

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

Tanzania Pilot Study Report



February 2023

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Data for Impact

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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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Tables

Detailed list of results tables are shown in Appendix 1

Abbreviations

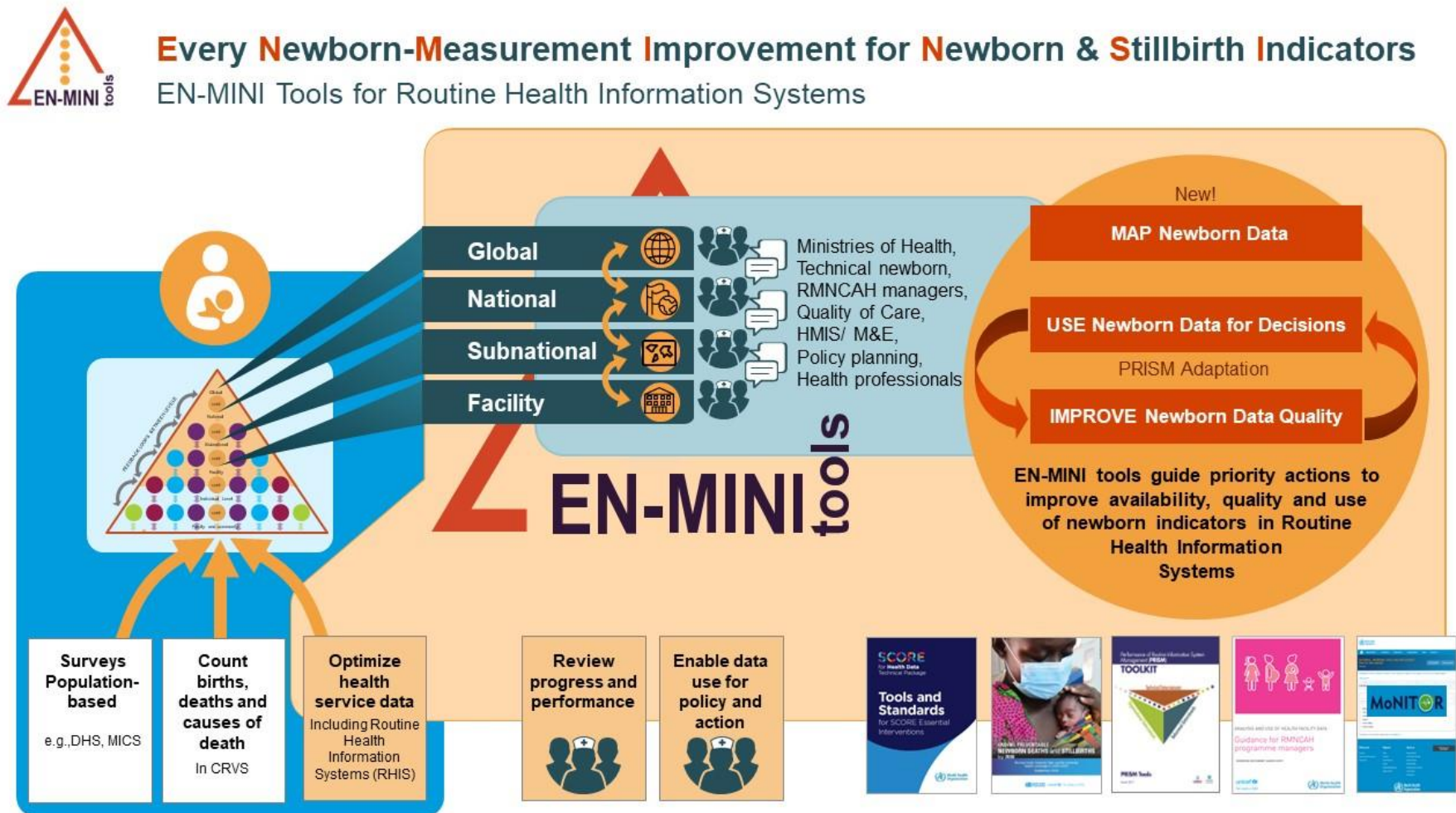
D4I	Data for Impact
DHIS 2	District Health Information Software version 2
ENAP	Every Newborn Action Plan
EN-BIRTH	Every Newborn Birth Indicator Research Tracking in Hospitals study
EN-BIRTH-2	Every Newborn Birth Indicator Research Tracking in Hospitals Every Newborn 2 study
EN-MINI Tools	Every Newborn-Measurement Improvement for Newborn and Stillbirth Indicators Tools
EN-MINI-PRISM Tools	Every Newborn-Measurement Improvement for Newborn and Stillbirth Indicators—Performance of Routine Information System Management Tools
eRHIS	Electronic Routine Health Information Systems
HMIS	Health Management Information Systems
IHI	Ifakara Health Institute
KMC	Kangaroo mother care
LSHTM	London School of Hygiene & Tropical Medicine
MAT	Management Assessment Tool (abbreviation for “Management Assessment EN-MINI-PRISM Tool 4”)
MOH	Ministry of Health
OBAT	Organizational and Behavioral Assessment Tool (abbreviation for “Organizational and Behavioral Assessment EN-MINI-PRISM Tool 6”)
PRISM	Performance of Routine Information System Management
RHIS	routine health information systems
USAID	United States Agency for International Development
WHO	World Health Organization

Executive Summary

EN-MINI-PRISM Tools at a Glance

- Designed to close the data gap for high-priority core newborn and stillbirth indicators for every newborn to survive and thrive.
- User-friendly practical tools to MAP, IMPROVE, and USE Newborn and stillbirth data for coverage and quality of care.
- Full and free access to digital data collection forms and automated analysis for reporting and synthesis provided on the [EN-MINI Tools website](#).
- Includes adaptations of Performance Routine Information System Management (PRISM) tools already used in more than 40 countries.
- Facilitates implementation of existing routine health information systems (RHIS) guidance.
- Enables users to comprehensively assess RHIS for newborn and stillbirth data generating the detailed information needed to prioritize action to improve data quality and use.
- Flexibility for country contextualization with national priority indicators.
- Emphasizes subnational data and health facility routine source data documents.

Figure 1. Every Newborn-Measurement Improvement for Newborn & Stillbirth Indicators (EN-MINI) Tools infographic - for animated version of see EN-MINI Tools website



Overview of Actionable Findings

Newborn and stillbirth core indicator routine data assessment from the pilot EN-MINI-PRISM Tools assessment in the Tanga Region of the United Republic of Tanzania identified:

STRONG performance to recognize:

- Data use for decision making
 - Analysis and visualizations of newborn/stillbirth data at district level
 - Use of information for key performance targets at district level
- Improve data quality
 - RHIS Organizational factors at district office
 - Good completeness of summary reports for newborn indicator denominators
 - Accurate data entry in electronic RHIS (District Health Information Software version 2 [DHIS 2]) from summary reports

GAPS for focused action:

- Data use for decision making
 - Improve the “data/information culture” in health facilities
 - Strengthen newborn data analysis, reports, and visualizations at health facility level
 - Enable data use for newborn service coverage and quality improvement
 - Start using sex-disaggregated data at district office and health facility level
- Improve data quality
 - Express appreciation to frontline health facility professionals collecting RHIS data to overcome the ~~very~~ low motivation for RHIS tasks
 - Train health facility staff to improve RHIS competencies for newborn data
 - Ensure feedback on newborn data reports from district level reaches health facilities
 - Improve actionable discussions at facility RHIS supervisory visits
 - Streamline RHIS processes to reduce data duplication burden on frontline health professionals
 - Regularly verify completeness of routine register primary source newborn data
 - Supervise summary reports for completeness especially for indicator numerators
 - Enable timely monthly reporting
 - Increase data quality assurance at both health facilities and district level

Introduction

Closing the Routine Data Gap for Newborns and Stillbirths

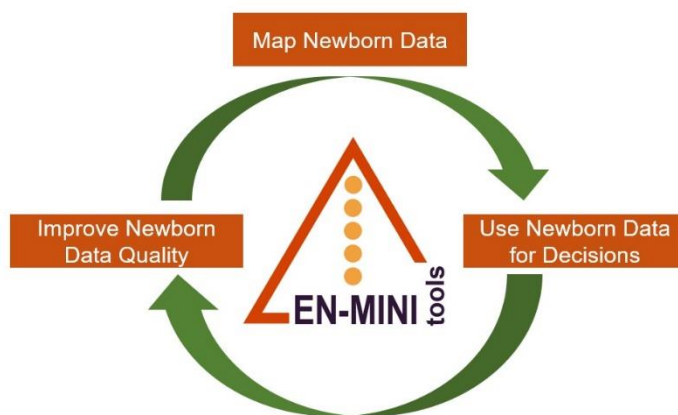
Every newborn has the right to survive and thrive, yet an estimated 4.2 million die globally each year as newborns and stillbirths.¹⁻³ Timely and accurate data on coverage, equity, and quality of care are essential to track progress towards ending preventable stillbirths, newborn deaths, and disabilities.⁴ However, the settings with the highest burden of deaths have the least data on coverage and quality of care—the “inverse data law.”⁵

What are the EN-MINI Tools?

The purpose of the Every Newborn-Measurement Improvement for Newborn and Stillbirth Indicators (EN-MINI) tools for Routine Health Information Systems (RHIS) is to enable countries to have the right data at the right time and at the right level of the healthcare system (Figure 1).^{3,4} The EN-MINI Tools are free and have ready-to-use digital data collection platforms and generate automated reports. Improving newborn data is a priority of the Every Newborn Action Plan (ENAP) to accelerate progress and ensure every newborn survives and thrives.⁴

The tools are organized in three categories: (1) MAP newborn data availability, (2) assess USE of newborn data for decisions, and (3) identify how to IMPROVE newborn data quality (Figure 2). The USE and IMPROVE tools are adapted from the Performance of Routine Information System Management (PRISM) series.^{6,7}

Figure 2. Every Newborn-Measurement Improvement for Newborn & Stillbirth Indicators (EN-MINI) Tools categories



Why Focus on Core Indicator Data?

Core indicator data are vital to guide action and track progress for health workers, managers, and policy makers at all levels in the data pyramid, as illustrated by the central gold data point circles in Figure 2. EN-MINI Tools capture the data enabling environment for frontline health workers

documenting data elements, data transmission processes up the data pyramid, and use of data at all levels. The tools reinforce the dual focus needed to simultaneously strengthen USE of data, even though it is not perfect, with ongoing efforts to IMPROVE data quality (Figure 2).

The EN-MINI Tools are intended to identify gaps in newborn and stillbirth RHIS data availability, quality, and use. This report summarizes findings for the 2021 pilot of EN-MINI-PRISM Tools 1–6 in the Tanga Region of the United Republic of Tanzania in 2021. An accompanying Map Newborn Data EN-MINI Tool o report details data elements for newborn and stillbirth indicators.

How Were the EN-MINI Tools Developed?

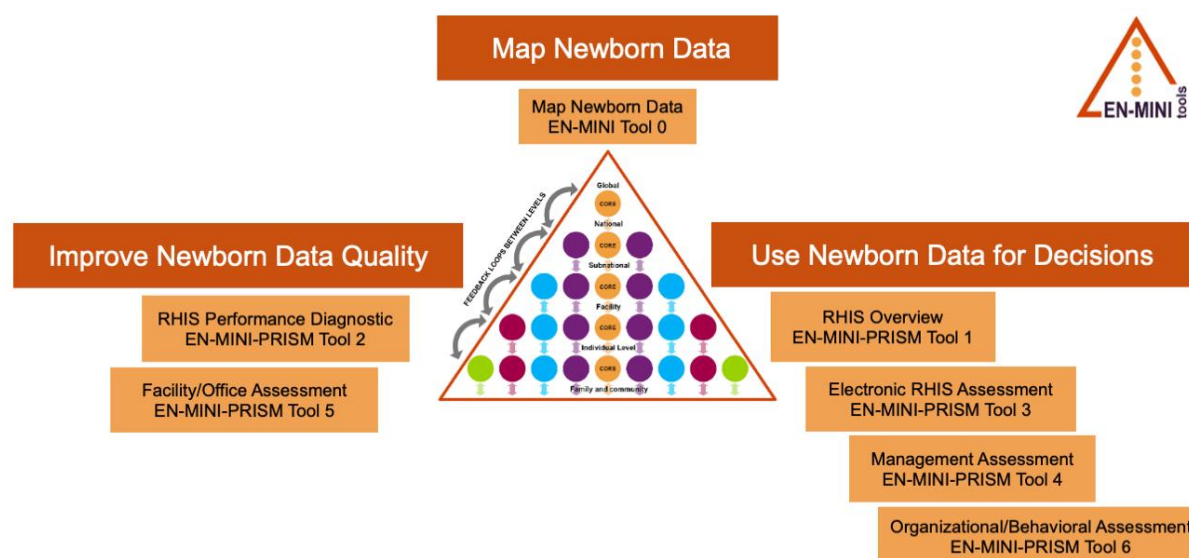
Previous research, such as the EN-BIRTH study (2016–2020), assessed measurement coverage and quality of newborn and maternal care in Bangladesh, Nepal, and the United Republic of Tanzania.^{8–10} This EN-BIRTH study highlighted the potential for routine register newborn data but found newborn data quality in routine registers varied.

The novel EN-MINI Tools were designed and made available through collaborative implementation research, the EN-BIRTH 2 study (2020–2022). Research partners were The London School of Hygiene & Tropical Medicine (LSHTM) UK, Ifakara Health Institute (IHI) Tanzania, icddr, Bangladesh, Data 4 Impact (D4I), and funded by United States Agency for International Development (USAID). An expert advisory group of colleagues from WHO, UNICEF, the national governments of Bangladesh and the United Republic of Tanzania, and additional program newborn, measurement experts and academics provided important guidance.

EN-MINI Tools comprehensively measure RHIS performance for core newborn and stillbirth indicators collected at health facilities. The seven tools are organized in the three categories: MAP newborn data availability, assess USE of newborn data for decisions and identify how to IMPROVE newborn data quality (Figure 3).

The novel MAPPING tool (EN-MINI Tool o) generates an automated report showing newborn data elements as they move up the data pyramid. The USE and IMPROVE Tools (EN-MINI-PRISM Tools 1–6) are adaptations of the Performance of Routine Information System Management (PRISM) tools designed by MEASURE Evaluation.^{6,7} More details of the EN-MINI-PRISM Tools are shown in Appendix 2 and on the [EN-MINI Tools website](#).

Figure 3. Every Newborn-Measurement Improvement for Newborn & Stillbirth Indicators (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.

How Do the EN-MINI-PRISM Tools Link to the PRISM Series?

The EN-MINI-PRISM tools adaptation extends the reach of the [PRISM series](#) for newborn and stillbirth data.⁶ The PRISM Framework conceptualizes the broad context affecting RHIS performance designed to identify gaps for sustainable improvement (Figure 4). Three categories of determinants that affect RHIS 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 4. Performance of Routine Information Systems Management (PRISM) framework



EN-MINI-PRISM Tools Pilot Study in Tanzania

Methods

Location, Sampling, and Respondents

The EN-MINI-PRISM Tools pilot study was conducted at all levels of health facilities providing inpatient newborn health services to maximize learning for possible future scale-up nationally and beyond. Two districts in Tanga Region, Pangani District Council and Tanga City Councils, were selected. The sample frame listed all public government health facilities: hospitals, health centers, and dispensaries. Purposive sampling identified 51 health facilities providing delivery services for more than 20 births per year. Both hospitals (n=2) and a simple random sample of lower-level facilities from Tanga City council (n=8) and Pangani District Council (n=8) were selected. The respondents were all cadres involved in data recording/reporting/analysis and data use.

Training

EN-BIRTH 2 researchers trained data collectors over five days in September 2021 using the EN-MINI-PRISM Training materials available on the [EN-MINI Tools website](#).

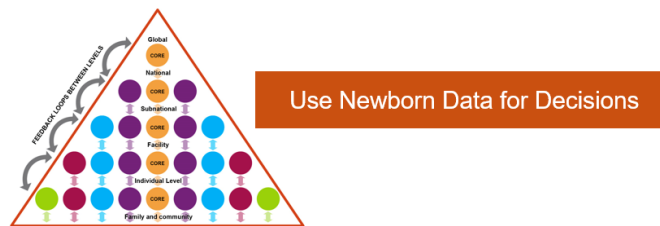
Data Collection and Management

A team of 6 data collectors conducted the EN-MINI-PRISM Tools assessment in 2 district offices and 16 health facilities during one week of September 2021. Version 1 of the EN-MINI Tools were used. Data quality was assessed using source and summary report data for April, May, and June 2021. All data were collected digitally using offline password protected tablets and uploaded to the General Data Protection Regulation (GDPR) compliant, secure Open Data Kit (ODK) server (SurveyCTO), using the customized EN-MINI-PRISM Tool forms available on the [EN-MINI Tools website](#).

Analysis

The EN-MINI-PRISM Analysis Tool available on the [EN-MINI Tools website](#) was used for analysis following standard PRISM methodology.

RESULTS: USE Newborn Data for Decision Making



Evidence for Existing Data Use

The purpose of routine data is to be used for action for newborns, stillbirths, and their families. Data requires processing and interpretation to be meaningful as does information used for decision making. This pilot EN-MINI-PRISM Tools assessment found evidence of newborn and stillbirth core indicator use at both facility level and the two district level offices assessed (Figure 5). Examples included discussion on key performance targets, 100 percent district, 75 percent facility level. Evidence for data use was higher at district than facility level: analytical data reports (50 percent district, 19 percent facility) and data visualization (100 percent district, 25 percent facility). Use of data for quality improvement was reported only at district level. The full EN-MINI-PRISM Tools assessment findings are shown in the results tables (Appendix 1).

Figure 5. Evidence of existing data use from Tanzania EN-MINI-PRISM tools pilot (n=16 facilities, 2 facility offices)

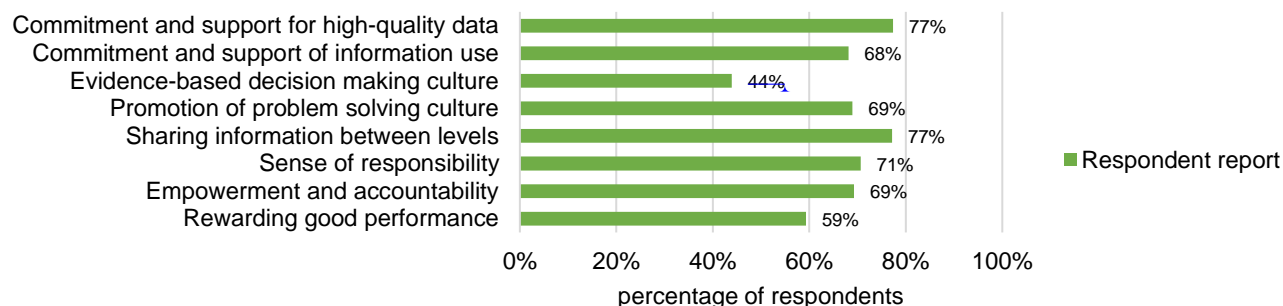
		District	Facility
Organizational factors	Evidence data analysis taking place	38%	21%
RHIS processes	Data Visualization	100%	25%
	Use of data to produce narrative analytical reports	50%	19%
Use Newborn data for decisions	Use information for discussion on key performance targets	100%	75%
	Use information for coverage of services	0%	13%
	Use sex-disaggregated data	0%	0%
	Use information for human resources decisions	100%	25%
	Use information for quality improvement	100%	0%

Opportunities to Enable an Organizational Information Culture

A culture of information is defined as the capacity and control to promote values and beliefs among members of an organization for the collection, analysis, and use of information to achieve an organization's mission and goals. This EN-MINI-PRISM pilot assessment assessed information culture components from 47 respondents working in the 16 health facilities.

Perceived information culture components promotion ranged from 44 percent to 77 percent (Figure 6).

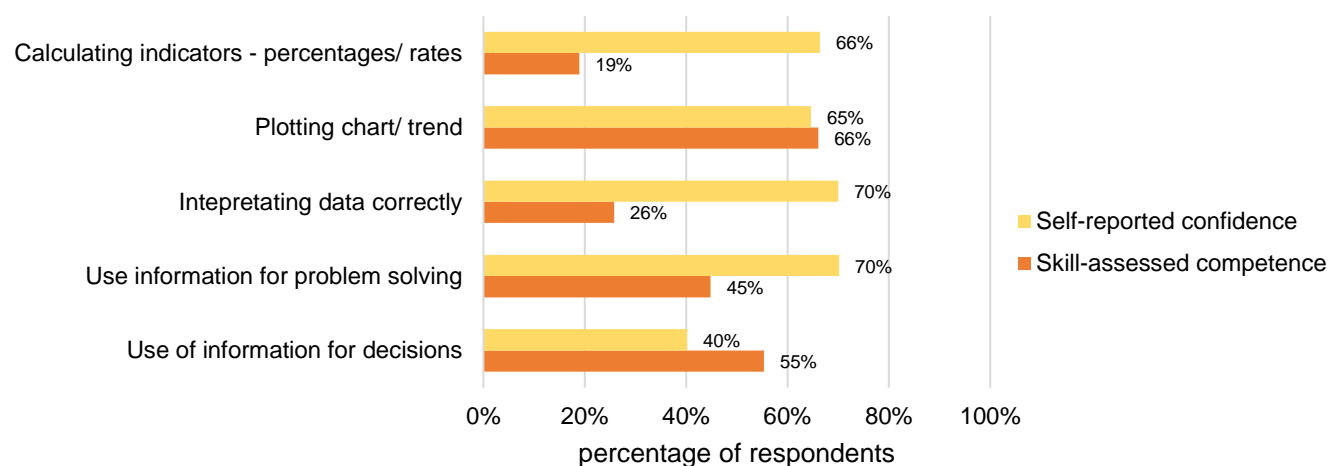
Figure 6. Promotion of information culture, Tanzania EN-MINI-PRISM tools pilot (n=47 respondents, 16 facilities)



Opportunities to Develop RHIS Skills, Confidence, and Competence

The EN-MINI-PRISM Tools pilot captured 47 individual respondents' perceived confidence and measured competence on RHIS tasks through assessment with examples using newborn and stillbirth data (Figure 7). Confidence and competence matched for the task plotting chart/chart trend (65 percent to 66 percent). There was a confidence-competence gap for other RHIS skills. Respondents were over-confident in calculating indicators (47 percent gap), interpreting data (44 percent gap) and problem-solving (25 percent gap). Competence was 15 percent higher than confidence with use of information for decisions.

Figure 7. RHIS task self-reported confidence and skill-assessed competence, Tanzania EN-MINI-PRISM Tools pilot (n=47 respondents, 16 facilities)



RESULTS: IMPROVE Newborn Data Quality



Evidence for Existing Data Quality

Accurate newborn/stillbirth indicator measurement requires both numerator and denominator data elements to be accurately captured. This EN-MINI-PRISM pilot assessed seven priority SDG and ENAP core indicators and one maternal indicator as the tracer for maternal measurement from the EN-BIRTH validation study.

Figure 8 illustrates the EN-MINI-PRISM Tools pilot assessment in 16 facilities of data quality at each level of the data pyramid for both denominators needed—total births and livebirths. The primary source data from the routine facility register at the base of the data pyramid was on average only 88 percent complete. Moving up the data pyramid, the assessment of three months of reports found: available 96 percent, complete 94 percent to 96 percent, and accurately matching the register 98 percent. At subnational district level among reports reviewed from fifty facilities: 100 percent expected were available, 89 percent to 91 percent were complete, and cross-check database entry matching summary report was 100 percent. Subnational, regional and national-central levels were not assessed during this pilot study.

Figure 8. Data quality domains for newborn and stillbirth denominators, Tanzania EN-MINI-PRISM Tools pilot (n=47 respondents, 16 facilities)

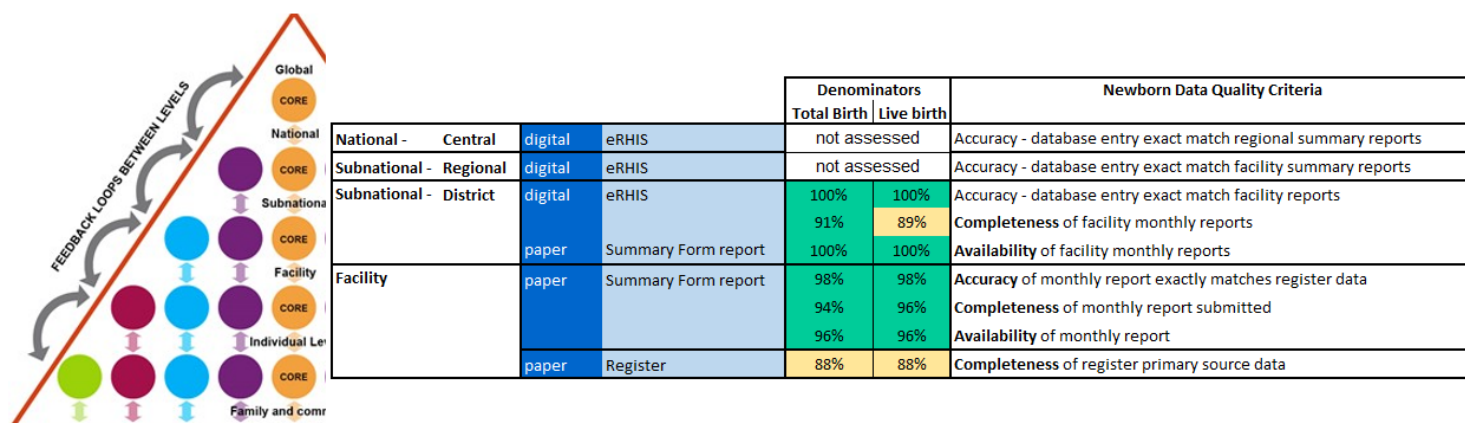


Figure 9 shows the numerators and denominators for all eight core indicators for this EN-MINI-PRISM Tools pilot. At the facility, overall, the numerator and denominator quality were similar except register completeness for early initiation of breast feeding was only 81 percent, and report accuracy from register for low birth weight only 86 percent.

The district office assessment found reports were 100 percent available aside from Kangaroo mother care (KMC) which had a 64 percent availability rate. Report completeness across all numerators was very low at <30 percent except for early initiation of breast feeding 81 percent and uterotonics 88 percent.

Figure 9. District and facility level data quality domains for numerators and denominators for newborn/stillbirth/maternal indicator measurement, Tanzania EN-MINI-PRISM Tools pilot (n=16 facilities, 2 facility offices)

Indicator domain	Select Core Indicator data element	District review, n=2 offices			Facility review, n=16 visits			
		Monthly reports, n=50 facilities			Monthly reports, n=3 months			Registers, n=3 months
		Availability	Completeness	Accuracy	Availability	Completeness	Accuracy	Completeness
		of facility monthly reports	of facility monthly reports	of database entry exactly matches facility reports	of monthly report	of monthly report	of monthly report from register	of register primary source data
IMPACT	Stillbirth Numerator	100%	10%	100%	96%	96%	97%	98%
	Institutional neonatal deaths Numerator	100%	6%	100%	100%	100%	100%	100%
	Low birth weight Numerator	100%	20%	73%	96%	96%	86%	94%
COVERAGE: Every Newborn	Early initiation Breastfeeding Numerator	100%	81%	100%	96%	94%	94%	81%
COVERAGE: Small or sick newborns	Bag-mask-ventilation Numerator	100%	13%	100%	96%	90%	93%	94%
	KMC Numerator	64%	9%	100%	100%	100%	100%	100%
	Neonatal sepsis Numerator	100%	23%	100%	100%	100%	100%	100%
Maternal Tracer	Uterotonics prevent PPH Numerator	100%	88%	100%	96%	96%	97%	90%
Indicator denominators	Total Births Denominator	100%	91%	100%	96%	94%	98%	88%
	Live births Denominator	100%	89%	100%	96%	96%	98%	88%

Opportunities to Improve Data Quality

This EN-MINI-PRISM Tools pilot assessment showed RHIS quality improvement activities were occurring in both district offices (100 percent) but only in 25 percent of the health facilities assessed. Overall, the quality assurance score was 83 percent at district level and only 41 percent at facility level. An overview of factors contributing to improving data quality is shown in Figure 10. At district level, “good governance structures” criteria measured 58 percent and planning 25 percent. At facility level, motivation for RHIS tasks was very low at 6 percent and knowledge regarding RHIS only 48 percent to 63 percent. Opportunities to improve the information culture are shown above in Figure 6.

Figure 10. Factors to improve routine data quality from Tanzania EN-MINI-PRISM tools pilot (n=16 facilities, 2 facility offices)

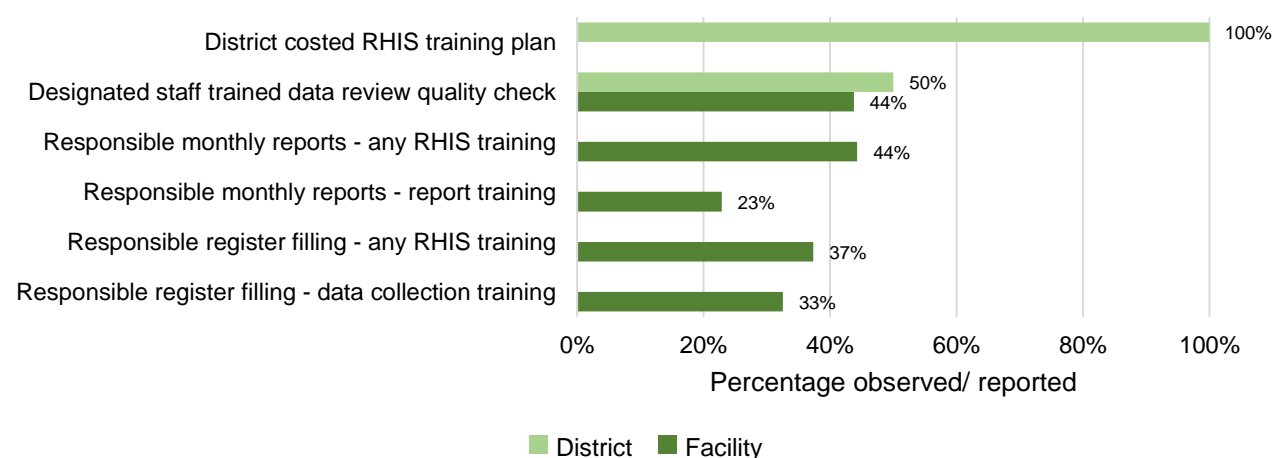
		District	Facility
Organizational factors	Good governance structures	58%	
	Planning for RHIS	25%	
	Use of quality improvement standards	100%	
	Supervision quality	100%	83%
	Financial resources allocated	100%	
	Training plan costed	100%	
	Data quality assurance score	81%	41%
	Designated staff check report data quality	100%	88%
Behavioral Factors	Knowledge HIS	*	63%
	Knowledge data quality checking methods	*	48%
	Motivation among staff		6%
Improve Newborn Data Quality	Use of routine data for RHIS quality improvement	100%	25%

* not assessed during this EN-MINI tools pilot study

Training

Despite district costing plans, large gaps in training for health professionals involved in collecting and reporting newborn routine data were identified, as shown in Figure 11.

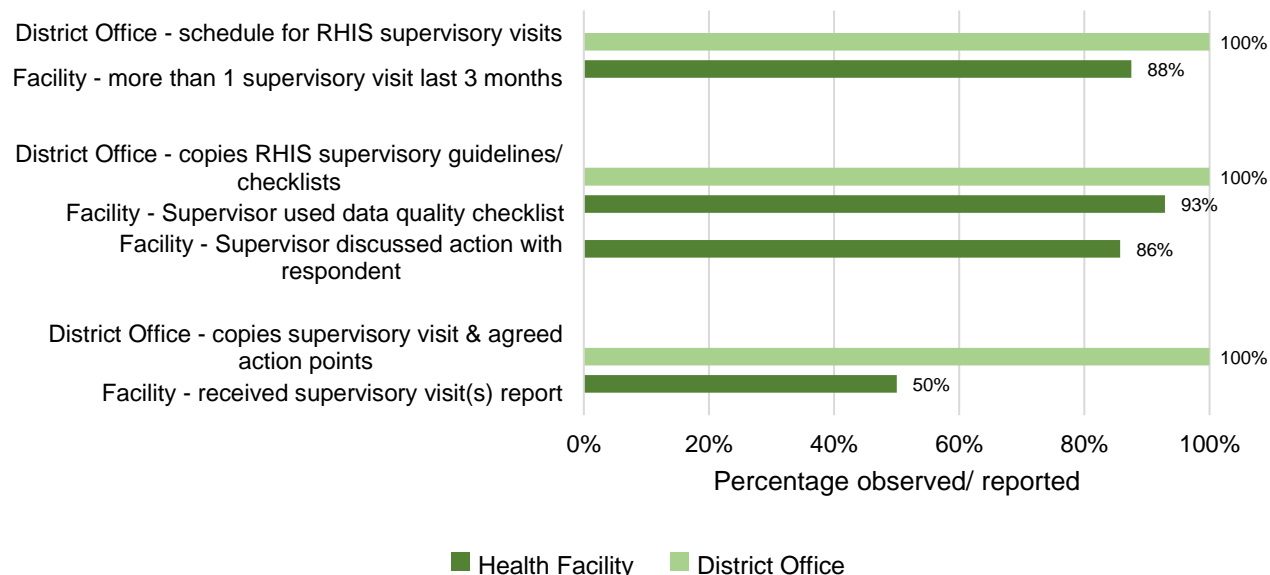
Figure 11. RHIS training at district office and health facility – Tanzania EN-MINI-PRISM Tools pilot, (n=16 facilities, 2 facility offices)



Supervision

This EN-MINI-PRISM Tools pilot showed RHIS supervisory processes were established and among the 88 percent of facilities with a supervisory visit in the 3 months prior to the assessment and 93 percent of visits used a data quality checklist (Figure 12). Eighty-six percent of supervisory visits included a discussion regarding action points and 50% of facilities had received a report.

