

MODULE 6

SECTION 6: HMIS			
<p>NOW ASK TO GO TO WHERE HMIS SUMMARY REPORTS ARE KEPT. EXPLAIN THAT YOU WANT TO COLLECT INFORMATION ON THE NUMBERS OF VISITS FOR THE PAST 3 COMPLETED MONTHS [APRIL, MAY, JUNE] FOR VARIOUS SERVICES. IF THE MONTHLY SUMMARY INFORMATION IS NOT AVAILABLE, GO TO EACH SERVICE SITE TO COUNT THE NUMBERS FROM THE SERVICE REGISTERS. TEAM MUST CHECK THE SAME MONTHS HERE AND AT THE SERVICE SITES WHERE INDICATED</p>			
		OUTPATIENT VISITS	
6000a	ADULTS OUTPATIENT CONSULTATIONS [CHECK MSF LINE 2 MONTHLY REPORT (20 YEARS+ MALE AND FEMALE) OR OPD REGISTER COLUMN 10 AND 11 (20 YEARS+ MALE AND FEMALE)]		
		Does this facility report data on OUTPATIENT CONSULTATION on the national reporting platform (DHIS2)? YES..... 1 NO 2 If No, specify the reporting platform (.....)	➔6002
01	DATA SOURCE	COMPILED MONTHLY Summary Forms1 REGISTERS2 INFORMATION NOT AVAILABLE3 SERVICE NOT AVAILABLE	
02	MONTH 1 _____	<div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> NO INFORMATION9998	
03	MONTH 2 _____	<div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> NO INFORMATION9998	
04	MONTH 3 _____	<div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> NO INFORMATION9998	

05	<p>For any instance where no monthly report can be found, ask the informant why there is no report.</p> <p>CIRCLE ALL ANSWERS THAT APPLY</p>	<p>THE REPORT WAS SUBMITTED BUT THE COPY CANNOT NOW BE FOUND 1</p> <p>NO TRAINED STAFF ARE AVAILABLE TO REPORT 2</p> <p>NO REPORTING FORM WAS AVAILABLE 3</p> <p>WE DON'T HAVE TIME TO REPORT 4</p> <p>THE FACILITY WAS NOT OPERATING DURING 1 OR MORE OF THE MONTHS 5</p> <p>OTHER (SPECIFY) 6</p>	
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6000b		PAEDIATRIC (0-59M) OUTPATIENT CONSULTATIONS		
01	DATA SOURCE	Monthly Summary Form.....1 REGISTERS.....2 INFORMATION NOT AVAILABLE3 SERVICE NOT OFFERED4		
02	MONTH 1 _____	<div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> NO INFORMATION 9998		
03	MONTH 2 _____	<div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> NO INFORMATION 9998		
04	MONTH 3 _____	<div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> NO INFORMATION 9998		
05	<p>For any instance where no monthly report can be found, ask the informant why there is no report.</p> <p>CIRCLE ALL ANSWERS THAT APPLY</p>	<p>THE REPORT WAS SUBMITTED BUT THE COPY CANNOT NOW BE FOUND1</p> <p>NO TRAINED STAFF ARE AVAILABLE TO REPORT2</p> <p>NO REPORTING FORM WAS AVAILABLE3</p> <p>WE DON'T HAVE TIME TO REPORT .4</p> <p>THE FACILITY WAS NOT OPERATING DURING 1 OR MORE OF THE MONTHS 5</p> <p>OTHER (SPECIFY)6</p>		

6001 TOTAL OUTPATIENT VISITS [LINE 2 MONTHLY REPORT]							
01	DATA SOURCE	MONTHLY SUMMARY FORM..... 1 REGISTERS..... 2 INFORMATION NOT AVAILABLE 3 ADULT AND PEDIATRIC INFORMATION COLLECTED Q6000a and Q6000b.....4					
02	MONTH 1 _____	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> NO INFORMATION 9998					
03	MONTH 2 _____	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> NO INFORMATION 9998					
04	MONTH 3 _____	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> NO INFORMATION 9998					
05	For any instance where no monthly report can be found, ask the informant why there is no report. CIRCLE ALL ANSWERS THAT APPLY	THE REPORT WAS SUBMITTED BUT THE COPY CANNOT NOW BE FOUND 1 NO TRAINED STAFF ARE AVAILABLE TO REPORT 2 NO REPORTING FORM WAS AVAILABLE 3 WE DON'T HAVE TIME TO REPORT 4 THE FACILITY WAS NOT OPERATING DURING 1 OR MORE OF THE MONTHS..... 5 OTHER (SPECIFY) 6					

6002 CHILDREN 6-59 MONTHS GIVEN VITAMIN A
[MSF LINE 105 MONTHLY REPORT OR GROWTH
MONITORING PROMOTION REGISTER (GMP) COLUMN 19]

Does this facility report data on VITAMIN A UTILIZATION to a national reporting platform (DHIS2)?	YES..... 1 NO 2	➔6003
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01	DATA SOURCE	COMPILED MONTHLY SUMMARY FORMS1 REGISTERS.....2 INFORMATION NOT AVAILABLE.....3 SERVICE NOT OFFERED.....4					
02		<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					

