ _____ _____ _____ _____ _____	

ESU_116	Survey end time (Use the 24-hour clock system, e.g., 14:30)	☐☐ : ☐☐

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

Management Assessment **EN-MINI-PRISM Tool 4**

May 2022 Version 1.2

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Management Assessment EN-MINI-PRISM Tool 4

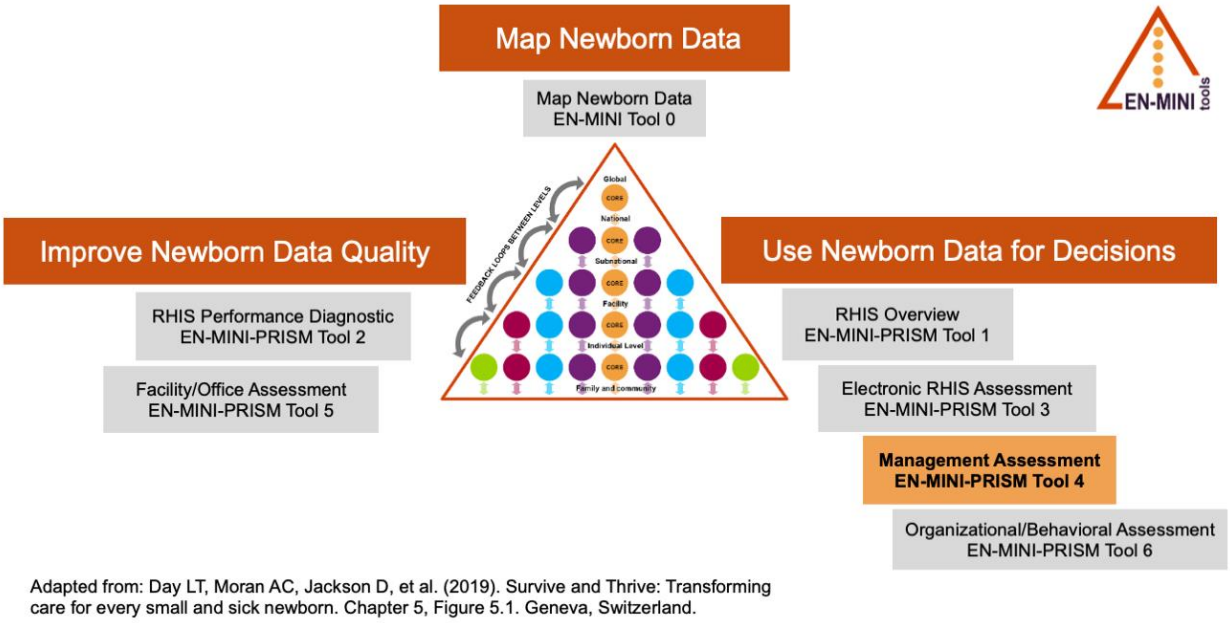
Introduction

EN-MINI-PRISM tool 4 takes rapid stock of RHIS management practices and supports the development of action plans for better management.

The relationship of EN-MINI-PRISM Tool 4 to the full set of other EN-MINI tools is shown in Figure 6.

An individual tool version of EN-MINI-PRISM Tool 4 is available as a separate document here.

Figure 6. 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.

Data Requirements, Collection, and Management and Analysis

Data Entry Platform

EN-MINI-PRISM tool 4 has been set up for direct digital data collection using SurveyCTO and standardized automated analysis. Please see the EN-MINI website for further details

Purpose

This tool is designed to rapidly assess RHIS management practices and to aid in developing recommendations for better RHIS management. The tool is used to:

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

Summary of Information Collected Using the MAT

The MAT is primarily used at the district level and above to measure the effectiveness of RHIS management functions, including:

- **RHIS governance**: the organizational arrangements, mission, roles, and functions of the RHIS; presence of SOPs; description of who is doing what, how, and with what resources to manage and maintain the RHIS
- **Planning**: the availability of a copy of a multiyear national, regional, or district HIS/RHIS plan and targets for improving RHIS data quality and information use
- **Training**: existence of a national- or subnational-level RHIS training needs assessment and training plan, along with training manuals
- **Supervision**: existence of RHIS supervision guidelines/checklists, supervision plan, and feedback reports
- **Finance**: availability of financial resources dedicated to HIS (to cover recording and reporting supplies, training, and supervision costs)

Data Collection Methods

Desk review of office organogram/organizational chart; HIS/RHIS plans and reports (including a three- or five-year national RHIS/HIS strategic plan, a national HIS situation analysis/assessment; a training needs assessment, etc.); SOPs; training plan and manuals; supervision tools (guidelines, checklists, plans, calendars) and feedback reports/notes; financial plans/reports; etc.

Management Assessment EN-MINI-PRISM Tool 4: Data Collection

Apply this questionnaire by conducting a desk review of relevant documents at the district and higher levels. Ask the person in charge of the RHIS unit to provide you with the relevant documents to respond to the following questions. In some settings it may be possible to ask the RHIS unit to prepare these documents in advance.