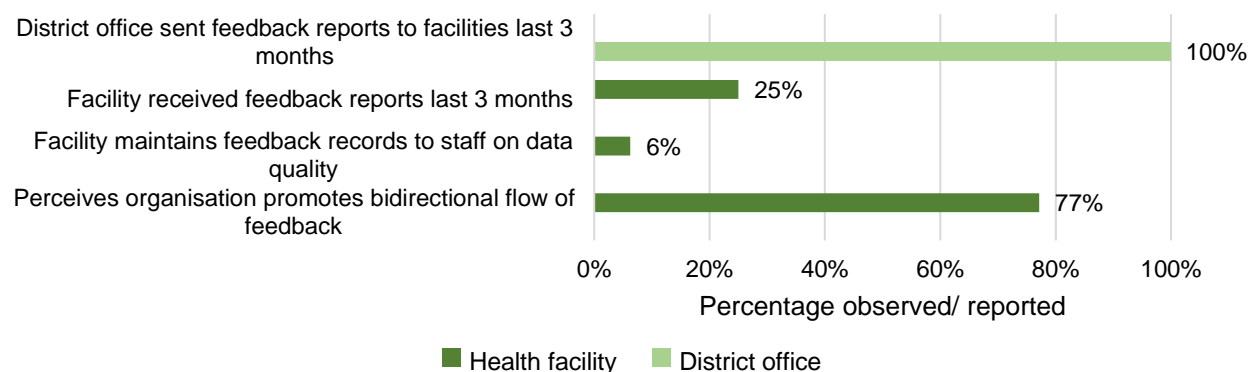
Figure 12. RHIS Supervision health facility and district office – EN-MINI-PRISM pilot, Tanzania (n=16 facilities, 2 facility offices)



Feedback Loops

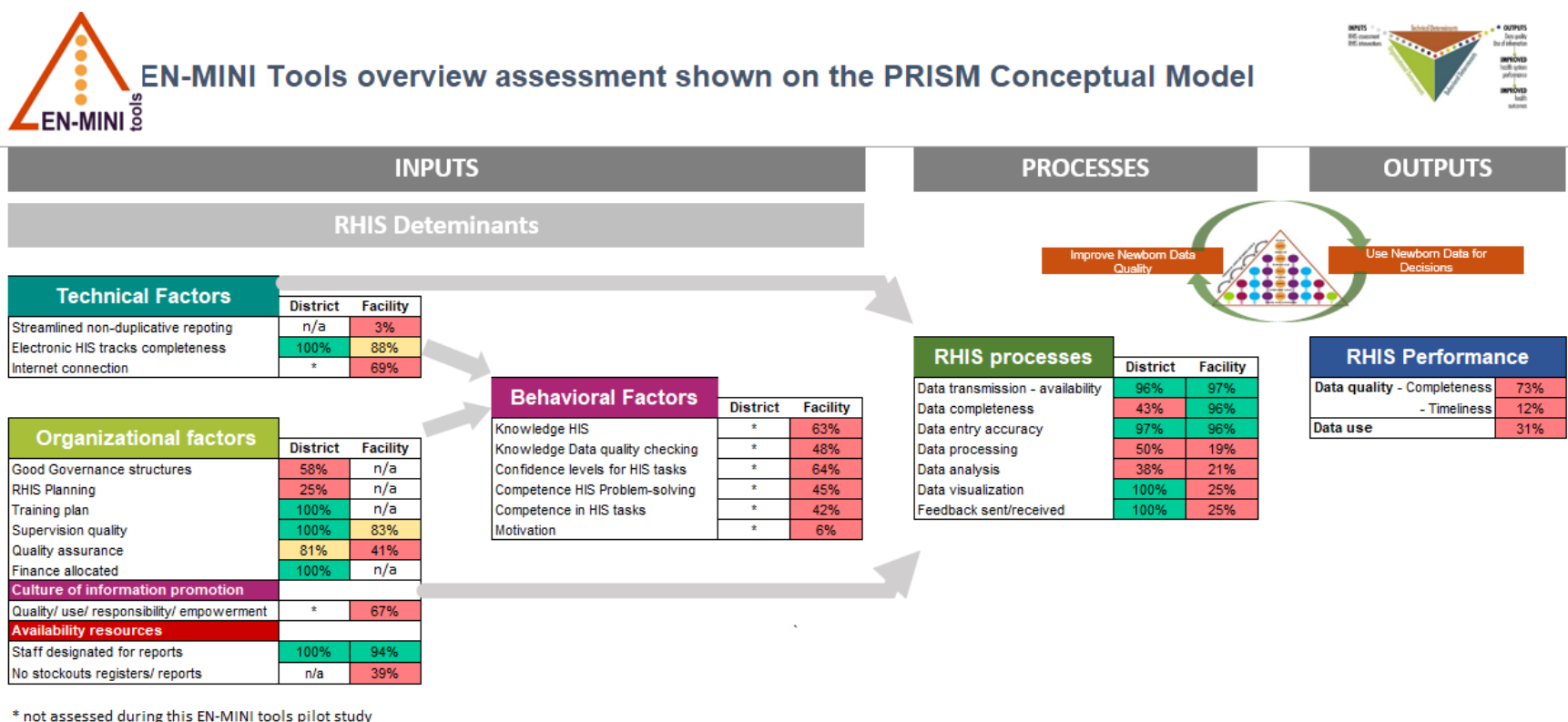
Despite 77 percent of facility respondents reporting that bidirectional feedback is promoted, only 25 percent of facilities had received a feedback report from district in the preceding 3 months and only 6 percent of facilities maintain feedback records to staff on data quality (Figure 13).

Figure 13. Feedback loops between levels, Tanzania EN-MINI-PRISM pilot (n=16 facilities, 2 facility offices)



Overview of EN-MINI-PRISM Findings of Pilot study in Tanga Region, Tanzania

Figure 14. EN-MINI-PRISM overview using PRISM conceptual framework, Tanzania pilot (n=16 facilities, 2 facility offices)



Conclusion

The EN-MINI-PRISM Tools pilot assessment in the Tanga Region of the United Republic of Tanzania identified strengths and weaknesses in RHIS performance for newborn and stillbirth core indicator data at both district office and health facility levels.

Routine data from health facilities are not reaching their full potential for action to enable newborns to survive and thrive. Improving data quality requires attention at every step as data passes up the data pyramid. This EN-MINI-PRISM Tools assessment highlights the urgent need to focus on the source data collected at health facility level. Investing in RHIS systems at higher levels in the data pyramid will not generate accurate data for use if the source data at the pyramid base remains poor quality.

Strengthening an information culture and data enabling environment in the health facility is vital for frontline health workers to feel motivated to capture high-quality data and use this data themselves. Duplicative reporting through parallel systems continues to overburden, compromise data quality, and reduce staff commitment. Streamlining reporting is urgently needed so health workers can focus on improving quality of patient care.

Core indicator data are important for subnational, national, and global use, but this EN-MINI-PRISM assessment showed a large gap in data use at the health facility level. RHIS knowledge and skills training are urgently needed for health facility staff collecting newborn and stillbirth data. This includes increasing capacity for health facility staff to generate reports from electronic RHIS in addition to district office use. As RHIS competencies rise, confidence in data use for evidence-based decisions will grow, and enabled by feedback and supervision, data quality will further increase.

Strengthening use of high-quality data for action at all levels—in health facilities, subnationally and nationally—can make a major contribution to ensuring every Tanzanian newborn survives and thrives.

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Appendix 1: Full EN-MINI-PRISM Results Tables

The full cross-cutting EN-MINI-PRISM Tanzania pilot assessment results are presented in the following tables arranged by themes:

1. Data quality indicators
2. Use of information indicators
3. Data management indicators
4. Technical factors
5. Organization factors
6. Gender indicators

For this pilot study, data were collected only at district and facility levels. Dummy tables for central and regional levels are shown for completeness to illustrate the potential for the EN-MINI-PRISM Tool assessment.

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1. RHIS performance: Data Quality Indicators

1A. Data Quality Indicators—Central Level

Section 1A Tables: Data Quality Indicators—Central Level

A. RHIS Performance: Data Quality Indicators- Central Level

Table 1A.1 Completeness of reported data—Central Level

Completeness of reported data	
Indicator: % of expected monthly facility reports received at the central level (target=95%)	
Total # of facility reports received at the central level	X 100
Total # of expected facility reports at the central level	

Data Source—Module IIa: RHIS Performance Diagnostic Tool (Central Level)				
Health facilities (all types)	Numerator	Denominator	%	Target
mm/yyyy	*	*	*	*
mm/yyyy	*	*	*	*
mm/yyyy	*	*	*	*
All months	*	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 1A.2 Completeness of reported data—Central Level

Reasons for default of report completeness		
Data Source—Module II: RHIS Performance Diagnostic Tool		
Variables	#	%
Storage or archiving problems	*	*
Staffing issues	*	*
Absence of reporting forms	*	*
Transportation issues	*	*
Internet connectivity issues	*	*
Presence of other vertical reporting requirements	*	*
Other (specify)	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 1A.3 Timeliness of facility reporting—Central Level

Timeliness of facility reporting			
Indicator: % of facilities submitting monthly reports on time to the aggregation site (target=100%)			
$\frac{\text{Total \# of facilities that submitted reports on time to the aggregation site}}{\text{Total \# of expected facility reports at the aggregation site}} \times 100$			
Data Source—Module IIa: RHIS Performance Diagnostic Tool			
Period for health facilities (all types)	Numerator	Denominator	Value
mm/yyyy	*	*	*
mm/yyyy	*	*	*
mm/yyyy	*	*	*
All months	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 1A.4 Accuracy of entered data—Central Level

Accuracy of entered data (only for manual compilation)	
Indicator: % of accuracy between regional compiled data and the national data reported in the national database for selected indicators (target=100%)	
Sum of all region verification factor (VF) deviations	X 100
Total # of assessed site regions per selected indicator	
The central global accuracy (CGA) = 100—Average central VF deviation	

Data Source—Module IIa: RHIS Performance Diagnostic Tool					
Indicator	Period	Numerator	Denominator	Value	CGA
Total births	mm/yyyy	*	*	*	*
	mm/yyyy	*	*	*	*
	mm/yyyy	*	*	*	*
	All months	*	*	*	*
Live births	mm/yyyy	*	*	*	*
	mm/yyyy	*	*	*	*
	mm/yyyy	*	*	*	*
	All months	*	*	*	*
Stillbirths	mm/yyyy	*	*	*	*
	mm/yyyy	*	*	*	*
	mm/yyyy	*	*	*	*
	All months	*	*	*	*
Low birthweight	mm/yyyy	*	*	*	*
	mm/yyyy	*	*	*	*
	mm/yyyy	*	*	*	*
	All months	*	*	*	*
Early initiation of breastfeeding	mm/yyyy	*	*	*	*
	mm/yyyy	*	*	*	*
	mm/yyyy	*	*	*	*
	All months	*	*	*	*
Bag-mask ventilation	mm/yyyy	*	*	*	*
	mm/yyyy	*	*	*	*
	mm/yyyy	*	*	*	*
	All months	*	*	*	*
Uterotonics for postpartum hemorrhage	mm/yyyy	*	*	*	*
	mm/yyyy	*	*	*	*
	mm/yyyy	*	*	*	*
	All months	*	*	*	*
KMC	mm/yyyy	*	*	*	*
	mm/yyyy	*	*	*	*
	mm/yyyy	*	*	*	*
	All months	*	*	*	*
Institutional neonatal deaths	mm/yyyy	*	*	*	*
	mm/yyyy	*	*	*	*
	mm/yyyy	*	*	*	*
	All months	*	*	*	*
Neonatal sepsis	mm/yyyy	*	*	*	*
	mm/yyyy	*	*	*	*
	mm/yyyy	*	*	*	*
	All months	*	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

(table is continued from previous page)

Extent to which regional reported data and data recorded for selected indicators in the database are meeting the set criteria for data accuracy													
		A						B					
		% <90%		90%≤%<110%		%≥110%		% <80%		80%≤%<120%		%≥120%	
Indicator	Period	#	%	#	%	#	%	#	%	#	%	#	%
Total births	mm/yyyy	*	*	*	*	*	*	*	*	*	*	*	*
	mm/yyyy	*	*	*	*	*	*	*	*	*	*	*	*
	mm/yyyy	*	*	*	*	*	*	*	*	*	*	*	*
	All months		*		*		*		*		*		*
Live births	mm/yyyy	*	*	*	*	*	*	*	*	*	*	*	*
	mm/yyyy	*	*	*	*	*	*	*	*	*	*	*	*
	mm/yyyy	*	*	*	*	*	*	*	*	*	*	*	*
	All months		*		*		*		*		*		*
Stillbirths	mm/yyyy	*	*	*	*	*	*	*	*	*	*	*	*
	mm/yyyy	*	*	*	*	*	*	*	*	*	*	*	*
	mm/yyyy	*	*	*	*	*	*	*	*	*	*	*	*
	All months		*		*		*		*		*		*
Low birthweight	mm/yyyy	*	*	*	*	*	*	*	*	*	*	*	*
	mm/yyyy	*	*	*	*	*	*	*	*	*	*	*	*
	mm/yyyy	*	*	*	*	*	*	*	*	*	*	*	*
	All months		*		*		*		*		*		*
Early initiation of breastfeeding	mm/yyyy	*	*	*	*	*	*	*	*	*	*	*	*
	mm/yyyy	*	*	*	*	*	*	*	*	*	*	*	*
	mm/yyyy	*	*	*	*	*	*	*	*	*	*	*	*
	All months		*		*		*		*		*		*
Bag-mask ventilation	mm/yyyy	*	*	*	*	*	*	*	*	*	*	*	*
	mm/yyyy	*	*	*	*	*	*	*	*	*	*	*	*
	mm/yyyy	*	*	*	*	*	*	*	*	*	*	*	*
	All months		*		*		*		*		*		*
Uterotonics for postpartum hemorrhage	mm/yyyy	*	*	*	*	*	*	*	*	*	*	*	*
	mm/yyyy	*	*	*	*	*	*	*	*	*	*	*	*
	mm/yyyy	*	*	*	*	*	*	*	*	*	*	*	*
	All months		*		*		*		*		*		*
KMC	mm/yyyy	*	*	*	*	*	*	*	*	*	*	*	*
	mm/yyyy	*	*	*	*	*	*	*	*	*	*	*	*
	mm/yyyy	*	*	*	*	*	*	*	*	*	*	*	*
	All months		*		*		*		*		*		*
Institutional neonatal deaths	mm/yyyy	*	*	*	*	*	*	*	*	*	*	*	*
	mm/yyyy	*	*	*	*	*	*	*	*	*	*	*	*
	mm/yyyy	*	*	*	*	*	*	*	*	*	*	*	*
	All months		*		*		*		*		*		*
Neonatal sepsis	mm/yyyy	*	*	*	*	*	*	*	*	*	*	*	*
	mm/yyyy	*	*	*	*	*	*	*	*	*	*	*	*
	mm/yyyy	*	*	*	*	*	*	*	*	*	*	*	*
	All months		*		*		*		*		*		*

Table 1A.5 Reasons for observed discrepancies—Central Level

<p><i>Reasons for observed discrepancies</i></p> <p>Indicator: Top three reasons that were given as possible reasons for observed discrepancy during the assessment</p> <p>In this table, DQ026 corresponds to the first month, DQ027 to the second month, and DQ028 to the third month</p>

Data Source—Module IIa: RHIS Performance Diagnostic Tool					
Indicator	Data entry errors	Arithmetic errors	Information from submitted reports incorrectly compiled	Monthly reports unavailable	Other reason(s)
Total births	*	*	*	*	*
Live births	*	*	*	*	*
Stillbirths	*	*	*	*	*
Low birthweight	*	*	*	*	*
Early initiation of breastfeeding	*	*	*	*	*
Bag-mask ventilation	*	*	*	*	*
Uterotonics for postpartum hemorrhage	*	*	*	*	*
KMC	*	*	*	*	*
Institutional neonatal deaths	*	*	*	*	*
Neonatal sepsis	*	*	*	*	*

* not collected during this EN-MINI-PRISMEN-MINI-PRISM Tools pilot assessment

1B. Data Quality Indicators—Regional level

Section 1B Tables: Data Quality Indicators—Regional Level

Table 1B.1 Completeness of reported data—Regional Level

Completeness of facility reporting				
Indicator: % of expected monthly reports received at the region level (target=95%)				
Total # of facility reports received at the region level			X100	
Total # of expected facility reports at the region level				
Data Source—Module IIa: RHIS Performance Diagnostic Tool (Region Level)				
Health facilities (all types)	Numerator	Denominator	%	Target
4/2021	*	*	*	*
5/2021	*	*	*	*
6/2021	*	*	*	*
All months	*	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 1B.2 Completeness of reported data—Regional Level

Reasons for default of report completeness		
Data Source—Module II: RHIS Performance Diagnostic Tool (Region Level)		
Variables	#	%
Storage or archiving problems	*	*
Staffing issues	*	*
Absence of reporting forms	*	*
Transportation issues	*	*
Internet connectivity issues	*	*
Presence of other vertical reporting requirements	*	*
Other (specify)	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 1B.3 Timeliness of facility reporting—Regional Level

<i>Timeliness of facility reporting</i>			
Indicator: % of facilities submitting monthly reports on time to the aggregation site (target=100%)			
Total # of facilities that submitted reports on time to the aggregation site			
Total # of expected facility reports at the aggregation site			X100
Data Source—Module Iia: RHIS Performance Diagnostic Tool (Region Level)			
Period for health facilities (all types)	Numerator	Denominator	Value
mm/yyyy	*	*	*
mm/yyyy	*	*	*
mm/yyyy	*	*	*
All months	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 1B.4 Accuracy of entered data—Regional Level

Accuracy of entered data (only for manual compilation)	
Indicator: % of accuracy between data entered in the region (or national) database and the facility monthly report for selected indicators (target=100%)	
Sum of all region verification factor (VF) deviations	X 100
Total # of assessed site regions per selected indicator	

Data Source—Module iia: RHIS Performance Diagnostic Tool (Region Level)					Region accuracy
Indicator	Period	Numerator	Denominator	Value	CGA
Total births	Mm/yyyy	*	*	*	*
	Mm/yyyy	*	*	*	*
	Mm/yyyy	*	*	*	*
	All months	*	*	*	*
Live births	Mm/yyyy	*	*	*	*
	Mm/yyyy	*	*	*	*
	Mm/yyyy	*	*	*	*
	All months	*	*	*	*
Stillbirths	Mm/yyyy	*	*	*	*
	Mm/yyyy	*	*	*	*
	Mm/yyyy	*	*	*	*
	All months	*	*	*	*
Low birthweight	Mm/yyyy	*	*	*	*
	Mm/yyyy	*	*	*	*
	Mm/yyyy	*	*	*	*
	All months	*	*	*	*
Early initiation of breastfeeding	Mm/yyyy	*	*	*	*
	Mm/yyyy	*	*	*	*
	Mm/yyyy	*	*	*	*
	All months	*	*	*	*
Bag-mask ventilation	Mm/yyyy	*	*	*	*
	Mm/yyyy	*	*	*	*
	Mm/yyyy	*	*	*	*
	All months	*	*	*	*
Uterotonics for postpartum hemorrhage	Mm/yyyy	*	*	*	*
	Mm/yyyy	*	*	*	*
	Mm/yyyy	*	*	*	*
	All months	*	*	*	*
KMC	Mm/yyyy	*	*	*	*
	Mm/yyyy	*	*	*	*
	Mm/yyyy	*	*	*	*
	All months	*	*	*	*
Institutional neonatal deaths	Mm/yyyy	*	*	*	*
	Mm/yyyy	*	*	*	*
	Mm/yyyy	*	*	*	*
	All months	*	*	*	*
Neonatal sepsis	Mm/yyyy	*	*	*	*
	Mm/yyyy	*	*	*	*
	Mm/yyyy	*	*	*	*
	All months	*	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

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Indicator: % of regions where districts data reported in monthly reports and the data recorded for selected indicators in the database are meeting the set criteria for data accuracy													
		A						B					
		% <90%		90%<=%<110%		%>=110%		% <80%		80%<=%<120%		%>=120%	
Indicator	Period	#	%	#	%	#	%	#	%	#	%	#	%
Total births	mm/yyyy	*	*	*	*	*	*	*	*	*	*	*	*
	mm/yyyy	*	*	*	*	*	*	*	*	*	*	*	*
	mm/yyyy	*	*	*	*	*	*	*	*	*	*	*	*
	All months		*		*		*		*		*		*
Live births	mm/yyyy	*	*	*	*	*	*	*	*	*	*	*	*
	mm/yyyy	*	*	*	*	*	*	*	*	*	*	*	*
	mm/yyyy	*	*	*	*	*	*	*	*	*	*	*	*
	All months		*		*		*		*		*		*
Stillbirths	mm/yyyy	*	*	*	*	*	*	*	*	*	*	*	*
	mm/yyyy	*	*	*	*	*	*	*	*	*	*	*	*
	mm/yyyy	*	*	*	*	*	*	*	*	*	*	*	*
	All months		*		*		*		*		*		*
Low birthweight	mm/yyyy	*	*	*	*	*	*	*	*	*	*	*	*
	mm/yyyy	*	*	*	*	*	*	*	*	*	*	*	*
	mm/yyyy	*	*	*	*	*	*	*	*	*	*	*	*
	All months		*		*		*		*		*		*
Early initiation of breastfeeding	mm/yyyy	*	*	*	*	*	*	*	*	*	*	*	*
	mm/yyyy	*	*	*	*	*	*	*	*	*	*	*	*
	mm/yyyy	*	*	*	*	*	*	*	*	*	*	*	*
	All months		*		*		*		*		*		*
Bag-mask ventilation	mm/yyyy	*	*	*	*	*	*	*	*	*	*	*	*
	mm/yyyy	*	*	*	*	*	*	*	*	*	*	*	*
	mm/yyyy	*	*	*	*	*	*	*	*	*	*	*	*
	All months		*		*		*		*		*		*
Uterotonics for postpartum hemorrhage	mm/yyyy	*	*	*	*	*	*	*	*	*	*	*	*
	mm/yyyy	*	*	*	*	*	*	*	*	*	*	*	*
	mm/yyyy	*	*	*	*	*	*	*	*	*	*	*	*
	All months		*		*		*		*		*		*
KMC	mm/yyyy	*	*	*	*	*	*	*	*	*	*	*	*
	mm/yyyy	*	*	*	*	*	*	*	*	*	*	*	*
	mm/yyyy	*	*	*	*	*	*	*	*	*	*	*	*
	All months		*		*		*		*		*		*
Institutional neonatal deaths	mm/yyyy	*	*	*	*	*	*	*	*	*	*	*	*
	mm/yyyy	*	*	*	*	*	*	*	*	*	*	*	*
	mm/yyyy	*	*	*	*	*	*	*	*	*	*	*	*
	All months		*		*		*		*		*		*
Neonatal sepsis	mm/yyyy	*	*	*	*	*	*	*	*	*	*	*	*
	mm/yyyy	*	*	*	*	*	*	*	*	*	*	*	*
	mm/yyyy	*	*	*	*	*	*	*	*	*	*	*	*
	All months		*		*		*		*		*		*

Table 1B.5 Reasons for observed discrepancies—Regional Level

<i>Reasons for observed discrepancies</i>					
Indicator: Top three reasons that were given as possible reasons for observed discrepancy during the assessment					
Data Source—Module IIa: RHIS Performance Diagnostic Tool (Region Level)					
Indicator	Data entry errors	Arithmetic errors	Information from submitted reports incorrectly compiled	Monthly reports unavailable	Other reason(s)
Total births	*	*	*	*	*
Live births	*	*	*	*	*
Stillbirths	*	*	*	*	*
Low birthweight	*	*	*	*	*
Early initiation of breastfeeding	*	*	*	*	*
Bag-mask ventilation	*	*	*	*	*
Uterotonics for postpartum hemorrhage	*	*	*	*	*
KMC	*	*	*	*	*
Institutional neonatal deaths	*	*	*	*	*
Neonatal sepsis	*	*	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

1C. Data Quality Indicators—District Level

C. RHIS Performance: Data Quality Indicators- District Level

Section 1C Tables: Data Quality Indicators—District Level

Table 1C.1 Completeness of reported data—District Level

I. RHIS Performance: Data Quality Indicators

Completeness of reported data

Indicator: % of monthly reports completely filled with data for selected indicators (i.e., reports contain the data relevant to the selected indicators) (target=100%)

Total # of facilities that submitted a complete report on the selected indicatorsX100

Total # of facilities expected to report on the selected indicators

At this level, the denominator is all those facilities expected to report on the selected data

Scenario 1

This scenario is valid when facilities are randomly sampled in a sampled district.

Data Source—Module iia: RHIS Performance Diagnostic Tool (District Level)

Indicator	Period	Numerator	Denominator	Value
Total births	4/2021	45	50	90%
	5/2021	46	50	92%
	6/2021	46	50	92%
	All months	137	150	91%
Live births	4/2021	41	50	82%
	5/2021	45	50	90%
	6/2021	47	50	94%
	All months	133	150	89%
Stillbirths	4/2021	4	50	8%
	5/2021	7	50	14%
	6/2021	4	50	8%
	All months	15	150	10%
Low birthweight	4/2021	9	50	18%
	5/2021	11	50	22%
	6/2021	10	50	20%
	All months	30	150	20%
Early initiation of breastfeeding	4/2021	41	50	82%
	5/2021	41	50	82%
	6/2021	39	50	78%
	All months	121	150	81%
Bag-mask ventilation	4/2021	7	50	14%
	5/2021	8	50	16%
	6/2021	5	50	10%
	All months	20	150	13%

Uterotonics for postpartum hemorrhage	4/2021	39	50	78%
	5/2021	46	50	92%
	6/2021	47	50	94%
	All months	132	150	88%
KMC	4/2021	4	50	8%
	5/2021	6	50	12%
	6/2021	4	50	8%
	All months	14	150	9%
Institutional neonatal deaths	4/2021	3	50	6%
	5/2021	4	50	8%
	6/2021	2	50	4%
	All months	9	150	6%
Neonatal sepsis	4/2021	0	50	0%
	5/2021	17	50	34%
	6/2021	18	50	36%
	All months	35	150	23%

Table 1C.2 Reason for missing data—District Level

<i>Reasons for missing data</i>		
Data Source—Module II: RHIS Performance Diagnostic Tool (District Level)		
Variables	#	%
Staffing issue(s)	2	29%
Not understanding the data element(s)	2	29%
Presence of other vertical reporting requirements	2	29%
Other	1	14%

Table 1C.3 Completeness of facility reporting—District Level—reports received

Completeness of facility reporting				
Indicator: % of expected monthly reports received at the district level (target=95%)				
Total # of facility reports received at the district level			X 100	
Total # of expected facility reports at the district level				
Data Source—Module IIa: RHIS Performance Diagnostic Tool (District Level)				
Health Facilities (all types)	Numerator	Denominator	%	Target
4/2021	77	77	100%	95%
5/2021	77	77	100%	95%
6/2021	77	77	100%	95%
All months	231	231	100%	95%

Table 1C.4 Completeness of facility form reporting—District level—reasons for default

Completeness of facility form reporting Reasons for default of report completeness		
Data Source—Module II: RHIS Performance Diagnostic Tool (District Level)		
Variables	#	%
Storage or archiving problems	*	*
Staffing issues	*	*
Absence of reporting forms	*	*
Transportation issues	*	*
Internet connectivity issues	*	*
Presence of other vertical reporting requirements	*	*
Other (specify)	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 1C.5 Completeness of facility form reporting—District Level % of expected monthly reports available

Completeness of facility form reporting				
Indicator: % of expected monthly reports of selected indicators that are available at the district level (target=95%)				
Total # of facility reports on the selected indicators received at the district level			X 100	
Total # of expected facility reports on the selected indicators at the district level				

Data Source—Module IIa: RHIS Performance Diagnostic Tool (District Level)				
Indicator	Period	Numerator	Denominator	Value
Total births	4/2021	50	50	100%
	5/2021	50	50	100%
	6/2021	50	50	100%
	All months	150	150	100%
Live births	4/2021	50	50	100%
	5/2021	50	50	100%
	6/2021	50	50	100%
	All months	150	150	100%
Stillbirths	4/2021	50	50	100%
	5/2021	50	50	100%
	6/2021	50	50	100%
	All months	150	150	100%
Low birthweight	4/2021	50	50	100%
	5/2021	50	50	100%
	6/2021	50	50	100%
	All months	150	150	100%
Early initiation of breastfeeding	4/2021	50	50	100%
	5/2021	50	50	100%
	6/2021	50	50	100%
	All months	150	150	100%
Bag-mask ventilation	4/2021	50	50	100%
	5/2021	50	50	100%
	6/2021	50	50	100%
	All months	150	150	100%
Uterotonics for postpartum hemorrhage	4/2021	50	50	100%
	5/2021	50	50	100%
	6/2021	50	50	100%
	All months	150	150	100%
KMC	4/2021	32	50	64%
	5/2021	32	50	64%
	6/2021	32	50	64%
	All months	96	150	64%
Institutional neonatal deaths	4/2021	50	50	100%
	5/2021	50	50	100%
	6/2021	50	50	100%
	All months	150	150	100%
Neonatal sepsis	4/2021	50	50	100%
	5/2021	50	50	100%
	6/2021	50	50	100%
	All months	150	150	100%

Table 1C.6 Timeliness of facility reporting—District Level—% of facilities submitting reports on time

Timeliness of facility reporting Indicator: % of facilities submitting monthly reports on time to the aggregation site (target=100%) $\frac{\text{Total \# of facilities that submitted reports on time to the aggregation site}}{\text{Total \# of expected facility reports at the aggregation site}} \times 100$			
Data Source—Module IIa: RHIS Performance Diagnostic Tool (District Level)			
Health facilities (all types)	Numerator	Denominator	Value
4/2021	2	77	3%
5/2021	9	77	12%
6/2021	5	77	6%
All months	16	231	7%

Table 1C.7 Accuracy of entered data—District Level

Indicator: % of accuracy between data entered in the district (or national) database and the facility monthly report for selected indicators (target=100%)	
Sum of all district VF deviations	X 100
Total # of assessed site districts per selected indicator	
<i>The district global accuracy = 100—Average district VF deviation</i>	
Not relevant for systems using DHIS2	

Data Source—Module lia: RHIS Performance Diagnostic Tool (District Level)					District global accuracy
Indicator	Period	Numerator	Denominator	Value	CGA
Total births	4/2021	0.00	2	0%	100%
	5/2021	0.00	2	0%	100%
	6/2021	0.00	2	0%	100%
	All months	0.00	6	0%	100%
Live births	4/2021	0.00	2	0%	100%
	5/2021	0.00	2	0%	100%
	6/2021	0.00	2	0%	100%
	All months	0.00	6	0%	100%
Stillbirths	4/2021	0.00	2	0%	100%
	5/2021	0.00	2	0%	100%
	6/2021	0.00	2	0%	100%
	All months	0.00	6	0%	100%
Low birthweight	4/2021	0.53	2	26%	74%
	5/2021	0.47	2	24%	76%
	6/2021	0.60	2	30%	70%
	All months	1.61	6	27%	73%
Early initiation of breastfeeding	4/2021	0.00	2	0%	100%
	5/2021	0.00	2	0%	100%
	6/2021	0.00	2	0%	100%
	All months	0.00	6	0%	100%
Bag-mask ventilation	4/2021	0.00	2	0%	100%
	5/2021	0.00	2	0%	100%
	6/2021	0.00	2	0%	100%
	All months	0.00	6	0%	100%
Uterotonics for postpartum hemorrhage	4/2021	0.00	2	0%	100%
	5/2021	0.00	2	0%	100%
	6/2021	0.00	2	0%	100%
	All months	0.00	6	0%	100%
KMC	4/2021	0.00	2	0%	100%
	5/2021	0.00	2	0%	100%
	6/2021	0.00	2	0%	100%
	All months	0.00	6	0%	100%
Institutional neonatal deaths	4/2021	0.00	2	0%	100%
	5/2021	0.00	2	0%	100%
	6/2021	0.00	2	0%	100%
	All months	0.00	6	0%	100%
Neonatal sepsis	4/2021	0.00	2	0%	100%
	5/2021	0.00	2	0%	100%
	6/2021	0.00	2	0%	100%
	All months	0.00	6	0%	100%

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Indicator: % of districts where data reported in monthly reports and data recorded in monthly reports and the data recorded for selected indicators in the database are meeting the set criteria for accuracy													
		A						B					
		% <90%		90%<=%<110%		%>=110%		% <80%		80%<=%<120%		%>=120%	
Indicator	Period	#	%	#	%	#	%	#	%	#	%	#	%
Total births	4/2021	0	0%	1	50%	1	50%	0	0%	1	50%	1	50%
	5/2021	0	0%	1	50%	1	50%	0	0%	1	50%	12	50%
	6/2021	0	0%	1	50%	1	50%	0	0%	1	50%	1	50%
	All months		0%		50%		50%		0%		50%		50%
Live births	4/2021	0	0%	1	50%	1	50%	0	0%	1	50%	1	50%
	5/2021	0	0%	1	50%	1	50%	0	0%	1	50%	1	50%
	6/2021	0	0%	1	50%	1	50%	0	0%	1	50%	1	50%
	All months		0%		50%		50%		0%		50%		50%
Stillbirths	4/2021	0	0%	1	50%	1	50%	0	0%	1	50%	1	50%
	5/2021	0	0%	1	50%	1	50%	0	0%	1	50%	1	50%
	6/2021	0	0%	1	50%	1	50%	0	0%	1	50%	1	50%
	All months		0%		50%		50%		0%		50%		50%
Low birthweight	4/2021	0	0%	1	50%	1	50%	0	0%	0	0%	0	0%
	5/2021	0	0%	1	50%	1	50%	0	0%	0	0%	0	0%
	6/2021	0	0%	1	50%	1	50%	0	0%	0	0%	0	0%
	All months		0%		50%		50%		0%		0%		0%
Early initiation of breastfeeding	4/2021	0	0%	1	50%	1	50%	0	0%	1	50%	1	50%
	5/2021	0	0%	1	50%	1	50%	0	0%	1	50%	1	50%
	6/2021	0	0%	1	50%	1	50%	0	0%	1	50%	1	50%
	All months		0%		50%		50%		0%		50%		50%
Bag-mask ventilation	4/2021	0	0%	1	50%	1	50%	0	0%	1	50%	1	50%
	5/2021	0	0%	1	50%	1	50%	0	0%	1	50%	1	50%
	6/2021	0	0%	1	50%	1	50%	0	0%	1	50%	1	50%
	All months		0%		50%		50%		0%		50%		50%
Uterotonics for postpartum hemorrhage	4/2021	0	0%	1	50%	1	50%	0	0%	0	0%	0	0%
	5/2021	0	0%	1	50%	1	50%	0	0%	0	0%	0	0%
	6/2021	0	0%	1	50%	1	50%	0	0%	0	0%	0	0%
	All months		0%		50%		50%		0%		0%		0%
KMC	4/2021	0	0%	1	50%	1	50%	0	0%	0	0%	0	0%
	5/2021	0	0%	1	50%	1	50%	0	0%	0	0%	0	0%
	6/2021	0	0%	1	50%	1	50%	0	0%	0	0%	0	0%
	All months		0%		50%		50%		0%		0%		0%
Institutional neonatal deaths	4/2021	0	0%	0	0%	2	100%	0	0%	0	0%	0	0%
	5/2021	0	0%	0	0%	2	100%	0	0%	0	0%	0	0%
	6/2021	0	0%	0	0%	2	100%	0	0%	0	0%	0	0%
	All months		0%		0%		100%		0%		0%		0%
Neonatal sepsis	4/2021	0	0%	0	0%	2	100%	0	0%	0	0%	0	0%
	5/2021	0	0%	0	0%	2	100%	0	0%	0	0%	0	0%
	6/2021	0	0%	0	0%	2	100%	0	0%	0	0%	0	0%
	All months		0%		0%		100%		0%		0%		0%

Table 1C.8 Reasons for observed discrepancies—District Level

<p><i>Reasons for observed discrepancies</i></p> <p>Indicator: Top three reasons that were given as possible reasons for observed discrepancy during the assessment</p> <p>In this next table, DQ026 corresponds to the first month, DQ027 to the second month, and DQ028 to the third month.</p>					
Data Source—Module Iia: RHIS Performance Diagnostic Tool (District Level)					
Indicator	Data entry errors	Arithmetic errors	Information from submitted reports incorrectly compiled	Monthly reports unavailable	Other reason(s)
Total births	0	0	0	0	0
Live births	0	0	0	0	0
Stillbirths	0	0	0	0	0
Low birthweight	0	0	0	0	0
Early initiation of breastfeeding	0	0	0	0	0
Bag-mask ventilation	0	0	0	0	0
Uterotonics for postpartum hemorrhage	0	0	0	0	0
KMC	0	0	0	0	0
Institutional neonatal deaths	0	0	0	0	0
Neonatal sepsis	0	0	0	0	0

1D. Data Quality Indicators—Facility Level

D. RHIS Performance: Data Quality Indicators- Facility Level

Table 1D.1. Completeness of source documents—Facility Level

Completeness of source documents				
Indicator: % of facilities with completely filled primary source documents, such as registers, patient records, etc. for selected indicators (i.e., source documents contain the data relevant to the selected indicators)				
$\frac{\text{Total \# of assessed facilities with a completely filled primary source document}}{\text{Total \# of assessed facilities expected to report on the selected indicators}} \times 100$				
Data Source—Module lib: RHIS Performance Diagnostic Tool (HF Level)				
Indicator	Period	Numerator	Denominator	Value
Total births	4/2021	14	16	88%
	5/2021	14	16	88%
	6/2021	14	16	88%
	All months	42	48	88%
Live births	4/2021	14	16	88%
	5/2021	14	16	88%
	6/2021	14	16	88%
	All months	42	48	88%
Stillbirths	4/2021	16	16	100%
	5/2021	16	16	100%
	6/2021	15	16	94%
	All months	47	48	98%
Low birthweight	4/2021	15	16	94%
	5/2021	15	16	94%
	6/2021	15	16	94%
	All months	45	48	94%
Early initiation of breastfeeding	4/2021	14	16	88%
	5/2021	12	16	75%
	6/2021	13	16	81%
	All months	39	48	81%
Bag-mask ventilation	4/2021	15	16	94%
	5/2021	15	16	94%
	6/2021	15	16	94%
	All months	45	48	94%
Uterotonics for postpartum hemorrhage	4/2021	14	16	88%
	5/2021	14	16	88%
	6/2021	15	16	94%
	All months	43	48	90%
KMC	4/2021	1	1	100%
	5/2021	1	1	100%
	6/2021	1	1	100%
	All months	3	3	100%
Institutional neonatal deaths	4/2021	9	9	100%
	5/2021	9	9	100%
	6/2021	9	9	100%
	All months	27	27	100%
Neonatal sepsis	4/2021	1	1	100%
	5/2021	1	1	100%
	6/2021	1	1	100%
	All months	3	3	100%