	MONTH 1 _____	NO INFORMATION 9998	
03	MONTH 2 _____	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> NO INFORMATION 9998	
04	MONTH 3 _____	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> NO INFORMATION 9998	
05	<p>For any instance where no monthly report can be found, ask the informant why there is no report.</p> <p>CIRCLE ALL ANSWERS THAT APPLY</p>	<p>THE REPORT WAS SUBMITTED BUT THE COPY CANNOT NOW BE FOUND 1</p> <p>NO TRAINED STAFF ARE AVAILABLE TO REPORT 2</p> <p>NO REPORTING FORM WAS AVAILABLE 3</p> <p>WE DON'T HAVE TIME TO REPORT 4</p> <p>THE FACILITY WAS NOT OPERATING DURING 1 OR MORE OF THE MONTHS 5</p> <p>OTHER (SPECIFY) 6</p>	
6003	PENTAVALENT 3 [MSF LINE 77 MONTHLY REPORT]		

Does this facility report IMMUNIZATION data on to a NATIONAL reporting Platform (DHIS2)?	YES..... 1 NO 2	➔6004
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01	DATA SOURCE	<p>COMPILED MONTHLY REPORTS..... 1</p> <p>REGISTERS 2</p> <p>INFORMATION NOT AVAILABLE 3</p> <p>SERVICE NOT OFFERED.....4</p>	
02	MONTH 1 _____	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> NO INFORMATION 9998	
03	MONTH 2 _____	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> NO INFORMATION 9998	
04	MONTH 3 _____	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> NO INFORMATION 9998	

05	For any instance where no monthly report can be found, ask the informant why there is no report. CIRCLE ALL ANSWERS THAT APPLY	THE REPORT WAS SUBMITTED BUT THE COPY CANNOT NOW BE FOUND 1 NO TRAINED STAFF ARE AVAILABLE TO REPORT 2 NO REPORTING FORM WAS AVAILABLE 3 WE DON'T HAVE TIME TO REPORT... 4 THE FACILITY WAS NOT OPERATING DURING THE PERIOD UNDER REVIEW 5 OTHER (SPECIFY) 6 _____	
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**6004 FAMILY PLANNING (NEW ACCEPTORS) [MSF LINE 116
MONTHLY REPORT OR FAMILY PLANNING REGISTER COLUMN
21 TO COLUMN 27. COUNT ALL NEW ACCEPTORS (NA)]**

01	DATA SOURCE	COMPILED MONTHLY REPORTS1 REGISTERS2 INFORMATION NOT AVAILABLE.....3 SERVICE NOT OFFERED.....4	
02	MONTH 1 _____	<div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></div> NO INFORMATION 9998	
03	MONTH 2 _____	<div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></div> NO INFORMATION 9998	
04	MONTH 3 _____	<div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></div> NO INFORMATION 9998	
05	For any instance where no monthly report can be found, ask the informant why there is no report. CIRCLE ALL ANSWERS THAT APPLY	THE REPORT WAS SUBMITTED BUT THE COPY CANNOT NOW BE FOUND1 NO TRAINED STAFF ARE AVAILABLE TO REPORT2 NO REPORTING FORM WAS AVAILABLE3 WE DON'T HAVE TIME TO REPORT4 THE FACILITY WAS NOT OPERATING DURING 1 OR MORE OF THE MONTHS 5 OTHER (SPECIFY)6	

ANTENATAL CARE 1 ST VISIT [MSF LINE 11 MONTHLY REPORT OR ANC REGISTER COLUMN 12A]			
01	What is the source document used by this facility for monthly reporting of antenatal care services? We are primarily interested in the main document that is used for compiling the total number of ANC1 visits seen at this facility. Please report if any improvised documents are used.	COMPILED MONTHLY REPORT.....1 ANC OR INTEGRATED REGISTER.....2 PATIENT CARDS.....3 INFORMATION NOT AVAILABLE.....4 SERVICE NOT OFFERED.....5	
02	MONTH 1 _____	<div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> NO INFORMATION9998	
03	MONTH 2 _____	<div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> NO INFORMATION9998	
04	MONTH 3 _____	<div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> NO INFORMATION9998	

6006 ANTENATAL CARE TOTAL VISIT [LINE 10 MONTHLY REPORT OR ANC REGISTER COLUMN 18]			
01	What is the source document used by this facility for monthly reporting of antenatal care services? We are primarily interested in the main document that is used for compiling the total number of total ANC visits seen at this facility. Please report if any improvised documents are used.	ANC REGISTER 1 COMPILED MONTHLY REPORT.....2 3 DATA NOT AVAILABLE.....4 OTHER (SPECIFY)96	
02	MONTH 1 _____	<div> <div></div> <div></div> <div></div> <div></div> </div> NO INFORMATION9998	
03	MONTH 2 _____	<div> <div></div> <div></div> <div></div> <div></div> </div> NO INFORMATION9998	
04	MONTH 3 _____	<div> <div></div> <div></div> <div></div> <div></div> </div> NO INFORMATION9998	
05	For any instance where no monthly report can be found, ask the informant why there is no report. CIRCLE ALL ANSWERS THAT APPLY	THE REPORT WAS SUBMITTED BUT THE COPY CANNOT NOW BE FOUND 1 NO TRAINED STAFF ARE AVAILABLE TO REPORT2 NO REPORTING FORM WAS AVAILABLE3 WE DON'T HAVE TIME TO REPORT..4 THE FACILITY WAS NOT OPERATING DURING 1 OR MORE OF THE MONTHS 5 OTHER (SPECIFY)6	