Survey facilitator		
MAT_101	Survey date	
MAT_102	Facilitator name	
MAT_103	Facilitator code *Enter your 2-character identifier*	☐☐
MAT_104	Type of administrative unit *(Country-specific: adapt to the local country context and health system structure)*	6. District health office 7. Regional/provincial health office 8. Central MOH

Unit identification		
MAT_105	Central/region/state/province *Enter the alphanumeric code that identifies this level.*	☐☐
MAT_106	District *Enter the alphanumeric code that identifies this district.* [Valid when type of facility is 6]	☐☐
MAT_107	Unit name	
MAT_108	Location of the unit *Town/city/village*	
MAT_109	Office(s) visited *Note: It could be one or more offices from which information is collected. Please list them here.*	_____ _____ _____
MAT_110	Survey start time (Use the 24-hour clock system, e.g., 14:30)	☐☐ : ☐☐

Governance		
Added Explanation	**Added Explanation for EN-MINI-PRISM Tools Adaptation:** For questions below, please verify by asking to **OBSERVE** copies of these documents	
MAT_005	Does the central/region/district office have a written document describing the RHIS mission, roles, and responsibilities that are related to strategic and policy decisions at the district and higher levels? **(OBSERVE)**	1. Yes 2. No
MAT_006	Does the central/region/district office have a current health service organizational and staff chart showing positions related to health information? **(OBSERVE)**	1. Yes 2. No
MAT_007	A. Does the central/region/district office have written standard operating procedures (SOPs) and procedural guidelines for the RHIS that include: 1. Newborn and stillbirth data definitions 2. Data collection and reporting including newborns and stillbirths 3. Data aggregation, processing, and transmission including newborns and stillbirths 4. Newborn and stillbirth data analysis, dissemination, and use 5. Newborn and stillbirth data quality assurance 6. Master facility list (MFL) 7. International Classification of Diseases (ICD) codes relevant to newborns and stillbirths 8. Data security 9. Data storage 10. Performance improvement processes * **Select** *yes, partially* **if written SOPs and procedural guidelines for the RHIS are available, but they do not have all the listed RHIS data management areas.** **(OBSERVE)**	1. Yes 2. Yes, partially* 3. No
	B. *If yes, partially*, please identify the SOPs/ guidelines that are lacking:	1. Newborn and stillbirth data definitions 2. Data collection and reporting including newborns and stillbirths 3. Data aggregation, processing, and transmission including newborns and stillbirths 4. Newborn and stillbirth data analysis, dissemination, and use 5. Newborn and stillbirth data quality assurance 6. MFL (master facility list) 7. ICD codes relevant to newborns and stillbirths 8. Data security 9. Data storage 10. Performance improvement processes
MAT_008	Does the central/region/district office have an overall framework and plan for information and communication technology (ICT), for example describing the required equipment and plans for training in the use of ICT for RHIS? **(OBSERVE)**	1. Yes 2. No
MAT_009	Does the central/region/district office maintain a list/documentation of the dissemination of the RHIS monthly/quarterly reports to the various health program staff in the district, the community, local administration, nongovernmental organizations (NGOs), etc.?	1. Yes 2. No

	(OBSERVE)	
Planning		
MAT_010	Does the central/region/district office have a copy of the national HIS situation analysis/assessment report that is less than three years old? *(Not applicable if there was no national assessment done in the past three years.)* **(OBSERVE)**	1. Yes 2. No 3. N/A
MAT_011	Does the central/region/district office have a copy of the national three or five-year HIS strategic plan? *(Not applicable if there was no national three- or five-year HIS strategic plan.)* **(OBSERVE)**	1. Yes 2. No 3. N/A
MAT012.1	Has the central/region/district office set RHIS performance targets for data accuracy for their respective administrative area (country/region/district)? **(OBSERVE)**	1. Yes 2. No
MAT012.2	Has the central/region/district office set RHIS performance targets for data completeness for their respective administrative area (country/region/district)? **(OBSERVE)**	1. Yes 2. No
MAT012.3	Has the central/region/district office set RHIS performance targets for data timeliness for their respective administrative area (country/region/district)? **(OBSERVE)**	1. Yes 2. No

Capacity development/training		
Added Explanation	**Added Explanation for EN-MINI-PRISM Tools Adaptation:** For questions below, please verify by asking to see copies of these documents	
MAT_013	Does the central/region/district office have a copy of the national or regional HIS training needs assessment report? **(OBSERVE)** *(Not applicable if there was no national or regional HIS training needs assessment.)*	1. Yes 2. No 3. N/A
MAT_014	Does the central/region/district office have an RHIS training manual? **(OBSERVE)**	1. Yes 2. No → **Go to MAT_016**
MAT_015	If *yes*, has the central/region/district office conducted RHIS training in the past three years using the RHIS training manual?	1. Yes 2. No
MAT_016	Does the central/region/district office have a costed training and capacity development plan that has benchmarks, timelines, and mechanisms for on-the-job RHIS training, RHIS workshops, and orientation for new staff? **(OBSERVE)**	1. Yes 2. No
MAT_017	Does the central/region/district office have a schedule for planned training? **(OBSERVE)**	1. Yes, for one year 2. Yes, for two years or more 3. No

Supportive supervision		
MAT_018	Does the central/region/district office have copies of RHIS supervisory guidelines and checklists? **(OBSERVE)**	1. Yes 2. No
MAT_018 .5	Please list the names of guidelines and checklists _____	
MAT_019	Does the central/region/district office maintain a schedule for RHIS supervisory visits? **(OBSERVE)**	1. Yes 2. No
MAT_019 .5	How often are the RHIS supervisory visits actually done? **PROMPT:** Please enter the answer in months **(OBSERVE)**	Every _____ months
MAT_020	Does the central/region/district office have copies of the reports from RHIS supervisory visits conducted during the current fiscal year? **(OBSERVE)**	1. Yes 2. No
MAT_021	Do the health facilities that received a supervisory visit have copies of the report from the latest supervisory visit in which commonly agreed action points are listed? **(Verify that copies of the latest supervisory visit reports were sent to health facilities—[OBSERVE])**	1. Yes 2. No