Table 1D.2 Completeness of reported data—Facility level

Completeness of reported data				
Total # of assessed facilities that submitted a complete report for selected indicators _____ X 100				
Total # of assessed facilities expected to report on the selected indicators				
Scenario 2				
This scenario is valid either: (1) when the assessment happens at health facility level only, or (2) when the sampled health facilities are located outside of the sampled woredas.				
Data Source—Module IIb: RHIS Performance Diagnostic Tool (HF Level)				
Indicator	Period	Numerator	Denominator	Value
Total births	4/2021	15	16	94%
	5/2021	15	16	94%
	6/2021	15	16	94%
	All months	45	48	94%
Live births	4/2021	16	16	100%
	5/2021	15	16	94%
	6/2021	15	16	94%
	All months	46	48	96%
Stillbirths	4/2021	16	16	100%
	5/2021	15	16	94%
	6/2021	15	16	94%
	All months	46	48	96%
Low birthweight	4/2021	16	16	100%
	5/2021	15	16	94%
	6/2021	15	16	94%
	All months	46	48	96%
Early initiation of breastfeeding	4/2021	16	16	100%
	5/2021	14	16	88%
	6/2021	15	16	94%
	All months	45	48	94%
Bag-mask ventilation	4/2021	15	16	94%
	5/2021	14	16	88%
	6/2021	14	16	88%
	All months	43	48	90%
Uterotonics for postpartum hemorrhage	4/2021	16	16	100%
	5/2021	15	16	94%
	6/2021	15	16	94%
	All months	46	48	96%
KMC	4/2021	1	1	100%
	5/2021	1	1	100%
	6/2021	1	1	100%
	All months	3	3	100%
Institutional neonatal deaths	4/2021	9	9	100%
	5/2021	9	9	100%
	6/2021	9	9	100%
	All months	27	27	100%
Neonatal sepsis	4/2021	1	1	100%
	5/2021	1	1	100%
	6/2021	1	1	100%
	All months	3	3	100%

Table 1D.3 Reasons for lack of availability of data sources—Facility level

<i>Reasons for no availability of data sources</i>					
Data Source—Module IIb: RHIS Performance Diagnostic Tool (HF Level)					
Indicator	Storage or archiving problems	Staffing issue(s)	Not understanding the data element(s)	Presence of other vertical reporting requirements	Other (specify):
Total births	2	2	0	0	0
Low birthweight	1	2	1	0	0
Stillbirths	1	1	0	0	0
Live births	1	1	0	0	0
Early initiation of breastfeeding	2	4	0	1	0
Bag-mask ventilation	1	1	0	0	0
Uterotonics for postpartum hemorrhage	2	3	0	1	0
KMC	0	0	0	0	0
Institutional neonatal deaths	0	0	0	0	0
Neonatal sepsis	0	0	0	0	0
Overall	10	14	1	2	0

Table 1D.4 Availability of facility reports

Availability of facility reports	
Indicator: % of expected monthly reports of selected indicators that are available at the facility level	
Total # of available facility reports containing the selected indicator(s) at the assessed facilities	X 100
Total # of assessed facilities expected to report on the selected indicator(s)	

Data Source—Module IIb: RHIS Performance Diagnostic Tool (HF Level)				
Indicator	Period	Numerator	Denominator	Value
Total births	4/2021	16	16	100%
	5/2021	15	16	94%
	6/2021	15	16	94%
	All months	46	48	96%
Live births	4/2021	16	16	100%
	5/2021	15	16	94%
	6/2021	15	16	94%
	All months	46	48	96%
Stillbirths	4/2021	16	16	100%
	5/2021	15	16	94%
	6/2021	15	16	94%
	All months	46	48	96%
Low birthweight	4/2021	16	16	100%
	5/2021	15	16	94%
	6/2021	15	16	94%
	All months	46	48	96%
Early initiation of breastfeeding	4/2021	16	16	100%
	5/2021	15	16	94%
	6/2021	15	16	94%
	All months	46	48	96%
Bag-mask ventilation	4/2021	16	16	100%
	5/2021	15	16	94%
	6/2021	15	16	94%
	All months	46	48	96%
Uterotonics for postpartum hemorrhage	4/2021	16	16	100%
	5/2021	15	16	94%
	6/2021	15	16	94%
	All months	46	48	96%
KMC	4/2021	1	1	100%
	5/2021	1	1	100%
	6/2021	1	1	100%
	All months	3	3	100%
Institutional neonatal deaths	4/2021	9	9	100%
	5/2021	9	9	100%
	6/2021	9	9	100%
	All months	27	27	100%
Neonatal sepsis	4/2021	1	1	100%
	5/2021	1	1	100%
	6/2021	1	1	100%
	All months	3	3	100%

Table 1D.5. Accuracy of facility reporting

<i>Accuracy of reported data</i>	
Indicators:	
% of facilities where data recorded in source documents are exactly matching reported data of selected indicator (target=95%)	
% of facilities that scored VF between 95%–105% for selected indicator	
% of facilities that scored VF between 90%–110% for selected indicator	
% of facilities that over-reported the selected indicator (<90%)	
% of facilities that under-reported the selected indicator (>110%)	
Sum of all Facility Verification Factors	X 100
Total # of assessed facilities	
<i>The facility global accuracy = 100—Average facility VF deviation</i>	
<i>Data can be arranged according to the different indicators in the data analysis phase.</i>	

Data Source—Module IIb: RHIS Performance Diagnostic Tool (HF Level)					Facility global Accuracy
Indicator	Period	Numerator	Denominator	Value	CGA
Total births	4/2021	0.41	16	3%	97%
	5/2021	0.61	16	4%	96%
	6/2021	0.07	16	0%	100%
	All months	1.09	48	2%	98%
Live births	4/2021	0.44	16	3%	97%
	5/2021	0.56	16	4%	96%
	6/2021	0.08	16	0%	100%
	All months	1.08	48	2%	98%
Stillbirths	4/2021	0.43	16	3%	97%
	5/2021	0.48	16	3%	97%
	6/2021	0.50	16	3%	97%
	All months	1.41	48	3%	97%
Low birthweight	4/2021	1.89	16	12%	88%
	5/2021	2.36	16	15%	85%
	6/2021	2.25	16	14%	86%
	All months	6.50	48	14%	86%
Early initiation of breastfeeding	4/2021	0.91	16	6%	94%
	5/2021	1.28	16	8%	92%
	6/2021	0.84	16	5%	95%
	All months	3.03	48	6%	94%
Bag-mask ventilation	4/2021	0.33	16	2%	98%
	5/2021	1.54	16	10%	90%
	6/2021	1.60	16	10%	90%
	All months	3.48	48	7%	93%
Uterotonics for postpartum hemorrhage	4/2021	0.10	16	1%	99%
	5/2021	1.40	16	9%	91%
	6/2021	0.15	16	1%	99%
	All months	1.64	48	3%	97%
KMC	4/2021	0.00	16	0%	100%
	5/2021	0.00	16	0%	100%
	6/2021	0.00	16	0%	100%
	All months	0.00	48	0%	100%
Institutional neonatal deaths	4/2021	0.00	16	0%	100%
	5/2021	0.00	16	0%	100%
	6/2021	0.00	16	0%	100%
	All months	0.00	48	0%	100%
Neonatal sepsis	4/2021	0.00	16	0%	100%
	5/2021	0.00	16	0%	100%
	6/2021	0.00	16	0%	100%
	All months	0.00	48	0%	100%

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Indicator: % of facilities where data recorded in source documents and reported data of selected indicator are meeting the set criteria for data accuracy													
		A						B					
		% <90%		90%<=%<110%		%>=110%		% <80%		80%<=%<120%		%>=120%	
Indicator	Period	#	%	#	%	#	%	#	%	#	%	#	%
Total births	4/2021	2	13%	13	81%	1	6%	2	13%	13	81%	1	6%
	5/2021	3	19%	13	81%	0	0%	3	19%	13	81%	0	0%
	6/2021	2	13%	14	88%	0	0%	2	13%	14	88%	0	0%
	All months		15%		83%		2%		15%		83%		2%
Live births	4/2021	1	6%	14	88%	1	6%	1	6%	14	88%	1	6%
	5/2021	3	19%	13	81%	0	0%	3	19%	13	81%	0	0%
	6/2021	2	13%	14	88%	0	0%	2	13%	14	88%	0	0%
	All months		13%		85%		2%		13%		85%		2%
Stillbirths	4/2021	2	13%	3	19%	11	69%	2	13%	3	19%	11	69%
	5/2021	2	13%	4	25%	10	63%	2	13%	4	25%	10	63%
	6/2021	0	0%	3	19%	13	81%	0	0%	3	19%	13	81%
	All months		8%		21%		71%		8%		21%		71%
Low birthweight	4/2021	1	6%	4	25%	11	69%	0	0%	6	38%	10	63%
	5/2021	2	13%	4	25%	10	63%	2	13%	4	25%	10	63%
	6/2021	1	6%	4	25%	11	69%	1	6%	4	25%	11	69%
	All months		8%		25%		67%		6%		29%		65%
Early initiation of breastfeeding	4/2021	3	19%	12	75%	1	6%	2	13%	13	81%	1	6%
	5/2021	5	31%	10	63%	1	6%	4	25%	12	75%	0	0%
	6/2021	3	19%	12	75%	1	6%	2	13%	13	81%	1	6%
	All months		23%		71%		6%		17%		79%		4%
Bag-mask ventilation	4/2021	2	13%	4	25%	10	63%	2	13%	4	25%	10	63%
	5/2021	2	13%	3	19%	11	69%	2	13%	3	19%	11	69%
	6/2021	1	6%	3	19%	12	75%	1	6%	3	19%	12	75%
	All months		10%		21%		69%		10%		21%		69%
Uterotonics for postpartum hemorrhage	4/2021	0	0%	14	88%	2	13%	0	0%	14	88%	2	13%
	5/2021	4	25%	11	69%	1	6%	3	19%	12	75%	1	6%
	6/2021	2	13%	13	81%	1	6%	2	13%	14	88%	0	0%
	All months		13%		79%		8%		10%		83%		6%
KMC	4/2021	0	0%	1	6%	15	94%	0	0%	1	6%	15	94%
	5/2021	0	0%	1	6%	15	94%	0	0%	1	6%	15	94%
	6/2021	0	0%	1	6%	15	94%	0	0%	1	6%	15	94%
	All months		0%		6%		94%		0%		6%		94%
Institutional neonatal deaths	4/2021	0	0%	2	13%	14	88%	0	0%	2	13%	14	88%
	5/2021	0	0%	2	13%	14	88%	0	0%	2	13%	14	88%
	6/2021	0	0%	3	19%	13	81%	0	0%	3	19%	13	81%
	All months		0%		15%		85%		0%		15%		85%
Neonatal sepsis	4/2021	0	0%	1	6%	15	94%	0	0%	1	6%	15	94%
	5/2021	0	0%	1	6%	15	94%	0	0%	1	6%	15	94%
	6/2021	0	0%	1	6%	15	94%	0	0%	1	6%	15	94%
	All months		0%		6%		94%		0%		6%		94%

1E. Summary Tables for Data quality indicators

Domain	Indicator	Central			Regional			District			Facility		
		Numerator	Denominator	%	Numerator	Denominator	%	Numerator	Denominator	%	Numerator	Denominator	%
Completeness of facility reporting	% of expected monthly facility reports received at the level	*	*	*	*	*	*	231	231	100%			
	Reasons for default of report completeness	Storage or archiving problems	*	*	*	*	*	0					
		Staffing issues	*	*	*	*	*	0					
		Absence of reporting forms	*	*	*	*	*	0					
		Transportation issues	*	*	*	*	*	0					
		Internet connectivity issues	*	*	*	*	*	0					
		Presence of other vertical reporting requirements	*	*	*	*	*	0					
		Other (specify)	*	*	*	*	*	0					
	% of expected monthly reports of selected indicators available at the level	Total births						150	150	100%	46	48	96%
		Live births						150	150	100%	46	48	96%
		Stillbirths						150	150	100%	46	48	96%
		Low birthweight						150	150	100%	46	48	96%
		Early initiation of breastfeeding						150	150	100%	46	48	96%
		Bag-mask ventilation						150	150	100%	46	48	96%
		Uterotonics for postpartum hemorrhage						150	150	100%	46	48	96%
		KMC						96	150	64%	3	3	100%
		Institutional neonatal deaths						150	150	100%	27	27	100%
		Neonatal sepsis						150	150	100%	3	3	100%
Completeness of reported data	% of monthly reports completely filled	Total births						137	150	91%	45	48	94%
		Live births						133	150	89%	46	48	96%

Domain	Indicator	Central			Regional			District			Facility		
		Numerator	Denominator	%	Numerator	Denominator	%	Numerator	Denominator	%	Numerator	Denominator	%
	with data for selected indicators	Stillbirths						15	150	10%	46	48	96%
		Low birthweight						30	150	20%	46	48	96%
		Early initiation of breastfeeding						121	150	81%	45	48	94%
		Bag-mask ventilation						20	150	13%	43	48	90%
		Uterotonics for postpartum hemorrhage						132	150	88%	46	48	96%
		KMC						14	150	9%	3	3	100%
		Institutional neonatal deaths						9	150	6%	27	27	100%
		Neonatal sepsis						35	150	23%	3	3	100%
	Reasons for missing data	Staffing issue(s)						2	7	29%	14	27	52%
		Not understanding the data element(s)						2	7	29%	1	27	4%
		Presence of other vertical reporting requirements						2	7	29%	2	27	7%
		Storage or archiving problems									10	27	37%
		Other						1	7	14%	0	27	0%
Completeness of source documents	% of facilities with completely filled primary source	Total Births									42	48	88%
		Live births									42	48	88%
		Stillbirths									47	48	98%

			Central			Regional			District			Facility		
Domain	Indicator		Numerator	Denominator	%	Numerator	Denominator	%	Numerator	Denominator	%	Numerator	Denominator	%
	documents, such as registers, patient records, etc. for selected indicators (i.e., source documents contain the data relevant to the selected indicators)	Low birthweight										45	48	94%
		Early initiation of breastfeeding										39	48	81%
		Bag-mask ventilation										45	48	94%
		Uterotonics for postpartum hemorrhage										43	48	90%
		KMC										3	3	100%
		Institutional neonatal deaths										27	27	100%
		Neonatal sepsis										3	3	100%
Timeliness of facility reporting	Timeliness of facility reporting	% of facilities submitting monthly reports on time to the aggregation site	*	*	*	*	*	*	16	231	7%			
Accuracy of reported data	% of accuracy between data entered in the region (or national) database and the facility monthly report for selected indicators (target=100%)	Total Births									100%			
		Live births									100%			
		Stillbirths									100%			
		Low birthweight									100%			
		Early initiation of breastfeeding									100%			
		Bag-mask ventilation									100%			
		Uterotonics for postpartum hemorrhage									100%			
		KMC									100%			
		Institutional neonatal deaths									100%			
		Neonatal sepsis									100%			
	Reasons for observed discrepancies	Data entry errors									0			
		Arithmetic errors									0			
		Information from submitted reports incorrectly compiled									0			
		Monthly reports unavailable									0			

Domain	Indicator		Central			Regional			District			Facility		
			Numerator	Denominator	%	Numerator	Denominator	%	Numerator	Denominator	%	Numerator	Denominator	%
		Other reasons									0			
Accuracy of reported data	% of facilities where data recorded in source documents are exactly matching reported data of selected indicator (target=95%)	Total Births												98%
		Live births												98%
		Stillbirths												97%
		Low birthweight												86%
		Early initiation of breastfeeding												94%
		Bag-mask ventilation												93%
		Uterotonics for postpartum hemorrhage												97%
		KMC												100%
		Institutional neonatal deaths												100%
		Neonatal sepsis												100%

2. RHIS Performance: Use of Information Indicators

2A. Use of Information Indicators—Central level

A. RHIS Performance: Use of Information Indicator- Central Level

Section 2A Tables: Use of Information Indicators—Central Level

Table 2A.1 Use of data to produce narrative analytical reports

<i>Use of data to produce narrative analytical reports</i> Indicator: % of sites producing analytical reports $\frac{\text{Total \# of sites producing analytical reports}}{\text{Total \# of sites assessed (=1)}} \times 100$ <i>Keep in mind that at the central level, the number of sites is 1.</i>			
Data Source—Module IIa: RHIS Performance Diagnostic Tool (Central Level)			
Indicator	Numerator	Denominator	%
Central office produces any report or bulletin based on analysis of RHIS data	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 2A.2 Use of information for performance review

Use of information for performance review Indicator: Mean score on the use of routine data for RHIS quality improvement, performance review, and evidence-based decision making $\frac{\text{Sum of each site's score}}{\text{Total \# of sites assessed (1) x 5}} \times 100$				
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Data Source—Module IIa: RHIS Performance Diagnostic Tool (Central Level)				
	Indicator	Numerator	Denominator	%
Average score of use	Use of routine data for RHIS quality improvement, performance review, and evidence-based decision making	*	*	*
Individual scores of use	Discussion on RHIS management	*	*	*
	Decisions made on RHIS issues	*	*	*
	Follow-up of the decisions	*	*	*
	Discussion on key performance targets	*	*	*
	Decision made on health facility (HF) performance	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 2A.2a Indicator: Mean scores on discussions held to review key performance targets

Indicator: Mean scores on discussions held to review key performance targets			
Were discussions held to review key performance targets (tracking progress against targets) based on RHIS data? Such as:			
Indicator	Numerator	Denominator	%
1. Coverage of services, like ANC, delivery, EPI, or TB	*	*	*
2. Hospital/health center performance indicators	*	*	*
3. Major neonatal morbidity diagnoses (e.g., top ten diseases: retinopathy, growth faltering, kernicterus, jaundice)	*	*	*
4. Identification of emerging issues/epidemics	*	*	*
5. Medicine stock outs	*	*	*
6. Human resource management	*	*	*
7. Sex-disaggregated data, e.g., total births	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 2A.2b Indicator: Mean scores for any decisions made based on health facility performance

Indicator: Mean scores for any decisions made based on health facility's performance			
Decisions made based on the discussion of the district and/or health facility's performance			
Indicator	Numerator	Denominator	%
1. Formulation of plans	*	*	*
2. Budget preparation	*	*	*
3. Budget reallocation	*	*	*
4. Medicine supply and drug management	*	*	*
5. Human resource management (training, reallocation, etc.)	*	*	*
6. Advocacy for policy, programmatic, or strategic decisions from higher levels	*	*	*
7. Health services (preventive, promotive, clinical, rehabilitative) planning	*	*	*
8. Promotion of service quality/improvement	*	*	*
9. Reducing the gender gap in the provision of health services	*	*	*
10. Involvement of the community and local government	*	*	*
11. No action required at this time	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 2A.3 Types of issues covered in annual plans demonstrating RHIS data use

Type of issues covered in annual plans demonstrating RHIS data use	
Presence of specific issue area via activities or targets contained in annual plan	X 100
Total # of sites that have an annual plan for the current year (=1)	

Data Source—Module IIa: RHIS Performance Diagnostic Tool (Central Level)				
	Indicator	Numerator	Denominator	%
Annual plan contains activities and/or targets related to improving or addressing:	Service coverage	*	*	*
	Health facility performance	*	*	*
	Neonatal morbidity diagnoses	*	*	*
	Emerging issues/epidemics	*	*	*
	Medicine stock outs	*	*	*
	HR management	*	*	*
	Gender disparity	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 2A.4 Data dissemination outside the health sector

Data dissemination outside the health sector			
Indicator: % of sites disseminating RHIS information to stakeholders outside of the health sector			
Total # of sites with health indicator performance reports		X 100	
Total # of sites assessed (=1)			

Data Source—Module IIa: RHIS Performance Diagnostic Tool (Central Level)			
Indicator	Numerator	Denominator	%
Central level has to submit/present health indicator performance reports to a central council of public representatives/civil administration	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 2A.5 Proportion of sites using/sharing data from the health indicators performance report

Indicator: Proportion of sites using/sharing data from the health indicators performance report			
Total # of sites with data shared or used		X 100	
Total # of sites with health indicator performance reports			

Data Source—Module IIa: RHIS Performance Diagnostic Tool (Central Level)			
Indicators	Numerator	Denominator	%
Reports/presentations use data from the RHIS to report on the health sector's progress	*	*	*
Website is updated at least annually for accessing the central level's RHIS data by the general public	*	*	*
Central level performance data shared with the general public via bulletin board chalkboard, and/or local publication	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

2B. Use of Information Indicators—Regional level

Section 2B. Tables: Use of information indicator—Regional Level

B. RHIS Performance: Use of Information Indicator- Regional Level

Table 2B.1. Use of data to produce narrative analytical reports—Region level diagnostic

<i>Use of data to produce narrative analytical reports</i>	
Indicator: % of sites producing analytical reports	
Total # of sites producing analytical reports	X 100
Total # of sites assessed	

Data Source—Module IIa: RHIS Performance Diagnostic Tool (Region Level)			
Indicator	Numerator	Denominator	%
Regional office produces any report or bulletin based on analysis of RHIS data	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 2B.2. Use of information for performance review—Region level diagnostic

Use of information for performance review	
Indicators: Individuals and average scores on the use of routine data for RHIS quality improvement, performance review, and evidence-based decision making	
Sum of each site's score	X 100
Total # of sites assessed x 5	

Data Source—Module IIa: RHIS Performance Diagnostic Tool (Region Level)							
		Use of information among all regions			Use for information among regions with meeting minutes		
	Indicator	Numerator	Denominator	%	Numerator	Denominator	%
Average score of use	Use of routine data for RHIS quality improvement, performance review, and evidence-based decision making	*	*	*	*	*	*
	Discussion on RHIS management	*	*	*	*	*	*
	Decisions made on RHIS issues	*	*	*	*	*	*
	Follow-up of the decisions	*	*	*	*	*	*
	Discussion on key performance targets	*	*	*	*	*	*
Individual scores of use	Decision made on HF performance	*	*	*	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 2B.3 Indicator: Discussions held to review key performance targets

Indicator: Score individuals on discussions held to review key performance targets			
Were discussions held to review key performance targets (tracking progress against targets) based on RHIS data, such as:			
Indicator	Numerator	Denominator	%
1. Coverage of services, like ANC, delivery, EPI, or TB	*	*	*
2. Hospital/health center performance indicators	*	*	*
3. Major neonatal morbidity diagnoses (e.g., top ten diseases: retinopathy, growth faltering, kernicterus, jaundice)	*	*	*
4. Identification of emerging issues/epidemics	*	*	*
5. Medicine stock outs	*	*	*
6. Human resource management	*	*	*
7. Sex-disaggregated data, e.g., total births	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 2B.4 Indicator: Decisions made based on health facility's performance

Indicator: Scores individuals on any decisions made based on health facility's performance			
Decisions made based on the discussions of the health facility's performance, such as:			
Indicator	Numerator	Denominator	%
1. Formulation of plans	*	*	*
2. Budget preparation	*	*	*
3. Budget reallocation	*	*	*
4. Medicine supply and drug management	*	*	*
5. Human resource management (training, reallocation, etc.)	*	*	*
6. Advocacy for policy, programmatic, or strategic decisions from higher levels	*	*	*
7. Health services (preventive, promotive, clinical, rehabilitative) planning	*	*	*
8. Promotion of service quality/improvement	*	*	*
9. Reducing the gender gap in the provision of health services	*	*	*
10. Involvement of the community and local government	*	*	*
11. No action required at this time	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 2B.5 Types of issues covered in annual plans demonstrating RHIS data use—Region level diagnostic

Type of issues covered in annual plans demonstrating RHIS data use	
Presence of specific issue area via activities or targets contained in current year annual plan	X 100
Total # of sites that have an annual plan for the current year	

Data Source—Module IIa: RHIS Performance Diagnostic Tool (Region Level)				
Indicator		Numerator	Denominator	%
Annual plan contains activities and/or targets related to improving or addressing:	Service coverage	*	*	*
	Health facility performance	*	*	*
	Neonatal morbidity diagnoses	*	*	*
	Emerging issues/epidemics	*	*	*
	Medicine stock outs	*	*	*
	HR management	*	*	*
	Gender disparity	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 2B.6 Data dissemination outside the health sector—Region level diagnostic for RHIS performance

Data dissemination outside the health sector	
Indicator: % of sites disseminating RHIS information to stakeholders outside of the health sector	
Total # of sites with health indicator performance reports	$\times 100$
Total # of sites assessed	

Data Source—Module IIa: RHIS Performance Diagnostic Tool (Region Level)			
Indicator	Numerator	Denominator	%
Region has to submit/present health indicator performance reports to a regional council of public representatives/civil administration	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 2B.7 Proportion of sites using/sharing data from the health indicators performance report

Indicator: Proportion of sites using/sharing data from the health indicators performance report	
Total # of sites with data shared or used	$\times 100$
Total # of sites with health indicator performance reports	

Data Source—Module IIa: RHIS Performance Diagnostic Tool (Region Level)			
Indicators	Numerator	Denominator	%
Reports/presentations use data from the RHIS to report on the health sector's progress	*	*	*
Website is updated at least annually for accessing the region's RHIS data by the general public	*	*	*
Region performance data are shared with the general public via bulletin board or chalkboard, and/or local publication	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

2C. Use of Information Indicators—District level

Section 2C. Tables: RHIS performance: use of information indicator—District Level

A. RHIS Performance: Use of Information Indicator- District Level

Table 2C.1. Use of data to produce narrative analytical reports—District level RHIS Performance Diagnostic

<i>Use of data to produce narrative analytical reports</i> Indicator: % of sites producing analytical reports Total # of sites producing analytical reports _____ X 100 Total # of sites assessed			
Data Source—Module IIa: RHIS Performance Diagnostic Tool (District Level)			
Indicator	Numerator	Denominator	%
District office produces any report or bulletin based on analysis of RHIS data	1	2	50%

Table 2C.2 Use of information for performance review—District level

Use of information for performance review	
Indicator: Average score on the use of routine data for RHIS quality improvement, performance review, and evidence-based decision making	
Sum of each site's score	X 100
Total # of sites assessed x 5	

Data Source—Module IIa: RHIS Performance Diagnostic Tool (District Level)							
		Use of information among all districts			Use for information among districts with meeting minutes		
Indicator		Numerator	Denominator	%	Numerator	Denominator	%
Average score of use	Use of routine data for RHIS quality improvement, performance review, and evidence-based decision making	10	10	100%	10	10	100%
Individual scores of use	Discussion on RHIS management	2	2	100%	2	2	100%
	Decisions made on RHIS issues	2	2	100%	2	2	100%
	Follow-up of the decisions	2	2	100%	2	2	100%
	Discussion on key performance targets	2	2	100%	2	2	100%
	Decision made on health facility (HF) performance	2	2	100%	2	2	100%

Table 2C.3 Indicator for tracking progress against targets

Were discussions held to review key performance targets (tracking progress against targets) based on RHIS data, such as:			
Indicator	Numerator	Denominator	%
1. Coverage of services, like early initiation of breastfeeding, bag-mask ventilation, birthweight/low birthweight, etc.	0	2	0%
2. Hospital/health center performance indicators	2	2	100%
3. Major neonatal morbidity diagnoses (e.g., top ten diseases: retinopathy, growth faltering, kernicterus, jaundice)	2	2	100%
4. Identification of emerging issues/epidemics	2	2	100%
5. Medicine stock outs	2	2	100%
6. Human resource management	2	2	100%
7. Sex-disaggregated data, e.g., total births	0	2	0%

Table 2C.4. Indicator for discussions of health facility performance

Decisions made based on the discussions of the health facility's performance, such as:			
Indicator	Numerator	Denominator	%
1. Formulation of plans	2	2	100%
2. Budget preparation	2	2	100%
3. Budget reallocation	2	2	100%
4. Medicine supply and drug management	2	2	100%
5. Human resource management (training, reallocation, etc.)	2	2	100%
6. Advocacy for policy, programmatic, or strategic decisions from higher levels	1	2	50%
7. Health services (preventive, promotive, clinical, rehabilitative) planning	2	2	100%
8. Promotion of service quality/improvement	2	2	100%
9. Reducing the gender gap in the provision of health services	0	2	0%
10. Involvement of the community and local government	2	2	100%
11. No action required at this time	1	2	50%

Table 2C.5 Types of issues covered in the annual plans demonstrating RHIS data use

Indicator: Type of issues covered in the annual plans demonstrating RHIS data use	
Presence of specific issue area via activities or targets contained in current year annual plan	
Total # of sites that have an annual plan for the current year	X 100

Data Source—Module IIa: RHIS Performance Diagnostic Tool (District Level)				
Indicator		Numerator	Denominator	%
Annual plan contains activities and/or targets related to improving or addressing:	Service coverage	0	2	0%
	Health facility performance	2	2	100%
	Diseases	2	2	100%
	Emerging issues/epidemics	2	2	100%
	Medicine stock outs	2	2	100%
	HR management	2	2	100%
	Gender disparity	0	2	0%

Table 2C.6. Data dissemination outside the health sector—District level diagnostic for RHIS performance

<i>Data dissemination outside the health sector</i>	
Indicator: % of sites disseminating RHIS information to stakeholders outside of the health sector	
Total # of sites with health indicator performance reports	X 100
Total # of sites assessed	

Data Source—Module IIa: RHIS Performance Diagnostic Tool (District Level)			
Indicator	Numerator	Denominator	%
District has to submit/present health indicator performance reports to a district council of public representatives/civil administration	2	2	100%

Table 2C.7. Proportion of sites using/sharing data from the health indicators performance reports—District level

Indicator: Proportion of sites using/sharing data from the health indicators performance report			
$\frac{\text{Total \# of sites with data shared or used}}{\text{Total \# of sites with health indicator performance reports}} \times 100$			
Data Source—Module IIa: RHIS Performance Diagnostic Tool (District Level)			
Indicators	Numerator	Denominator	%
Reports/presentations use data from the RHIS to report on the health sector's progress	2	2	100%
Website is updated at least annually for accessing the district's RHIS data by the general public	1	2	50%
District performance data shared with the general public via bulletin board or chalkboard and/or local publication	2	2	100%

2D. Use of Information Indicators—Facility level

Section 2D Tables: RHIS performance: Use of information indicator—Facility level

B. RHIS Performance: Use of Information Indicator- Facility Level

Table 2D.1 Use of data to produce narrative analytical reports—RHIS performance—Facility level

<i>Use of data to produce narrative analytical reports</i> Indicator: % of sites producing analytical reports Total # of sites producing analytical reports _____ X 100 Total # of sites assessed			
Data Source—Module IIb: RHIS Performance Diagnostic Tool (HF Level)			
Indicator	Numerator	Denominator	%
Health facility produces any report or bulletin based on the analysis of RHIS data	3	16	19%

Table 2D.2 Use of information for performance review—Facility level

Use of information for performance review	
Indicators: Average score on the use of routine data for RHIS quality improvement, performance review, and evidence-based decision making	
Sum of each site's score	$\frac{\text{Sum of each site's score}}{\text{Total \# of sites assessed} \times 5} \times 100$
<p><i>We consider the sum of FU016e = 1 to be the number of respondents who answered “yes” to any—but at least 1—of the 7 sub-questions under FU016e. The same weight is attributed to a respondent who answered “yes” to 1 or 7 of the sub-questions.</i></p> <p><i>We consider the sum of FU017 = 1 to be the number of respondents who answered “yes” to any—but at least 1—of the 9 sub-questions under FU017. The same weight is attributed to a respondent who answered “yes” to 1 or 9 of the sub-questions.</i></p>	

Data Source—Module IIa: RHIS Performance Diagnostic Tool, use of information for all facilities							
		Use of information for all facilities			Use of information for facilities having meeting minutes		
Indicator		Numerator	Denominator	%	Numerator	Denominator	%
Average score of use	Use of routine data for RHIS quality improvement, performance review, and evidence-based decision making	18	80	23%	18	40	45%
Individual scores of use	Discussion of RHIS management	2	16	13%	2	8	25%
	Decisions made on RHIS issues	2	16	13%	2	8	25%
	Follow-up on the decisions	2	16	13%	2	8	25%
	Discussion of key performance targets	6	16	38%	6	8	75%
	Decision made on health facility (HF) performance	6	16	38%	6	8	75%

Table 2D.3 Indicator: Tracking progress against targets

Were discussions held to review key performance targets (tracking progress against targets) based on RHIS data, such as:			
Indicator	Numerator	Denominator	%
1. Coverage of services, like early initiation of breastfeeding, bag-mask ventilation, birthweight/low birthweight, etc.	2	16	13%
2. Hospital/health center performance indicators	6	16	38%
3. Major neonatal morbidity diagnoses (e.g., top ten diseases: retinopathy, growth faltering, kernicterus, jaundice)	2	16	13%
4. Identification of emerging issues/epidemics	2	16	13%
5. Medicine stock outs	5	16	31%
6. Human resource management	5	16	31%
7. Sex-disaggregated data, e.g., total births	0	16	0%

Table 2D.4 Indicator: Decisions made based on discussions of health facility performance

Were any decisions made based on the discussions of the health facility's performance, such as:			
Indicator	Numerator	Denominator	%
1. Formulation of plans	2	16	13%
2. Budget preparation	2	16	13%
3. Budget reallocation	2	16	13%
4. Medicine supply and drug management	3	16	19%
5. Human resource management (training, reallocation, etc.)	4	16	25%
6. Advocacy for policy, programmatic, or strategic decisions from higher levels	1	16	6%
7. Promotion of service quality/improvement	6	16	38%
8. Reducing the gender gap in the provision of health services	0	16	0%
9. No action required at this time	0	16	0%

Table 2D.5 Issues covered in annual plans demonstrating RHIS data use—Facility level

Type of issues covered in the annual plans demonstrating RHIS data use	
Presence of specific issue area via activities or targets contained in current year annual plan	X 100
Total # of sites that have an annual plan for the current year	

Data Source—Module IIb: RHIS Performance Diagnostic Tool (HF Level)				
Indicator		Numerator	Denominator	%
Annual plan contains activities and/or targets related to improving or addressing:	Service coverage	7	7	100%
	Health facility performance	7	7	100%
	Diseases	7	7	100%
	Emerging issues/epidemics	5	7	71%
	Medicine stock outs	6	7	86%
	HR management	7	7	100%
	Gender disparity	4	7	57%

Table 2D.6 Data dissemination outside the health sector—Facility level

Data dissemination outside the health sector	
Indicators: % of sites disseminating RHIS information to stakeholders outside the health sector	
Total # of sites with health indicator performance reports	X 100
Total # of sites assessed	

Data Source—Module IIb: RHIS Performance Diagnostic Tool (HF Level)			
Indicator	Numerator	Denominator	%
Health facility has to submit/present performance reports to a council/district administration	16	16	100%

Table 2D.7 Proportion of sites using/sharing data from the health indicators performance report—Facility level

Indicator: Proportion of sites using/sharing data from the health indicators performance report	
Total # of sites with data shared or used	X 100
Total # of sites with health indicator performance reports	

Data Source—Module IIb: RHIS Performance Diagnostic Tool (HF Level)			
Indicators	Numerator	Denominator	%
Reports/presentations use data from the RHIS to report on the health sector's progress	12	16	75%
Website is updated at least annually for accessing the health facility's RHIS data by the general public	0	16	0%
Health facility performance data are shared with the general public via bulletin boards chalkboard, and/or local publications	13	16	81%

2E. Summary Tables for Use of Information indicators

Domain	Indicator	Central			Regional			District			Facility		
		Numerator	Deinator	%	Numerator	Deinator	%	Numerator	Denomnator	%	Numerator	Denomnator	%
Use of data to produce narrative analytical reports Use of information for performance review	Produces any report or bulletin based on analysis of RHIS data Use of routine data for RHIS quality improvement, performance review, and evidence-based decision making	% of sites producing analytical reports	*	*	*	*	*	1	2	50%	3	16	19%
		Discussion on RHIS management	*	*	*	*	*	2	2	100%	2	8	25%
		Decisions made on RHIS issues	*	*	*	*	*	2	2	100%	2	8	25%
		Follow-up of the decisions	*	*	*	*	*	2	2	100%	2	8	25%
		Discussion on key performance targets	*	*	*	*	*	2	2	100%	6	8	75%
		Decision made on health facility (HF) performance	*	*	*	*	*	2	2	100%	6	8	75%
		Average score of use	*	*	*	*	*	10	10	100%	18	40	45%