6007 ANTENATAL WOMEN RECEIVING HIV TEST [HIV MONTHLY REPORT]			
01	DATA SOURCE	ANC REGISTER1 PMTCT HTS REGISTER2 PATIENT CARDS.....4 HTS Register.....5 HTS Work sheet.....6 HTS summary form8 SERVICE NOT OFFERED 9 DATA NOT AVAILABLE.....10 OTHER (SPECIFY)96	
02	MONTH 1 _____	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> NO INFORMATION 9998	
03	MONTH 2 _____	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> NO INFORMATION 9998	
04	MONTH 3 _____	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> NO INFORMATION 9998	
05	For any instance where no monthly report can be found, ask the informant why there is no report. CIRCLE ALL ANSWERS THAT APPLY	THE REPORT WAS SUBMITTED BUT THE COPY CANNOT NOW BE FOUND 1 NO TRAINED STAFF ARE AVAILABLE TO REPORT 2 NO REPORTING FORM WAS AVAILABLE 3 WE DON'T HAVE TIME TO REPORT..4 THE FACILITY WAS NOT OPERATING DURING 1 OR MORE OF THE MONTHS 5 OTHER (SPECIFY) 6	

6008	Does this facility report data on DELIVERY to a national reporting platform (DHIS2)?	YES..... 1 NO 2	➔6009
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DELIVERY (SPONTANEOUS VAGINAL DELIVERY) [MSF LINE 36 MONTHLY REPORT OR LABOUR AND DELIVERIES REGISTER COLUMN 16]			
01	DATA SOURCE	COMPILED HIV MONTHLY SUMMARY FORMS 1 HIV REGISTER.....2 INFORMATION NOT AVAILABLE3 SERVICE NOT OFFERED4	
02	MONTH 1 _____	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> NO INFORMATION 9998	
03	MONTH 2 _____	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> NO INFORMATION 9998	
04	MONTH 3 _____	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> NO INFORMATION 9998	
05	For any instance where no monthly report can be found, ask the informant why there is no report. CIRCLE ALL ANSWERS THAT APPLY	THE REPORT WAS SUBMITTED BUT THE COPY CANNOT NOW BE FOUND 1 NO TRAINED STAFF ARE AVAILABLE TO REPORT 2 NO REPORTING FORM WAS AVAILABLE 3 WE DON'T HAVE TIME TO REPORT...4 THE FACILITY WAS NOT OPERATING DURING 1 OR MORE OF THE MONTHS 5 OTHER (SPECIFY) 6 <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>	

6009 DELIVERIES CAESAREAN SECTION [MSF LINE 36 MONTHLY REPORT OR LABOUR AND DELIVERIES REGISTER COLUMN 16]			
01	DATA SOURCE	COMPILED MONTHLY REPORTS..... 1 REGISTERS 2 INFORMATION NOT AVAILABLE 3 SERVICE NOT OFFERED 4	
02	MONTH 1_____	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> NO INFORMATION 9998	
03	MONTH 2_____	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> NO INFORMATION 9998	
04	MONTH 3_____	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> NO INFORMATION 9998	
05	<p>For any instance where no monthly report can be found, ask the informant why there is no report.</p> <p>CIRCLE ALL ANSWERS THAT APPLY</p>	<p>THE REPORT WAS SUBMITTED BUT THE COPY CANNOT NOW BE FOUND1</p> <p>NO TRAINED STAFF ARE AVAILABLE TO REPORT2</p> <p>NO REPORTING FORM WAS AVAILABLE3</p> <p>WE DON'T HAVE TIME TO REPORT..4</p> <p>THE FACILITY WAS NOT OPERATING DURING 1 OR MORE OF THE MONTHS 5</p> <p>OTHER (SPECIFY) 6_____</p>	