Financing		
MAT_022	Does the central/region/district office have a budget for RHIS supplies (e.g., registers, forms, guidelines)? **(OBSERVE)**	1. Yes 2. No 3. N/A
MAT_023	Do the central/region/district office HIS/monitoring and evaluation (M&E) officers have access to financial and logistics resources for RHIS supervision? **(OBSERVE)**	1. Yes 2. No
MAT_024	Does the central/region/district office have a copy of the long-term financial plan for supporting RHIS activities? **(OBSERVE)**	1. Yes 2. No

MAT_111	Survey end time (Use the 24-hour clock system, e.g., 14:30)	☐☐ : ☐☐

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

Facility/Office Assessment
EN-MINI-PRISM Tool 5

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Facility/Office Assessment EN-MINI-PRISM Tool 5

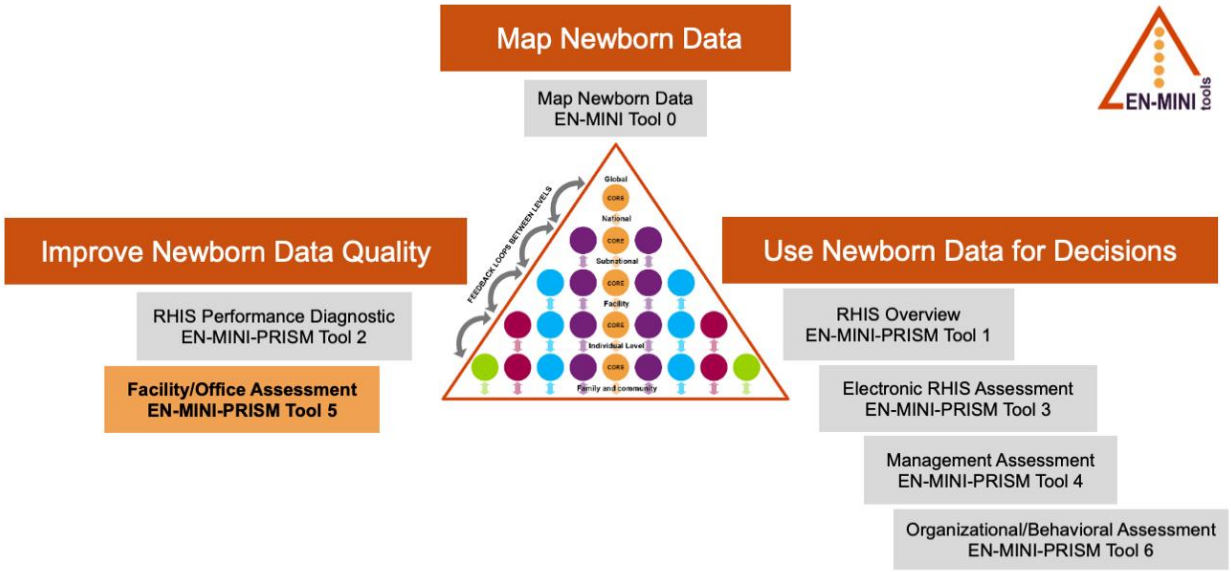
Introduction

The EN-MINI-PRISM tool 5 assesses the availability and status of resources needed for RHIS implementation at supervisory levels.

The relationship of EN-MINI-PRISM tool 5 to the whole set of EN-MINI tools is shown in Figure 7.

An individual tool version of EN-MINI-PRISM Tool 5 is available as a separate document here.

Figure 7. 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.

Data Requirements, Collection, and Management and Analysis

Data Entry Platform

EN-MINI-PRISM tool 5 has been set up for direct digital data collection using SurveyCTO and standardized automated analysis. Please see the EN-MINI-website for further details.

Purpose

The facility/office checklist inventories available resources, such as equipment, utilities, storage of information, communication capacity, and RHIS forms and registers. Specific uses of the checklist are:

1. Assessing the availability of resources.
2. Monitoring the availability of resources over time.
3. Making management decisions to replenish resources.
4. Developing recommendations to deal with resource issues.

Summary of Information Collected Using the Facility/Office Checklist

The checklist is used at health facilities, district offices, and higher levels to assess the availability of resources, including:

- **RHIS hardware/equipment**: the availability digital equipment in working condition (computers, printers, modems, uninterruptible power supply [UPS]), backup unit, communication units, etc.
- **RHIS infrastructure**: the availability of consistent electricity and back-up power, access to the Internet, storage facilities with proper temperature controls, etc.
- **RHIS supplies**: RHIS data collection and reporting forms.
- **Human resources**: staffing levels (number and type of staff at facility or office level, disaggregated by gender), RHIS trained staff, types of RHIS training received, and dates of most recent trainings.

Data Collection Methods

- Key informant interview involving the district RHIS unit director, health facility in-charge, and/or data manager.
- Office inventory visit/tour, desk review, and observations.

Facility/Office Checklist EN-MINI-PRISM Tool 5: Data Collection

Interview the facility manager or person in charge of the RHIS at the district office or the health facility.