Domain	Indicator	Central			Regional			District			Facility		
		Numerator	Deinator	%	Numerator	Deinator	%	Numerator	Denomnator	%	Numerator	Denomnator	%
	Mean scores on discussions held to review key performance targets based on RHIS data?	1. Coverage of services, like early initiation of breastfeeding, bag-mask ventilation, birthweight/low birthweight, etc.	*	*	*	*	*	0	2	0%	2	16	13%
		2. Hospital/health center performance indicators	*	*	*	*	*	2	2	100%	6	16	38%
		3. Major neonatal morbidity diagnoses (e.g., top ten diseases: retinopathy, growth faltering, kernicterus, jaundice)	*	*	*	*	*	2	2	100%	2	16	13%
		4. Identification of emerging issues/epidemics	*	*	*	*	*	2	2	100%	2	16	13%
		5. Medicine stock outs	*	*	*	*	*	2	2	100%	5	16	31%
		6. Human resource management	*	*	*	*	*	2	2	100%	5	16	31%
		7. Sex-disaggregated data, e.g., total births	*	*	*	*	*	0	2	0%	0	16	0%

Domain	Indicator		Central			Regional			District			Facility		
			Numerator	Deinator	%	Numerator	Deinator	%	Numerator	Denomnator	%	Numerator	Denomnator	%
	Mean scores for any decisions made based on the discussion of performance	1. Formulation of plans	*	*	*	*	*	*	2	2	100%	2	16	13%
		2. Budget preparation	*	*	*	*	*	*	2	2	100%	2	16	13%
		3. Budget reallocation	*	*	*	*	*	*	2	2	100%	2	16	13%
		4. Medicine supply and drug management	*	*	*	*	*	*	2	2	100%	3	16	19%
		5. Human resource management (training, reallocation, etc.)	*	*	*	*	*	*	2	2	100%	4	16	25%
		6. Advocacy for policy, programmatic, or strategic decisions from higher levels	*	*	*	*	*	*	1	2	50%	1	16	6%
		7. Health services (preventive, promotive, clinical, rehabilitative) planning	*	*	*	*	*	*	2	2	100%	6	16	38%
		8. Promotion of service quality/ improvement	*	*	*	*	*	*	2	2	100%	0	16	0%
		9. Reducing the gender gap in the provision of health services	*	*	*	*	*	*	0	2	0%	0	16	0%
		10. Involvement of the community and local government	*	*	*	*	*	*	2	2	100%	0	0	0%
		11. No action required at this time	*	*	*	*	*	*	1	2	50%	0	0	0%

Domain	Indicator		Central			Regional			District			Facility		
			Numerator	Deinator	%	Numerator	Deinator	%	Numerator	Denomnator	%	Numerator	Denomnator	%
Type of issues covered in annual plans demonstrating RHIS data use	Annual plan contains activities and/or targets related to improving or addressing:	Service coverage	*	*	*	*	*	*	0	2	0%	7	7	100%
		Health facility performance	*	*	*	*	*	*	2	2	100%	7	7	100%
		Neonatal morbidity diagnoses	*	*	*	*	*	*	2	2	100%	7	7	100%
		Emerging issues/epidemics	*	*	*	*	*	*	2	2	100%	5	7	71%
		Medicine stock outs	*	*	*	*	*	*	2	2	100%	6	7	86%
		HR management	*	*	*	*	*	*	2	2	100%	7	7	100%
		Gender disparity	*	*	*	*	*	*	0	2	0%	4	7	57%
Data dissemination outside the health sector	Need to submit/present health indicator performance reports to a central council of public representatives/ civil administration		*	*	*	*	*	*	2	2	100%	16	16	100%
	Proportion of sites using/sharing data from the health indicators performance report	Reports/presentations use data from the RHIS to report on the health sector's progress	*	*	*	*	*	*	2	2	100%	12	16	75%
		Website is updated at least annually for accessing the central level's RHIS data by the general public	*	*	*	*	*	*	1	2	50%	0	16	0%
		Central level performance data shared with the general public via bulletin board chalkboard, and/or local publication	*	*	*	*	*	*	2	2	100%	13	16	81%

3. RHIS Performance: Data Management Indicators

3A. Data Management Indicators—Central level

Section 3A Tables: Data management indicators—Central level

A. RHIS Performance: Data Management Indicators- Central Level			
Table 3A.1. Data quality assurance in place at Central level			
Data quality assurance in place Indicator: Mean score for data quality control standards in place $\frac{\text{Sum of data quality control scores}}{8} \times 100$			
Data Source—Module IIa: RHIS Performance Diagnostic Tool (Central Level)			
Indicator	Numerator	Denominator	%
Site data quality score	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 3A.2 Individual scores for indicators related to data quality control standards—Central level

Indicator: Individual scores for indicators related to data quality control standards in place	
Total score for each item of DQ control standards in place	X 100
1	

Data Source—Module IIa: RHIS Performance Diagnostic Tool (Central Level)			
Indicator	Numerator	Denominator	%
Central has a designated person to review the quality of compiled data prior to submission to the next level	*	*	*
Central has written guidelines for data review and quality control	*	*	*
Designated staff are trained on data review and quality control	*	*	*
Central has written guidelines on routine health data quality assessment/assurance	*	*	*
Central conducts data quality assessments at health facilities	*	*	*
Central uses data quality assessment tools (e.g., lot quality assurance sampling [LQAS], routine data quality assessment [RDQA], in-built electronic data quality validation rules/system)	*	*	*
Central maintains a record of health facility data quality assessments conducted in the past 12 months	*	*	*
Central maintains a record of feedback to health facilities on data quality assessment findings	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 3A.3 Evidence of data analysis taking place at the Central level

Evidence of data analysis taking place			
Indicator: Mean score and individual scores for data analysis practice			
Sum of the site's score for carrying out data analysis			
Total # of sites assessed x 8			
X 100			

Data Source—Module Iia: RHIS Performance Diagnostic Tool (Central Level)			
Indicator	Numerator	Denominator	%
AVERAGE SCORE FOR DATA ANALYSIS PRACTICE	*	*	*
DATA AGGREGATION	*	*	*
DEMOGRAPHIC DATA FOR CATCHMENT AREA (CE)	*	*	*
CALCULATE COVERAGE INDICATORS FOR EACH CATCHMENT AREA	*	*	*
COMPARISON BY REGIONS	*	*	*
COMPARISON WITH REGIONS AND CENTRAL TARGETS	*	*	*
COMPARISON OF DATA OVER TIME	*	*	*
COMPARISON OF SEX DISAGGREGATION	*	*	*
COMPARISON OF SERVICE COVERAGE	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 3A.4 Data visualization at the Central level

Data visualization			
Indicator: Existence of use of raw RHIS data to produce data visuals			
Score of the existence of proof of using raw RHIS data to produce data visuals			
Total # of sites assessed (=1)			
X 100			

Data Source—Module Iia: RHIS Performance Diagnostic Tool (Central Level)			
Indicator	Numerator	Denominator	%
Central office prepares data visuals showing achievements toward targets	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 3A.5 Feedback mechanisms in place—Central level

<i>Feedback mechanism in place</i>	
Indicators: Proof of existence of written feedback to the lower level based on reported RHIS data	
Existence of proof of written feedback to lower level based on reported RHIS data	X 100
Total # of sites assessed (=1)	

Data Source—Module Iia: RHIS Performance Diagnostic Tool (Central Level)			
Indicator	Numerator	Denominator	%
Central level sent feedback reports using RHIS information to health facilities in the past 3 months	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

3B. Data Management Indicators—Regional level

Section 3B. Tables: Data Management Indicators—Regional Level

B. RHIS Performance: Data Management Indicators- Regional Level

Table 3B.1 Data quality assurance in place—Regional level

<i>Data quality assurance in place</i>			
Indicator: Average score for data quality control standards in place			
Sum of the site's data quality control score _____ X 100			
Total # of sites assessed x 8			

Data Source—Module Iia: RHIS Performance Diagnostic Tool (Region Level)			
Indicator	Numerator	Denominator	%
Site data quality score	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 3B.2 Individual scores for indicators related to data quality control standards—Regional level

Indicator: Individual scores for indicators related to data quality control standards in place	
Total # of regions assessed with data quality control standards in place	X 100
Total # of regions assessed	

Data Source—Module Iia: RHIS Performance Diagnostic Tool (Region Level)			
Indicator	Numerator	Denominator	%
Region has a designated person to review the quality of compiled data prior to submission to the next level	*	*	*
Region has written guidelines for data review and quality control	*	*	*
Designated staff are trained on data review and quality control	*	*	*
Region has written guidelines on routine health data quality assessment/assurance	*	*	*
Region conducts data quality assessments at health facilities	*	*	*
Region uses data quality assessment tools (e.g., lot quality assurance sampling [LQAS], routine data quality assessment [RDQA], in-built electronic data quality validation rules/system)	*	*	*
Region maintains a record of health facility data quality assessments conducted in the past 12 months	*	*	*
Region maintains a record of feedback to health facilities on data quality assessment findings	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 3B.3 Evidence of data analysis—Regional level

Evidence of data analysis taking place	
Indicator: Average score for level of data analysis practice	
Sum of the site's score for carrying out data analysis	X 100
Total # of sites assessed x 8	

Data Source—Module Iia: RHIS Performance Diagnostic Tool (Region Level)			
Indicator	Numerator	Denominator	%
AVERAGE SCORE FOR DATA ANALYSIS PRACTICE	*	*	*
DATA AGGREGATION	*	*	*
DEMOGRAPHIC DATA FOR CATCHMENT AREA (CE)	*	*	*
CALCULATE COVERAGE INDICATORS FOR EACH CATCHMENT AREA	*	*	*
COMPARISON BY DISTRICT	*	*	*
COMPARISON WITH REGIONS AND REGIONAL TARGETS	*	*	*
COMPARISON OF DATA OVER TIME	*	*	*
COMPARISON OF SEX DISAGGREGATION	*	*	*
COMPARISON OF SERVICE COVERAGE	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 3B.4 Data visualization—Regional level

Data visualization	
Indicator: % of sites assessed that are using raw RHIS data to produce data visuals	
Total # of sites assessed that are using raw RHIS data to produce data visuals	X 100
Total # of sites assessed	

Data Source—Module Iia: RHIS Performance Diagnostic Tool (Region Level)			
Indicator	Numerator	Denominator	%
Region office prepares data visuals showing achievements toward targets	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 3B.5 Feedback mechanisms in place—Regional level

<i>Feedback mechanism in place</i>	
Indicator: % of regions assessed providing written feedback to the lower level based on reported RHIS data	
Total # of regions providing written feedback to lower level based on reported RHIS data	X 100
Total # of sites assessed	

Data Source—Module IIa: RHIS Performance Diagnostic Tool (Region Level)			
Indicator	Numerator	Denominator	%
Region sent feedback reports using RHIS information to health facilities in the last 3 months	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

3C. Data Management Indicators—District level

Section 3C. Tables: Data Management Indicators—District Level

C. RHIS Performance: Data Management Indicators- District Level

Table 3C.1 Data quality assurance in place—average score for data quality control

<i>Data quality assurance in place</i>			
Indicator: Average score for data quality control standards in place			
$\frac{\text{Sum of the site's data quality control score}}{\text{Total \# of sites assessed} \times 8} \times 100$			
Data Source—Module IIa: RHIS Performance Diagnostic Tool (District Level)			
Indicator	Numerator	Denominator	%
Site data quality score	13	16	81%

Table 3C.2 Data quality assurance in place—individual scores for indicators

Indicator: Individual scores for indicators related to data quality control standards in place			
$\frac{\text{Total \# of districts assessed with data quality control standards in place}}{\text{Total \# of districts assessed}} \times 100$			
Data Source—Module IIa: RHIS Performance Diagnostic Tool (District Level)			
Indicator	Numerator	Denominator	%
District has a designated person to review the quality of compiled data prior to submission to the next level	2	12	17%
District has written guidelines for data review and quality control	1	2	50%
Designated staff are trained on data review and quality control	1	2	50%
District has written guidelines on routine health data quality assessment/assurance	1	2	50%
District conducts data quality assessments at health facilities	2	2	100%
District uses data quality assessment tools (e.g., lot quality assurance sampling [LQAS], routine data quality assessment [RDQA], in-built electronic data quality validation rules/system)?	2	2	100%
District maintains a record of health facility data quality assessments conducted in the past 12 months	2	2	100%
District maintains a record of feedback to health facilities on data quality assessment findings	2	2	100%

Table 3C.3 Evidence of data analysis taking place

Evidence of data analysis taking place Indicator: Average score for level of data analysis practice $\frac{\text{Sum of the site's score for carrying out data analysis}}{\text{Total \# of sites assessed} \times 8} \times 100$			
Data Source—Module IIa: RHIS Performance Diagnostic Tool (District Level)			
Indicator	Numerator	Denominator	%
Average score for data analysis practice	6	16	38%
Data aggregation	2	2	100%
Demographic data for catchment areas	2	2	100%
Calculate coverage indicators for each catchment area	1	2	50%
Comparison by regions or districts	0	2	0%
Comparison with regions and district targets	1	2	50%
Comparison of data over time	0	2	0%
Comparison of sex disaggregation	0	2	0%
Comparison of service coverage	0	2	0%

Table 3C.4 Data visualization

Data visualization Indicator: % of sites that are using raw RHIS data to produce data visuals $\frac{\text{Total \# of sites that are using raw RHIS data to produce data visuals}}{\text{Total \# of sites assessed}} \times 100$			
Data Source—Module IIa: RHIS Performance Diagnostic Tool (District Level)			
Indicator	Numerator	Denominator	%
District office prepares data visuals showing achievements toward targets	2	2	100%

Table 3C.5 Feedback mechanism in place

<i>Feedback mechanism in place</i> Indicator: % of districts providing written feedback to the lower level based on reported RHIS data $\frac{\text{Total \# of districts providing written feedback to lower level based on reported RHIS data}}{\text{Total \# of sites assessed}} \times 100$			
Data Source—Module IIa: RHIS Performance Diagnostic Tool (District Level)			
Indicator	Numerator	Denominator	%
District sent feedback reports using RHIS information to health facilities in the last 3 months	2	2	100%

3D. Data Management Indicators—Facility level

Section 3D. Tables: Data Management Indicators—Facility Level

D. RHIS Performance: Data Management Indicators- Facility Level

Table 3D.1 Data quality assurance in place—average score for data quality

Data quality assurance in place Indicator: Average score for data quality control standards in place $\frac{\text{Sum of the site's data quality control score}}{\text{Total \# of sites assessed} \times 7} \times 100$			
Data Source—Module IIb: RHIS Performance Diagnostic Tool (HF Level)			
Indicator	Numerator	Denominator	%
Site data quality score	46	112	41%

Table 3D.2 Data quality assurance in place—individual scores

Indicator: Individual scores for indicators related to data quality control standards in place $\frac{\text{Total \# of facilities with data quality control standards in place}}{\text{Total \# of facilities assessed}} \times 100$			
Data Source—Module IIb: RHIS Performance Diagnostic Tool (HF Level)			
Indicator	Numerator	Denominator	%
Facility has designated person to review the quality of compiled data prior to submission to the next level	14	16	88%
Staff trained in data quality review or data quality check	0	16	0%
Facility has written instructions/guidelines on how to perform a data quality review or data quality check	7	16	44%
Facility conducts regular data accuracy checks (data quality self-assessment)	13	16	81%
Facility has access to data quality self-assessment tools (paper or electronic)	7	16	44%
Facility maintains a record of health facility data accuracy self-assessments conducted in the past three months	4	16	25%
Facility maintains records of feedback to staff on data quality self-assessment findings	1	16	6%

Table 3D.3 Evidence of data analysis taking place at site

Evidence of data analysis taking place Indicator: Average score for level of data analysis practice $\frac{\text{Sum of the site's score for carrying out data analysis}}{\text{Total \# of sites assessed} \times 7} \times 100$			
Data Source—Module IIb: RHIS Performance Diagnostic Tool (HF Level)			
Indicator	Numerator	Denominator	%
Site data analysis score	23	112	21%
Data aggregation	12	16	75%
Demographic data for catchment areas	2	16	13%
Calculate coverage indicators for each catchment area	3	16	19%
Comparison with regions and district targets	2	16	13%
Comparison of data over time	0	16	0%
Sex disaggregation	3	16	19%
Service coverage	1	16	6%

Table 3D.4 Data visualization

Data visualization Indicator: % of sites that are using raw RHIS data to produce data visuals $\frac{\text{Total \# of sites that are using raw RHIS data to produce data visuals}}{\text{Total \# of sites assessed}} \times 100$			
Data Source—Module IIb: RHIS Performance Diagnostic Tool (HF Level)			
Indicator	Numerator	Denominator	%
Health facility prepares data visuals showing achievements toward targets	4	16	25%

Table 3D.5 Feedback mechanism in place

<p><i>Feedback mechanism in place</i></p> <p>Indicator: % of facilities confirming receiving feedback on the reported RHIS data from the district or higher level</p> <p> $\frac{\text{Total \# of facilities confirmed receiving feedback on reported RHIS data from district or higher level}}{\text{Total \# of sites assessed}} \times 100$ </p>			
Data Source—Module IIb: RHIS Performance Diagnostic Tool (HF Level)			
Indicator	Numerator	Denominator	%
Health facility received feedback reports from the district office/MOH based on RHIS information in the last 3 months	4	16	25%

3E. Summary of data management indicators

Domain	Indicator	Central			Regional			District			Facility		
		Numerator	Denominator	%	Numerator	Denominator	%	Numerator	Denominator	%	Numerator	Denominator	%
Data quality assurance in place	Designated person to review the quality of compiled data prior to submission to the next level	*	*	*	*	*	*	2	12	17%	14	16	88%
	Written guidelines for data review and quality control	*	*	*	*	*	*	1	2	50%	0	16	0%
	Designated staff are trained on data review and quality control	*	*	*	*	*	*	1	2	50%	7	16	44%
	Written guidelines on routine health data quality assessment/assurance	*	*	*	*	*	*	1	2	50%	13	16	81%
	Conducts data quality assessments at health facilities	*	*	*	*	*	*	2	2	100%	7	16	44%
	Uses data quality assessment tools (e.g., lot quality assurance sampling [LQAS], routine data quality assessment [RDQA], in-built electronic data quality validation rules/system)	*	*	*	*	*	*	2	2	100%	4	16	25%
	Maintains a record of health facility data quality assessments conducted in the past 12 months	*	*	*	*	*	*	2	2	100%	1	16	6%
	Maintains a record of feedback to health facilities on data quality assessment findings	*	*	*	*	*	*	2	2	100%	0	0	0%
	Mean score for data quality control standards in place	*	*	*	*	*	*	13	16	81%	46	112	41%

Domain	Indicator	Central			Regional			District			Facility		
		Numerator	Denominator	%	Numerator	Denominator	%	Numerator	Denominator	%	Numerator	Denominator	%
Evidence of data analysis taking place	Data aggregation	*	*	*	*	*	*	2	2	100%	23	112	21%
	Demographic data for catchment area (ce)	*	*	*	*	*	*	2	2	100%	12	16	75%
	Calculate coverage indicators for each catchment area	*	*	*	*	*	*	1	2	50%	2	16	13%
	Comparison by regions	*	*	*	*	*	*	0	2	0%	3	16	19%
	Comparison with regions and central targets	*	*	*	*	*	*	1	2	50%	2	16	13%
	Comparison of data over time	*	*	*	*	*	*	0	2	0%	0	16	0%
	Comparison of sex disaggregation	*	*	*	*	*	*	0	2	0%	3	16	19%
	Comparison of service coverage	*	*	*	*	*	*	0	2	0%	1	16	6%
	Average score for level of data analysis practice	*	*	*	*	*	*	6	16	38%	23	112	21%
	Indicator	Numerator	Denominator	%	Numerator	Denominator	%	Numerator	Denominator	%	Numerator	Denominator	%
Data Visualization	Prepares data visuals showing achievements toward targets	*	*	*	*	*	*	2	2	100%	4	16	25%
	Indicator	Numerator	Denominator	%	Numerator	Denominator	%	Numerator	Denominator	%	Numerator	Denominator	%
Feedback mechanism in place	Sent feedback reports using RHIS information to health facilities in the past 3 months	*	*	*	*	*	*	2	2	100%	4	16	25%

4. RHIS Performance Determinants—Technical Factors

4A. Technical Factors—Central level

Section 4A. Tables: Technical Factors—Central Level

A. RHIS Performance Determinants: Technical Factors—Central Level

Table 4A.1 Existing information system overlaps and distinction

<i>Existing information system overlaps and distinction</i>	
Indicator: Linkage or overlap of existing RHIS	
Data Source—Module I: Overview Tool	
Indicators	Facility
Number of different names of reports generated by community/health facility/district	*
Paper, electronic, or both	*
Type of electronic tool (e.g., Excel, Access, DHIS2)	*
Number of different recipients of reports generated by community/health facility/district	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 4A.2 Standardization of RHIS tools—number and type parallel reports

<i>Standardization of RHIS tools</i>		
Indicator: Number and type of parallel reports that are produced at each level of the health system		
Data Source—Module I: Overview Tool		
	Indicators	Facility
	Number of different names of reports generated by community/health facility/district	*
Type of data reported	Maternal health services—Labour and delivery	*
	Maternal health services—Operation theatre	*
	Maternal health services—Postnatal ward	*
	Child health services—Postnatal ward	*
	Child health services—Kangaroo mother care ward/corner	*
	Child health services—Neonatal inpatient care ward	*
	Child health services—Special care newborn ward	*
	Child health services—Intensive care newborn ward	*
	Other (specify)	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 4A.3 Standardization of RHIS tools—number and type of report recipient

Indicator: Number and type of report recipient		
Data Source—Module I: Overview Tool		
Indicators		Facility
Organization that introduced the report generated by community/health facility/district	MOH (standardized national HIS tool)	*
	MOH (program—specific name)	*
	UN agency (name)	*
	Regional/state government	*
	Other partner/donor (name)	*
	Locally customized/developed	*
	Other (specify)	*
Organization that introduced the paper-based data recording tools	MOH (standardized national HIS tool)	*
	MOH (program—specific name)	*
	UN agency (name)	*
	Regional/state government	*
	Other partner/donor (name)	*
	Locally customized/developed	*
	Other (specify)	*
Organization that introduced the electronic data recording tools	MOH (standardized national HIS tool)	*
	MOH (program—specific name)	*
	UN agency (name)	*
	Regional/state government	*
	Other partner/donor (name)	*
	Locally customized/developed	*
	Other (specify)	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Central Level —RHIS Software Functionality Tables

RHIS SOFTWARE FUNCTIONALITY (ONLY FOR CENTRAL LEVEL)

Table 4A.4 eRHIS reporting capability

<i>eRHIS reporting capability</i>		
Indicator: eRHIS allows for the tracking of reporting completeness and timeliness		
Data Source—Module III: eRHIS Assessment Tool		
Indicators	Value (0 or 1)	Outcome
RHIS software allows users to determine the number and percentage of monthly reports received of a total number of expected reports	*	*
System allows users to analyze the trend in reporting completeness for a year by facility	*	*
System allows users to determine the number and percentage of reports which were received on time	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 4A.5 eRHIS generating a summary report by administrative levels

Indicator: eRHIS generating a summary report by administrative levels				
Data Source—Module III: eRHIS Assessment Tool				
Indicators		Value (0 or 1)	Outcome	
RHIS software generates summary reports	Monthly	National	*	*
		Regional	*	*
		District	*	*
		Health facility	*	*
		Community-level SPD	*	*
	Quarterly	National	*	*
		Regional	*	*
		District	*	*
		Health Facility	*	*
		Community-level SDP	*	*
	Annual	National	*	*
		Regional	*	*
		District	*	*
		Health Facility	*	*
		Community-level SDP	*	*
	Customized reporting period	National	*	*
		Regional	*	*
		District	*	*
		Health Facility	*	*
		Community-level SDP	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 4A.6 Population estimates and coverage

<i>Population estimates and coverage</i>			
Indicator: eRHIS enables the calculation of service coverage by administrative levels			
Data Source—Module III: eRHIS Assessment Tool			
Indicator		Value (0 or 1)	Outcome
Level at which RHIS software has population estimates to calculate denominators	Region	*	*
	District	*	*
	Facility	*	*
	Community-level SDP	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 4A.7 System capturing age and sex disaggregated data

<i>System capturing age and sex disaggregated data</i>		
Indicator: eRHIS capturing data disaggregated by age group		
Data Source—Module III: eRHIS Assessment Tool		
Indicator	Value (0 or 1)	Outcome
RHIS software captures data disaggregated by age	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 4A.8 eRHIS capturing data disaggregated by sex

Indicator: eRHIS capturing data disaggregated by sex		
Data Source—Module III: eRHIS Assessment Tool		
Indicator	Value (0 or 1)	Outcome
RHIS software captures data disaggregated by sex	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 4A.9 Data integration and interoperability—eRHIS with other systems

Data integration and interoperability		
Indicator: Interoperability of eRHIS with other disease or program-specific parallel systems		
Data Source—Module III: eRHIS Assessment Tool		
Indicator	Value (0 or 1)	Outcome
RHIS software interoperates with parallel disease or program-specific software applications in use	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 4A.10 Data integration and interoperability—eRHIS with other systems—details

Indicator: Integration or interoperability of eRHIS with other program specified/parallel electronic information systems		
Data Source—Module III: eRHIS Assessment Tool		
Indicators	Value (0 or 1)	Outcome
RHIS software has human resources information or integrates with a human resource information system	*	*
RHIS software has or integrates with logistics information	*	*
RHIS software has financial information	*	*
RHIS software has or integrates with integrated disease surveillance and response (IDSR)	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 4A.11 Unique identifiers and master facility list

Unique identifiers and master facility list		
Indicator: Availability of unique facility and district identifiers		
Data Source—Module III: eRHIS Assessment Tool		
Indicator	Value (0 or 1)	Outcome
RHIS software uses unique identifiers for districts and regions	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 4A.12 Unique identifiers and master facility list—eRHIS using geographical coordinates

Indicator: eRHIS using master facility list with geographical coordinates			
Data Source—Module III: eRHIS Assessment Tool			
Indicator		Value (0 o)	Outcome
Health facilities have geographic coordinates attached to them	None	*	*
	1–25%	*	*
	26–50%	*	*
	51–75%	*	*
	76–100%	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 4A.13 Unique identifiers and master facility list—use by other programs

Indicator: Use of unique facility and district identifiers by other programs		
Data Source—Module III: eRHIS Assessment Tool		
Indicator	Value (0 or 1)	Outcome
A framework or agreement is in place such that those unique identifier lists are available for general use y other programs	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 4A.14 Data analysis—eRHIS generate top causes of morbidity and mortality by administrative levels

Data analysis		
Indicator: Capability of eRHIS to generate top causes of morbidity and mortality by administrative levels		
Data Source—Module III: eRHIS Assessment Tool		
Indicators	Value (0 or 1)	Outcome
RHIS software generates the major causes of institution-based (inpatient, emergency) neonatal mortality (preterm, birth asphyxia, sepsis)	*	*
RHIS software generates the major morbidity diagnoses for inpatient and outpatient services (e.g., top ten diseases: retinopathy, growth faltering, kernicterus, jaundice)	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 4A.15 Data visualization—eRHIS presents data in graphs, charts, and tables

Data visualization			
Indicator: eRHIS software allows user to present data in graphs, charts, and tables			
Data Source—Module III: eRHIS Assessment Tool			
Indicators		Value (0 o)	Outcome
RHIS software generates tabular data arranged in listing format	Indicator 1	*	*
	Indicator 2	*	*
	Indicator 3	*	*
RHIS software allows users to present data in time trend graphs	Indicator 1	*	*
	Indicator 2	*	*
	Indicator 3	*	*
RHIS software allows users to visualize data using graphs for comparing facilities/districts/regions	Indicator 1	*	*
	Indicator 2	*	*
	Indicator 3	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 4A.16 Data visualization—eRHIS presents data using thematic maps

Indicator: eRHIS software allows user to visualize data using thematic maps			
Data Source—Module III: eRHIS Assessment Tool			
Indicator		Central	Outcome
RHIS software allows users to visualize data using thematic maps	Region	*	*
	District	*	*
	Facility	*	*
	Community-level SDP	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Central Level RHIS—Software Usability tables

RHIS SOFTWARE USABILITY

Table 4A.17 RHIS reporting capability—track completeness using eRHIS

<i>RHIS reporting capability</i>			
Indicator: % of staff able to track report completeness using eRHIS			
Total # of staff able to track report completeness using RHIS _____ X 100			
Total # of sites assessed			
Data Source—Module III: eRHIS Assessment Tool			
Indicator	Numerator	Denominator	%
User can carry out the following function: RHIS software produces a report on the number and percentage of reports received of the total number of expected reports	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 4A.18 RHIS reporting capability—generate summary reports using eRHIS

Indicator: % of staff demonstrating capacity to generate summary reports using eRHIS $\frac{\text{Total \# of staff demonstrating capacity to generate summary reports using eRHIS}}{\text{Total \# of sites assessed}} \times 100$					
Data Source—Module III: eRHIS Assessment Tool					
Indicators			Numerator	Denominator	%
User can carry out the following function: RHIS software generates summary reports for aggregate levels and time periods	National/regional summary	Monthly	*	*	*
		Quarterly	*	*	*
		Annually	*	*	*
	District summary	Monthly	*	*	*
		Quarterly	*	*	*
		Annually	*	*	*
	Health facility summary	Monthly	*	*	*
		Quarterly	*	*	*
		Annually	*	*	*
	Community-level SDP summary	Monthly	*	*	*
		Quarterly	*	*	*
		Annually	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 4A.19 Ability to calculate coverage indicators with eRHIS

Ability to calculate coverage indicators					
Indicator: % of staff able to calculate coverage indicators using eRHIS					
Total # of staff able to calculate coverage indicators using eRHIS				X 100	
Total # of respondents in sites assessed					
Data Source—Module III: eRHIS Assessment Tool					
Indicators			Numerator	Denominator	%
User can calculate coverage for	Indicator 1	National	*	*	*
		Region	*	*	*
		District	*	*	*
		Health facility	*	*	*
		Community-level SDP	*	*	*
	Indicator 2	National	*	*	*
		Region	*	*	*
		District	*	*	*
		Health facility	*	*	*
		Community-level SDP	*	*	*
	Indicator 3	National	*	*	*
		Region	*	*	*
		District	*	*	*
		Health facility	*	*	*
		Community-level SDP	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 4A.20 Data analysis features eRHIS used

Data analysis			
Indicator: % of staff demonstrating the use of data analysis features of the eRHIS			
Total # of staff demonstrating the use of data analysis features of the eRHIS			X 100
Total # of respondents in sites assessed			
Data Source—Module III: eRHIS Assessment Tool			
Indicators	Numerator	Denominator	%
User can generate major causes of institution-based (in-patient, emergency) mortality (e.g., preterm birth, birth asphyxia, sepsis)	*	*	*
User can generate major morbidity diagnoses for inpatient and outpatient services (e.g., top ten diseases)? (e.g., retinopathy, growth faltering, kernicterus, jaundice)	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 4A.21 Data visualization—eRHIS present data in graphs and maps

Data visualization Indicator: % of staff able to use the data visualization features of the eRHIS to analyze and present data in graphs and maps $\frac{\text{Total \# of staff able to use data visualization features to analyze and present data}}{\text{Total \# of sites assessed}} \times 100$					
Data Source—Module III: eRHIS Assessment Tool					
Indicators			Numerator	Denominator	%
User can generate	Indicator 1	Time trend graphs	*	*	*
		Bar graphs for comparing facilities, districts, or regions	*	*	*
		Thematic maps, by region, district, or health facility	*	*	*
	Indicator 2	Time trend graphs	*	*	*
		Bar graphs for comparing facilities, districts, or regions	*	*	*
		Thematic maps, by region, district, or health facility	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

4B. Technical Factors—Regional level

Section 4B. Tables: Technical Factors—Regional Level

B. RHIS Performance Determinants: Technical Factors- Regional Level

Table 4B.1 Existing information system overlaps and distinction

RHIS Performance Determinants: Technical Factors Existing information system overlaps and distinction Indicator: Linkage or overlap of existing RHIS	
Data Source—Module I: Overview Tool	
Indicators	Facility
Number of different names of reports generated by community/health facility/district	*
Paper, electronic, or both	*
Type of electronic tool (e.g., Excel, Access, DHIS2)	*
Number of different recipients of reports generated by community/health facility/district	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 4B.2 Standardization of RHIS tools—number and type parallel reports

Standardization of RHIS tools Indicator: Number and type of parallel reports that are produced at each level of the health system		
Data Source—Module I: Overview Tool		
	Indicators	Facility
	Number of different names of reports generated by community/health facility/district	*
Type of data reported	Maternal health services—Labour and delivery	*
	Maternal health services—Operation theatre	*
	Maternal health services—Postnatal ward	*
	Child health services—Postnatal ward	*
	Child health services—Kangaroo mother care ward/corner	*
	Child health services—Neonatal inpatient care ward	*
	Child health services—Special care newborn ward	*
	Child health services—Intensive care newborn ward	*
	Other (specify)	*

Table 4B.3 Standardization of RHIS tools—number and type of report recipient

Indicator: Number and type of report recipient		
Data Source—Module I: Overview Tool		
Indicators		Facility
Organization that introduced the report generated by community/health facility/district	MOH (standardized national HIS tool)	*
	MOH (program—specific name)	*
	UN agency (name)	*
	Regional/state government	*
	Other partner/donor (name)	*
	Locally customized/developed	*
	Other (specify)	*
Organization that introduced the paper-based data recording tools	MOH (standardized national HIS tool)	*
	MOH (program—specific name)	*
	UN agency (name)	*
	Regional/state government	*
	Other partner/donor (name)	*
	Locally customized/developed	*
	Other (specify)	*
Organization that introduced the electronic data recording tools	MOH (standardized national HIS tool)	*
	MOH (program—specific name)	*
	UN agency (name)	*
	Regional/state government	*
	Other partner/donor (name)	*
	Locally customized/developed	*
	Other (specify)	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 4B.4 RHIS reporting capability—track completeness using eRHIS

RHIS reporting capability Indicator: % of staff able to track report completeness using eRHIS $\frac{\text{Total \# of staff able to track report completeness using RHIS}}{\text{Total \# of sites assessed}} \times 100$		
Data Source—Module III: eRHIS Assessment Tool		
Indicator	Numerator	Denominator
User can carry out the following function: RHIS software produces a report on the number and percentage of reports received of the total number of expected reports	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 4B.5 RHIS reporting capability—generate summary reports using eRHIS

Indicator: % of staff demonstrating capacity to generate summary reports using eRHIS $\frac{\text{Total \# of staff demonstrating capacity to generate summary reports using eRHIS}}{\text{Total \# of respondents}} \times 100$					
Data Source—Module III: eRHIS Assessment Tool					
Indicators			Numerator	Denominator	%
User can carry out the following function: RHIS software generates summary reports for aggregate levels and time periods	Region summary	Monthly	*	*	*
		Quarterly	*	*	*
		Annually	*	*	*
	Health facility summary	Monthly	*	*	*
		Quarterly	*	*	*
		Annually	*	*	*
	Community-level SDP summary	Monthly	*	*	*
		Quarterly	*	*	*
		Annually	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 4B.6 Ability to calculate coverage indicators with eRHIS

Ability to calculate coverage indicators					
Indicator: % of staff able to calculate coverage indicators using eRHIS					
Total # of staff able to calculate coverage indicators using eRHIS				X 100	
Total # of sites assessed					
Data Source—Module III: eRHIS Assessment Tool					
			Region		
Indicators			Numerator	Denominator	%
User can calculate coverage for	Indicator 1	National	*	*	*
		Region	*	*	*
		Region	*	*	*
		Health facility	*	*	*
		Community-level SDP	*	*	*
	Indicator 2	National	*	*	*
		Region	*	*	*
		Region	*	*	*
		Health facility	*	*	*
		Community-level SDP	*	*	*
	Indicator 3	National	*	*	*
		Region	*	*	*
		Region	*	*	*
		Health facility	*	*	*
		Community-level SDP	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 4B.7 Data analysis features eRHIS used

Data analysis			
Indicator: % of staff demonstrating the use of data analysis features of the eRHIS			
Total # of staff demonstrating the use of data analysis features of the eRHIS			X 100
Total # of sites assessed			
Data Source—Module III: eRHIS Assessment Tool			
Indicators	Numerator	Denominator	%
User can generate major causes of institution-based (in-patient, emergency) mortality (e.g., preterm birth, birth asphyxia, sepsis)	*	*	*
User can generate major morbidity diagnoses for inpatient and outpatient services (e.g., top ten diseases)? (e.g., retinopathy, growth faltering, kernicterus, jaundice)	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 4B.8 Data visualization—eRHIS present data in graphs and maps