6010	Does this facility report data on INPATIENTS to a national reporting platform (DHIS2)?	YES..... 1 NO 2	➔ Skip to 6011
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ADMISSIONS FOR INPATIENT SERVICES [MSF LINE 3 MONTHLY REPORT]			
01	DATA SOURCE	COMPILED MONTHLY Summary Form1 REGISTERS 2 INFORMATION NOT AVAILABLE 3 SERVICE NOT OFFERED 4	
02	MONTH 1 _____	<div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> NO INFORMATION 9998	
03	MONTH 2 _____	<div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> NO INFORMATION 9998	
04	MONTH 3 _____	<div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> NO INFORMATION 9998	
05	For any instance where no monthly report can be found, ask the informant why there is no report. CIRCLE ALL ANSWERS THAT APPLY	THE REPORT WAS SUBMITTED BUT THE COPY CANNOT NOW BE FOUND 1 NO TRAINED STAFF ARE AVAILABLE TO REPORT 2 NO REPORTING FORM WAS AVAILABLE 3 WE DON'T HAVE TIME TO REPORT...4 THE FACILITY WAS NOT OPERATING DURING 1 OR MORE OF THE MONTHS 5 OTHER (SPECIFY) 6 <hr/>	

6011 TOTAL INPATIENT DISCHARGED [MSF LINE 4 MONTHLY REPORT]			
01	DATA SOURCE	COMPILED MONTHLY REPORTS...1 REGISTERS2 INFORMATION NOT AVAILABLE...3 SERVICE NOT OFFERED4	
02	MONTH 1 _____	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> NO INFORMATION 9998	
03	MONTH 2 _____	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> NO INFORMATION 9998	
04	MONTH 3 _____	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> NO INFORMATION 9998	
05	For any instance where no monthly report can be found, ask the informant why there is no report. CIRCLE ALL ANSWERS THAT APPLY	THE REPORT WAS SUBMITTED BUT THE COPY CANNOT NOW BE FOUND1 NO TRAINED STAFF ARE AVAILABLE TO REPORT2 NO REPORTING FORM WAS AVAILABLE3 WE DON'T HAVE TIME TO REPORT...4 THE FACILITY WAS NOT OPERATING DURING 1 OR MORE OF THE MONTHS 5 OTHER (SPECIFY) 6 _____	

PATIENTS CURRENTLY ON ART					
6012_	Does this facility report the number of patients on ART to a reporting system (not only HMIS)?	YES..... 1 NO..... 2			→6018
SOURCE DOCUMENTS AND REPORTS					
6013_	What is the source document used by this facility for monthly reporting of number of patients on ART? We are primarily interested in the main document that is used for compiling the total number of patients on ART seen at this facility. Please report if any improvised documents are used.	ART REGISTER..... 1 ART MONTHLY SUMMARY FORM..... 2 OTHER (SPECIFY) _____96			
BASED ON RESPONSE TO QUESTION 6012_01, PLEASE ASK THE PERSON IN THE FACILITY WHO REGULARLY PREPARES THE FACILITY MONTHLY REPORTS TO PROVIDE YOU WITH THE SOURCE DOCUMENT USED TO COMPILE AND SUMMARIZE INFORMATION FOR MONTHLY REPORTING (i.e. REGISTERS, TALLY SHEETS, ETC.) AS WELL AS THE MONTHLY REPORTS FOR MONTH1, MONTH2, AND MONTH3 FOR ART RECORDED IN THE FACILITY.					
REVIEW SOURCE DOCUMENT FOR ART AND ANSWER THE FOLLOWING QUESTIONS					
6014	Please confirm the availability of the main source document used for reporting of the number of PATIENTS ON ART for Month1 to Month3. If available and information on PATIENTS ON ART is recorded, please recount the number of PATIENTS ON ART for Month1 to Month3.	YES, SOURCE DOCUMENT AVAILABLE WITH INFORMATION RECORDED FOR PATIENTS ON ART*			
		YES, SOURCE DOCUMENT AVAILABLE WITH INFORMATION RECORDED FOR PATIENTS ON ART *	YES, SOURCE DOCUMENT AVAILABLE BUT INFORMATION OF PATIENTS ON ART NOT RECORDED	NO, SOURCE DOCUMENT NOT AVAILABLE	(B) RECORD NUMBER OF PATIENTS ON ART IN SOURCE DOCUMENT
01	Month1	1 → B	2 02 ↙	3 02 ↙	
02	Month2	1 → B	2 03 ↙	3 03 ↙	
03	Month3	1 → B	2 6015 ↙	3 6015 ↙	
*Even if information is only partially filled (for example for a few days in the month, you would answer YES					