Survey facilitator		
FOC_101	Survey date	
FOC_102	Facilitator name	
FOC_103	Facilitator code *Enter your 2- character identifier.*	
FOC_104	Type of facility *(Country-specific: adapt to the local country context and health system structure)*	1. National/regional referral hospital 2. District/provincial hospital 3. Health center 4. Health clinic 5. Health post 6. District health office 7. Regional/provincial health office

Unit identification [Valid for facility types 6 or 7]		
FOC_105h	Central/region/state/province *Enter the alphanumeric code that identifies this level.*	
FOC_106h	District *Enter the alphanumeric code that identifies this district.* [Valid when type of facility is 6]	
FOC_108h	Unit name	
FOC_109h	Location of the unit *Town/city/village*	
FOC_110h	Office(s) visited *Note: It could be one or more offices from which data are collected. Please list them here.*	_____ _ _____ _ _____ _

Facility identification [Valid for facility types 1–5]		
FOC_105f	Region/state/province *Enter the alphanumeric code that identifies this level.*	☐☐
FOC_106f	District *Enter the alphanumeric code that identifies this district.*	☐☐
FOC_107f	Health facility number *Enter the 10-digit unit number. Include leading zeros.*	☐☐☐☐☐
FOC_108f	Health facility name	
FOC_109f	Location of the unit *Town/city/village*	
FOC_110f	Urban/rural	1. Urban 2. Rural
FOC_111f	Health managing authority	1. Government/public 2. NGO/not-for-profit 3. Private-for-profit 4. Mission/faith-based/CBO 96. Other (specify) _____

Informed consent

Read the following text to the district manager or the head of the district unit or health facility:

Good day! My name is _____. We are here on behalf of [*IMPLEMENTING AGENCY*] conducting a survey of health facilities and offices to help the government know more about the performance of routine health information systems for newborn and stillbirth data in [*COUNTRY*].

Your facility/office was randomly selected to participate in this study. We will be asking you questions about the organization of your unit/facility and its staff. This information may be used by [*MOH AND/OR IMPLEMENTING AGENCY*], organizations supporting services at your facility/office, and researchers, to plan service improvements or to conduct more studies of health services.

Neither your name nor the names of any 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

FOC_111.1	Has the consent form been signed?	1. Yes 2. No → **End survey**
FOC_112	May I begin the interview?	1. Yes 2. No → **End survey**
FOC_113	Survey start time (Use the 24-hour clock system, e.g., 14:30)	☐☐ : ☐☐

Equipment inventory and condition

	Please verify if the following equipment or type of service is available in the facility or data office. (OBSERVE)	**A. Total quantity** (If none, enter 0)	**B. Total quantity that are in working condition** (If none, enter 0)
FOC_011	Laptop computer		
FOC_012	Desktop computer		
FOC_013	Printers		
FOC_014	Modems		
FOC_015	Uninterruptible power supply (UPS)		
FOC_016	Circuit breaker		
FOC_017	Generators		
FOC_018	Calculator		
FOC_018.1	Voltage stabilizer		
FOC_018.2	Router		

Equipment and services inventory				
Please use the following checklist to assess whether or not the facility/office has the following inventory: (OBSERVE)				
FOC_019	Data back-up unit If all answers are No → **Go to FOC_021**	1. Server	1. Yes	2. No
		2. USB key	1. Yes	2. No
		3. CD (compact disc)	1. Yes	2. No
		4. External hard drive	1. Yes	2. No
		5. Zip drive	1. Yes	2. No
FOC_020	Back-up unit(s) is/are kept on site		1. Yes	2. No
FOC_021	Telephone (regular or radio)		1. Yes	2. No
FOC_022	Facility/office official mobile phone with access to telephone network in working condition		1. Yes	2. No
FOC_023	Personal mobile phone with access to telephone network in working condition		1. Yes	2. No
FOC_024	Fax in working condition		1. Yes	2. No
FOC_025	Is there access to an Internet network?		1. Yes	2. No → **Go to FOC_028**
FOC_026	If *yes*, on average, how many days in a month do you have Internet access?		1. 20 days or more 2. 10–19 days 3. Less than 10 days	
FOC_027	Wi-Fi (Wireless Fidelity) that is working		1. Yes	2. No

Utilities			
FOC_028	Is there a continuous electricity supply?	1. Yes → **Go to FOC_030** 2. No	
FOC_029	If *no*, on average, how many days in a month is the electricity supply interrupted?	1. 20 days or more 2. 10–19 days 3. Less than 10 days	
FOC_030	Does the room where the computer hardware is kept have working air-conditioning?	1. Yes	2. No

Availability of registers, records, tally sheets, reports etc.					
[Paper tools] Added Explanation for EN-MINI-PRISM Tools Adaptation: Availability of registers, records, tally sheets, reports etc. (no stockouts) Lists for registers, records, tally sheets, reports separated and listed names of all generic known documentation For FOC_035, please give time period in months					
FOC_031	FOC_032	FOC_032.1	FOC_033	FOC_034	FOC_035
Type of records, tally sheets, or reports [SurveyCTO] For each type of printed register, answer the following questions. Enter additional types of newborn registers at the end of this section.	**Is the register available?**	**Is the register usually available?**	**Is the tool a standard RHIS tool?**	**Has this register always been available in the past six months?** (no stock outs)	**If *no*, for how long were you out of stock?** (in days)
Availability of printed registers					
5.1 Maternal health services – Labor and delivery	1. Yes → **Go to FOC_033** 2. No	1. Yes 2. No → **Go to FOC_031_5.2**	1. Yes 2. No	1. Yes → **Go to FOC_031_5.2** 2. No	
5.2 Maternal health services – Operation theater	1. Yes → **Go to FOC_033** 2. No	1. Yes 2. No → **Go to FOC_031_5.3**	1. Yes 2. No	1. Yes → **Go to FOC_031_5.3** 2. No	
5.3 Maternal health services – Postnatal ward	1. Yes → **Go to FOC_033** 2. No	1. Yes 2. No → **Go to FOC_031_5.4**	1. Yes 2. No	1. Yes → **Go to FOC_031_5.4** 2. No	
5.3 Maternal health services – Death register	1. Yes → **Go to FOC_033** 2. No	1. Yes 2. No → **Go to FOC_031_6.1**	1. Yes 2. No	1. Yes → **Go to FOC_031_6.1** 2. No	
6.1 Child health services – Postnatal ward	1. Yes → G**o to FOC_033** 2. No	1. Yes 2. No → **Go to FOC_031_6.2**	1. Yes 2. No	1. Yes → **Go to FOC_031_6.2** 2. No	
6.2. Child health services – Kangaroo mother care ward/corner	1. Yes → **Go to FOC_033** 2. No	1. Yes 2. No → **Go to FOC_031_6.3**	1. Yes 2. No	1 Yes → **Go to FOC_031_6.3** 2. No	