Data visualization Indicator: % of staff able to use the data visualization features of the eRHIS to analyze and present data in graphs and maps $\frac{\text{Total \# of staff able to use the data visualization features to analyze and present data}}{\text{Total \# of sites assessed}} \times 100$					
Data Source—Module III: eRHIS Assessment Tool					
Indicators			Numerator	Denominator	%
User can generate	Indicator 1	Time trend graphs	*	*	*
		Bar graphs for comparing facilities, regions, or regions	*	*	*
		Thematic maps, by region, region, or health facility	*	*	*
	Indicator 2	Time trend graphs	*	*	*
		Bar graphs for comparing facilities, regions, or regions	*	*	*
		Thematic maps, by region, region, or health facility	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

4C. Technical Factors—District level

Section 4C. Tables: Technical Factors—District Level

C. RHIS Performance Determinants: Technical Factors- District Level

Table 4C.1 Existing information system overlaps and distinction

I. RHIS Performance Determinants: Technical Factors <i>Existing information system overlaps and distinction</i>	
Indicator: Linkage or overlap of existing RHIS	
Data Source—Module I: Overview Tool	
Indicators	Value
Number of different names of reports generated by community/health facility/district	*
Paper, electronic, or both	*
Type of electronic tool (e.g., Excel, Access, DHIS2)	*
Number of different recipients of reports generated by community/health facility/district	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 4C.2 Standardization of RHIS tools—number and type parallel reports

Standardization of RHIS tools		
Indicator: Number and type of parallel reports that are produced at each level of the health system		
Data Source—Module I: Overview Tool		
Indicators		District
Number of different names of reports generated by community/health facility/district		*
Type of data reported	Maternal health services—Labour and delivery	*
	Maternal health services—Operation theatre	*
	Maternal health services—Postnatal ward	*
	Child health services—Postnatal ward	*
	Child health services—Kangaroo mother care ward/corner	*
	Child health services—Neonatal inpatient care ward	*
	Child health services—Special care newborn ward	*
	Child health services—Intensive care newborn ward	*
Other (specify)		*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 4C.3 Standardization of RHIS tools—number and type of report recipient

Indicator: Number and type of report recipient		
Data Source—Module I: Overview Tool		
Indicators		Facility
Organization that introduced the report generated by community/ health facility/ district	MOH (standardized national HIS tool)	*
	MOH (program—specific name)	*
	UN agency (name)	*
	Regional/state government	*
	Other partner/donor (name)	*
	Locally customized/developed	*
	Other (specify)	*
Organization that introduced the paper-based data recording tools	MOH (standardized national HIS tool)	*
	MOH (program—specific name)	*
	UN agency (name)	*
	Regional/state government	*
	Other partner/donor (name)	*
	Locally customized/developed	*
	Other (specify)	*
Organization that introduced the electronic data recording tools	MOH (standardized national HIS tool)	*
	MOH (program—specific name)	*
	UN agency (name)	*
	Regional/state government	*
	Other partner/donor (name)	*
	Locally customized/developed	*
	Other (specify)	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 4C.4 RHIS reporting capability—track completeness using eRHIS

RHIS reporting capability Indicator: % of staff able to track report completeness using eRHIS $\frac{\text{Total \# of staff able to track report completeness using RHIS}}{\text{Total \# of sites assessed}} \times 100$			
Data Source—Module III: eRHIS Assessment Tool			
Indicator	Numerator	Denominator	%
User can carry out the following function: RHIS software produces a report on the number and percentage of reports received out of the total number of expected reports	2	2	100%

Table 4C.5 RHIS reporting capability—generate summary reports using eRHIS

Indicator: % of staff demonstrating capacity to generate summary reports using eRHIS $\frac{\text{Total \# of staff demonstrating capacity to generate summary reports using eRHIS}}{\text{Total \# of respondents}} \times 100$					
Data Source—Module III: eRHIS Assessment Tool					
Indicators		Numerator	Denominator	%	
User can carry out the following function: RHIS software generates summary reports for aggregate levels and time periods	District summary	Monthly	2	2	100%
		Quarterly	2	2	100%
		Annually	2	2	100%
	Health facility summary	Monthly	2	2	100%
		Quarterly	2	2	100%
		Annually	2	2	100%
	Community-level SDP summary	Monthly	0	2	0%
		Quarterly	0	2	0%
		Annually	0	2	0%

Table 4C.6 Ability to calculate coverage indicators with eRHIS

Ability to calculate coverage indicators

Indicator: % of staff able to calculate coverage indicators using eRHIS

$$\frac{\text{Total \# of staff able to calculate coverage indicators using eRHIS}}{\text{Total \# of sites assessed}} \times 100$$

Data Source—Module III: eRHIS Assessment Tool					
Indicators			Numerator	Denominator	%
User can calculate coverage for	Indicator 1	National	0	2	0%
		Region	0	2	0%
		District	0	2	0%
		Health facility	0	2	0%
		Community-level SDP	0	2	0%
	Indicator 2	National	1	2	50%
		Region	1	2	50%
		District	1	2	50%
		Health facility	0	2	0%
		Community-level SDP	0	2	0%
	Indicator 3	National	0	2	0%
		Region	0	2	0%
		District	1	2	50%
		Health facility	0	2	0%
		Community-level SDP	0	2	0%

Table 4C.7 Data analysis features eRHIS used

Data analysis			
Indicator: % of staff demonstrating the use of data analysis features of the eRHIS			
Total # of staff demonstrating the use of data analysis features of the eRHIS			X 100
Total # of sites assessed			
Data Source—Module III: eRHIS Assessment Tool			
Indicators	Numerator	Denominator	%
User can generate major causes of institution-based (inpatient, emergency) mortality (e.g., preterm birth, birth asphyxia, sepsis)	2	2	100%
User can generate major morbidity diagnoses for inpatient and outpatient services (e.g., top ten diseases)	2	2	100%

Table 4C.8 Data visualization—eRHIS present data in graphs and maps

Data visualization	
Indicator: % of staff able to use the data visualization features of the eRHIS to analyze and present data in graphs and maps	
Total # of staff able to use data visualization features to analyze and present data	_____ X 100
Total # of sites assessed	

Data Source—Module III: eRHIS Assessment Tool					
Indicators			Numerator	Denominator	%
User can generate	Indicator 1	Time trend graphs	0	2	0%
		Bar graphs for comparing facilities, districts, or regions	0	2	0%
		Thematic maps, by region, district, or health facility	0	2	0%
	Indicator 2	Time trend graphs	0	2	0%
		Bar graphs for comparing facilities, districts, or regions	0	2	0%
		Thematic maps, by region, district, or health facility	0	2	0%

4D. Technical Factors—Facility level

Section 4D. Tables: Technical Factors—Facility Level

D. RHIS Performance Determinants: Technical Factors—Facility Level

Table 4D.1 Existing information system overlaps and distinction

<i>Existing information system overlaps and distinction</i>	
Indicator: Linkage or overlap of existing RHIS	

Data Source—Module I: Overview Tool	
Indicators	Value
Number of different names of reports generated by community/health facility/district	34
Paper, electronic, or both	34
Type of electronic tool (e.g., Excel, Access, DHIS2)	19
Number of different recipients of reports generated by community/health facility/district	33

Table 4D.2 Standardization of RHIS tools—number and type parallel reports

<i>Standardization of RHIS tools</i>		
Indicator: Number and type of parallel reports that are produced at each level of the health system		
Data Source—Module I: Overview Tool		
Indicators		Facility
Number of different names of reports generated by community/health facility/district		34
Type of data reported	Maternal health services—Labour and delivery	17
	Maternal health services—Operation theatre	0
	Maternal health services—Postnatal ward	16
	Child health services—Postnatal ward	15
	Child health services—Kangaroo mother care ward/corner	0
	Child health services—Neonatal inpatient care ward	1
	Child health services—Special care newborn ward	1
	Child health services—Intensive care newborn ward	1
	Other (specify)	0

Table 4D.3 Standardization of RHIS tools—number and type of report recipient

Indicator: Number and type of report recipient		
Data Source—Module I: Overview Tool		
	Indicators	Value
Organization that introduced the report generated by community/ health facility/ district	MOH (standardized national HIS tool)	0
	MOH (program—specific name)	0
	UN agency (name)	0
	Regional/state government	0
	Other partner/donor (name)	0
	Locally customized/developed	2
	Other (specify)	0
Organization that introduced the paper-based data recording tools	MOH (standardized national HIS tool)	92
	MOH (program—specific name)	0
	UN agency (name)	0
	Regional/state government	0
	Other partner/donor (name)	0
	Locally customized/developed	82
	Other (specify)	1
Organization that introduced the electronic data recording tools	MOH (standardized national HIS tool)	11
	MOH (program—specific name)	0
	UN agency (name)	0
	Regional/state government	0
	Other partner/donor (name)	0
	Locally customized/developed	0
	Other (specify)	0

Table 4D.4 RHIS reporting capability—Track completeness using eRHIS

<i>RHIS reporting capability</i>			
Indicator: % of staff able to track report completeness using electronic RHIS (eRHIS)			
$\frac{\text{Total \# of staff able to track report completeness using RHIS}}{\text{Total \# of sites assessed}} \times 100$			
Data Source—Module III: eRHIS Assessment Tool			
Indicator	Numerator	Denominator	%
User can carry out the following function: RHIS software produces a report on the number and percentage of reports received of the total number of expected reports	7	8	88%

Table 4D.5 RHIS reporting capability—Generate summary reports using eRHIS

Indicator: % of staff demonstrating capacity to generate summary reports using eRHIS	
Total # of staff demonstrating capacity to generate summary reports using eRHIS	X 100
Total # of respondents	

Data Source—Module III: eRHIS Assessment Tool					
Indicators			Numer	Denominator	%
User can carry out the following function: RHIS software generates summary reports for aggregate levels and periods	Health facility summary	Monthly	8	8	100%
		Quarterly	8	8	100%
		Annually	8	8	100%
	Community-level SDP summary	Monthly	0	8	0%
		Quarterly	0	8	0%
		Annually	0	8	0%

Table 4D.6 Ability to calculate coverage indicators with eRHIS

Ability to calculate coverage indicators	
Indicator: % of staff able to calculate coverage indicators using eRHIS	
Total # of staff able to calculate coverage indicators using eRHIS	X 100
Total # of sites assessed	

Data Source—Module III: eRHIS Assessment Tool					
Indicators			Numerato	Denominator	%
User can calculate coverage for	Indicator 1	Health facility	5	8	63%
		Community-level SDP	0	8	0%
	Indicator 2	Health facility	5	8	63%
		Community-level SDP	0	8	0%
	Indicator 3	Health facility	5	8	63%
		Community-level SDP	0	8	0%

Table 4D.7 Data analysis features used

Data analysis			
Indicator: % of staff demonstrating the use of data analysis features of the eRHIS			
Total # of staff demonstrating the use of data analysis features of the eRHIS			X 100
Total # of sites assessed			
Data Source—Module III: eRHIS Assessment Tool			
Indicators	Numerator	Denominator	%
User can generate major causes of institution-based mortality	4	8	50%
User can generate major morbidity diagnoses for inpatient and outpatient services	4	8	50%

Table 4D.8 Data visualization—eRHIS present data in graphs and maps

Data visualization	
Indicator: % of staff able to use the data visualization features of the eRHIS to analyze and present data in graphs and maps	
Total # of staff able to use data visualization features to analyze and present data	X 100
Total # of sites assessed	

Data Source—Module III: eRHIS Assessment Tool					
Indicators			Numerator	Denominator	%
User can generate	Indicator 1	Time trend graphs	4	8	50%
		Bar graphs for comparing facilities, districts, or regions	3	8	38%
		Thematic maps, by region, district, or health facility	1	8	13%
	Indicator 2	Time trend graphs	4	8	50%
		Bar graphs for comparing facilities, districts, or regions	3	8	38%
		Thematic maps, by region, district, or health facility	1	8	13%

4E. Summary Table for technical factors

Domain	Indicator		Central		Regional		District		Facility	
			Number		Number		Number		Number	
Existing information system overlaps and distinction	Linkage or overlap of existing RHIS	Number of different names of reports generated by community/health facility/district	*		*		0		34	
		Paper, electronic, or both	*		*		0		34	
		Type of electronic tool (e.g., Excel, Access, DHIS2)	*		*		0		19	
		Number of different recipients of reports generated by community/health facility/district	*		*		0		33	
Standardization of RHIS tools	Number and type of parallel reports that are produced at each level of the health system	Number of different names of reports generated by community/health facility/district	*		*		0		34	

Domain	Indicator	Central			Regional			District			Facility		
		Numerator	Denom nator	%	Numerator	Denoi nator	%	Numerator	Denom nator	%	Numerator	Denom nator	%
RHIS reporting capability	% of staff able to track report completeness using electronic RHIS (eRHIS)	*	*	*	*	*	*	2	2	100%	7	8	88%
	% of staff demonstrating capacity to generate summary reports using eRHIS	Region summary—monthly	*	*	*	*	*						
		Region summary—quarterly	*	*	*	*	*						
		Region summary—annually	*	*	*	*	*						
		District summary—monthly	*	*	*			2	2	100%			
		District summary—quarterly	*	*	*			2	2	100%			
		District summary—annually	*	*	*			2	2	100%			
		Health facility summary—monthly	*	*	*	*	*	2	2	100%	8	8	100%
		Health facility summary—quarterly	*	*	*	*	*	2	2	100%	8	8	100%
		Health facility summary—annually	*	*	*	*	*	2	2	100%	8	8	100%

Domain	Indicator		Central			Regional			District			Facility		
			Numerator	Denominator	%	Numerator	Denominator	%	Numerator	Denominator	%	Numerator	Denominator	%
Ability to calculate coverage indicators	% of staff able to calculate coverage indicators using eRHIS	National coverage—indicator 1	*	*	*	*	*	*	0	2	0%			
		Regional coverage—indicator 1	*	*	*	*	*	*	0	2	0%			
		District coverage—indicator 1	*	*	*	*	*	*	0	2	0%			
		Health facility coverage—indicator 1	*	*	*	*	*	*	0	2	0%	5	8	63%
		National coverage—indicator 2	*	*	*	*	*	*	0	2	0%			
		Regional coverage—indicator 2	*	*	*	*	*	*	1	2	50%			
		District coverage—indicator 2	*	*	*	*	*	*	1	2	50%			
		Health facility coverage—indicator 2	*	*	*	*	*	*	1	2	50%	5	8	63%
		National coverage—indicator 3	*	*	*	*	*	*	0	2	0%			
		Regional coverage—indicator 3	*	*	*	*	*	*	0	2	0%			
		District coverage—indicator 3	*	*	*	*	*	*	0	2	0%			
		Health facility coverage—indicator 3	*	*	*	*	*	*	0	2	0%	5	8	63%
Data analysis	% of staff demonstrating the use of data analysis features of the eRHIS	User can generate major causes of institution-based mortality	*	*	*	*	*	*	2	2	100%	4	8	50%

Domain	Indicator		Central			Regional			District			Facility		
			Numerator	Denominator	%	Numerator	Denominator	%	Numerator	Denominator	%	Numerator	Denominator	%
		User can generate major morbidity diagnoses for inpatient and outpatient services	*	*	*	*	*	*	2	2	100%	4	8	50%
Data visualization	% of staff able to use the data visualization features of the eRHIS to analyze and present data in graphs and maps	Time trend graphs—Indicator 1	*	*	*	*	*	*	0	2	0%	4	8	50%
		Bar graphs for comparing facilities, districts, or regions—Indicator 1	*	*	*	*	*	*	0	2	0%	3	8	38%
		Thematic maps, by region, district, or health facility—Indicator 1	*	*	*	*	*	*	0	2	0%	1	8	13%
		Time trend graphs—Indicator 2	*	*	*	*	*	*	0	2	0%	4	8	50%
		Bar graphs for comparing facilities, districts, or regions—Indicator 2	*	*	*	*	*	*	0	2	0%	3	8	38%

Domain	Indicator		Central			Regional			District			Facility		
			Numerator	Denom nator	%	Numerator	Denom nator	%	Numerator	Denom nator	%	Numerator	Denom nator	%
		Thematic maps, by region, district, or health facility—Indicator 2	*	*	*	*	*	*	0	2	0%	1	8	13%

5. RHIS Performance Determinants—Organizational Factors

5A. Organizational Factors—Central level

Section 5A. Tables: Organizational Factors—Central Level

A. RHIS Performance Determinants: Organizational Factors—Central Level

Table 5A.1 RHIS Governance—Structures

RHIS governance Indicator: Good RHIS governance structures in place Total # of sites with good RHIS governance structures in place _____ X 100 Total # of sites assessed (=1)	
--	--

Data Source—Module IV: MAT			
Indicators	Numerator	Denominator	%
Has a written document describing the RHIS mission, roles, and responsibilities that are related to strategic and policy decisions at central and higher levels	*	*	*
Has current health service organizational and staff charts showing positions related to health information	*	*	*
Has overall framework and plan for information and communication technology (ICT), (e.g., describing the required equipment and plans for training in the use of ICT for RHIS)	*	*	*
Office maintains documentation of the dissemination of the RHIS monthly/ quarterly reports to the various health program staff at the central level, the community, local administration, NGOs, etc.	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5A.2 RHIS Governance—Data management guidelines

Indicator: Existence of RHIS data management guidelines Total # of sites with RHIS data management guidelines _____ X 100 Total # of sites assessed (=1)	
---	--

Data Source—Module IV: MAT			
Indicators	Numerator	Denominator	%
Has written SOPs and procedural guidelines for RHIS with data definition, data collection and reporting, data aggregation, processing, and transmission, data analysis, dissemination and use, data quality assurance, MFL, ICD classification, data security, and performance improvement process (Completely)	*	*	*
Has written SOPs and procedural guidelines for RHIS with data definition, data collection and reporting, data aggregation, processing, and transmission, data analysis, dissemination and use, data quality assurance, MFL, ICD classification, data security, and performance improvement process (Partially)	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5A.3 RHIS planning—national documents

<i>RHIS planning</i>	
Indicator: % of sites with copies of national HIS documents	
Total # of sites with copies of national HIS documents	X 100
Total # of sites assessed (=1)	

Data Source—Module IV: MAT			
Indicators	Numerator	Denominator	%
Has a copy of the national HIS situation analysis/assessment report that is less than three years old	*	*	*
Has a copy of the national three or five-year HIS strategic plan	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5A.4 Use of quality improvement standards

<i>Use of quality improvement standards</i>	
Indicator: % of Centrals that have RHIS quality improvement standards	
RHIS quality improvement standards	X 100
Total # of sites assessed (=1)	

Data Source—Module IV: MAT			
Indicator	Numerator	Denominator	%
Has set RHIS performance targets RHIS performance targets for data accuracy for their respective administrative areas	*	*	*
Has set RHIS performance targets RHIS performance targets for data completeness for their respective administrative areas	*	*	*
Has set RHIS performance targets RHIS performance targets for data timeliness for their respective administrative areas	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5A.5 Supervision quality

Supervision quality	
Indicator: Existence effective supportive supervision practices /tools availability to improve RHIS performance	
Total # of sites with documents related to supervision	X 100
Total # of sites assessed (=1)	

Data Source—Module IV: MAT			
	Central		
Indicators	Numerator	Denominator	%
Office has copies of RHIS supervisory guidelines and checklists	*	*	*
Office maintains a schedule for RHIS supervisory visits	*	*	*
Office has copies of the reports from RHIS supervisory visits conducted during the current fiscal year	*	*	*
HFa that received a supervisory visit have copies of the report from latest supervisory visit and commonly agreed action points are listed	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5A.6 Financial resources to support RHIS activities

Financial resources to support RHIS activities	
Indicator: Existence of financial resource allocation for RHIS activities	
Existence of financial resource allocation at central level for RHIS activities	X 100
Total # of sites assessed (=1)	

Data Source—Module IV: MAT			
	Central		
Indicator	Numerator	Denominator	%
Office has a copy of the long-term financial plan for supporting RHIS activities	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5A.7 Infrastructure for RHIS data management

Infrastructure for RHIS data management	
Indicator: Existence of Internet connectivity at the central level	
Existence of Internet connectivity at the central level	X 100
Total # of sites assessed (=1)	

Data Source—Module V: Facility/Office Checklist			
Indicator	Numerator	Denominator	%
Access to an Internet network	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5A.8 RHIS supplies for data collection and aggregation—total recording and reporting forms

<i>RHIS supplies for data collection and aggregation</i>	
Indicator: Existence of adequate supply of RHIS recording/ reporting forms at the central level	
Availability of RHIS recording/ reporting forms at central level	
Total # of sites assessed (=1)	X 100

Data Source: Module 5. Facility/Office Checklist				
Tool Availability	Tools ID	Numerator	Denominator	%
<i>Maternal health services</i>				
Maternal health services—Labour and delivery printed register	5.1	*	*	*
Maternal health services—Operation theatre printed register	5.2	*	*	*
Maternal health services—Postnatal ward printed register	5.3	*	*	*
Maternal health services—Printed death register	5.4	*	*	*
<i>Child health services</i>				
Child health services—Postnatal ward printed register	6.1	*	*	*
Child health services—Kangaroo mother care ward/corner printed register	6.2	*	*	*
Child health services—Neonatal inpatient care ward printed register	6.3	*	*	*
Child health services—Special care newborn ward printed register	6.4	*	*	*
Child health services—Intensive care newborn ward printed register	6.5	*	*	*
Child health services—Printed death register	6.6	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5A.9 RHIS supplies for data collection and aggregation—standard recording and reporting forms

Indicator: % of sites with an adequate supply of standard RHIS recording and reporting forms				
Total # of standard RHIS tools available at central level office				
Total # of sites assessed (=1)				X100
Data Source: Module 5. Facility/Office Checklist				
Standard RHIS tool	Tools ID	Numerator	Denominator	%
<i>Maternal health services</i>				
Maternal health services—Labour and delivery printed register	5.1	*	*	*
Maternal health services—Operation theatre printed register	5.2	*	*	*
Maternal health services—Postnatal ward printed register	5.3	*	*	*
Maternal health services—Printed death register	5.4	*	*	*
<i>Child health services</i>				
Child health services—Postnatal ward printed register	6.1	*	*	*
Child health services—Kangaroo mother care ward/corner printed register	6.2	*	*	*
Child health services—Neonatal inpatient care ward printed register	6.3	*	*	*
Child health services—Special care newborn ward printed register	6.4	*	*	*
Child health services—Intensive care newborn ward printed register	6.5	*	*	*
Child health services—Printed death register	6.6	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5A.10 Facilities or offices with no stock-outs of recording and reporting tools within the past six months

Indicator: % of facilities or offices with no stock-outs of recording and reporting tools within the past six months	
Total # of offices that experienced stockouts in last 6 months	X 100
Total # of offices assessed	

Data Source: Module 5. Facility/Office Checklist				
Stockout	Tools ID	Numerator	Denominator	%
Maternal health services				
Maternal health services—Labour and delivery printed register	5.1	*	*	*
Maternal health services—Operation theatre printed register	5.2	*	*	*
Maternal health services—Postnatal ward printed register	5.3	*	*	*
Maternal health services—Printed death register	5.4	*	*	*
Child health services				
Child health services—Postnatal ward printed register	6.1	*	*	*
Child health services—Kangaroo mother care ward/corner printed register	6.2	*	*	*
Child health services—Neonatal inpatient care ward printed register	6.3	*	*	*
Child health services—Special care newborn ward printed register	6.4	*	*	*
Child health services—Intensive care newborn ward printed register	6.5	*	*	*
Child health services—Printed death register	6.6	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5A.11 Availability of staff—designated to compile and analyze data

Availability of staff to compile and analyze data	
Indicator: Existence of designated staff responsible for compiling reports at the central level	
Existence of designated staff responsible for report compiling	X 100
1	

Data Source—Module IIa: RHIS Performance Diagnostic Tool (Central Level)			
Indicator	Numerator	Denominator	%
Central level has a designated person responsible for entering data/compiling reports from health facilities	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5A.12 Availability of staff—designated for internal data quality review

Indicator: Existence of designated staff for internal data quality review at the central level	
Existence of designated staff for internal data quality review at the central level	
Total # of sites assessed (=1)	X 100

Data Source—Module IIa: RHIS Performance Diagnostic Tool (Central Level)			
Indicator	Numerator	Denominator	%
Central level has a designated person to review the quality of compiled data prior to submission to the next level (Yes)	*	*	*
Central level has a designated person to review the quality of compiled data prior to submission to the next level (Partially)	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5A.13 Availability of staff—designated for data analysis and dissemination

Indicator: Existence of designated staff for data analysis and dissemination at the central level	
Total # of sites that have designated staff for data analysis and dissemination	
Total # of sites assessed	X 100

Data Source—Module V: Facility/Office Checklist										
Staff Code	Title	Responsible for data compilation of reports submitted that are coming from the lower levels			Responsible for checking the quality of reports submitted from the lower levels			Responsible for data analysis (producing comparison tables, graphs, dashboards)		
		Numerator	Denominator	Ratio	Numerator	Denominator	Ratio	Numerator	Denominator	Ratio
1	Head of central health office	*	*	*	*	*	*	*	*	*
2	Program officer	*	*	*	*	*	*	*	*	*
3	Disease surveillance officer	*	*	*	*	*	*	*	*	*
4	M&E/HMIS officer	*	*	*	*	*	*	*	*	*
5	Data clerk	*	*	*	*	*	*	*	*	*
96	Other (specify)	*	*	*	*	*	*	*	*	*
Any designated staff		0	*	*	*	*	*	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5A.14 Ratio designated staff for data analysis and dissemination per site

Any designated staff				
Variables		Numerator	Denominator	Ratio
Responsible for data compilation of reports submitted that are coming from the lower levels	Any designated staff	*	*	*
Responsible for checking the quality of reports from the lower level	Any designated staff	*	*	*
Responsible for data analysis	Any designated staff	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5A.15 RHIS capacity development—plan

RHIS capacity development	
Indicator: Existence of staff capacity development plan at the central level	
Existence of staff capacity development plan at the central level (=1 if yes)	
Total # of sites assessed (=1)	X 100

Data Source—Module IV: MAT			
Indicator	Numerator	Denominator	%
Has a costed training and capacity development plan that has benchmarks, timelines, and mechanism for on-the-job RHIS training, RHIS workshops, and orientation for new staff	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5A.16 RHIS capacity development—RHIS training

Indicator: % of staff who have received RHIS training (among those who are responsible for performing various RHIS tasks)	
Total # of staff who have received RHIS training	
Total # of staff who are responsible for RHIS tasks (one of three denominators possible)	X 100

Data Source—Module V: Facility/Office Checklist (Central)								
Staff Code	Staff	Numerator	Among those responsible for data compilation of reports from the lower levels		Among those responsible for checking the quality of reports from the lower levels		Among those responsible for data analysis (producing comparison tables, graphs, dashboards)	
			Denominator	%	Denominator	%	Denominator	%
1	Head of central health office	*	*	*	*	*	*	*

2	Program officer	*	*	*	*	*	*	*
3	Disease surveillance officer	*	*	*	*	*	*	*
4	M&E/HMIS officer	*	*	*	*	*	*	*
5	Data clerk	*	*	*	*	*	*	*
96	Other (specify)	*	*	*	*	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5A.17 RHIS capacity development—received training by type

Indicator: % of staff who have received training, by type of training	
Total # of staff receiving training by type of training	X 100
Total # of staff who are responsible for RHIS tasks (<i>one of three denominators possible</i>)	

Data Source—Module V: Facility/Office Checklist Central										
Variables		Responsible for data compilation of reports from the lower levels			Responsible for checking the quality of reports from the lower level			Responsible for data analysis		
		Numerator	Denominator	%	Numerator	Denominator	%	Numerator	Denominator	%
Subject of last training	Data entry	*	*	*	*	*	*	*	*	*
	Check and verify quality of data	*	*	*	*	*	*	*	*	*
	Generating aggregate reports	*	*	*	*	*	*	*	*	*
	Data analysis and interpretation	*	*	*	*	*	*	*	*	*
	Using data for decision making	*	*	*	*	*	*	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5A.18 Commitment and support for high-quality data

Commitment and support for high-quality data	
Indicator: Mean score of respondents who perceive that the organization gives due emphasis to data quality	
Sum of 3 respondent scores on perceived organizational emphasis on data quality	X 100
(Total # of respondents x 5) x 3	

5 being the highest possible score on every answer.
 3 being the number of questions asked to calculate this specific indicator.
 We assume that the same number of people answered questions S2, S6, and S8.

Data Source—Module VI: OBAT			
Central			
Indicator	Numerator	Denominator	%
Respondent perceives that the organization gives due emphasis to data quality	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5A.19 Commitment and support of information use

Commitment and support of information use			
Indicator: Mean score of respondents who perceive that the organization supports information use			
Sum of 4 respondent scores on perceived organizational support of information use			
(Total # of respondents x 5) x 4			X 100
5 being the highest possible score on every answer.			
4 being the number of questions asked to calculate this specific indicator.			
We assume that the same number of people answered questions S4, S7, P5, and P8.			

Data Source—Module VI: OBAT			
Indicator	Central		
	Numerator	Denominator	%
Respondent perceives that the organization supports information use	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5A.20 Evidence-based decision making

Evidence-based decision making			
Indicator: Mean score of respondents who perceive that the organization promotes a culture of evidence-based decision making			
Sum of 9 respondent scores on perceived organizational culture of evidence-based decision making			
(Total # of respondents x 5) x 9			X 100
5 being the highest possible score on every answer.			
9 being the number of questions asked to calculate this specific indicator.			
We assume that the same number of people answered questions D1 through D9.			

Data Source—Module IV: OBAT			
Indicator	Central		
	Numerator	Denominator	%
Respondent perceives the organization as promoting a culture of evidence-based decision making	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5A.21 Promotion of problem solving

Promotion of problem solving	
Indicator: Mean score of respondents who perceive that the organization promotes a culture of problem solving	
<u>Sum of 4 respondent scores on perceived organizational promotion of a problem-solving culture</u>	
Total # of respondents x 5 x 4	X 100
5 being the highest possible score on every answer.	
4 being the number of questions asked to calculate this specific indicator.	
We assume that the same number of people answered questions S5, P6, P7, and P9.	

Data Source—Module IV: OBAT			
Indicator	Central		
	Numerator	Denominator	%
Respondent perceives that the organization promotes a culture of problem solving	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5A.22 Sharing information between levels

Sharing information between levels	
Indicator: Mean score of respondents who perceive that the organization promotes bidirectional flow of feedback	
<u>Sum of 2 respondent scores on perceived organizational promotion of bidirectional flow of feedback</u>	
(Total # of respondents x 5) x 2	X 100
5 being the highest possible score on every answer.	
2 being the number of questions asked to calculate this specific indicator.	
We assume that the same number of people answered questions S1 and S3.	

Data Source—Module IV: OBAT			
Indicator	Central		
	Numerator	Denominator	%
Respondent perceives that the organization promotes bidirectional flow of feedback	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5A.23 Sense of responsibility

Sense of responsibility			
Indicator: Mean score of respondents who perceive that the organization has a culture that instills a sense of responsibility			
Sum of 5 respondent scores on perceived organizational culture of instilling a sense of responsibility			
$(\text{Total \# of respondents} \times 5) \times 5$			X 100
5 being the highest possible score on every answer.			
5 being the number of questions asked to calculate this specific indicator.			
We assume the same number of people answered questions P1, P2, P3, P4, and P12.			

Data Source—Module IV: OBAT			
Indicator	Central		
	Numerator	Denominator	%
Respondent perceives that the organization has a culture that instills a sense of responsibility	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5A.24 Empowerment and accountability

Empowerment and accountability			
Indicator: Mean score of respondents who perceive that the organization empowers people to ask questions, seek improvement, learn, and improve quality through useful information			
Sum of 2 respondent scores on perceived organizational empowering for learning and improvement			
$(\text{Total \# of respondents} \times 5) \times 2$			X 100
5 being the highest possible score on every answer.			
2 being the number of questions asked to calculate this specific indicator.			
We assume that the same number of people answered questions P10 and P11.			

Data Source—Module IV: OBAT			
Indicator	Central		
	Numerator	Denominator	%
Respondent perceives that the organization empowers people to ask questions, seek improvement, learn, and improve quality through useful information	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5A.25 Rewarding good performance

Rewarding good performance	
Indicator: Mean score of respondents who perceive that the organization recognizes and rewards good performance	
Sum of respondent scores on perceived organizational recognition and reward of performance	
Total # of respondents x 5	X 100
5 being the highest possible score on every answer	

Data Source—Module IV: OBAT			
Indicator	Central		
	Numerator	Denominator	%
Respondent perceives that the organization recognizes and rewards good performance	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5A.26 Data quality assurance

Data quality assurance	
Indicator: Mean score of level of perceived ability to perform data quality checks	
Sum of all self-ratings from 0–10 on ability to perform data quality checks	X 100
Total # of respondents X10	

Data Source—Module IV: OBAT			
Indicator	Central		
	Numerator	Denominator	%
Respondent believes that they can check data accuracy	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5A.27 Calculating indicators

Calculating indicators	
Indicator: Mean score of level of perceived ability to calculate indicators	
Sum of all self-ratings from 0–10 on ability to calculate indicators	X 100
Total # of respondents X10	

Data Source—Module IV: OBAT			
Indicator	Central		
	Numerator	Denominator	%
Respondent believes that they can calculate percentages/rates correctly	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5A.28 Data presentation

Data presentation			
Indicator: Mean score of level of perceived ability to prepare data visuals			
Sum of all self-ratings from 0–10 on ability to prepare data visuals			X 100
Total # of respondents x10			

Data Source—Module IV: OBAT			
Indicator	Central		
	Numerator	Denominator	%
Respondent believes that they can plot a trend on a chart	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5A.29 Data interpretation

Data interpretation			
Indicator: Mean score of level of perceived ability to interpret data			
Sum of all self-ratings from 0–10 on ability to interpret data			X 100
Total # of respondents x10			

Data Source—Module IV: OBAT			
Indicator	Central		
	Numerator	Denominator	%
Respondent believes that they can explain the implication of the results of the data analysis	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5A.30 Use of information

Use of information			
Indicator: Mean scores of level of perceived ability to use information for problem-solving or making decisions			
Sum of all self-ratings from 0–10 on ability to use information for problem-solving or decision making			X 100
Total # of respondents x10			

* not collected during this EN-MINI-PRISM Tools pilot assessment

Data Source—Module IV: OBAT			
Indicator	Central		
	Numerator	Denominator	%
Respondent believes that they can use data for identifying service performance gaps and setting performance targets	*	*	*
Respondent believes that they can use data for making operational/ management decisions	*	*	*
Combined score			*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5A.31 Motivation among staff

The motivation among staff			
Indicator: Mean score of Staff motivation level to perform RHIS tasks			
Sum of 5 respondent scores on perceived staff motivation to perform RHIS tasks			X 100
(Total # of respondents x 5) x 7			
5 being the highest possible score on every answer.			
5 being the number of questions asked to calculate this specific indicator.			
We assume that the same number of people answered questions BC1 through BC5.			