REVIEW MONTHLY REPORT FOR ART AND ANSWER THE FOLLOWING QUESTIONS					
6015	Please confirm the availability of the monthly report form in which patients on ART are recorded and sent to the district or next level administrative unit for Month1 to Month3. If available, please record the number of patients on ART entered in the monthly report form for Month1 to Month3.	(A) MONTHLY REPORT AVAILABLE			
		YES, MONTHLY REPORT AVAILABLE WITH INFORMATION RECORDED FOR PATIENTS ON ART	YES, MONTHLY REPORT AVAILABLE BUT INFORMATION ON PATIENTS ON ART NOT RECORDED	NO, MONTHLY REPORT NOT AVAILABLE	(B) RECORD NUMBER OF PATIENTS ON ART IN MONTHLY REPORT
01	Month1	1 → B	2 02 ↙	3 02 ↙	
02	Month2	1 → B	2 03 ↙	3 03 ↙	
03	Month3	1 → B	2 6017 ↙	3 6017 ↙	
DISCREPANCIES					
6016	IF THERE IS A DISCREPANCY BETWEEN THE SOURCE DOCUMENT DATA AND THE MONTHLY REPORT DATA FOR ANY OF THE MONTH, ASK YOUR INFORMANT WHY. (Enumerators don't read out) CIRCLE ALL ANSWERS THAT APPLY.	NO DISCREPANCYA ARITHMETIC ERRORS.....B TRANSCRIPTION ERRORS.....C SOME DOCUMENTS WERE MISSING WHEN THE REPORT WAS PREPARED. D SOME DOCUMENTS ARE NOW MISSING.....E OTHER (SPECIFY).....Y _____			
6017	FOR ANY INSTANCE WHERE NO MONTHLY REPORT CAN BE FOUND, ASK THE INFORMANT WHY THERE IS NO REPORT. CIRCLE ALL ANSWERS THAT APPLY.	THE REPORT WAS SUBMITTED BUT THE COPY CANNOT NOW BE FOUND....1 NO TRAINED STAFF ARE AVAILABLE TO REPORT2 NO REPORTING FORM WAS AVAILABLE3 WE DON'T HAVE TIME TO REPORT.....4 THE FACILITY WAS NOT OPERATING DURING 1 OR MORE OF THE MONTHS 5 OTHER (SPECIFY)6			

TB Indicator									
6018	Does this facility report the total number of TB cases (all types) to a reporting system?		YES..... 1 NO..... 2		→6029				
SOURCE DOCUMENTS AND REPORTS (NOTIFIED TB CASES)									
6019	What is the source document used by this facility for quarterly reporting of notified TB cases? We are primarily interested in the main document that is used for compiling quarterly summary statistics for total number of TB cases (all types) . Please report if any improvised documents are used. <i>Note: If multi-documents are used, please indicate what is the primary source document for reporting</i>		PRESUMPTIVE TB REGISTER..... 1 TB TREATMENT REGISTER..... 2 PATIENT TREATMENT CARDS..... 3 TB LABORATORY REGISTER..... 4 ELECTRONIC PATIENT RECORD SYSTEM 5 OTHER (SPECIFY)96						
BASED ON RESPONSE TO QUESTION 6019, PLEASE ASK THE PERSON IN THE FACILITY WHO REGULARLY PREPARES THE FACILITY MONTHLY REPORTS TO PROVIDE YOU WITH THE SOURCE DOCUMENT USED TO COMPILE AND SUMMARIZE INFORMATION FOR MONTHLY/QUARTERLY REPORTING (i.e. REGISTERS, TALLY SHEETS, ETC.) AS WELL AS THE MONTHLY OR QUARTERLY REPORTS FOR TOTAL NUMBER OF TB CASES (ALL TYPES).									
REVIEW SOURCE DOCUMENT FOR TB CASES AND ANSWER THE FOLLOWING QUESTIONS									
6020	Please confirm the availability of the primary source document used for reporting of notified cases of TB for the quarter (Month1 to Month3). If available and information on notified cases is recorded, please recount and record the number of notified cases of TB for the quarter (Month1 to Month3).								
		YES, SOURCE DOCUMENT AVAILABLE WITH INFORMATION RECORDED FOR NOTIFIED CASES OF TB*	YES, SOURCE DOCUMENT AVAILABLE BUT INFORMATION NOT RECORDED FOR NOTIFIED CASES OF TB*	NO, SOURCE DOCUMENT NOT AVAILABLE	(B) RECOUNT NUMBER OF NOTIFIED CASES OF TB IN SOURCE DOCUMENT				
01 Quarter (Month 1 to Month 3)		1 → B	2 6026 ↗	3 6026	A= <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
*Even if information is only partially filled (for example for a few days in the month, you would answer YES)									

6021_	From the main TB source document, count the total number of TB cases that were transferred in for the verification period (MONTH 1 to MONTH 3). Please record the total number for the quarter. IF THE TB REGISTER IS NOT AVAILABLE, RECORD "9997".	B = <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>					
6022	CALCULATE C: TOTAL NUMBER OF TB CASES FROM THE TB SOURCE DOCUMENT MINUS THE TRANSFERRED-IN CASES (TRANSFERRED-IN CASES ARE NOT INCLUDED IN THE RECEIVING UNIT'S CASE REGISTRATIONS). IF THE TB REGISTER IS NOT AVAILABLE, ASSUME B = 0.	TB CASES THAT SHOULD BE REPORTED C = A - B = <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>					
6025	MISSING DATA: ASK TO SEE THE TB REGISTER Count the number of cases in the quarter (MONTH 1 to MONTH 3) with missing information for each of the following columns in the unit TB register.	NUMBER OF CASES (ROWS) WITH MISSING DATA <i>If N/A, please use 9999</i>					
A	Year of registration	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>					
B	Sex	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>					
C	Age	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>					
D	Disease classification/Anatomical site of disease	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>					
E	Type of patient /History of previous TB treatment/Patient registration group	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>					
F	Bacteriological results	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>					
G	Number of cases missing data in at least 1 of the 6 columns listed above	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>					