6.3. Child health services – Neonatal inpatient care ward	1. Yes → **Go to FOC_033** 2. No	1. Yes 2. No → **Go to FOC_031_6.4**	1. Yes 2. No	1. Yes → **Go to FOC_031_6.4** 2. No	
6.4 Child health services – Special care newborn ward	1. Yes→ **Go to FOC_033** 2. No	1. Yes 2. No → **Go to FOC_031_6.5**	1. Yes 2. No	1. Yes → **Go to FOC_031_6.5** 2. No	
6.5 Child health services – Intensive care newborn ward	1. Yes→**Go to FOC_033** 2. No	1. Yes 2. No → **Go to FOC_031_6.6**	1. Yes 2. No	1. Yes → **Go to FOC_031 6.6** 2. No	
6.6 Child health services – Death register	1. Yes→**Go to FOC_033** 2. No	1. Yes 2. No→**Go to FOC031PR**	1. Yes 2. No	1 Yes → **Go to FOC_031PR** 2. No	
FOC031PR. Other printed registers including intervention specific (e.g., HBB). (specify)_____	1. Yes 2. No		1. Yes 2. No	1. Yes 2. No	
FOC031HWR	**Availability of handwritten registers**				
96. Other (specify) List any handwritten registers capturing newborn indicators:	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	
FOC031TS	**Availability of tally sheets**				
96. Other (specify) List any tally sheets capturing newborn indicators:	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	
	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	
FOC031PRF	**Availability of printed reporting forms**				
96. Other (specify) List any printed reporting forms capturing newborn indicators:	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	
	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	
FOC031ERF	**Availability of electronic reporting forms**				
96. Other (specify) List any electronic reporting forms capturing newborn indicators:	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	

For the next sections:

- ☐ Go to **FOC_036** if the assessment is being conducted at a **health facility**
- ☐ Go to **FOC_040** if the assessment is being conducted at a **district office**

Organization of the health facility [*SKIP THIS SECTION AT THE DISTRICT LEVEL*]

FOC_036 Please describe the total number of people under each category below.

(Adapt according to the country context)

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

Please focus on people involved in the care of newborns.
Please document the response given (whether by primary training or current post)

Title/ post	**Number by sex** (If none, enter 0; if post not applicable, leave blank)		**Title/ post**	**Number by sex** (If none, enter 0; if post not applicable, leave blank)	
	M	F		M	F
1. Medical officer			10. Health educator		
2. Registered nurse			11. Health inspector		
3. Enrolled nurse			12. Laboratory technician		
4. Nursing assistant			13. Public health dental assistant		
5. Clinical officer			14. Anesthetic officer		
6. Laboratory assistant			15. Midwife		
7. Health assistant			16. Support staff		
8. Dispenser/pharmacist			96. Other (specify)		
9. Health information assistant			_____		

FOC_037	Who is responsible for filling out the registers for newborn and stillbirth data at the facility? **(Answer using the number codes from FOC_036)**	
FOC_038	Who is responsible for preparing/completing the monthly HMIS reports for newborn and stillbirth data? **(Answer using the number codes from FOC_036)**	

FOC_039	List the staff members who received any training in the following skills during the past three years, the number of trainings received, and the year of the latest training.			
	1. Title/post **(Use the number codes from question FOC_036)**	**2. Number of training courses/sessions received by this person in the past three years**	**3. Year of last training** (Within the past three years)	**4. Topic(s) of last training** Use the following codes and list all that apply: 1. Data collection 2. Data analysis 3. Data display 4. Data reporting 5. Using data for decision making
FOC_039.1	What are the perceived barriers of staff members receiving training? **PROMPT:** Training not available, unable to release staff for training, lack of funding, etc**.** _____ _			

Organization of the district or higher-level office [*SKIP THIS SECTION AT THE FACILITY LEVEL*]

FOC_040 Please describe the total number of people under each category below.
(Adapt according to the country context)

[Paper tools] Added Explanation for EN-MINI-PRISM Tools Adaptation:
Please document the response given (whether by primary training or current post)

Title/ post	**Number by sex** (If none, enter 0; if post not applicable, leave blank)		**Title/ post**	**Number by sex** (If none, enter 0; if post not applicable, leave blank)	
	M	F		M	F
1. Head of district health office			4. M&E/HMIS officer		
2. Program officer			5. Data clerk		

	3. Disease surveillance officer			96. Other (specify) _____		
FOC_041	Total number of people who are supposed to work in the district RHIS office and/or who are responsible for HIS management and oversight, if they exist?					
FOC_042	Total number of people working in the district RHIS office on the day of the assessment and/or who are responsible for HIS management and oversight, if they exit?					
FOC_043	Who is responsible for data compilation of reports for newborn and stillbirth data submitted that are coming from the lower levels? **(Answer using the number codes from FOC_040)**					
FOC_044	Who is responsible for checking the quality of reports for newborn and stillbirth data submitted from the lower levels? **(Answer using the number codes from FOC_040)**					
FOC_045	Who is responsible for data analysis (producing comparison tables, graphs, dashboards) for newborn and stillbirth data? **(Answer using the number codes from FOC_040)**					
FOC_046	Who is responsible for maintaining the eRHIS server for newborn and stillbirth data, if it exists? **(Answer using the number codes from FOC_040)**					

FOC_047 List the staff members who received any training in the following skills during the past three years, the number of trainings received, and the year of the latest training.