Indicator	Numerator	Denominator	%
Respondent's motivation to perform RHIS tasks	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5A.32 Knowledge—Rationale for RHIS data

Knowledge			
Indicator: Mean scores of knowledge of the rationale for RHIS data			
Sum of respondent scores on the selected different items			X 100
Total # of respondents x 3			

Data Source—Module IV: OBAT				
		Central		
		Numerator	Denominator	%
Indicator				
Describe at least three reasons for collecting or using the following data on a monthly basis	Newborn diseases/ conditions/ diagnoses on a monthly basis	*	*	*
	Newborn Immunization	*	*	*
	Maternal age	*	*	*
	Age of newborn	*	*	*
	Geographical data or residence of families	*	*	*
	Why population data is needed	*	*	*
Knowledge of the rationale for RHIS data				*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5A.33 Knowledge—data quality checking methods

Indicator: Mean scores of knowledge of data quality checking methods	
Sum of respondent scores on the selected different items	X 100
Total # of respondents x 3	

Data Source—Module IV: OBAT			
	Central		
Questions	Numerator	Denominator	%
Describe at least three aspects of data quality	*	*	*
Describe at least three ways of ensuring data quality relevant to your job classification/responsibilities	*	*	*
Knowledge of data quality checking methods			*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5A.34 Actual skills to perform RHIS tasks—competence level in calculating indicators

Actual skills to perform RHIS tasks	
Indicator: Mean scores of competency level in calculating indicators	
Sum of respondent scores on the selected different items	X 100
Total # of respondents	

Data Source—Module IV: OBAT			
	Central		
Questions	Numerator	Denominator	%
Calculate the percentage of pregnant mothers at the central level attending antenatal care in the current period	*	*	*
What is the neonatal mortality rate?	*	*	*
Calculate the number of newborns who died.	*	*	*
Competence level in calculating indicators			*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5A.35 Actual skills to perform RHIS tasks—competence level in plotting data/preparing charts

Indicator: Mean score of competency level in plotting data/preparing charts	
Sum of respondent scores on the selected different items	
Total # of respondents	X 100

Data Source—Module IV: OBAT			
	Central		
Questions	Numerator	Denominator	%
Develop a bar chart depicting the distribution across the maternal ages of newborns with a low birthweight at the four facilities.	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5A.36 Actual skills to perform RHIS tasks—competence level in interpreting data

Indicator: Mean scores of competency level in interpreting data	
Sum of respondent scores on the selected different items	
Total # of respondents x2	X 100

Data Source—Module IV: OBAT			
	Central		
Scoring	Numerator	Denominator	%
Scoring for CD2b : Interpret the graph presented in CD2b	*	*	*
Scoring for CD2c (CD2c1 +CD2c2): Does the central level have the coverage rate (80%) by the end of 2020 for CD2c1? What guidance could you provide on these data for CD2C2?	*	*	*
Competence level in interpreting data			*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5A.37 Actual skills to perform RHIS tasks—competence level in problem solving

Indicator: Mean scores of competency level in problem solving	
Sum of respondent scores on the selected different items	X 100
Total # of respondents x n (n=2, 3, or 5)	

Data Source—Module IV: OBAT			
Scoring	Central		
	Numerator	Denominator	%
Scoring for PSa : Description of data quality problem	*	*	*
Scoring for PSb : Potential reasons for data quality problem	*	*	*
Scoring for PSc : Major activities to improve the data quality	*	*	*
Competence level in problem solving			*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5A.38 Actual skills to perform RHIS tasks—competence level in use of information

Indicator: Mean scores of competency level in use of information	
Sum of respondent scores on the selected different items	X 100
Total # of respondents	

Data Source—Module IV: OBAT			
Scoring	Central		
	Numerator	Denominator	%
Scoring for CD2d1 : Provide at least one use of the chart findings at the facility level	*	*	*
Scoring for CD2d2 : Provide at least one use of the chart findings at the community level	*	*	*
Scoring for CD2d3 : Provide at least one use of the chart findings at the central level	*	*	*
Competence level in use of information			*

* not collected during this EN-MINI-PRISM Tools pilot assessment

5B. Organizational Factors—Regional level

Section 5B. Tables: Organizational Factors—Regional Level

B. RHIS Performance Determinants: Organizational Factors- Regional Level

Table 5B.1 RHIS governance—structures

RHIS governance	
Indicator: % of sites with good RHIS governance structures in place	
Total # of sites with good RHIS governance structures in place	X 100
Total # of sites assessed	

Data Source—Module IV: MAT			
Indicators	Numerator	Denominator	%
Has written document describing the RHIS mission, roles, and responsibilities that are related to strategic and policy decisions at the region and higher levels	*	*	*
Has current health service organizational and staff chart showing positions related to health information	*	*	*
Office has 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	*	*	*
Office maintains a list/documentation of the dissemination of the RHIS monthly/quarterly reports to the various health program staff in the region, the community, local administration, nongovernmental organizations (NGOs), etc.	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5B.2 RHIS governance—Data management guidelines

Indicator: % of sites with RHIS data management guidelines	
Total # of sites with RHIS data management guidelines	X 100
Total # of sites assessed	

Data Source—Module IV: MAT			
Indicators	Numerator	Denominator	%
Has written SOPs and procedural guidelines for RHIS with data definition, data collection and reporting, data aggregation, processing, and transmission, data analysis, dissemination and use, data quality assurance, MFL, ICD classification, data security, and performance improvement process (Completely)	*	*	*
Has written SOPs and procedural guidelines for RHIS with data definition, data collection and reporting, data aggregation, processing, and transmission, data analysis, dissemination and use, data quality assurance, MFL, ICD classification, data security, and performance improvement process (Partially)	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5B.3 RHIS planning

<i>RHIS planning</i>	
Indicator: % of sites with copies of national HIS documents	
Total # of sites with copies of national HIS documents	X 100
Total # of sites assessed	

Data Source—Module IV: MAT			
Indicators	Numerator	Denominator	%
Has a copy of the national HIS situation analysis/assessment report that is less than three years old	*	*	*
Has a copy of the national three or five-year HIS strategic plan	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5B.4 Use of quality improvement standards

<i>Use of quality improvement standards</i>	
Indicator: % of regions that have RHIS quality improvement standards	
Total # of regions that have RHIS quality improvement standards	X 100
Total # of sites assessed	

Data Source—Module IV: MAT			
Indicator	Numerator	Denominator	%
Has set RHIS performance targets RHIS performance targets for data accuracy for their respective administrative areas	*	*	*
Has set RHIS performance targets RHIS performance targets for data completeness for their respective administrative areas	*	*	*
Has set RHIS performance targets RHIS performance targets for data timeliness for their respective administrative areas	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5B.5 Supervision quality

<i>Supervision quality</i>	
Indicator: % of regions that have effective supportive supervision practices /tools available to improve RHIS performance	
Total # of sites with documents related to supervision	X 100
Total # of sites assessed	

Data Source—Module IV: MAT			
	Region		
Indicators	Numerator	Denominator	%
Office has copies of RHIS supervisory guidelines and checklists	*	*	*
Office maintains a schedule for RHIS supervisory visits	*	*	*
Office has copies of the reports from RHIS supervisory visits conducted during the current fiscal year	*	*	*
HFs that received a supervisory visit have copies of the report from latest supervisory visit and commonly agreed action points are listed	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5B.6 Financial resources to support RHIS activities

<i>Financial resources to support RHIS activities</i>	
Indicator: % of regions that allocated financial resources for RHIS activities	
Total # of regions that allocated financial resources for RHIS activities	X 100
Total # of sites assessed	

Data Source—Module IV: MAT			
	Region		
Indicator	Numerator	Denominator	%
Office has a copy of the long-term financial plan for supporting RHIS activities	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5B.7 Infrastructure for RHIS data management

Infrastructure for RHIS data management	
Indicator: % of sites with Internet connectivity	
Total number of sites with available recording and reporting forms	X 100
Total # of sites assessed	

Data Source—Module V: Facility/Office Checklist			
Indicator	Numerator	Denominator	%
Access to an Internet network	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5B.8 RHIS supplies for data collection and aggregation—total recording and reporting forms

RHIS supplies for data collection and aggregation	
Indicator: Indicator: % of sites with an adequate supply of RHIS recording and reporting forms	
Total number of sites with available recording and reporting forms	X 100
Total # of sites assessed	

Data Source: Module 5. Facility/Office Checklist				
Tool Availability	Tools ID	Numerator	Denominator	%
Maternal health services				
Maternal health services—Labour and delivery printed register	5.1	*	*	*
Maternal health services—Operation theatre printed register	5.2	*	*	*
Maternal health services—Postnatal ward printed register	5.3	*	*	*
Maternal health services—Printed death register	5.4	*	*	*
Child health services				
Child health services—Postnatal ward printed register	6.1	*	*	*
Child health services—Kangaroo mother care ward/corner printed register	6.2	*	*	*
Child health services—Neonatal inpatient care ward printed register	6.3	*	*	*
Child health services—Special care newborn ward printed register	6.4	*	*	*
Child health services—Intensive care newborn ward printed register	6.5	*	*	*
Child health services—Printed death register	6.6	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5B.9 RHIS supplies for data collection and aggregation—standard recording and reporting forms

Indicator: % of sites with an adequate supply of standard RHIS recording and reporting forms	
Total # of standard RHIS tools available at the facility or office	X 100
Total # of tools available at the facility or office	

Data Source: Module 5. Facility/Office Checklist				
Standard RHIS tool	Tools ID	Numerator	Denominator	%
Maternal health services				
Maternal health services—Labour and delivery printed register	5.1	*	*	*
Maternal health services—Operation theatre printed register	5.2	*	*	*
Maternal health services—Postnatal ward printed register	5.3	*	*	*
Maternal health services—Printed death register	5.4	*	*	*
Child health services				
Child health services—Postnatal ward printed register	6.1	*	*	*
Child health services—Kangaroo mother care ward/corner printed register	6.2	*	*	*
Child health services—Neonatal inpatient care ward printed register	6.3	*	*	*
Child health services—Special care newborn ward printed register	6.4	*	*	*
Child health services—Intensive care newborn ward printed register	6.5	*	*	*
Child health services—Printed death register	6.6	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5B.10 Facilities or offices with no stock-outs of recording and reporting tools within the past six months

Indicator: % of facilities or offices with no stock-outs of recording and reporting tools within the past six months	
Total # of offices that experienced stockouts in last 6 months	X 100
Total # of offices assessed	

Data Source: Module 5. Facility/Office Checklist				
Stockout	Tools ID	Numerator	Denominator	%
Maternal health services				
Maternal health services—Labour and delivery printed register	5.1	*	*	*
Maternal health services—Operation theatre printed register	5.2	*	*	*
Maternal health services—Postnatal ward printed register	5.3	*	*	*
Maternal health services—Printed death register	5.4	*	*	*
Child health services				
Child health services—Postnatal ward printed register	6.1	*	*	*
Child health services—Kangaroo mother care ward/corner printed register	6.2	*	*	*
Child health services—Neonatal inpatient care ward printed register	6.3	*	*	*
Child health services—Special care newborn ward printed register	6.4	*	*	*
Child health services—Intensive care newborn ward printed register	6.5	*	*	*
Child health services—Printed death register	6.6	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5B.11 Availability of staff—designated to compile and analyze data

Availability of staff to compile and analyze data			
Indicator: % of sites that have designated staff responsible for entering data/compiling reports			
Total # of sites with designated staff responsible for entering data/compiling reports			X 100
Total # of sites assessed			
Data Source—Module IIa: RHIS Performance Diagnostic Tool (Region Level)			
Indicator	Numerator	Denominator	%
Region has a designated person responsible for entering data/compiling reports from health facilities	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5B.12 Availability of staff—designated for internal data quality review

Indicator: % of sites that have designated staff for internal data quality review			
Total number of sites that have designated staff for internal data quality review		X 100	
Total # of sites assessed			
Data Source—Module IIa: RHIS Performance Diagnostic Tool (Region Level)			
Indicator	Numerator	Denominator	%
Region level has a designated person to review the quality of compiled data prior to submission to the next level (Yes)	*	*	*
Region level has a designated person to review the quality of compiled data prior to submission to the next level (Partially)	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5B.13 Availability of staff—designated for data analysis and dissemination

Indicator: % of sites that have designated staff for data analysis and dissemination	
Total # of sites that have designated staff for data analysis and dissemination	X 100
Total # of sites assessed	

Data Source—Module V: Facility/Office Checklist										
Staff Code	Title	Responsible for data compilation of reports submitted that are coming from the lower levels			Responsible for checking the quality of reports submitted from the lower levels			Responsible for data analysis (producing comparison tables, graphs, dashboards)		
		Numerator	Denominator	Ratio	Numerator	Denominator	Ratio	Numerator	Denominator	Ratio
1	Head of regional health office	*	*	*	*	*	*	*	*	*
2	Program officer	*	*	*	*	*	*	*	*	*
3	Disease surveillance officer	*	*	*	*	*	*	*	*	*
4	M&E/HMIS officer	*	*	*	*	*	*	*	*	*
5	Data clerk	*	*	*	*	*	*	*	*	*
96	Other (specify)	*	*	*	*	*	*	*	*	*
Any designated staff		0	*	*	*	*	*	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5B.14 Ratio designated staff for data analysis and dissemination per site

Any designated staff				
Variables		Numerator	Denominator	Ratio
Responsible for data compilation of reports submitted that are coming from the lower levels	Any designated staff	*	*	*
Responsible for checking the quality of reports from the lower level	Any designated staff	*	*	*
Responsible for data analysis	Any designated staff	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5B.15 RHIS capacity development—plan

RHIS capacity development	
Indicator: % of regions with staff capacity development plan	
Total # of regions with staff capacity development plan	X 100
Total # of sites assessed	

Data Source—Module IV: MAT			
Indicator	Numerator	Denominator	%
Has a costed training and capacity development plan that has benchmarks, timelines, and mechanism for on-the-job RHIS training, RHIS workshops, and orientation for new staff	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5B.16 RHIS capacity development—RHIS training

Indicator: % of staff who have received RHIS training (among those who are responsible for performing various RHIS tasks)	
Total # of staff who have received RHIS training	X 100
Total # of staff who are responsible for RHIS tasks (<i>one of three denominators possible</i>)	

Data Source—Module V: Facility/Office Checklist (Region)								
Staff Code	Staff	Among those responsible for data compilation of reports from the lower levels			Among those responsible for checking the quality of reports from the lower levels		Among those responsible for data analysis (producing comparison tables, graphs, dashboards)	
		Numerator	Denominator	%	Denominator	%	Denominator	%
1	Head of regional health office	*	*	*	*	*	*	*
2	Program officer	*	*	*	*	*	*	*
3	Disease surveillance officer	*	*	*	*	*	*	*
4	M&E/HMIS officer	*	*	*	*	*	*	*
5	Data clerk	*	*	*	*	*	*	*
96	Other (specify)	*	*	*	*	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5B.17 RHIS capacity development—received training by type

Indicator: % of staff who have received RHIS training (among those who are responsible for performing various RHIS tasks)	
Total # of staff receiving training by type of training	X 100
Total # of staff who are responsible for RHIS tasks <i>(one of three denominators possible)</i>	

Data Source—Module V: Facility/Office Checklist (Region)										
Variables		Responsible for data compilation of reports from the lower levels			Responsible for checking the quality of reports from the lower level			Responsible for data analysis		
		Numerator	Deinator	%	Numerator	Deinator	%	Numerator	Denomnator	%
Subject of last training	Data entry	*	*	*	*	*	*	*	*	*
	Check and verify quality of data	*	*	*	*	*	*	*	*	*
	Generating aggregate reports	*	*	*	*	*	*	*	*	*
	Data analysis and interpretation	*	*	*	*	*	*	*	*	*
	Using data for decision making	*	*	*	*	*	*	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5B.18 Commitment and support for high-quality data

<p>Commitment and support for high-quality data</p> <p>Indicator: Mean score of respondents who perceive that the organization gives due emphasis to data quality</p> <p>Sum of 3 respondent scores on perceived organizational emphasis on data quality</p> <hr/> <p>(Total # of respondents x 5) x 3</p> <p style="text-align: right;">X 100</p> <p>5 being the highest possible score on every answer. 3 being the number of questions asked to calculate this specific indicator. We assume that the same number of people answered questions S2, S6, and S8.</p>	
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Data Source—Module VI: OBAT			
	Region		
Indicator	Numerator	Denominator	%
Respondent perceives that the organization gives due emphasis to data quality	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5B.19 Commitment and support of information use

Commitment and support of information use			
Indicator: Mean score of respondents who perceive that the organization supports information use			
Sum of 4 respondent scores on perceived organizational support of information use			
(Total # of respondents x 5) x 4			X 100
5 being the highest possible score on every answer.			
4 being the number of questions asked to calculate this specific indicator.			
We assume that the same number of people answered questions S4, S7, P5, and P8.			

Data Source—Module VI: OBAT			
	Region		
Indicator	Numerator	Denominator	%
Respondent perceives that the organization supports information use	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5B.20 Evidence-based decision making

Evidence-based decision making			
Indicator: Mean score of respondents who perceive that the organization promotes a culture of evidence-based decision making			
Sum of 9 respondent scores on perceived organizational culture of evidence-based decision making			
(Total # of respondents x 5) x 9			X 100
5 being the highest possible score on every answer.			
9 being the number of questions asked to calculate this specific indicator.			
We assume that the same number of people answered questions D1 through D9.			

Data Source—Module IV: OBAT			
	Region		
Indicator	Numerator	Denominator	%
Respondent perceives the organization as promoting a culture of evidence-based decision making	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5B.21 Promotion problem solving

Promotion of problem solving			
Indicator: Mean score of respondents who perceive that the organization promotes a culture of problem solving			
Sum of 4 respondent scores on perceived organizational promotion of a problem-solving culture			
Total # of respondents x 5 x 4			X 100
5 being the highest possible score on every answer. 4 being the number of questions asked to calculate this specific indicator. We assume that the same number of people answered questions S5, P6, P7, and P9.			

Data Source—Module IV: OBAT			
	Region		
Indicator	Numerator	Denominator	%
Respondent perceives that the organization promotes a culture of problem solving	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5B.22 Sharing information between levels

Sharing information between levels			
Indicator: Mean score of respondents who perceive that the organization promotes bidirectional flow of feedback			
Sum of 2 respondent scores on perceived organizational promotion of bidirectional flow of feedback			
(Total # of respondents x 5) x 2			X 100
5 being the highest possible score on every answer. 2 being the number of questions asked to calculate this specific indicator. We assume that the same number of people answered questions S1 and S3.			

Data Source—Module IV: OBAT			
	Region		
Indicator	Numerator	Denominator	%
Respondent perceives that the organization promotes bidirectional flow of feedback	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5B.23 Sense of responsibility

Sense of responsibility			
Indicator: Mean score of respondents who perceive that the organization has a culture that instills a sense of responsibility			
Sum of 5 respondent scores on perceived organizational culture of instilling a sense of responsibility			
(Total # of respondents x 5) x 5			
			X 100
5 being the highest possible score on every answer.			
5 being the number of questions asked to calculate this specific indicator.			
We assume the same number of people answered questions P1, P2, P3, P4, and P12.			

Data Source—Module IV: OBAT			
Indicator	Region		
	Numerator	Denominator	%
Respondent perceives that the organization has a culture that instills a sense of responsibility	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5B.24 Empowerment and accountability

Empowerment and accountability			
Indicator: Mean score of respondents who perceive that the organization empowers people to ask questions, seek improvement, learn, and improve quality through useful information			
Sum of 2 respondent scores on perceived organizational empowering for learning and improvement			
(Total # of respondents x 5) x 2			
			X 100
5 being the highest possible score on every answer.			
2 being the number of questions asked to calculate this specific indicator.			
We assume that the same number of people answered questions P10 and P11.			

Data Source—Module IV: OBAT			
Indicator	Region		
	Numerator	Denominator	%
Respondent perceives that the organization empowers people to ask questions, seek improvement, learn, and improve quality through useful information	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5B.25 Rewarding good performance

Rewarding good performance Indicator: Mean score of respondents who perceive that the organization recognizes and rewards good performance $\frac{\text{Sum of respondent scores on perceived organizational recognition and reward of performance}}{\text{Total \# of respondents} \times 5} \times 100$ 5 being the highest possible score on every answer.			
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Data Source—Module IV: OBAT			
	Region		
Indicator	Numerator	Denominator	%
Respondent perceives that the organization recognizes and rewards good performance	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5B.26 Data quality assurance

Data quality assurance Indicator: Mean score of level of perceived ability to perform data quality checks $\frac{\text{Sum of all self-ratings from 0–10 on ability to perform data quality checks}}{\text{Total \# of respondents} \times 10} \times 100$			
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Data Source—Module IV: OBAT			
	Region		
Indicator	Numerator	Denominator	%
Respondent believes that they can check data accuracy	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5B.27 Calculating indicators

Calculating indicators Indicator: Mean score of level of perceived ability to calculate indicators $\frac{\text{Sum of all self-ratings from 0–10 on ability to calculate indicators}}{\text{Total \# of respondents} \times 10} \times 100$			
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Data Source—Module IV: OBAT			
	Region		
Indicator	Numerator	Denominator	%
Respondent believes that they can calculate percentages/rates correctly	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5B.28 Data presentation

Data presentation	
Indicator: Mean score of level of perceived ability to prepare data visuals	
Sum of all self-ratings from 0–10 on ability to prepare data visuals	X 100
Total # of respondents x10	

Data Source—Module IV: OBAT			
	Region		
Indicator	Numerator	Denominator	%
Respondent believes that they can plot a trend on a chart	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5B.28 Data interpretation

Data interpretation	
Indicator: Mean score of level of perceived ability to interpret data	
Sum of all self-ratings from 0–10 on ability to interpret data	X 100
Total # of respondents x10	

Data Source—Module IV: OBAT			
	Region		
Indicator	Numerator	Denominator	%
Respondent believes that they can explain the implication of the results of the data analysis	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5B.29 Use of information

Use of information	
Indicator: Mean scores of levels of perceived ability to use information for problem-solving or making decisions	
Sum of all self-ratings from 0–10 on ability to use information for problem-solving or decision making	X 100
Total # of respondents x10	

Data Source—Module IV: OBAT			
	Region		
Indicator	Numerator	Denominator	%
Respondent believes that they can use data for identifying service performance gaps and setting performance targets	*	*	*
Respondent believes that they can use data for making operational/ management decisions	*	*	*
Combined score			*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5B.30 Motivation among staff

The motivation among staff	
Indicator: Mean score of Staff motivation level to perform RHIS tasks	
Sum of 5 respondent scores on perceived staff motivation to perform RHIS tasks	
(Total # of respondents x 5) x 7	
	X 100
5 being the highest possible score on every answer.	
5 being the number of questions asked to calculate this specific indicator.	
We assume that the same number of people answered questions BC1 through BC5.	

Data Source—Module IV: OBAT			
Indicator	Region		
	Numerator	Denominator	%
Respondent's motivation to perform RHIS tasks	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5B.31 Knowledge of the rationale for RHIS data

Knowledge	
Indicator: Mean scores of Knowledges of the rationale for RHIS data	
Sum of respondent scores on the selected different items	
Total # of respondents x 3	
	X 100

Data Source—Module IV: OBAT				
	Region			
		Numerator	Denominator	%
	Indicator			
Describe at least three reasons for collecting or using the following data on a monthly basis	Newborn diseases/conditions/diagnoses on a monthly basis	*	*	*
	Newborn Immunization	*	*	*
	Maternal age	*	*	*
	Age of newborn	*	*	*
	Geographical data or residence of families	*	*	*
	Why population data is needed	*	*	*
			Knowledge of the rationale for RHIS data	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5B.32 Knowledge of data quality checking methods

Indicator: Mean scores of Knowledge of data quality checking methods	
Sum of respondent scores on the selected different items	X 100
Total # of respondents x 3	

Data Source—Module IV: OBAT			
Questions	Region		
	Numerator	Denominator	%
Describe at least three aspects of data quality	*	*	*
Describe at least three ways of ensuring data quality relevant to your job classification/responsibilities	*	*	*
Knowledge of data quality checking methods			*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5B.33 Actual skills to perform RHIS tasks—competence level in calculating indicators

Actual skills to perform RHIS tasks
Indicator: Mean scores of competency level in calculating indicators
Sum of respondent scores on the selected different items
Total # of respondents

Data Source—Module IV: OBAT			
Questions	Region		
	Numerator	Denominator	%
Calculate the percentage of pregnant mothers at the region level attending antenatal care in the current period	*	*	*
What is the neonatal mortality rate?	*	*	*
Calculate the number of newborns who died.	*	*	*
Competence level in calculating indicators			*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5B.34 Actual skills to perform RHIS tasks—competence level in plotting data/preparing charts

Indicator: Mean score of competency level in plotting data/preparing charts	
Sum of respondent scores on the selected different items	X 100
Total # of respondents	

Data Source—Module IV: OBAT			
	Region		
Questions	Numerator	Denominator	%
Develop a bar chart depicting the distribution across the maternal ages of newborns with a low birthweight at the four facilities	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5B.35 Actual skills to perform RHIS tasks—competence level in interpreting data

Indicator: Mean scores of competency level in interpreting data	
Sum of respondent scores on the selected different items	X 100
Total # of respondents x2	

Data Source—Module IV: OBAT			
	Region		
Scoring	Numerator	Denominator	%
Scoring for CD2b : Interpret the graph presented in CD2b	*	*	*
Scoring for CD2c (CD2c1 +CD2c2): Does the region level have the coverage rate (80%) by the end of 2020 for CD2c1? What guidance could you provide on these data for CD2C2?	*	*	*
Competence level in interpreting data			*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5B.36 Actual skills to perform RHIS tasks—competence level in problem solving

Indicator: Mean scores of competency level in problem solving	
Sum of respondent scores on the selected different items	
Total # of respondents x n (n=2, 3, or 5)	X 100

Data Source—Module IV: OBAT			
	Region		
Scoring	Numerator	Denominator	%
Scoring for PSa : Description of data quality problem	*	*	*
Scoring for PSb : Potential reasons for data quality problem	*	*	*
Scoring for PSc : Major activities to improve the data quality	*	*	*
Competence level in problem solving			*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5B.37 Actual skills to perform RHIS tasks—competence level in use of information

Indicator: Mean scores of competency level in use of information	
Sum of respondent scores on the selected different items	X 100
Total # of respondents	

Data Source—Module IV: OBAT			
	Region		
Scoring	Numerator	Denominator	%
Scoring for CD2d1 : Provide at least one use of the chart findings at the facility level	*	*	*
Scoring for CD2d2 : Provide at least one use of the chart findings at the community level	*	*	*
Scoring for CD2d3 : Provide at least one use of the chart findings at the region level	*	*	*
Competence level in use of information			*

* not collected during this EN-MINI-PRISM Tools pilot assessment

5C. Organizational Factors—District level

Section 5C. Tables: Organizational Factors—District level

C. RHIS Performance Determinants: Organizational Factors- District Level

Table 5C.1 RHIS governance—structures

<i>RHIS governance</i>	
Indicator: % of sites with good RHIS governance structures in place	
Total # of sites with good RHIS governance structures in place	$\times 100$
Total # of sites assessed	

Data Source—Module IV: MAT			
Indicators	Numerator	Denominator	%
Has written document describing the RHIS mission, roles, and responsibilities that are related to strategic and policy decisions at the district and higher levels	2	2	100%
Has current health service organizational and staff chart showing positions related to health information	2	2	100%
Office has 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	1	2	50%
Office maintains 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.	0	2	0%

Table 5C.2 RHIS governance—data management guidelines

Indicator: % of sites with RHIS data management guidelines	
Total # of sites with RHIS data management guidelines	X 100
Total # of sites assessed	

Data Source—Module IV: MAT			
Indicators	Numerator	Denominator	%
Has written SOPs and procedural guidelines for RHIS with data definition, data collection and reporting, data aggregation, processing, and transmission, data analysis, dissemination and use, data quality assurance, MFL, ICD classification, data security, and performance improvement process (Completely)	0	2	0%
Has written SOPs and procedural guidelines for RHIS with data definition, data collection and reporting, data aggregation, processing, and transmission, data analysis, dissemination and use, data quality assurance, MFL, ICD classification, data security, and performance improvement process (Partially)	2	2	100%

Table 5C.3 RHIS planning

RHIS planning	
Indicator: % of sites with copies of national HIS documents	
Total # of sites with copies of national HIS documents	X 100
Total # of sites assessed	

Data Source—Module IV: MAT			
Indicators	Numerator	Denominator	%
Has a copy of the national HIS situation analysis/assessment report that is less than three years old	0	2	0%
Has a copy of the national three or five-year HIS strategic plan	1	2	50%

Table 5C.4 Use of quality improvement standards

Use of quality improvement standards	
Indicator: % of districts that have RHIS quality improvement standards	
Total # of districts that have RHIS quality improvement standards	X 100
Total # of sites assessed	

Data Source—Module IV: MAT			
Indicator	Numerator	Denominator	%
Has set RHIS performance targets RHIS performance targets for data accuracy for their respective administrative areas	2	2	100%
Has set RHIS performance targets RHIS performance targets for data completeness for their respective administrative areas	2	2	100%
Has set RHIS performance targets RHIS performance targets for data timeliness for their respective administrative areas	2	2	100%

Table 5C.5 Supervision quality

Supervision quality	
Indicator: % of districts that have effective supportive supervision practices /tools available to improve RHIS performance	
Total # of sites with documents related to supervision	X 100
Total # of sites assessed	

Data Source—Module IV: MAT			
Indicators	District		
	Numerator	Denominator	%
Office has copies of RHIS supervisory guidelines and checklists	2	2	100%
Office maintains a schedule for RHIS supervisory visits	2	2	100%
Office has copies of the reports from RHIS supervisory visits conducted during the current fiscal year	2	2	100%
HFs that received a supervisory visit have copies of the report from latest supervisory visit and commonly agreed action points are listed	2	2	100%

Table 5C.6 Financial resources to support RHIS activities

Financial resources to support RHIS activities	
Indicator: % of districts that allocated financial resources for RHIS activities	
Total # of districts that allocated financial resources for RHIS activities	X 100
Total # of sites assessed	

Data Source—Module IV: MAT			
Indicator	District		
	Numerator	Denominator	%
Office has a copy of the long-term financial plan for supporting RHIS activities	2	2	100%

Table 5C.7 Infrastructure for RHIS data management

Infrastructure for RHIS data management	
Indicator: % of sites with Internet connectivity	
Total number of sites with available recording and reporting forms	X 100
Total # of sites assessed	

Data Source—Module V: Facility/Office Checklist			
Indicator	Numerator	Denominator	%
Access to an Internet network	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5C.8 RHIS supplies for data collection and aggregation—total recording and reporting forms

<i>RHIS supplies for data collection and aggregation</i>	
Indicator: Indicator: % of sites with an adequate supply of RHIS recording and reporting forms	
Total number of sites with available recording and reporting forms	$\times 100$
Total # of sites assessed	

Data Source: Module 5. Facility/Office Checklist				
Tool Availability	Tools ID	Numerator	Denominator	%
<i>Maternal health services</i>				
Maternal health services—Labour and delivery printed register	5.1	*	*	*
Maternal health services—Operation theatre printed register	5.2	*	*	*
Maternal health services—Postnatal ward printed register	5.3	*	*	*
Maternal health services—Printed death register	5.4	*	*	*
<i>Child health services</i>				
Child health services—Postnatal ward printed register	6.1	*	*	*
Child health services—Kangaroo mother care ward/corner printed register	6.2	*	*	*
Child health services—Neonatal inpatient care ward printed register	6.3	*	*	*
Child health services—Special care newborn ward printed register	6.4	*	*	*
Child health services—Intensive care newborn ward printed register	6.5	*	*	*
Child health services—Printed death register	6.6	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5C.9 RHIS supplies for data collection and aggregation—standard recording and reporting forms

Total # of standard RHIS tools available at the facility or office	X 100
Total # of tools available at the facility or office	

Data Source: Module 5. Facility/Office Checklist				
Standard RHIS tool	Tools ID	Numerator	Denominator	%
Maternal health services				
Maternal health services—Labour and delivery printed register	5.1	*	*	*
Maternal health services—Operation theatre printed register	5.2	*	*	*
Maternal health services—Postnatal ward printed register	5.3	*	*	*
Maternal health services—Printed death register	5.4	*	*	*
Child health services				
Child health services—Postnatal ward printed register	6.1	*	*	*
Child health services—Kangaroo mother care ward/corner printed register	6.2	*	*	*
Child health services—Neonatal inpatient care ward printed register	6.3	*	*	*
Child health services—Special care newborn ward printed register	6.4	*	*	*
Child health services—Intensive care newborn ward printed register	6.5	*	*	*
Child health services—Printed death register	6.6	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5C.10 Facilities or offices with no stock-outs of recording and reporting tools within the past six months

Indicator: % of facilities or offices with no stock-outs of recording and reporting tools within the past six months	
Total # of offices that experienced stockouts in last 6 months	X 100
Total # of offices assessed	

Data Source: Module 5. Facility/Office Checklist				
Stockout	Tools ID	Numerator	Denominator	%
Maternal health services				
Maternal health services—Labour and delivery printed register	5.1	*	*	*
Maternal health services—Operation theatre printed register	5.2	*	*	*
Maternal health services—Postnatal ward printed register	5.3	*	*	*
Maternal health services—Printed death register	5.4	*	*	*
Child health services				
Child health services—Postnatal ward printed register	6.1	*	*	*
Child health services—Kangaroo mother care ward/corner printed register	6.2	*	*	*
Child health services—Neonatal inpatient care ward printed register	6.3	*	*	*
Child health services—Special care newborn ward printed register	6.4	*	*	*
Child health services—Intensive care newborn ward printed register	6.5	*	*	*
Child health services—Printed death register	6.6	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5C.11 Availability of staff—designated to compile and analyze data

Availability of staff to compile and analyze data	
Indicator: % of sites that have designated staff responsible for entering data/compiling reports	
Total # of sites with designated staff responsible for entering data/compiling reports	X 100
Total # of sites assessed	

Data Source—Module IIa: RHIS Performance Diagnostic Tool (District Level)			
Indicator	Numerator	Denominator	%
District has a designated person responsible for entering data/compiling reports from health facilities	2	2	100%

Table 5C.12 Availability of staff—designated for internal data quality review

Indicator: % of sites that have designated staff for internal data quality review	
Total number of sites that have designated staff for internal data quality review	X 100
Total # of sites assessed	

Data Source—Module IIa: RHIS Performance Diagnostic Tool (District Level)			
Indicator	Numerator	Denominator	%
District level has a designated person to review the quality of compiled data prior to submission to the next level (Yes)	2	2	100%
District level has a designated person to review the quality of compiled data prior to submission to the next level (Partially)	0	2	0%

Table 5C.13 Availability of staff—designated for data analysis and dissemination

Indicator: % of sites that have designated staff for data analysis and dissemination	
Total # of sites that have designated staff for data analysis and dissemination	X 100
Total # of sites assessed	

Data Source—Module V: Facility/Office Checklist										
Staff Code	Title	Responsible for data compilation of reports submitted that are coming from the lower levels			Responsible for checking the quality of reports submitted from the lower levels			Responsible for data analysis (producing comparison tables, graphs, dashboards)		
		Numerator	Denominator	Ratio	Numerator	Denominator	Ratio	Numerator	Denominator	Ratio
1	Head of district health office	*	*	*	*	*	*	*	*	*
2	Program officer	*	*	*	*	*	*	*	*	*
3	Disease surveillance officer	*	*	*	*	*	*	*	*	*
4	M&E/HMIS officer	*	*	*	*	*	*	*	*	*
5	Data clerk	*	*	*	*	*	*	*	*	*
96	Other (specify)	*	*	*	*	*	*	*	*	*
Any designated staff		0	*	*	*	*	*	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Any designated staff				
Variables		Numerator	Denominator	Ratio
Responsible for data compilation of reports submitted that are coming from the lower levels	Any designated staff	*	*	*
Responsible for checking the quality of reports from the lower level	Any designated staff	*	*	*
Responsible for data analysis	Any designated staff	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5C.14 RHIS capacity development—plan

<i>RHIS capacity development</i>	
Indicator: % of districts with staff capacity development plan	
Total # of districts with staff capacity development plan	X 100
Total # of sites assessed	

Data Source—Module IV: MAT			
Indicator	Numerator	Denominator	%
Has a costing training and capacity development plan that has benchmarks, timelines, and mechanism for on-the-job RHIS training, RHIS workshops, and orientation for new staff	2	2	100%

Table 5C.15 RHIS capacity development—RHIS training

Indicator: % of staff who have received RHIS training (among those who are responsible for performing various RHIS tasks)	
Total # of staff who have received RHIS training	X 100
Total # of staff who are responsible for RHIS tasks (<i>one of three denominators possible</i>)	

Data Source—Module V: Facility/Office Checklist (District)								
Staff Code	Staff	Numerator	Among those responsible for data compilation of reports from the lower levels		Among those responsible for checking the quality of reports from the lower levels		Among those responsible for data analysis (producing comparison tables, graphs, dashboards)	
			Denominator	%	Denominator	%	Denominator	%
1	Head of district health office	*	*	*	*	*	*	*
2	Program officer	*	*	*	*	*	*	*
3	Disease surveillance officer	*	*	*	*	*	*	*
4	M&E/HMIS officer	*	*	*	*	*	*	*
5	Data clerk	*	*	*	*	*	*	*
96	Other (specify)	*	*	*	*	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5C.16 RHIS capacity development—Received training by type

$\frac{\text{Total \# of staff receiving training by type of training}}{\text{Total \# of staff who are responsible for RHIS tasks (one of three denominators possible)}} \times 100$

[illegible]

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5C.17 Commitment and support for high-quality data

<p>Commitment and support for high-quality data</p> <p>Indicator: Mean score of respondents who perceive that the organization gives due emphasis to data quality</p> <p>Sum of 3 respondent scores on perceived organizational emphasis on data quality</p> <hr/> <p>(Total # of respondents x 5) x 3</p> <p style="text-align: right;">X 100</p> <p>5 being the highest possible score on every answer. 3 being the number of questions asked to calculate this specific indicator. We assume that the same number of people answered questions S2, S6, and S8.</p>	
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Data Source—Module VI: OBAT			
	District		
Indicator	Numerator	Denominator	%
Respondent perceives that the organization gives due emphasis to data quality	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5C.18 Commitment and support of information use

Commitment and support of information use	
Indicator: Mean score of respondents who perceive that the organization supports information use	
Sum of 4 respondent scores on perceived organizational support of information use	
(Total # of respondents x 5) x 4	X 100
5 being the highest possible score on every answer. 4 being the number of questions asked to calculate this specific indicator. We assume that the same number of people answered questions S4, S7, P5, and P8.	