REVIEW MONTHLY REPORT FOR TB CASES AND ANSWER THE FOLLOWING QUESTIONS									
6026	Please confirm the availability of the Treatment Register in which notified cases of TB are recorded and sent to the district or next level administrative unit for Month1 to Month3. If available, please record the number of notified cases of TB entered in the quarterly report form for Month1 to Month3.	(A) QUARTERLY REPORT AVAILABLE							
		YES, QUARTERLY REPORT AVAILABLE WITH INFORMATION RECORDED FOR NOTIFIED CASES OF TB	YES, , QUARTERLY REPORT AVAILABLE BUT INFORMATION ON NOTIFIED CASES OF TBNOT RECORDED	NO, , QUARTERLY REPORT NOT AVAILABLE	(B) RECORD NUMBER OF NOTIFIED CASES OF TB IN QUARTERLY REPORT				
-	Quarterly report (Month 1 to Month 3)	1 → B	2 6028 ↩	3 6028 ↩	D = <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td></tr></table>				
DISCREPANCIES									
6027	IF THERE IS A DISCREPANCY BETWEEN THE SOURCE DOCUMENT DATA AND THE QUARTERLY REPORT DATA FOR ANY OF THE MONTH, ASK YOUR INFORMANT WHY. CIRCLE ALL ANSWERS THAT APPLY.	NO DISCREPANCYA ARITHMETIC ERRORS.....B TRANSCRIPTION ERRORSC SOME DOCUMENTS WERE MISSING WHEN THE REPORT WAS PREPARED. D SOME DOCUMENTS ARE NOW MISSING.E OTHER (SPECIFY).....Y _____							
6028	FOR ANY INSTANCE WHERE NO QUARTERLY REPORT CAN BE FOUND, ASK THE INFORMANT WHY THERE IS NO REPORT. CIRCLE ALL ANSWERS THAT APPLY.	THE QUARTERLY REPORT IS AVAILABLE.....A THE REPORT WAS SUBMITTED BUT THE COPY CANNOT NOW BE FOUND....B NO TRAINED STAFF ARE AVAILABLE TO REPORTC NO REPORTING FORM WAS AVAILABLE D WE DON'T HAVE TIME TO REPORT.....E THE FACILITY WAS NOT PROVIDING TB SERVICES DURING THE QUARTER..... F OTHER (SPECIFY)Y _____							

CONFIRMED MALARIA CASES					
6029	Does this facility report confirmed malaria cases to a national reporting platform (DHIS2)?	YES..... 1 NO 2			→6035
SOURCE DOCUMENTS AND REPORTS					
6030	What is the source document used by this facility for monthly reporting of malaria cases? We are primarily interested in the main document that is used for compiling monthly summary statistics for confirmed malaria cases. Please report if any improvised documents are used.	OPD REGISTER..... 1 MONTHLY SUMMARY FORM2 SEVEREMALARIA FORM.....3 PATIENT CARDS..... 4 LAB REGISTER 5 OTHER (SPECIFY)96			
BASED ON RESPONSE TO QUESTION 6030, PLEASE ASK THE PERSON IN THE FACILITY WHO REGULARLY PREPARES THE FACILITY MONTHLY REPORTS TO PROVIDE YOU WITH THE SOURCE DOCUMENT USED TO COMPILE AND SUMMARIZE INFORMATION FOR MONTHLY REPORTING (i.e., REGISTERS MONTHLY SUMMARY FORM, SEVERE MALARIA FORM, ETC.) AS WELL AS THE MONTHLY REPORTS FOR MONTH1, MONTH2, AND MONTH3 FOR CONFIRMED MALARIA CASES RECORDED IN THE FACILITY.					
REVIEW SOURCE DOCUMENT FOR CONFIRMED MALARIA CASE RATE AND ANSWER THE FOLLOWING QUESTIONS					
6031	Please confirm the availability of the primary source document used for reporting of confirmed malaria cases for Month1 to Month3. If available and information on confirmed malaria cases are recorded, please recount the number of confirmed malaria cases visits for Month1 to Month3. <div style="float: right;">(A) SOURCE DOCUMENT AVAILABLE</div>				
		YES, SOURCE DOCUMENT AVAILABLE WITH INFORMATION RECORDED FOR CONFIRMED MALARIA CASES*	YES, SOURCE DOCUMENT AVAILABLE BUT INFORMATION NOT RECORDED FOR CONFIRMED MALARIA CASES*	NO, SOURCE DOCUMENT NOT AVAILABLE	(B) RECOUNT NUMBER OF CONFIRMED MALARIA CASES IN SOURCE DOCUMENT
01	Month1	1 → B	2 02 ←	3 02 ←	
02	Month2	1 → B	2 03 ←	3 03 ←	
03	Month3	1 → B	2 6032 ←	3 6032 ←	
*Even if information is only partially filled (for example for a few days in the month, you would answer YES)					
REVIEW MONTHLY SUMMARY FORM FOR CONFIRMED MALARIA CASES AND ANSWER THE FOLLOWING QUESTIONS					