1. Title/post (Use the number codes from question FOC_040)	**2. Number of training courses/sessions received by this person in the past three years**	**3. Year of last training** (Within the past three years)	**4. Topic(s) of last training** Use the following codes and list all that apply: 1. Data entry 2. Check and verify the quality of data 3. Generating aggregate reports 4. Data analysis and interpretation 5. Using data for decision making

FOC_048 What are the perceived barriers of staff members receiving training?
PROMPT: Training not available, unable to release staff for training, lack of funding, etc.

_____

__

FOC_114	Survey end time (Use the 24-hour clock system, e.g., 14:30)	☐☐ ☐☐

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**

May 2022 Version 1.2

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Organizational/Behavioral Assessment EN-MINI-PRISM Tool 6

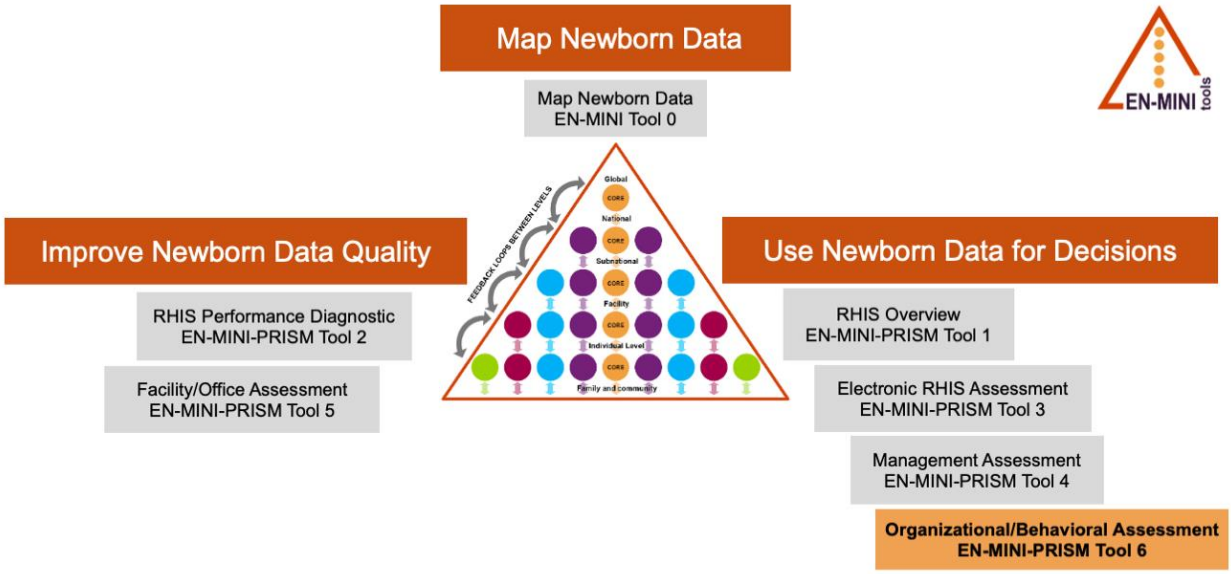
Introduction

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.

The relationship of EN-MINI-PRISM Tool 6 to the whole set of EN-MINI tools is shown in Figure 8.

An individual tool version of EN-MINI-PRISM Tool 6 is available as a separate document here.

Figure 8. 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.

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. 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

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

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: Data Collection

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 96. 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 health worker, 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 assurance, data analysis and use, gender or gender M&E, ICT or data management/analysis applications, DHIS-2 or other digital system)	1. Yes 2. No→ **Go to DD5d**
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 presented and reviewed, decisions are made, follow-up	1	2	3	4	5	Unable to answer

	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 Neonatal 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 nor agree**	**Agree**	**Strongly agree**	**Unable to answer**
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/gender 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.
U3	Describe at least three ways of ensuring data quality, as relevant to your job classification/responsibilities:
	1.
	2.
	3.

Section 1.4: Case study on data quality	
[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 ON PAPER**	
EN-MINI-PRISM 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 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
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 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 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.
PROMPT: Give the participant a pen and paper or allow them to use calculator/mobile phone. Ensure they have enough time to calculate.

_____

CD2_n

EN-MINI-PRISM 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

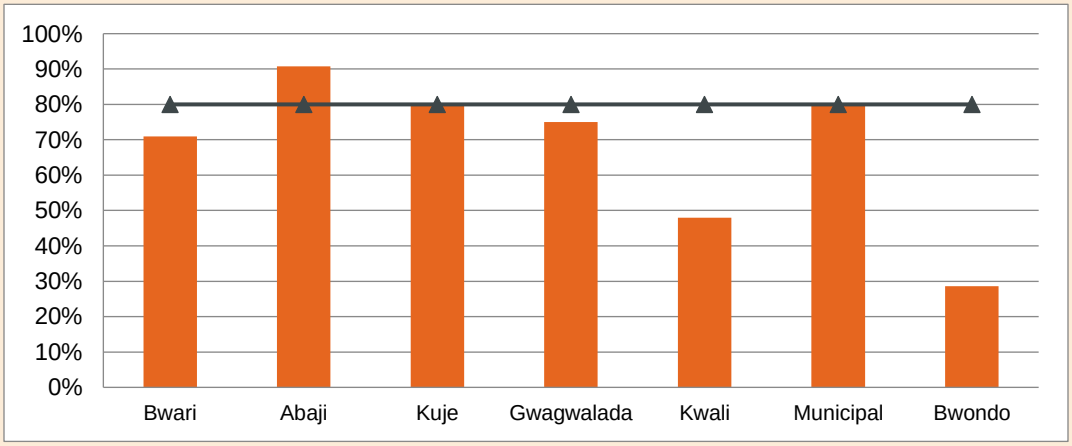
CD2a_n

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

EN-MINI-PRISM adapted case study:
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.