Data Source—Module VI: OBAT			
	District		
Indicator	Numerator	Denominator	%
Respondent perceives that the organization supports information use	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5C.19 Evidence-based decision making

Evidence-based decision making	
Indicator: Mean score of respondents who perceive that the organization promotes a culture of evidence-based decision making	
Sum of 9 respondent scores on perceived organizational culture of evidence-based decision making	
(Total # of respondents x 5) x 9	X 100
5 being the highest possible score on every answer. 9 being the number of questions asked to calculate this specific indicator. We assume that the same number of people answered questions D1 through D9.	

Data Source—Module IV: OBAT			
	District		
Indicator	Numerator	Denominator	%
Respondent perceives the organization as promoting a culture of evidence-based decision making	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5C.20 Promotion of problem solving

Promotion of problem solving	
Indicator: Mean score of respondents who perceive that the organization promotes a culture of problem solving	
Sum of 4 respondent scores on perceived organizational promotion of a problem-solving culture	
Total # of respondents x 5 x 4	X 100
5 being the highest possible score on every answer. 4 being the number of questions asked to calculate this specific indicator. We assume that the same number of people answered questions S5, P6, P7, and P9.	

Data Source—Module IV: OBAT			
Indicator	District		
	Numerator	Denominator	%
Respondent perceives that the organization promotes a culture of problem solving	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5C.21 Sharing information between levels

Sharing information between levels	
Indicator: Mean score of respondents who perceive that the organization promotes bidirectional flow of feedback	
Sum of 2 respondent scores on perceived organizational promotion of bidirectional flow of feedback	
(Total # of respondents x 5) x 2	X 100
5 being the highest possible score on every answer. 2 being the number of questions asked to calculate this specific indicator. We assume that the same number of people answered questions S1 and S3.	

Data Source—Module IV: OBAT			
Indicator	District		
	Numerator	Denominator	%
Respondent perceives that the organization promotes bidirectional flow of feedback	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5C.22 Sense of responsibility

<i>Sense of responsibility</i> Indicator: Mean score of respondents who perceive that the organization has a culture that instills a sense of responsibility <u>Sum of 5 respondent scores on perceived organizational culture of instilling a sense of responsibility</u> (Total # of respondents x 5) x 5			
			X 100
5 being the highest possible score on every answer. 5 being the number of questions asked to calculate this specific indicator. We assume the same number of people answered questions P1, P2, P3, P4, and P12.			

Data Source—Module IV: OBAT			
	District		
Indicator	Numerator	Denominator	%
Respondent perceives that the organization has a culture that instills a sense of responsibility	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5C.23 Empowerment and accountability

<i>Empowerment and accountability</i> Indicator: Mean score of respondents who perceive that the organization empowers people to ask questions, seek improvement, learn, and improve quality through useful information <u>Sum of 2 respondent scores on perceived organizational empowering for learning and improvement</u> (Total # of respondents x 5) x 2			
			X 100
5 being the highest possible score on every answer. 2 being the number of questions asked to calculate this specific indicator. We assume that the same number of people answered questions P10 and P11.			

Data Source—Module IV: OBAT			
	District		
Indicator	Numerator	Denominator	%
Respondent perceives that the organization empowers people to ask questions, seek improvement, learn, and improve quality through useful information	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5C.24 Rewarding good performance

Rewarding good performance			
Indicator: Mean score of respondents who perceive that the organization recognizes and rewards good performance			
Sum of respondent scores on perceived organizational recognition and reward of performance			
Total # of respondents x 5			X 100
5 being the highest possible score on every answer.			

Data Source—Module IV: OBAT			
	District		
Indicator	Numerator	Denominator	%
Respondent perceives that the organization recognizes and rewards good performance	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5C.25 Data quality assurance

Data quality assurance			
Indicator: Mean score of level of perceived ability to perform data quality checks			
Sum of all self-ratings from 0–10 on ability to perform data quality checks			
Total # of respondents X10			X 100

Data Source—Module IV: OBAT			
	District		
Indicator	Numerator	Denominator	%
Respondent believes that they can check data accuracy	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5C.26 Calculating indicators

Calculating indicators			
Indicator: Mean score of level of perceived ability to calculate indicators			
Sum of all self-ratings from 0–10 on ability to calculate indicators			
Total # of respondents X10			X 100

Data Source—Module IV: OBAT			
	District		
Indicator	Numerator	Denominator	%
Respondent believes that they can calculate percentages/rates correctly	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5C.27 Data presentation

Data presentation			
Indicator: Mean score of level of perceived ability to prepare data visuals			
Sum of all self-ratings from 0–10 on ability to prepare data visuals			
Total # of respondents x10			
X 100			

Data Source—Module IV: OBAT			
Indicator	District		
	Numerator	Denominator	%
Respondent believes that they can plot a trend on a chart	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5C.28 Data interpretation

Data interpretation			
Indicator: Mean score of level of perceived ability to interpret data			
Sum of all self-ratings from 0–10 on ability to interpret data			
Total # of respondents x10			
X 100			

Data Source—Module IV: OBAT			
Indicator	District		
	Numerator	Denominator	%
Respondent believes that they can explain the implication of the results of the data analysis	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5C.29 Use of information

Use of information	
Indicator: Mean scores of level of perceived ability to use information for problem-solving or making decisions	
Sum of all self-ratings from 0–10 on ability to use information for problem-solving or decision making	
Total # of respondents x10	X 100

Data Source—Module IV: OBAT			
Indicator	District		
	Numerator	Denominator	%
Respondent believes that they can use data for identifying service performance gaps and setting performance targets	*	*	*
Respondent believes that they can use data for making operational/ management decisions	*	*	*
Combined score			*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5C.30 Motivation among staff

The motivation among staff	
Indicator: Mean score of Staff motivation level to perform RHIS tasks	
Sum of 5 respondent scores on perceived staff motivation to perform RHIS tasks	
(Total # of respondents x 5) x 7	X 100
5 being the highest possible score on every answer. 5 being the number of questions asked to calculate this specific indicator. We assume that the same number of people answered questions BC1 through BC5.	

Indicator	Numerator	Denominator	%
Respondent's motivation to perform RHIS tasks	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5C.31 Knowledge of the rationale for RHIS data

Knowledge				
Indicator: Mean scores of knowledge of the rationale for RHIS data				
Sum of respondent scores on the selected different items _____ X 100				
Total # of respondents x 3				
Data Source—Module IV: OBAT				
		District		
		Numerator	Denominator	%
Indicator				
Describe at least three reasons for collecting or using the following data on a monthly basis	Newborn diseases/conditions/diagnoses on a monthly basis	*	*	*
	Newborn Immunization	*	*	*
	Maternal age	*	*	*
	Age of newborn	*	*	*
	Geographical data or residence of families	*	*	*
	Why population data is needed	*	*	*
Knowledge of the rationale for RHIS data				*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5C.32 Knowledge of data quality checking methods

Indicator: Mean scores of knowledge of data quality checking methods			
Sum of respondent scores on the selected different items _____ X 100			
Total # of respondents x 3			
Data Source—Module IV: OBAT			
		District	
Questions	Numerator	Denominator	%
Describe at least three aspects of data quality	*	*	*
Describe at least three ways of ensuring data quality relevant to your job classification/responsibilities	*	*	*
Knowledge of data quality checking methods			*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5C.33 Actual skills to perform RHIS tasks—competence level in calculating indicators

Actual skills to perform RHIS tasks			
Indicator: Mean scores of competency level in calculating indicators			
Sum of respondent scores on the selected different items			
Total # of respondents			
X 100			

Data Source—Module IV: OBAT			
	District		
Questions	Numerator	Denominator	%
Calculate the percentage of pregnant mothers at the district level attending antenatal care in the current period	*	*	*
What is the neonatal mortality rate?	*	*	*
Calculate the number of newborns who died	*	*	*
Competence level in calculating indicators			*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5C.34 Actual skills to perform RHIS tasks—competence level in plotting data/preparing charts

Indicator: Mean score of competency level in plotting data/preparing charts			
Sum of respondent scores on the selected different items			
Total # of respondents			
X 100			

Data Source—Module IV: OBAT			
	District		
Questions	Numerator	Denominator	%
Develop a bar chart depicting the distribution across the maternal ages of newborns with a low birthweight at the four facilities	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5C.35 Actual skills to perform RHIS tasks—interpreting data

Indicator: Mean scores of competency level in interpreting data	
Sum of respondent scores on the selected different items	$\times 100$
Total # of respondents x2	

Data Source—Module IV: OBAT			
Scoring	District		
	Numerator	Denominator	%
Scoring for CD2b : Interpret the graph presented in CD2b	*	*	*
Scoring for CD2c (CD2c1 +CD2c2): Does the district level have the coverage rate (80%) by the end of 2020 for CD2c1? What guidance could you provide on these data for CD2C2?	*	*	*
Competence level in interpreting data			*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5C.36 Actual skills to perform RHIS tasks—competence level in problem solving

Indicator: Mean scores of competency level in problem solving	
Sum of respondent scores on the selected different items	$\times 100$
Total # of respondents x n (n=2, 3, or 5)	

Data Source—Module IV: OBAT			
Scoring	District		
	Numerator	Denominator	%
Scoring for PSa : Description of data quality problem	*	*	*
Scoring for PSb : Potential reasons for data quality problem	*	*	*
Scoring for PSc : Major activities to improve the data quality	*	*	*
Competence level in problem solving			*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 5C.37 Actual skills to perform RHIS tasks—competence level in use of information

Indicator: Mean scores of competency level in use of information	
Sum of respondent scores on the selected different items	$\times 100$
Total # of respondents	

Data Source—Module IV: OBAT			
Scoring	District		
	Numerator	Denominator	%
Scoring for CD2d1 : Provide at least one use of the chart findings at the facility level	*	*	*
Scoring for CD2d2 : Provide at least one use of the chart findings at the community level	*	*	*
Scoring for CD2d3 : Provide at least one use of the chart findings at the district level	*	*	*
Competence level in use of information			*

* not collected during this EN-MINI-PRISM Tools pilot assessment

5D. Organizational Factors—Facility level

Section 5D. Tables: Organizational Factors—Facility Level

D. RHIS Performance Determinants: Organizational Factors-Facility Level

Table 5D.1 Supervision quality

<i>Supervision quality</i>
Indicator: % of districts that have effective supportive supervision to improve RHIS performance
Indicator: % of districts that have effective supportive supervision practices /tools to improve RHIS performance
Sum of site's points _____ X 100
Total # of sites assessed x 6
<i>The method to calculate a site's score is outlined below. Add the number of points based on the respondent's answers. These point are your numerator. Numerator scores can range from 1 to 6.</i>

Frequency of district's supervision visits at facilities

Data Source—Module IIb: RHIS Performance Diagnostic Tool (HF Level)				
Indicators		Numerator	Denominator	Global score of quality of supervision
Frequency of district supervisor's visit(s) over the past three months, among the facilities that received supervision visit(s)	>4 times	0	16	0%
	4 times	0	16	0%
	3 times	3	16	19%
	2 times	4	16	25%
	1 time	7	16	44%
Facility did not receive a supervision visit		2	16	13%
% of facilities supervised at least once		14	16	88%

Table 5D.2 Supervision quality—overall score

Data Source—Module IIb: RHIS Performance Diagnostic Tool (HF Level)			
Indicators	Points to add to numerator	Denominator	%
Overall quality of supervision	58	70	83%

Table 5D.3 Supervision quality at facility level—individual and mean scores

Data Source—Module IIb: RHIS Performance Diagnostic Tool (HF Level)			
Indicators	Numerator	Denominator	%
Supervisor checked the data quality	13	14	93%
Supervisor used checklist to assess data quality	13	14	93%
During visit, district supervisor discussed health facility's performance based on RHIS information	13	14	93%
Supervisor helped respondent make a decision or take corrective action based on the discussion	12	14	86%
Supervisor sent a report/written feedback on the last supervisory visit(s)	7	14	50%
Global quality of supervision			83%

Table 5D.4 Infrastructure for RHIS—data management

Infrastructure for RHIS data management	
Indicator: % of sites with Internet connectivity	
Total number of sites with available recording and reporting forms	_____ X 100
Total # of sites assessed	

Data Source—Module V: Facility/Office Checklist			
Indicator	Numerator	Denominator	%
Access to an internet network	11	16	69%

Table 5D.5 RHIS supplies for data collection and aggregation—total recording and reporting forms

<i>RHIS supplies for data collection and aggregation</i>	
Indicator: % of sites with an adequate supply of RHIS recording and reporting forms	
Total # of sites with available recording and reporting forms	_____ X 100
Total # of sites assessed	



Data Source: Module 5. Facility/Office Checklist				
Tool Availability	Tools ID	Numerator	Denominator	%
<i>Maternal health services</i>				
Maternal health services—Labour and delivery printed register	5.1	16	16	100%
Maternal health services—Operation theatre printed register	5.2	4	16	25%
Maternal health services—Postnatal ward printed register	5.3	16	16	100%
Maternal health services—Printed death register	5.4	4	16	25%
<i>Child health services</i>				
Child health services—Postnatal ward printed register	6.1	16	16	100%
Child health services—Kangaroo mother care ward/corner printed register	6.2	1	16	6%
Child health services—Neonatal inpatient care ward printed register	6.3	1	16	6%
Child health services—Special care newborn ward printed register	6.4	1	16	6%
Child health services—Intensive care newborn ward printed register	6.5	1	16	6%
Child health services—Printed death register	6.6		16	

Table 5D.6 RHIS supplies for data collection and aggregation—standard recording and reporting forms

Indicator: % of sites with an adequate supply of standard RHIS recording and reporting forms	
Total # of standard RHIS tools available at the facility or office	_____ X 100
Total # of tools available at the facility or office	

Data Source: Module 5. Facility/Office Checklist				
Standard RHIS tool	Tools ID	Numerator	Denominator	%
Maternal health services				
Maternal health services—Labour and delivery printed register	5.1	16	16	100%
Maternal health services—Operation theatre printed register	5.2	0	4	0%
Maternal health services—Postnatal ward printed register	5.3	16	16	100%
Maternal health services—Printed death register	5.4	2	4	50%
Child health services				
Child health services—Postnatal ward printed register	6.1	16	16	100%
Child health services—Kangaroo mother care ward/corner printed register	6.2	1	1	100%
Child health services—Neonatal inpatient care ward printed register	6.3	1	1	100%
Child health services—Special care newborn ward printed register	6.4	0	1	0%
Child health services—Intensive care newborn ward printed register	6.5	0	1	0%
Child health services—Printed death register	6.6	2	3	67%

Table 5D.7 Facilities or offices with no stock-outs of recording and reporting tools within the past six months

Indicator: % of facilities or offices with no stock-outs of recording and reporting tools within the past six months	
Total # of offices that experienced no stockouts (always available) in last 6 months	$\times 100$
Total # of offices assessed	

Data Source: Module 5. Facility/Office Checklist				
Stock available	Tools ID	Numerator	Denominator	%
Maternal health services				
Maternal health services—Labour and delivery printed register	5.1	0	16	0%
Maternal health services—Operation theatre printed register	5.2	0	16	0%
Maternal health services—Postnatal ward printed register	5.3	1	16	6%
Maternal health services—Printed death register	5.4	0	16	0%
Child health services				
Child health services—Postnatal ward printed register	6.1	1	16	6%
Child health services—Kangaroo mother care ward/corner printed register	6.2	0	16	0%
Child health services—Neonatal inpatient care ward printed register	6.3	0	16	0%
Child health services—Special care newborn ward printed register	6.4	0	16	0%
Child health services—Intensive care newborn ward printed register	6.5	0	16	0%
Child health services—Printed death register	6.6	0	16	0%

Table 5D.8 Availability of staff—Designated to compile and analyze data

Availability of staff to compile and analyze data	
Indicator: % of sites that have designated staff responsible for entering data/compiling reports	
Total # of sites with designated staff responsible for entering data/compiling reports	$\times 100$
Total # of sites assessed	

Data Source—Module IIb: RHIS Performance Diagnostic Tool (HF Level)			
Indicator	Numerator	Denominator	%
A designated person enters data/compiles reports from the different units in the health facility	15	16	94%

Table 5D.9 Availability of staff—designated for internal data quality review

Indicator: % of sites that have designated staff for internal data quality review

$$\frac{\text{Total number of sites that have designated staff for internal data quality review}}{\text{Total \# of sites assessed}} \times 100$$

Data Source—Module IIa: RHIS Performance Diagnostic Tool (District Level)

Indicator	Numerator	Denominator	%
District level has a designated person to review the quality of compiled data prior to submission to the next level (Yes)	14	16	88%
District level has a designated person to review the quality of compiled data prior to submission to the next level (Partially)	1	16	6%

Table 5D.10 Availability of staff—designated for data analysis and dissemination

Indicator: % of sites that have designated staff for data analysis and dissemination	
$\frac{\text{Total \# of sites that have designated staff for data analysis and dissemination}}{\text{Total \# of sites assessed}} \times 100$	

Data Source: Module 5. Facility/Office Checklist							
Staff Code	Title	Filling out registers			For preparing or completing reports		
		Numerator	Denominator	%	Numerator	Denominator	%
1	Medical officer	9	16	56%	9	16	56%
2	Comprehensive nurse registered	11	16	69%	11	16	69%
3	Comprehensive nurse enrolled	14	16	88%	14	16	88%
4	Nursing assistant	7	16	44%	4	16	25%
5	Clinical officer	13	16	81%	13	16	81%
6	Laboratory assistant	9	16	56%	2	16	13%
7	Health assistant	1	16	6%	0	16	0%
8	Dispenser	1	16	6%	1	16	6%
9	Health information assistant	0	16	0%	1	16	6%
10	Health educator	0	16	0%	0	16	0%
11	Health inspector	0	16	0%	0	16	0%
12	Laboratory technician	7	16	44%	8	16	50%
13	Public health dental assistant	4	16	25%	2	16	13%
14	Anesthetic officer	1	16	6%	1	16	6%
15	Midwife	0	16	0%	0	16	0%
16	Support staff	0	16	0%	0	16	0%
96	Other (specify)	6	16	38%	4	16	25%

Table 5D.11 Ratio designated staff for data analysis and dissemination per facility

Data Source—Module V: Facility/Office Checklist				
		Facility		
Variables		Numerator	Denominator	Ratio
Someone responsible for filling out registers	Any designated staff	83	16	5.19
Someone responsible for preparing or completing the HMIS monthly reports	Any designated staff	70	16	4.38

Table 5D.12 RHIS capacity development—RHIS training

<i>RHIS capacity development</i>	
Indicator: % of staff who have received RHIS training (among those who are responsible for performing various RHIS tasks)	
$\frac{\text{Total \# of staff received RHIS training among those responsible for RHIS tasks}}{\text{Total \# of staff who are responsible for RHIS tasks (one of two denominators possible)}} \times 100$	





































































Data Source—Module V: Facility/Office Checklist						
			Among those responsible for filling out registers at facility		Among those responsible for preparing/ completing monthly HMIS reports	
Staff Code	Staff	Numerator	Denominator 1	%	Denominator 2	%
1	Medical officer	8				
2	Comprehensive nurse registered	3	83 	4% 	70 	4% 
3	Comprehensive nurse enrolled	5				
4	Nursing assistant	1		1% 	70 	1% 
5	Clinical officer	6				
6	Laboratory assistant	0	83 	0% 	70 	0% 
7	Health assistant	1		1% 		1% 
8	Dispenser	0	83 	0% 	70 	0% 
9	Health information assistant	1				1% 
10	Health educator	0		0% 	70 	0% 
11	Health inspector	0		0% 		0% 
12	Laboratory technician	2	83 		70 	3% 
13	Public health dental assistant	0	83 	0% 	70 	0% 
14	Anesthetic officer	1	83 	1% 		1% 
15	Midwife	0	83 	0% 	70 	0% 
16	Support staff	0		0% 	70 	0% 
96	Other (specify)	3		4% 	70 	4% 

Table 5D.13 RHIS capacity development—received training by type

Indicator: % of staff who have received training, by type of training	
Total # of staff receiving training, by type of training	
Total # of staff who are responsible for RHIS tasks (<i>one of two denominators possible</i>)	
X 100	

Data Source—Module V: Facility/Office Checklist							
		Responsible for filling out the registers			Responsible for preparing or completing the HMIS monthly reports		
Variables		Numerator	Denominator	%	Numerator	Denominator	%
Subject of last training	Data collection	27	83	33%	27	70	39%
	Data analysis	13	83	16%	13	70	19%
	Data display	6	83	7%	6	70	9%
	Data reporting	16	83	19%	16	70	23%
	Using data for decision making	13	83	16%	13	70	19%

Table 5D.14 Commitment and support for high-quality data

Commitment and support for high-quality data	
Indicator: Mean score of respondents who perceive that the organization gives due emphasis to data quality	
Sum of 3 respondent scores on perceived organizational emphasis on data quality	
(Total # of respondents x 5) x 3	
X 100	
<i>5 being the highest possible score on every answer.</i> <i>3 being the number of questions asked to calculate this specific indicator.</i> <i>We assume that the same number of people answered questions S2, S6, and S8.</i>	

Data Source—Module VI: OBAT			
		Health Facility	
Indicator	Numerator	Denominator	%
Respondent perceives that the organization gives due emphasis to data quality	650	840	77%

Table 5D.15 Commitment and support of information use

Commitment and support of information use	
Indicator: Mean score of respondents who perceive that the organization supports information use	
Sum of 4 respondent scores on perceived organizational support of information use _____ X 100 (Total # of respondents x 5) x 4	
<i>5 being the highest possible score on every answer.</i> <i>4 being the number of questions asked to calculate this specific indicator.</i> <i>We assume that the same number of people answered questions S4, S7, P5, and P8.</i>	

See additional instructions above in section J.

Data Source—Module VI: OBAT			
	Health Facility		
Indicator	Numerator	Denominator	%
Respondent perceives that the organization supports information use	763	1120	68%

Table 5D.16 Evidence-based decision making

Evidence-based decision making	
Indicator: Mean score of respondents who perceive that the organization promotes a culture of evidence-based decision making	
Sum of 9 respondent scores on perceived organizational culture of evidence-based decision making _____ X 100 (Total # of respondents x 5) x 9	
<i>5 being the highest possible score on every answer.</i> <i>9 being the number of questions asked to calculate this specific indicator.</i> <i>We assume that the same number of people answered questions D1 through D9.</i>	

Data Source—Module IV: OBAT			
	Health Facility		
Indicator	Numerator	Denominator	%
Respondent perceives the organization as promoting a culture of evidence-based decision making	1230	2800	44%

Table 5D.17 Promotion of problem solving

Promotion of problem solving Indicator: Mean score of respondents who perceive that the organization promotes a culture of problem solving	
Sum of 4 respondent scores on perceived organizational promotion of a problem-solving culture	X 100
Total # of respondents x 5 x 4	
<i>5 being the highest possible score on every answer.</i> <i>4 being the number of questions asked to calculate this specific indicator.</i> <i>We assume that the same number of people answered questions S5, P6, P7, and P9.</i>	

See additional instructions above in section J.

Data Source—Module IV: OBAT			
	Health Facility		
Indicator	Numerator	Denominator	%
Respondent perceives that the organization promotes a culture of problem solving	772	1120	69%

Table 5D.18 Sharing information between levels

Sharing information between levels Indicator: Mean score of respondents who perceive that the organization promotes bidirectional flow of feedback	
Sum of 2 respondent scores on perceived organizational promotion of bidirectional flow of feedback	X 100
(Total # of respondents x 5) x 2	
<i>5 being the highest possible score on every answer.</i> <i>2 being the number of questions asked to calculate this specific indicator.</i> <i>We assume that the same number of people answered questions S1 and S3.</i>	

See additional instructions above in section J.

Data Source—Module IV: OBAT			
	Health Facility		
Indicator	Numerator	Denominator	%
Respondent perceives that the organization promotes bidirectional flow of feedback	432	560	77%

Table 5D.19 Sense of responsibility

Sense of responsibility Indicator: Mean score of respondents who perceive that the organization has a culture that instills a sense of responsibility	
$\frac{\text{Sum of 5 respondent scores on perceived organizational culture of instilling a sense of responsibility}}{(\text{Total \# of respondents} \times 5) \times 5} \times 100$	
<i>5 being the highest possible score on every answer.</i> <i>5 being the number of questions asked to calculate this specific indicator.</i> <i>We assume the same number of people answered questions P1, P2, P3, P4, and P12.</i>	

Data Source—Module IV: OBAT			
	Health Facility		
Indicator	Numerator	Denominator	%
Respondent perceives that the organization has a culture that instills a sense of responsibility	989	1400	71%

Table 5D.20 Empowerment and accountability

Empowerment and accountability Indicator: Mean score of respondents who perceive that the organization empowers people to ask questions, seek improvement, learn, and improve quality through useful information	
$\frac{\text{Sum of 2 respondent scores on perceived organizational empowering for learning and improvement}}{(\text{Total \# of respondents} \times 5) \times 2} \times 100$	
<i>5 being the highest possible score on every answer.</i> <i>2 being the number of questions asked to calculate this specific indicator.</i> <i>We assume that the same number of people answered questions P10 and P11.</i>	

Data Source—Module IV: OBAT			
	Health Facility		
Indicator	Numerator	Denominator	%
Respondent perceives that the organization empowers people to ask questions, seek improvement, learn, and improve quality through useful information	388	560	69%

Table 5D.21 Rewarding good performance

Rewarding good performance	
Indicator: Mean score of respondents who perceive that the organization recognizes and rewards good performance	
Sum of respondent scores on perceived organizational recognition and reward of performance	X 100
Total # of respondents x 5	
5 being the highest possible score on every answer.	

Data Source—Module IV: OBAT			
	Health Facility		
Indicator	Numerator	Denominator	%
Respondent perceives that the organization recognizes and rewards good performance	166	280	59%

Table 5D.22 Data quality assurance

Data quality assurance	
Indicator: Mean score of level of perceived ability to perform data quality checks	
Sum of all self-ratings from 0–10 on ability to perform data quality checks	X 100
Total # of respondents X10	


Data Source—Module IV: OBAT			
	Health Facility		
Indicator	Numerator	Denominator	%
Respondent believes that they can check data accuracy	403	560	

Table 5D.23 Calculating indicators

Calculating indicators	
Indicator: Mean score of level of perceived ability to calculate indicators	
Sum of all self-ratings from 0–10 on ability to calculate indicators	X 100
Total # of respondents x10	

Data Source—Module IV: OBAT			
	Health Facility		
Indicator	Numerator	Denominator	%
Respondent believes that they can calculate percentages/rates correctly	372	560	66%

Table 5D.24 Data presentation

Data presentation	
Indicator: Mean score of level of perceived ability to prepare data visuals	
Sum of all self-ratings from 0–10 on ability to prepare data visuals	X 100
Total # of respondents x10	

Data Source—Module IV: OBAT			
	Health Facility		
Indicator	Numerator	Denominator	%
Respondent believes that they can plot a trend on a chart	362	560	65%

Table 5D.25 Data interpretation

Data interpretation	
Indicator: Mean score of level of perceived ability to interpret data	
Sum of all self-ratings from 0–10 on ability to interpret data	X 100
Total # of respondents x10	

Data Source—Module IV: OBAT			
	Health Facility		
Indicator	Numerator	Denominator	%
Respondent believes that they can explain the implication of the results of the data analysis	392	560	70%

Table 5D.26 Use of information

Use of information	
Indicator: Mean scores of level of perceived ability to use information for problem-solving or making decisions	
Sum of all self-ratings from 0–10 on ability to use information for problem-solving or decision making	X 100
Total # of respondents x10	

Data Source—Module IV: OBAT			
	Health Facility		
Indicator	Numerator	Denominator	%
Respondent believes that they can use data for identifying service performance gaps and setting performance targets	393	560	70%
Respondent believes that they can use data for making operational/ management decisions	225	560	40%
Combined score			55%

Table 5D.27 The motivation among staff

The motivation among staff	
Indicator: Mean score of Staff motivation level to perform RHIS tasks	
Sum of 5 respondent scores on perceived staff motivation to perform RHIS tasks	X 100
(Total # of respondents x 5) x 7	
<i>5 being the highest possible score on every answer. 5 being the number of questions asked to calculate this specific indicator. We assume that the same number of people answered questions BC1 through BC5.</i>	

Indicator	Numerator	Denominator	%
Respondent's motivation to perform RHIS tasks	116	1960	6%

Table 5D.28 Knowledge

Knowledge	
Indicator: Mean scores of knowledge of the rationale for RHIS data	
Sum of respondent scores on the selected different items	X 100
Total # of respondents x 3	

Data Source—Module IV: OBAT				
		Health Facility		
		Numerator	Denominator	%
Indicator				
Describe at least three reasons for collecting or using the following data on a monthly basis	Newborn diseases/ conditions/ diagnoses on a monthly basis	118	168	70%
	Newborn Immunization	106	168	63%
	Maternal age	110	168	65%
	Age of newborn	98	168	58%
	Geographical data or residence of families	105	168	63%
	Why population data is needed	100	168	60%
Knowledge of the rationale for RHIS data				63%

Table 5D.29 Knowledge of data quality checking methods

Indicator: Mean scores of knowledge of data quality checking methods			
Sum of respondent scores on the selected different items			X 100
Total # of respondents x 3			

Data Source—Module IV: OBAT			
Questions	Health Facility		
	Numerator	Denominator	%
Describe at least three aspects of data quality	78	168	46%
Describe at least three ways of ensuring data quality relevant to your job classification/ responsibilities	82	168	49%
Knowledge of data quality checking methods			48%

Table 5D.30 Actual skills to perform RHIS tasks—competence level in calculating indicators

Actual skills to perform RHIS tasks			
Indicator: Competence level in calculating indicators			

Data Source—Module VI: OBAT			
	Health Facility		
	Numerator	Denominator	%
Calculate the % of eligible newborns receiving KMC (head of the facility)	4	56	7%
What is the neonatal mortality rate—boys? (head of the facility)	2	56	4%
What is the neonatal mortality rate—girls? (head of the facility)	2	56	4%
What is the neonatal mortality rate? (agents)	23	56	41%
Calculate the number of newborns who died (agent)	22	56	39%
Competence level in calculating indicators			19%

Table 5D.31 Actual skills to perform RHIS tasks—competence level in plotting data/preparing charts

Indicator: Competence level in plotting data/preparing charts <i>Scoring for CS2a: Correct presentation of the line graph gets one point. Wrong answers (or no answers) get a score of zero.</i>
--

Data Source—Module VI: OBAT			
Question	Facility		
	Numerator	Denominator	%
Develop a line graph depicting the trend over one year of KMC coverage among eligible babies born at X health facility	37	56	66%

Table 5D.32 Actual skills to perform RHIS tasks—competence level interpreting data

Indicator: Competence level in interpreting data

Data Source—Module VI: OBAT			
	Numerator	Denominator	%
Scoring for CF2b : What the graph tells you	6	112	5%
Scoring for CF2c : Calculate target	8	112	7%
Scoring for CS2b : Interpret a graph	51	96	53%
Scoring for CS2c : Pointing out specificity of a graph, trend, or irregularity	36	96	38%
Competence level in interpreting data			26%

Table 5D.33 Actual skills to perform RHIS tasks—competence level in problem solving (individual)

Indicator: Competence level in problem solving (individual)
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Data Source—Module VI: OBAT			
	Numerator	Denominator	%
Scoring for PSa : Description of data quality problem	58	112	52%
Scoring for PSb : Potential reasons for data quality problem	76	168	45%
Scoring for PSc : Major activities to improve the data quality	105	280	38%
Competence level in problem solving			45%

Table 5D.34 Actual skills to perform RHIS tasks—competence level in problem solving (group)

Indicator: Competence level in problem solving (group)

Data Source—Module VI: OBAT			
	Numerator	Denominator	%
Scoring for PSb-X1 : Potential reasons for data quality problem	24	168	14%
Scoring for PSc-X2 : Major activities to improve the data quality	34	280	12%
Competence level in problem solving			13%

Table 5D.35 Actual skills to perform RHIS tasks—competence level in use of information

Indicator: Competence level in use of information

Data Source—Module VI: OBAT			
	Numerator	Denominator	%
Scoring for CS2d1 : Provide at least one use of chart findings at the facility level.	31	56	55%
Scoring for CS2d2 : Provide at least one use of chart findings at the community level.	31	56	55%
Competence level in use of information			55%

5E. Summary Tables for Organizational factors

Table 5E.1 Summary tables for Organizational Factors—overall

Domain	Indicator	Central			Regional			District			Facility		
		Numerator	Denominator	%	Numerator	Denominator	%	Numerator	Denominator	%	Numerator	Denominator	%
RHIS governance	Good RHIS governance structures in place	Has a written document describing the RHIS mission, roles, and responsibilities that are related to strategic and policy decisions at central and higher levels	*	*	*	*	*	*	*	*	*		
		Has current health service organizational and staff charts showing positions related to health information	*	*	*	*	*	*	*	*	*		
		Has overall framework and plan for information and communication technology (ICT), (e.g., describing the required equipment and plans for training in the use of ICT for RHIS)	*	*	*	*	*	*	*	*	*		
		Office maintains documentation of the dissemination of the RHIS monthly/ quarterly reports to the various health program staff at the central level, the community, local administration, NGOs, etc.	*	*	*	*	*	*	*	*	*		
	Existence of RHIS data management guidelines	Has written SOPs and procedural guidelines for RHIS with data definition, data collection and reporting, data aggregation, processing, and transmission, data analysis, dissemination and use, data quality assurance, MFL, ICD classification, data security, and performance improvement process (Completely)	*	*	*	*	*	*	0	2	0%		

			Central			Regional			District			Facility		
Domain	Indicator		Numerator	Denominator	%	Numerator	Denominator	%	Numerator	Denominator	%	Numerator	Denominator	%
		Has written SOPs and procedural guidelines for RHIS with data definition, data collection and reporting, data aggregation, processing, and transmission, data analysis, dissemination and use, data quality assurance, MFL, ICD classification, data security, and performance improvement process (Partially)	*	*	*	*	*	*	2	2	100%			
RHIS planning	% of sites with copies of national HIS documents	Has a copy of the national HIS situation analysis/assessment report that is less than three years old	*	*	*	*	*	*	0	2	0%			
		Has a copy of the national three or five-year HIS strategic plan	*	*	*	*	*	*	1	2	50%			
Use of quality improvement standards	% of sites that have RHIS quality improvement standards	Has set RHIS performance targets RHIS performance targets for data accuracy for their respective administrative areas	*	*	*	*	*	*	2	2	100%			
		Has set RHIS performance targets RHIS performance targets for data completeness for their respective administrative areas	*	*	*	*	*	*	2	2	100%			
		Has set RHIS performance targets RHIS performance targets for data timeliness for their respective administrative areas	*	*	*	*	*	*	2	2	100%			

Domain	Indicator		Central			Regional			District			Facility		
			Numerator	Denominator	%	Numerator	Denominator	%	Numerator	Denominator	%	Numerator	Denominator	%
Supervision quality	Existence effective supportive supervision practices /tools availability to improve RHIS performance	Office has copies of RHIS supervisory guidelines and checklists	*	*	*	*	*	*	2	2	100%			
		Office maintains a schedule for RHIS supervisory visits	*	*	*	*	*	*	2	2	100%			
		Office has copies of the reports from RHIS supervisory visits conducted during the current fiscal year	*	*	*	*	*	*	2	2	100%			
		HFa that received a supervisory visit have copies of the report from latest supervisory visit and commonly agreed action points are listed	*	*	*	*	*	*	2	2	100%			
	% of districts that have effective supportive supervision to improve RHIS performance	Frequency of district supervisor's visit(s) over the past three months, among the facilities that received supervision visit(s) >4 times										0	16	0%
		Frequency of district supervisor's visit(s) over the past three months, among the facilities that received supervision visit(s) 4 times										0	16	0%
		Frequency of district supervisor's visit(s) over the past three months, among the facilities that received supervision visit(s) 3 times										3	16	19%
		Frequency of district supervisor's visit(s) over the past three months, among the facilities that received supervision visit(s) 2 times										4	16	25%