6032	Please confirm the availability of the Monthly Summary Form (MSF) in which confirmed malaria cases are recorded and sent to the LGA or next level administrative unit for Month1 to Month3. If available, please record the number of confirmed malaria cases entered in the Monthly Summary Form for Month1 to Month3.	(A) MONTHLY REPORT AVAILABLE			
		YES, MONTHLY REPORT AVAILABLE WITH INFORMATION ON CONFIRMED MALARIA CASES RECORD	YES, MONTHLY REPORT AVAILABLE BUT INFORMATION ON CONFIRMED MALARIA CASES NOT RECORDED	NO, MONTHLY REPORT NOT AVAILABLE	(B) RECORD NUMBER OF CONFIRMED MALARIA CASES IN MONTHLY REPORT
01	Month1	1 → B	2 02 ↙	3 02 ↙	
02	Month2	1 → B	2 03 ↙	3 03 ↙	
03	Month3	1 → B	2 6034 ↙	3 6034 ↙	
<u>DISCREPANCIES</u>					
6033	If there is a discrepancy between the source document data and the monthly report data, ask your informant why. CIRCLE ALL ANSWERS THAT APPLY.	NO DISCREPANCYA ARITHMETIC ERRORSB TRANSCRIPTION ERRORSC SOME DOCUMENTS WERE MISSING WHEN THE REPORT WAS PREPARED. D SOME DOCUMENTS ARE NOW MISSING..E OTHER (SPECIFY)Y _____			
6034	For any instance where no monthly report can be found, ask the informant why there is no report. CIRCLE ALL ANSWERS THAT APPLY.	THE REPORT WAS SUBMITTED BUT THE COPY CANNOT NOW BE FOUND....1 NO TRAINED STAFF ARE AVAILABLE TO REPORT2 NO REPORTING FORM WAS AVAILABLE3 WE DON'T HAVE TIME TO REPORT4 THE FACILITY WAS NOT OPERATING DURING 1 OR MORE OF THE MONTHS....5 OTHER (SPECIFY)66_____			

	EXPLAIN THAT NOW YOU WANT TO CROSS CHECK THE SOURCE DATA FOR FIRST VISIT ANC CLIENTS, ANC CLIENTS RECEIVING HIV TESTING, AND CHILDREN RECEIVING PENTA 3. GO TO THE SOURCE DATA (USUALLY THE SERVICE REGISTER AT THE SERVICE SITE) AND RECOUNT THE NUMBERS. EVEN IF THERE IT IS AN END OF MONTH SUMMARY, YOU MUST RECOUNT TO VERIFY THE ACCURACY. IF THE RECOUNTED NUMBER DOES NOT MATCH THE NUMBER IN THE MONTHLY REPORT, ASK THE STAFF TO HELP YOU RECONCILE.		
6035	ASK TO SEE THE REGISTERS OR OTHER DOCUMENTS USED TO COMPILE MONTHLY SUMMARY REPORTS FOR ANTENATAL CARE. COUNT THE NUMBER OF FIRST VISIT ANC PATIENTS EACH INDICATED MONTH. ENSURE THAT THE COUNT COVERS THE SAME TIME PERIOD USED FOR THE MONTHLY REPORTS		
6036	HOW DID YOU DERIVE THE NUMBER OF <u>FIRST VISIT ANC</u> PATIENTS TO VALIDATE AGAINST THE MONTHLY REPORT?	ANC REGISTER1 OTHER96 (SPECIFY)	
01	MONTH 1 _____		
02	_____ NOT AVAILABLE 9998	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	
03	Month 2 _____ NOT AVAILABLE 9998	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	
03	Month 3 _____ NOT AVAILABLE 9998	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	
6037	HOW DID YOU DERIVE THE NUMBER OF <u>ANC PATIENTS RECEIVING AN HIV TEST</u> TO VALIDATE AGAINST THE MONTHLY REPORT?	ANC REGISTER 1 PMTCT REGISTER 2 HIV C&T REGISTER 3 OTHER 96 (SPECIFY)	
01	Month 1 _____ NOT AVAILABLE 9998	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	
02	Month 2 _____ NOT AVAILABLE 9998	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	
03	Month 3 _____ NOT AVAILABLE 9998	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	