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:

_____

_____

	_____ _____ _____ _____
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	**EN-MINI-PRISM 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	**EN-MINI-PRISM 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 EN-MINI-PRISM Tools 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.

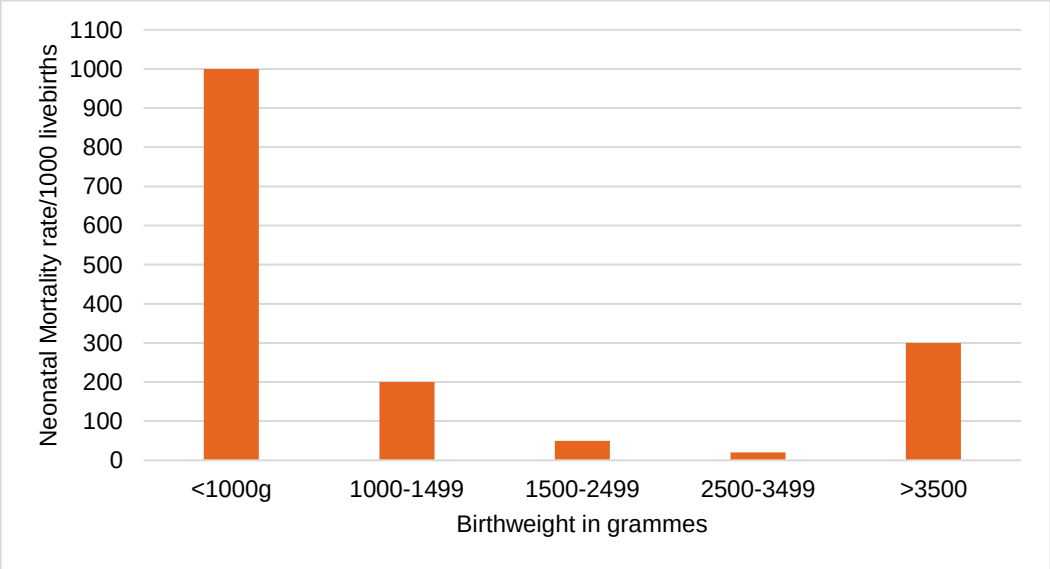
[SurveyCTO]

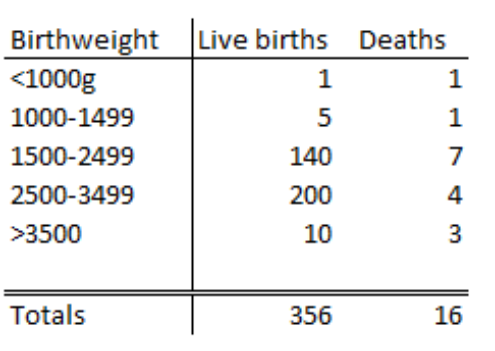
ENTER THE SCORES FOR THE FOLLOWING QUESTIONS THAT WERE COMPLETED ON PAPER

CF1_n	**EN-MINI-PRISM 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	**EN-MINI-PRISM 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

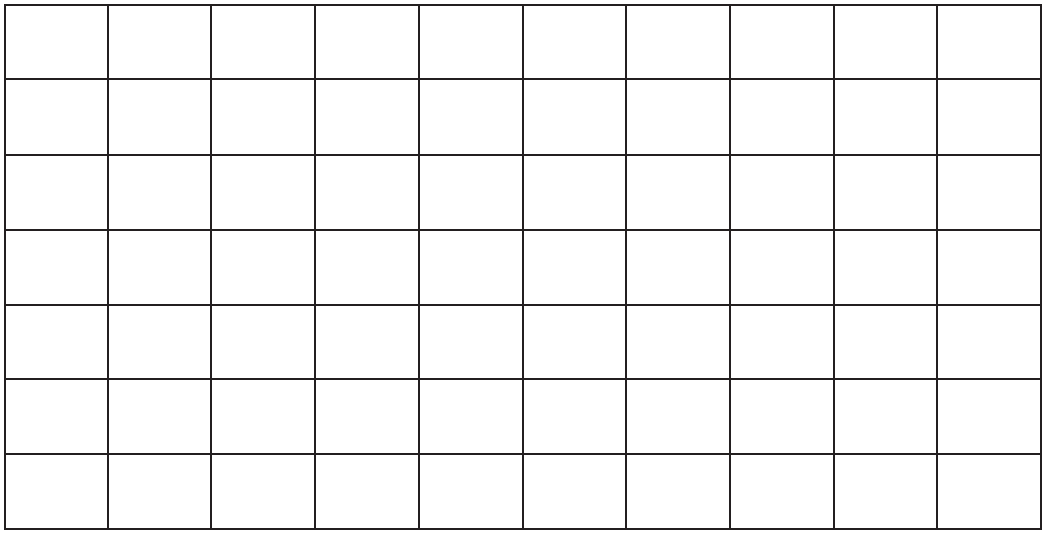
CF2a_n	Develop a line graph depicting the trend over one year of KMC coverage among eligible babies born at Bwari Health Center.
CF2b_n	**EN-MINI-PRISM adapted case study:** **Kateria City Hospital, January–March, 2021** **Figure: Neonatal mortality rates per 1000 livebirths, by birthweight categories, Kateria City Hospital, January–March, 2021** **Table: Number of neonatal livebirths and neonatal deaths by birthweight categories, Kateria City Hospital, January–March, 2021**