Domain	Indicator	Central			Regional			District			Facility		
		Numerator	Denominator	%	Numerator	Denominator	%	Numerator	Denominator	%	Numerator	Denominator	%
		Frequency of district supervisor's visit(s) over the past three months, among the facilities that received supervision visit(s) 1 time									7	16	44%
		Facility did not receive a supervision visit									2	16	13%
		% of facilities supervised at least once									14	16	88%
	Quality of Supervision	Supervisor checked the data quality									13	14	93%
		Supervisor used checklist to assess data quality									13	14	93%
		During visit, district supervisor discussed health facility's performance based on RHIS information									13	14	93%
		Supervisor helped respondent make a decision or take corrective action based on the discussion									12	14	86%
		Supervisor sent a report/written feedback on the last supervisory visit(s)									7	14	50%
		Overall quality of supervision									58	70	83%

			Central			Regional			District			Facility		
Domain	Indicator		Numerator	Denominator	%	Numerator	Denominator	%	Numerator	Denominator	%	Numerator	Denominator	%
Financial resources to support RHIS activities	Existence of financial resource allocation for RHIS activities	Office has a copy of the long-term financial plan for supporting RHIS activities	*	*	*	*	*	*	2	2	100%			
Infrastructure for RHIS data management	Existence of Internet connectivity	Access to an Internet network	*	*	*	*	*	*	0	0		11	16	69%
RHIS supplies for data collection and aggregation	Existence of adequate supply of RHIS recording/reporting forms at the central level	Maternal health services—Labour and delivery printed register	*	*	*	*	*	*	*	*	*	16	16	100%
		Maternal health services—Operation theatre printed register	*	*	*	*	*	*	*	*	*	4	16	25%
		Maternal health services—Postnatal ward printed register	*	*	*	*	*	*	*	*	*	16	16	100%
		Maternal health services—Printed death register	*	*	*	*	*	*	*	*	*	4	16	25%
		Child health services—Postnatal ward printed register	*	*	*	*	*	*	*	*	*	16	16	100%
		Child health services—Kangaroo mother care ward/corner printed register	*	*	*	*	*	*	*	*	*	1	16	6%
		Child health services—Neonatal inpatient care ward printed register	*	*	*	*	*	*	*	*	*	1	16	6%

Domain	Indicator	Central			Regional			District			Facility		
		Numerator	Denominator	%	Numerator	Denominator	%	Numerator	Denominator	%	Numerator	Denominator	%
		Child health services—Special care newborn ward printed register	*	*	*	*	*	*	*	*	1	16	6%
		Child health services—Intensive care newborn ward printed register	*	*	*	*	*	*	*	*	1	16	6%
		Child health services—Printed death register	*	*	*	*	*	*	*	*	1	16	6%
	Existence of adequate supply of standard RHIS recording/ reporting forms at the central level	Maternal health services—Labour and delivery printed register	*	*	*	*	*	*	*	*	16	16	100%
		Maternal health services—Operation theatre printed register	*	*	*	*	*	*	*	*	0	4	0%
		Maternal health services—postnatal ward printed register	*	*	*	*	*	*	*	*	16	16	100%
		Maternal health services—Printed death register	*	*	*	*	*	*	*	*	2	4	50%
		Child health services—Postnatal ward printed register	*	*	*	*	*	*	*	*	16	16	100%
		Child health services—Kangaroo mother care ward/corner printed register	*	*	*	*	*	*	*	*	1	1	100%
		Child health services—Neonatal inpatient care ward printed register	*	*	*	*	*	*	*	*	1	1	100%
		Child health services—Special care newborn ward printed register	*	*	*	*	*	*	*	*	0	1	0%

Domain	Indicator	Central			Regional			District			Facility		
		Numerator	Denominator	%	Numerator	Denominator	%	Numerator	Denominator	%	Numerator	Denominator	%
		Child health services— Intensive care newborn ward printed register	*	*	*	*	*	*	*	*	0	1	0%
		Child health services—Printed death register	*	*	*	*	*	*	*	*	2	3	67%
	Experienced no stock- outs in last 6 months	Maternal health services— Labour and delivery printed register	*	*	*	*	*	*	*	*	16	16	100%
		Maternal health services— Operation theatre printed register	*	*	*	*	*	*	*	*	5	16	31%
		Maternal health services— Postnatal ward printed register	*	*	*	*	*	*	*	*	15	16	94%
		Maternal health services— Printed death register	*	*	*	*	*	*	*	*	4	16	25%
		Child health services— Postnatal ward printed register	*	*	*	*	*	*	*	*	15	16	94%
		Child health services— Kangaroo mother care ward/corner printed register	*	*	*	*	*	*	*	*	1	16	6%
		Child health services— Neonatal inpatient care ward printed register	*	*	*	*	*	*	*	*	1	16	6%
		Child health services—Special care newborn ward printed register	*	*	*	*	*	*	*	*	1	16	6%
		Child health services— Intensive care newborn ward printed register	*	*	*	*	*	*	*	*	1	16	6%

Domain	Indicator		Central			Regional			District			Facility		
			Numerator	Denominator	%	Numerator	Denominator	%	Numerator	Denominator	%	Numerator	Denominator	%
		Child health services—Printed death register	*	*	*	*	*	*	*	*	*	3	16	19%
Availability of staff to compile and analyze data	Existence of designated staff responsible for compiling reports	Site level has a designated person responsible for entering data/compiling reports from health facilities	*	*	*	*	*	*	2	2	100%	15	16	94%
	Existence of designated staff for internal data quality review	Site level has a designated person to review the quality of compiled data prior to submission to the next level (Yes)	*	*	*	*	*	*	2	2	100%	14	16	88%
		Site level has a designated person to review the quality of compiled data prior to submission to the next level (Partially)	*	*	*	*	*	*	0	2	0%	1	16	6%

Domain	Indicator		Central			Regional			District			Facility		
			Numerator	Denominator	Ratio	Numerator	Denominator	Ratio	Numerator	Denominator	Ratio	Numerator	Denominator	Ratio
Availability of staff to analyze and disseminate data	Existence of designated staff for data analysis and dissemination at the level	Responsible for data analysis	*	*	*	*	*	*	*	*	*			
		Responsible for checking the quality of reports from the lower level	*	*	*	*	*	*	*	*	*			
		Responsible for data compilation of reports submitted that are coming from the lower levels	*	*	*	*	*	*	*	*	*			
		for preparing or completing the RHIS monthly reports										70	16	4.38

		Responsible for filling out registers										83	16	5.19
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	Indicator		Central			Regional			District			Facility		
			Numerator	Denominator	%	Numerator	Denominator	%	Numerator	Denominator	%	Numerator	Denominator	%
RHIS capacity development	Existence of staff capacity development plan at the site level	Has a costed training and capacity development plan that has benchmarks, timelines, and mechanism for on-the-job RHIS training, RHIS workshops, and orientation for new staff	*	*	*	*	*	*	2	2	100%			
	% of staff who are responsible for filling out registers who have received RHIS training	Received any RHIS training										31	83	37%
		Received training on data collection										27	83	33%
		Received any RHIS training										31	70	44%

	Indicator		Central			Regional			District			Facility		
			Numerator	Denomnator	%	Numerator	Denomnator	%	Numerator	Denomnator	%	Numerator	Denomnator	%
	% of staff responsible for preparing or completing the RHIS monthly reports who have received RHIS training	Received training on data reporting										16	70	23%
	% of staff responsible for data compilation of reports from the lower levels who have received RHIS training	Received any RHIS training	*	*	*	*	*	*	*	*	*			
		Received training on data aggregation	*	*	*	*	*	*	*	*	*			
		Received any RHIS training	*	*	*	*	*	*	*	*	*			

			Central			Regional			District			Facility		
	Indicator		Numerator	Denomnator	%	Numerator	Denomnator	%	Numerator	Denomnator	%	Numerator	Denomnator	%
	% of staff responsible for checking the quality of reports from the lower levels from the lower levels who have received RHIS training	Received training on check and verify quality of data	*	*	*	*	*	*	*	*	*			
	% of staff responsible for data analysis (producing comparison tables, graphs, dashboards) who have received RHIS training	Received any RHIS training	*	*	*	*	*	*	*	*	*			
		Received training on data analysis and interpretation	*	*	*	*	*	*	*	*	*			

Promotion of an information culture

Domain	Indicator	Central			Regional			District			Facility		
		Numerator	Denominator	%	Numerator	Denominator	%	Numerator	Denominator	%	Numerator	Denominator	%
Commitment and support for high-quality data	Respondent perceives that the organization gives due emphasis to data quality	*	*	*	*	*	*	*	*	*	650	840	77%
Commitment and support of information use	Respondent perceives that the organization supports information use	*	*	*	*	*	*	*	*	*	763	1120	68%
Evidence-based decision making	Respondent perceives the organization as promoting a culture of evidence-based decision making	*	*	*	*	*	*	*	*	*	1229.8	2800	44%
Promotion of problem solving	Respondent perceives that the organization promotes a culture of problem solving	*	*	*	*	*	*	*	*	*	772	1120	69%
Sharing information between levels	Respondent perceives that the organization promotes bidirectional flow of feedback	*	*	*	*	*	*	*	*	*	432	560	77%
Sense of responsibility	Respondent perceives that the organization has a culture that instills a sense of responsibility	*	*	*	*	*	*	*	*	*	989	1400	71%
Empowerment and accountability	Respondent perceives that the organization empowers people to ask questions, seek improvement, learn, and improve quality through useful information	*	*	*	*	*	*	*	*	*	388	560	69%
Rewarding good performance	Respondent perceives that the organization recognizes and rewards good performance	*	*	*	*	*	*	*	*	*	166	280	59%

Individual skills and behaviour

Self-perception confidence in RHIS tasks			Central			Regional			District			Facility		
Domain	Indicator		Numerator	Denominator	%	Numerator	Denominator	%	Numerator	Denominator	%	Numerator	Denominator	%
Data quality assurance	Respondent believes that they can check data accuracy		*	*	*	*	*	*	*	*	*	403	560	72%
Calculating indicators	Respondent believes that they can calculate percentages/rates correctly		*	*	*	*	*	*	*	*	*	372	560	66%
Data presentation	Respondent believes that they can plot a trend on a chart		*	*	*	*	*	*	*	*	*	362	560	65%
Data interpretation	Respondent believes that they can explain the implication of the results of the data analysis		*	*	*	*	*	*	*	*	*	392	560	70%
Use of information	Mean scores of level of perceived ability to use information for problem-solving or making decisions	Respondent believes that they can use data for identifying service performance gaps and setting performance targets	*	*	*	*	*	*	*	*	*	393	560	70%
		Respondent believes that they can use data for making operational/management decisions	*	*	*	*	*	*	*	*	*	225	560	40%
		Combined score	*	*	*	*	*	*	*	*	*			55%

Knowledge of the RHIS			Central			Regional			District			Facility		
Domain	Indicator		Numerator	Denominator	%	Numerator	Denominator	%	Numerator	Denominator	%	Numerator	Denominator	%
Knowledge rationale RHIS Data	Describe at least three reasons for collecting or using the following data on a monthly basis	Newborn diseases/ conditions/ diagnoses on a monthly basis	*	*	*	*	*	*	*	*	*	118	168	70%
		Newborn Immunization	*	*	*	*	*	*	*	*	*	106	168	63%
		Maternal age	*	*	*	*	*	*	*	*	*	110	168	65%
		Age of newborn	*	*	*	*	*	*	*	*	*	98	168	58%
		Geographical data or residence of families	*	*	*	*	*	*	*	*	*	105	168	63%
		Why population data is needed	*	*	*	*	*	*	*	*	*	100	168	60%
	Mean score of knowledge of the rationale for RHIS data	Combined score	*	*	*	*	*	*	*	*	*			63%
Knowledge Data quality checking methods	Describe at least three aspects of data quality		*	*	*	*	*	*	*	*	*	78	168	46%
	Describe at least three ways of ensuring data quality relevant to your job classification/ responsibilities		*	*	*	*	*	*	*	*	*	82	168	49%
	Mean scores of knowledge of data quality checking methods		*	*	*	*	*	*	*	*	*			48%

Skills to perform RHIS tasks			Central			Regional			District			Facility		
Domain	Indicator		Numerator	Denominator	%	Numerator	Denominator	%	Numerator	Denominator	%	Numerator	Denominator	%
Actual skills to perform RHIS tasks	Competence level in calculating indicators	Calculate the percentage of pregnant mothers at the central level attending antenatal care in the current period	*	*	*	*	*	*	*	*	*			
		Calculate the % of eligible newborns receiving KMC (head of the facility)	*	*	*	*	*	*	*	*	*	4	56	7%
		What is the neonatal mortality rate—boys? (head of the facility)	*	*	*	*	*	*	*	*	*	2	56	4%
		What is the neonatal mortality rate—girls? (head of the facility)	*	*	*	*	*	*	*	*	*	2	56	4%
		What is the neonatal mortality rate? (agents)	*	*	*	*	*	*	*	*	*	23	56	41%
		Calculate the number of newborns who died (agent)	*	*	*	*	*	*	*	*	*	22	56	39%
		Combined score	*	*	*	*	*	*	*	*	*			19%

Skills to perform RHIS tasks			Central			Regional			District			Facility		
Domain	Indicator		Numerator	Denominator	%	Numerator	Denominator	%	Numerator	Denominator	%	Numerator	Denominator	%
	Competence level in plotting data/preparing charts	Develop a bar chart depicting the distribution across the maternal ages of newborns with a low birthweight at the four facilities.	*	*	*	*	*	*	*	*	*			
		Develop a line graph depicting the trend over one year of KMC coverage among eligible babies born at X health facility										37	56	66%
	Competence level in interpreting data	Scoring for graph 2b: What the graph tells you	*	*	*	*	*	*	*	*	*	6	112	5%
		Scoring for graph 2c: Calculate target	*	*	*	*	*	*	*	*	*	8	112	7%
		Scoring for graph 2b: Interpret a graph										51	96	53%
		Scoring for graph 2c: Pointing out specificity of a graph, trend, or irregularity										36	96	38%

Skills to perform RHIS tasks		Central			Regional			District			Facility		
Domain	Indicator	Numerator	Denominator	%	Numerator	Denominator	%	Numerator	Denominator	%	Numerator	Denominator	%
		Combined score	*	*	*	*	*	*	*	*			26%
	Competence level in problem solving	Scoring for PSa: Description of data quality problem	*	*	*	*	*	*	*	*	58	112	52%
		Scoring for PSb: Potential reasons for data quality problem	*	*	*	*	*	*	*	*	76	168	45%
		Scoring for PSd: Major activities to improve the data quality	*	*	*	*	*	*	*	*	105	280	38%
		Combined score	*	*	*	*	*	*	*	*			45%
	Competence level in use of information	Scoring for 2d1: Provide at least one use of chart findings at the facility level.	*	*	*	*	*	*	*	*	31	56	55%
		Scoring for 2d2: Provide at least one use of chart findings at the community level.	*	*	*	*	*	*	*	*	31	56	55%
		Scoring for 2d2: Provide at least one use of chart findings at the central/ district level.	*	*	*	*	*	*	*	*			

Skills to perform RHIS tasks			Central			Regional			District			Facility		
Domain	Indicator		Numerator	Denominator	%	Numerator	Denominator	%	Numerator	Denominator	%	Numerator	Denominator	%
		Combined score	*	*	*	*	*	*	*	*	*			55%

Motivation			Central			Regional			District			Facility		
Domain	Indicator		Numerator	Denominator	%	Numerator	Denominator	%	Numerator	Denominator	%	Numerator	Denominator	%
The motivation among staff	Respondent's motivation to perform RHIS tasks		*	*	*	*	*	*	*	*	*	116	1960	6%

Table 5E.2 Summary tables for Organizational Factors—use of information

	Indicator		Numerator	Denominator	%
Use of information	Respondent believes that they can use data for identifying service performance gaps and setting performance targets		393	560	70%
	Respondent believes that they can use data for making operational/ management decisions		225	560	40%
	Combined score				55%

	Indicator		Numerator	Denominator	%
The motivation among staff	Respondent's motivation to perform RHIS tasks		116	1960	6%

Table 5E.3 Summary tables for Organizational Factors—knowledge rationale RHIS Data

	Indicator		Numerator	Denominator	%
Knowledge rationale RHIS Data	Describe at least three reasons for collecting or using the following data on a monthly basis	Newborn diseases/ conditions/ diagnoses on a monthly basis	118	168	70%
		Newborn Immunization	106	168	63%
		Maternal age	110	168	65%
		Age of newborn	98	168	58%
		Geographical data or residence of families	105	168	63%
		Why population data is needed	100	168	60%
	Mean scores of knowledge of the rationale for RHIS data	Combined score			63%

Table 5E.4 Summary tables for Organizational Factors—knowledge Data quality checking methods

	Indicator		Numerator	Denominator	%
Knowledge Data quality checking methods	Describe at least three aspects of data quality		78	168	46%
	Describe at least three ways of ensuring data quality relevant to your job classification/ responsibilities		82	168	49%
	Mean scores of knowledge of data quality checking methods	Combined score			48%

Table 5E.5 Summary tables for Organizational Factors—actual skills to perform RHIS tasks

	Indicator		Numerator	Denominator	%
Actual skills to perform RHIS tasks	Competence level in calculating indicators	Calculate the % of eligible newborns receiving KMC (head of the facility)	4	56	7%
		What is the neonatal mortality rate—boys? (head of the facility)	2	56	4%
		What is the neonatal mortality rate—girls? (head of the facility)	2	56	4%
		What is the neonatal mortality rate? (agents)	23	56	41%
		Calculate the number of newborns who died (agent)	22	56	39%
		Combined score			19%
	Competence level in plotting data/preparing charts	Develop a trend line graph) depicting coverage of fully immunized children 12–23 months, by year	37	56	66%
	Competence level in interpreting data	Scoring for CF2b: What the graph tells you	6	112	5%
		Scoring for CF2c: Calculate target	8	112	7%
		Scoring for CS2b: Interpret a graph	51	96	53%
		Scoring for CS2c: Pointing out specificity of a graph, trend, or irregularity	36	96	38%
		Combined score			26%
	Competence level in problem solving	Scoring for PSa: Description of data quality problem	58	112	52%
		Scoring for PSb: Potential reasons for data quality problem	76	168	45%
		Scoring for PSc: Major activities to improve the data quality	105	280	38%
		Combined score			45%
	Competence level in use of information	Scoring for CS2d1: Provide at least one use of chart findings at the facility level.	31	56	55%
		Scoring for CS2d2: Provide at least one use of chart findings at the community level.	31	56	55%
		Combined score			55%

6. Gender Indicators

6A. Gender Factors—Central level

Section 6A. Tables: Gender Factors—Central Level

Gender Indicators: Central Level

Table 6A.1: System capturing gender disaggregated data

A. System capturing gender disaggregated data

Indicator: eRHIS capturing data disaggregated by sex

Data Source—Module III: eRHIS Assessment Tool			
Indicator	Numerator	Denominator	%
RHIS software captures data disaggregated by sex	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 6A.2: Analysis of data by gender

B. Analysis of data by gender

Indicator: existence of practice of carrying out gender analysis

$$\frac{\text{Total \# of sites (0 or 1) carrying out gender analysis}}{\text{Total \# of sites assessed (=1)}} \times 100$$

Data Source—Module IIa: RHIS Performance Diagnostic Tool (Central Level)			
Indicator	Numerator	Denominator	%
Up-to-date documents containing comparisons of sex-disaggregated data were shown	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 6A.3: Use of gender disaggregated data for decision making and planning

C. Use of gender disaggregated data for decision making and planning	
Indicator: % of sites using gender disaggregated data for decision making	
Total # of sites (0 or 1) using gender disaggregated data for decision-making	X 100
Total # of sites assessed (=1)	

Data Source—Module IIa: RHIS Performance Diagnostic Tool (Central Level)			
Indicators	Numerator	Denominator	%
Reports and/or bulletins contain discussions and decisions based on key performance targets based on RHIS sex-disaggregated data	*	*	*
Discussions were held to review key performance targets based on RHIS sex disaggregated data	*	*	*
Decisions were made based on the discussion of the district and/or health facility's performance regarding reducing the gender gap in the provision of health services	*	*	*
Annual plan exists and contains activities and/or targets related to improving or addressing gender disparity in health services coverage	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 6A.4: Use of gender disaggregated data—identify and address gender disparities in service delivery

Indicator: % of respondents who perceive that the organization emphasizes the need to use RHIS to identify and address gender disparities in service delivery	
Sum of respondent score on perceived emphasis in data use to address gender inequity	X 100
5 being the highest possible score on every answer	

Data Source—Module VI: OBAT			
Indicators	Numerator	Denominator	%
Respondent perceives that superiors in the health department emphasize the need to use RHIS data to identify potential gender-related disparities in service delivery or use	*	*	*
Respondent perceives that staff in the health department use sex-disaggregated or gender-sensitive RHIS data to identify and/or solve gender-related problems in service delivery	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 6A.5: Percentage of respondents able to show age and sex disaggregation for an indicator

Indicator: % of respondents able to show age and sex disaggregation for an indicator	
Total # of respondents able to show age- and sex-disaggregation for an indicator	X 100
Total # of respondents	

Data Source: Module 3. eRHIS Assessment Tool			
Indicator	Numerator	Denominator	%
Respondent can show age and sex disaggregation for the selected indicator	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 6A.6: Percentage of respondents describe importance of age and sex disaggregation for an indicator

Data Source—Module VI: OBAT			
Indicators	Numerator	Denominator	%
Describes information acquired by disaggregating the data by sex and how it helps in planning/improving service delivery	*	*	*
Describe at least three reasons for collecting, or uses of, data on a monthly basis on sex of patients	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

6B. Gender Factors—Regional level

Section 6B. Tables: Gender Factors—Regional Level

Gender Indicators: Regional Level

Table 6B.1: System capturing gender disaggregated data

A. System capturing gender-disaggregated data

Indicator: eRHIS capturing data disaggregated by sex

Data Source—Module III: eRHIS Assessment Tool			
Indicator	Numerator	Denominator	%
RHIS software captures data disaggregated by sex	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 6B.2: Analysis of data by gender

B. Analysis of data by gender

Indicator: % of sites carrying out gender analysis

$$\frac{\text{Total \# of sites carrying out gender analysis}}{\text{Total \# of sites assessed}} \times 100$$

Data Source—Module IIa: RHIS Performance Diagnostic Tool (Region Level)			
Indicator	Numerator	Denominator	%
Up-to-date documents containing comparisons of sex-disaggregated data were shown	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 6B.3: C. Use of gender-disaggregated data for decision making and planning

C. Use of gender-disaggregated data for decision making and planning	
Indicator: % of sites using gender-disaggregated data for decision making	
Total # of sites using gender-disaggregated data for decision making	X 100
Total # of sites assessed	

Data Source—Module IIa: RHIS Performance Diagnostic Tool (Region Level)			
Indicators	Numerator	Denominator	%
Reports and/or bulletins contain discussions and decisions based on key performance targets based on RHIS sex-disaggregated data	*	*	*
Discussions were held to review key performance targets based on RHIS sex disaggregated data	*	*	*
Decisions were made based on the discussion of the district and/or health facility's performance regarding reducing the gender gap in the provision of health services	*	*	*
Annual plan exists and contains activities and/or targets related to improving or addressing gender disparity in health services coverage	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 6B.4: Use of gender-disaggregated data to identify and address gender disparities in service delivery

Indicator: % of respondents who perceive that the organization emphasizes the need to use RHIS to identify and address gender disparities in service delivery	
Sum of respondents' score on perceived emphasis in data use to address gender inequity	
Total # of respondents x 5	
X 100	
5 being the highest possible score on every answer	

Data Source—Module VI: OBAT			
Indicators	Numerator	Denominator	%
Respondent perceives that superiors in the health department emphasize a need to use RHIS data to identify potential gender related disparities in service delivery or use	*	*	*
Respondent perceives that staff in the health department use sex disaggregated or gender sensitive RHIS data to identify and/or solve gender related problems in service delivery	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 6B.5 Knowledge of the rationale for disaggregating data by gender

D. Knowledge	
Indicator: Health workers' knowledge of the rationale for disaggregating data by gender	
Indicator: % of respondents able to show age- and sex-disaggregation for an indicator	
Total # of respondents able to show age- and sex- disaggregation for an indicator	X 100
Total # of respondents x (1 or 3)	

Data Source: Module III. eRHIS Assessment Tool			
Indicator	Numerator	Denominator	%
Respondent can show age and sex disaggregation for the selected indicator	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 6B.6 Percentage of respondents describe importance of age and sex disaggregation for an indicator

Data Source—Module VI: OBAT			
Indicators	Numerator	Denominator	%
Describes information acquired t by disaggregating the data by sex and how it helps in planning/improving service delivery	*	*	*
Describe at least three reasons for collecting, or uses of, data on a monthly basis on sex of patients	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

6C. Gender Factors—District level

Section 6C. Tables: Gender Factors—District Level

Gender Indicators: District Level

Table 6C.1: System capturing gender-disaggregated data

A. System capturing gender-disaggregated data

Indicator: eRHIS capturing data disaggregated by sex

Data Source—Module III: eRHIS Assessment Tool			
Indicator	Numerator	Denominator	%
RHIS software captures data disaggregated by sex	2	2	100%

Table 6C.2: System capturing gender-disaggregated data

B. Analysis of data by gender

Indicator: % of sites carrying out gender analysis

$$\frac{\text{Total \# of sites carrying out gender analysis}}{\text{Total \# of sites assessed}} \times 100$$

Data Source—Module IIa: RHIS Performance Diagnostic Tool (District Level)			
Indicator	Numerator	Denominator	%
Up-to-date documents containing comparisons of sex-disaggregated data were shown	0	2	0%

Table 6C.3: Use of gender-disaggregated data for decision making and planning

C. Use of gender-disaggregated data for decision making and planning	
Indicator: % of sites using gender-disaggregated data for decision making	
Total # of sites using gender disaggregated data for decision-making	X 100
Total # of sites assessed	

Data Source—Module IIa: RHIS Performance Diagnostic Tool (District Level)			
Indicators	Numerator	Denominator	%
Reports and/or bulletins contain discussions and decisions based on key performance targets based on RHIS sex-disaggregated data	0	2	0%
Discussions were held to review key performance targets based on RHIS sex disaggregated data	0	2	0%
Decisions were made based on the discussion of the district and/or health facility's performance regarding reducing the gender gap in the provision of health services	0	2	0%
Annual plan exists and contains activities and/or targets related to improving or addressing gender disparity in health services coverage	0	2	0%

Table 6C.4: Use of gender-disaggregated data to identify and address gender disparities in service delivery

Indicator: % of respondents that perceive that the organization emphasizes the need to use RHIS to identify and address gender disparities in service delivery	
Sum of respondent score on perceived emphasis in data use to address gender inequity	
Total # of respondents x 5	X 100
5 being the highest possible score on every answer	

Data Source—Module VI: OBAT			
Indicators	Numerator	Denominator	%
Respondent perceives that superiors in the health department emphasize a need to use RHIS data to identify potential gender related disparities in service delivery or use	*	*	*
Respondent perceives that staff in the health department use sex disaggregated or gender sensitive RHIS data to identify and/or solve gender related problems in service delivery	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

Table 6C.5: Indicator: Health workers' knowledge of the rationale for disaggregating data by gender

D. Knowledge	
Indicator: Health workers' knowledge of the rationale for disaggregating data by gender	
Total # of respondents able to show age and sex disaggregation for an indicator	X 100
Total # of districts or facilities assessed	

Data Source: Module III. eRHIS Assessment Tool			
Indicator	Numerator	Denominator	%
Respondent can show age and sex disaggregation for the selected indicator	1	2	50%

Table 6C.6: Percentage of respondents describe importance of age and sex disaggregation for an indicator

Data Source—Module VI: OBAT			
Indicators	Numerator	Denominator	%
Describes information acquired by disaggregating the data by sex and how it helps in planning/improving service delivery	*	*	*
Describe at least three reasons for collecting, or uses of, data on a monthly basis on sex of patients	*	*	*

* not collected during this EN-MINI-PRISM Tools pilot assessment

6D. Gender Factors—Facility level

Section 6D. Tables: Gender Factors—Facility Level

Gender Indicators: Facility Level

Table 6D.1: Analysis of data by gender

B. Analysis of data by gender	
Indicator: % of sites carrying out gender analysis	
Total # of sites carrying out gender analysis	X 100
Total # of sites assessed	

Data Source—Module IIb: RHIS Performance Diagnostic Tool (HF Level)			
Indicator	Numerator	Denominator	%
Up-to-date documents containing comparisons of sex-disaggregated data were shown	3	16	19%

Table 6D.2: Use of gender-disaggregated data for decision making and planning

C. Use of gender-disaggregated data for decision making and planning	
Indicator: % of sites using gender disaggregated data for decision making	
Total # of sites using gender disaggregated data for decision making	X 100
Total # of sites assessed	

Data Source—Module IIb: RHIS Performance Diagnostic Tool (HF Level)			
Indicators	Numerator	Denominator	%
Reports and/or bulletins contain discussions and decisions based on key performance targets based on RHIS sex-disaggregated data	1	16	6%
Discussions were held to review key performance targets based on RHIS sex disaggregated data	0	16	0%
Decisions were made based on the discussion of the district and/or health facility's performance regarding reducing the gender gap in the provision of health services	0	16	0%
Annual plan exists and contains activities and/or targets related to improving or addressing gender disparity in health services coverage	4	16	25%

Table 6D.3: Use of gender-disaggregated data for decision making and planning

Indicator: % of respondents who perceive that the organization emphasizes the need to use RHIS to identify and address gender disparities in service delivery			
$\frac{\text{Sum of respondent score on perceived emphasis in data use to address gender inequity}}{\text{Total \# of respondents} \times 5} \times 100$			

Data Source—Module VI: OBAT			
Indicators	Numerator	Denominator	%
Respondent perceives that superiors in the health department emphasize a need to use RHIS data to identify potential gender related disparities in service delivery or use	210	280	75%
Respondent perceives that staff in the health department use sex disaggregated or gender sensitive RHIS data to identify and/or solve gender related problems in service delivery	187	280	67%

Table 6D.4: Health workers knowledge of the rationale for disaggregating data by gender

D. Knowledge Indicator: Health workers knowledge of the rationale for disaggregating data by gender			
$\frac{\text{Total \# of respondents able to show age and sex disaggregation for an indicator}}{\text{Total \# of districts or facilities assessed}} \times 100$			

Data Source: Module III. eRHIS Assessment Tool			
Indicator	Numerator	Denominator	%
Respondent can show age and sex disaggregation for the selected indicator	4	8	50%

Table 6D.5 Percentage of respondents describe importance of age and sex disaggregation for an indicator

Data Source—Module VI: OBAT			
Indicators	Numerator	Denominator	%
Describes information acquired by disaggregating the data by sex and how it helps in planning/improving service delivery	2	168	1%
Describe at least three reasons for collecting, or uses of, data on a monthly basis on sex of patients	98	168	58%

6E. Summary Table for gender indicators

Domain	Indicator		Central			Regional			District			Facility		
			Numerator	Denominator	%	Numerator	Denominator	%	Numerator	Denominator	%	Numerator	Denominator	%
System capturing gender disaggregated data	eRHIS capturing data disaggregated by sex		*	*	*	*	*	*	2	2	100%			
Analysis of data by gender	% of sites carrying out gender analysis	Up-to-date documents containing comparisons of sex-disaggregated data were shown	*	*	*	*	*	*	0	2	0%	3	16	19%
Use of gender disaggregated data for decision making and planning	% of sites using gender disaggregated data for decision making	Reports and/or bulletins contain discussions and decisions based on key performance targets based on RHIS sex-disaggregated data	*	*	*	*	*	*	0	2	0%	1	16	6%
		Discussions were held to review key performance targets based on RHIS sex disaggregated data	*	*	*	*	*	*	0	2	0%	0	16	0%
		Decisions were made based on the discussion of the district and/or	*	*	*	*	*	*	0	2	0%	0	16	0%

Domain	Indicator		Central			Regional			District			Facility		
			Numerator	Denominator	%	Numerator	Denominator	%	Numerator	Denominator	%	Numerator	Denominator	%
		health facility's performance regarding reducing the gender gap in the provision of health services												
		Annual plan exists and contains activities and/or targets related to improving or addressing gender disparity in health services coverage	*	*	*	*	*	*	0	2	0%	4	16	25%
	% of respondents who perceive that the organization emphasizes the need to use RHIS to identify and address gender disparities in service delivery	Respondent perceives that superiors in the health department emphasize the need to use RHIS data to identify potential gender-related disparities in service delivery or use	*	*	*	*	*	*	*	*	*	210	280	75%

Domain	Indicator		Central			Regional			District			Facility		
			Numerator	Denominator	%	Numerator	Denominator	%	Numerator	Denominator	%	Numerator	Denominator	%
		Respondent perceives that staff in the health department use sex-disaggregated or gender-sensitive RHIS data to identify and/or solve gender-related problems in service delivery	*	*	*	*	*	*	*	*	*	187	280	67%
	% of respondents able to show age and sex disaggregation for an indicator	Respondent can show age and sex disaggregation for the selected indicator	*	*	*	*	*	*	1	2	50%	4	8	50%
		Describes information acquired by disaggregating the data by sex and how it helps in planning/improving service delivery	*	*	*	*	*	*	*	*	*	2	168	1%
		Describe at least three reasons for collecting, or uses of, data on a monthly basis on sex of patients	*	*	*	*	*	*	*	*	*	98	168	58%

Appendix 2 Overview: The EN-MINI-PRISM Tools



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.

Organizational and Behavioral Assessment EN-MINI-PRISM Tool 6

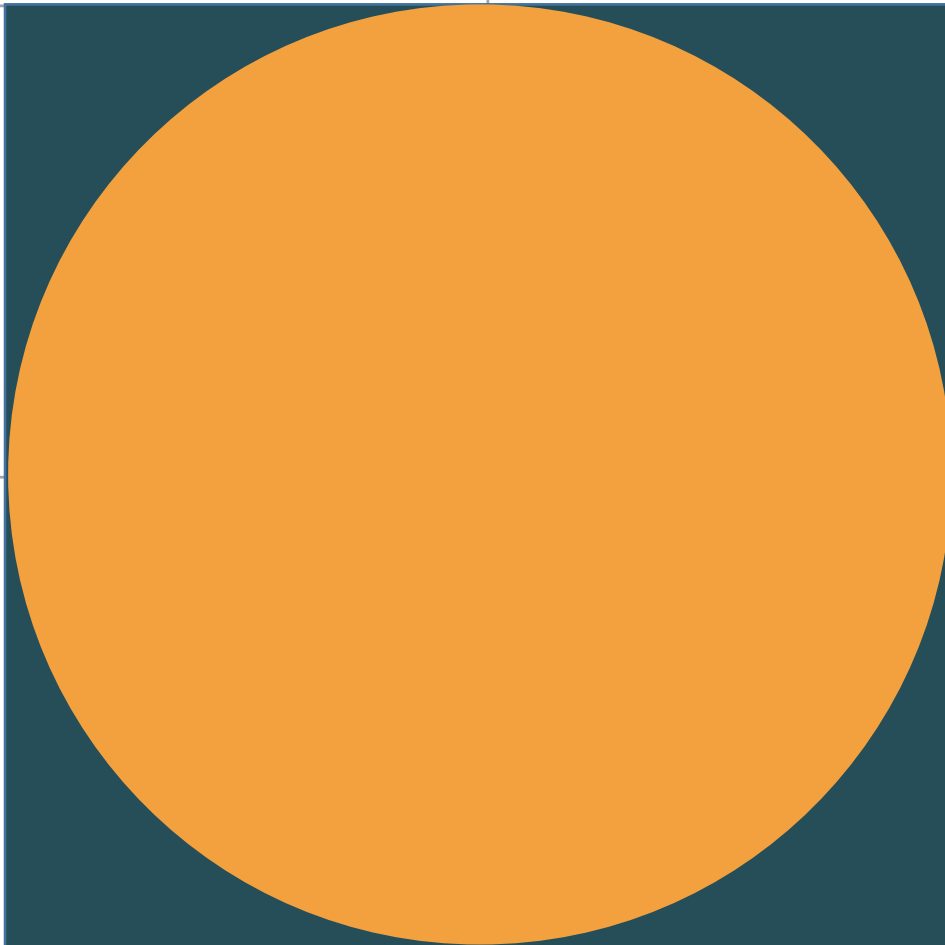
The Organizational and Behavioral Assessment Tool (OBAT) questionnaire identifies behavioral and organizational determinants such as motivation, RHIS self-efficacy, task competence, problem-solving skills, and the organizational environment promoting a culture of information.

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