6038 ASK TO SEE THE REGISTERS OR OTHER DOCUMENT USED TO COMPILE MONTHLY SUMMARY REPORTS FOR IMMUNIZATION. COUNT THE NUMBER OF PENTAVALENT 3 VACCINES ADMINISTERED EACH INDICATED MONTH. IF THE SUMMARY TALLY SHEET IS THE SOURCE, ASK TO SEE THE MONTHLY OUTREACH TALLY SHEETS AND VERIFY THE NUMBER IN THE SUMMARY TALLY SHEET BY ADDING THE OUTREACH TALLY PLUS THE IN-FACILITY PENTA3 PROVIDED DURING THE MONTH.				
	WHICH OF THE FOLLOWING SOURCE DATA WERE OBSERVED FOR THE 3 MONTHS?	OBSERVED	NOT OBSERVED	
01	Child immunization register	1	2	
02	Immunization Tally sheets	1	2	
03	Daily Immunization Summary Form	1	2	
04	Monthly Immunization Summary Form	1	2	
6039	HOW DID YOU DERIVE THE NUMBER TO VALIDATE AGAINST THE MONTHLY REPORT?	CHILD IMMUNIZATION REGISTER..... 1 IMMUNIZATION TALLY SHEET.. 2 DAILY IMMUNIZATION SUMMARY FORM.....3 MONTHLY IMMUNIZATION SUMMARY FORM.....4		
01	MONTH 1 _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
02	Month 2 _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
03	Month 3 _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

Number	Question	Result	Skip
FACILITY LEVEL SYSTEMS ASSESSMENT TOOL			
FIND THE PERSON MOST KNOWLEDGEABLE ABOUT THE FACILITY ROUTINE REPORTING SYSTEM. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.			
6040	Does this health facility report health data to the national reporting platform (DHIS2)?	YES 1 NO 2	→ 6047
6041	Is there a designated person to enter data and compile reports from the different units in the health facility?	YES 1 NO 2	

Number	Question	Result	Skip
6042	Is there a designated person to review the quality of compiled data prior to submission to the next level (e.g., LGA)?	YES 1 PARTLY, THE DATA ARE REVIEWED BUT NO ONE IS DESIGNATED WITH THE RESPONSIBILITY 2 NOT AT ALL 3	
6043	Have staff who perform data entry and compilation received training on NHMIS/DHIS2 in the past 2 years? *COUNTRY SPECIFIC TRAININGS CAN BE ADAPTED FOR COUNTRY IMPLEMENTATION	YES ALL STAFF HAVE RECEIVED TRAINING IN THE PAST TWO YEARS..... 1 SOME STAFF HAVE RECEIVED TRAINING IN THE PAST TWO YEARS..... 2 NO STAFF HAVE RECEIVED TRAINING IN THE PAST TWO YEARS..... 3	
6044	Have staff who perform data review and quality control received training on Data Quality Assessment in the past 2 years? *COUNTRY SPECIFIC TRAININGS CAN BE ADAPTED FOR COUNTRY IMPLEMENTATION	YES ALL STAFF HAVE RECEIVED TRAINING IN THE PAST TWO YEARS..... 1 SOME STAFF HAVE RECEIVED TRAINING IN THE PAST TWO YEARS..... 2 NO STAFF HAVE RECEIVED TRAINING IN THE PAST TWO YEARS..... 3	
6045	Does the health facility have written guidelines for data reporting? PLEASE OBSERVE THE GUIDELINES.	Yes, observed..... 1 Yes, reported not seen 2 No 3	
6046	In the last 6 months, has this health facility experienced any stockout of tally sheets, registers or reporting forms?	YES 1 NO..... 2	
6047	How many times did the LGA supervisor visit your health facility over the last three months?	MORE THAN FOUR TIMES..... 1 FOUR TIMES..... 2 THREE TIMES 3 TWO TIMES..... 4 ONE TIME..... 5 NONE 6	→ 6049
6048	Did the supervisor send a report/ written feedback on any supervisory visit in the last year, including feedback on data quality? PLEASE ASK TO OBSERVE THE REPORT.	WRITTEN FEEDBACK INCLUDING DATA QUALITY OBSERVED..... 1 WRITTEN FEEDBACK OBSERVED BUT DOES NOT INCLUDE FEEDBACK ON DATA QUALITY 2 WRITTEN FEEDBACK REPORTED BUT NOT OBSERVED..... 3 NO WRITTEN FEEDBACK 4	
6049	Does the health facility prepare data visuals (graphs, tables, maps, etc.) showing achievement towards targets (indicators, geographic and/or temporal trends, and situation data)?	YES, PAPER, WHITE/BLACK BOARD, OR ELECTRONIC COPIES OF DATA VISUALS AVAILABLE AT THE HEALTH FACILITY..... 1 YES, BUT A COPY NOT AVAILABLE AT THE HEALTH FACILITY 2 NO..... 3	→ 6051

Number	Question	Result			Skip
6050	Which of the following types of information is captured in the data visuals? PLEASE OBSERVE VISUALS FOR EACH ITEM BELOW.				
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	
01	Maternal health care	1	2	3	
02	Neonate and child health care (other than immunization)	1	2	3	
03	Immunization	1	2	3	
04	Top causes of morbidity and mortality	1	2	3	
05	Other _____ (specify)	1	2	3	
6051	Does the health facility use RHIS data for performance reviews (e.g. to monitor progress towards targets)?	YES, EVIDENCE OF DATA USE OBSERVED1 YES, REPORTED BUT NOT OBSERVED2 NO3			
6052	Does the health facility use RHIS data for planning?	YES, EVIDENCE OF DATA USE OBSERVED1 YES, REPORTED BUT NOT OBSERVED2 NO3			