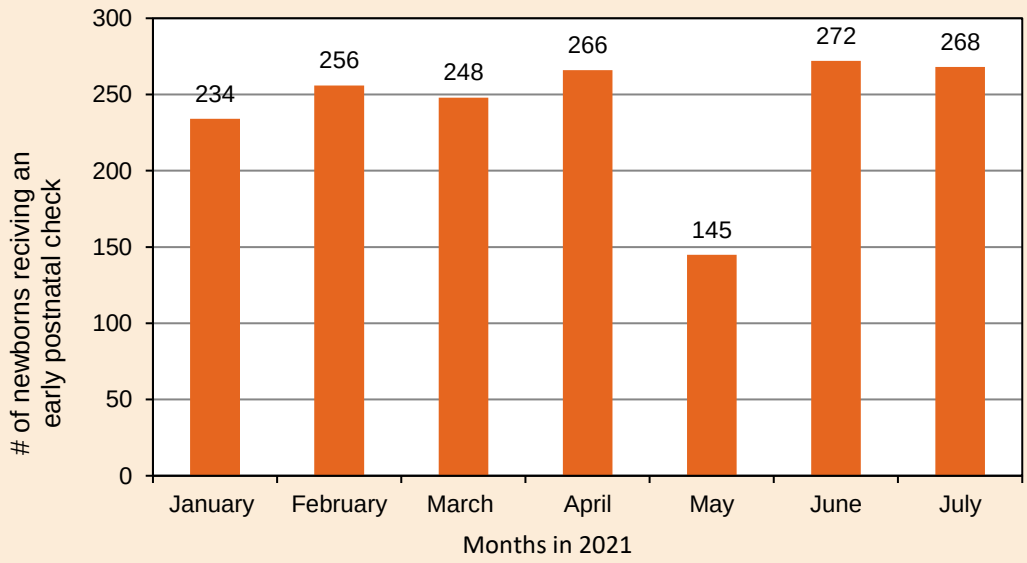


	 What do the data above tell you about the neonatal deaths among different birthweight groups in the Kateria City hospital? _____ _____	
CF2c1_n	Calculate the neonatal mortality rate in Kateria City hospital during January to March 2021.	
CF2c2_n	For Kateria City hospital to lower their neonatal mortality 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	**EN-MINI-PRISM 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 mortality rate among male babies?
CF3b_n	What is the neonatal mortality rate among female babies?
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 EN-MINI-PRISM Tools 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	**EN-MINI-PRISM 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	**EN-MINI-PRISM Tools 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 EN-MINI-PRISM Tools 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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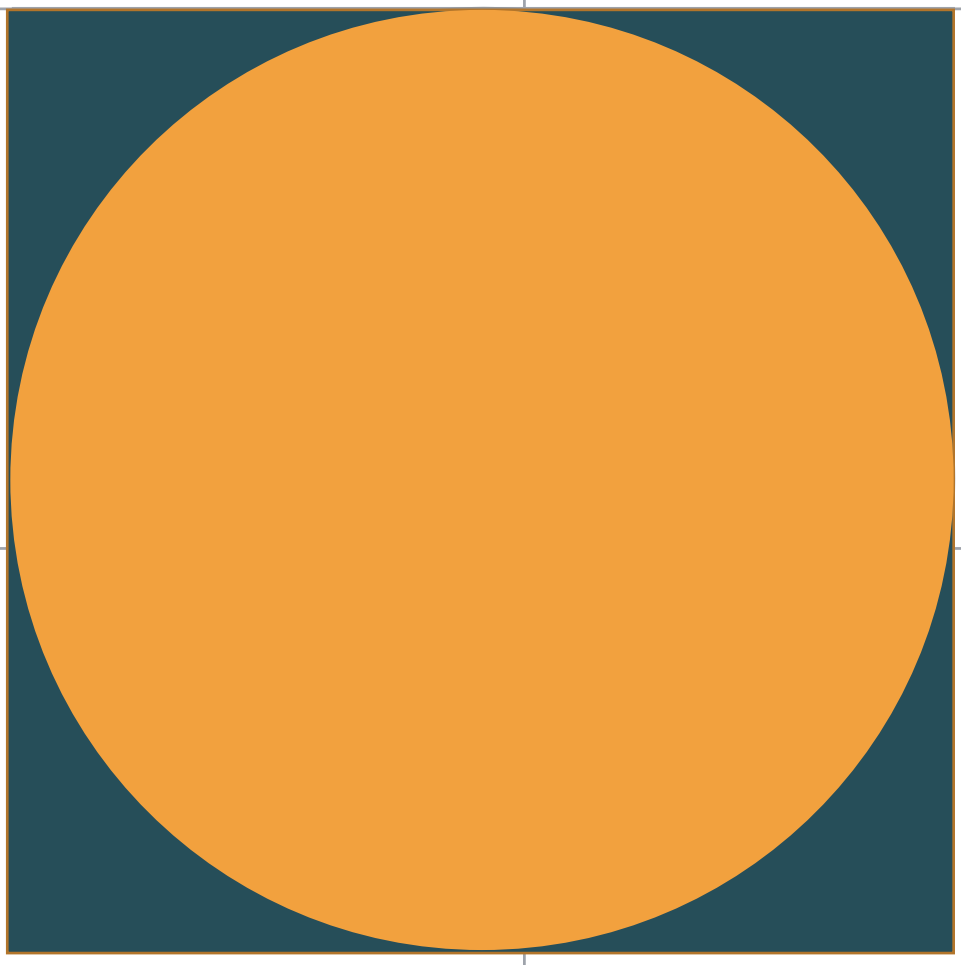

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