

# Health Information System (HIS)

## Evaluation Checklist

**Name of camp**

**Health agency**  **Section(s)**

**Health agency**  **Section(s)**

**Health agency**  **Section(s)**

**Evaluator(s)**

**Date(s)**

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## Introduction

This checklist is a simple tool designed to help UNHCR and its partners to evaluate the performance of their Health Information System (HIS). It does this by offering a series of questions which need to be answered. The questions are based on existing good practice and are designed to assist organisations to think through how their HIS is working.

The ultimate goal is to raise the standard of public health data which is collected in HIS, to ensure that it is of high quality and can be used as the basis for evidence-based decision making to improve the quality of public health services.

While the primary intended audience is for those conducting in-depth external evaluations, the templates may also be of use as a reference document to:

- Field-based health managers
- Field-based health workers
- Managers at Headquarters

## References

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Minimum Standards in Health Services. *In Humanitarian Charter and Minimum Standards in Disaster Response (pp 249-312)*. The Sphere Project: Geneva. 2004.

UNHCR Health Facility Toolkit. *Tools for Assessing, Monitoring and Evaluating the Quality of Public Health Services*. UNHCR: Geneva. 2008.



# Section 1

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## Qualitative Evaluation

The following **qualitative questions** are classified as overarching themes (related to general aspects of system performance) and system objectives (related to one or more of the five stated HIS objectives). They should be used to guide discussions with HIS stakeholders at both camp and country level. Depending on the type of user the questions could be asked in a workshop (lasting approximately one to two hours) and/or through a series of one-to-one meetings.

Note: the MMWR Attribute associated with each question is indicated in [square brackets] at the end of each sentence. The list of attributes includes: usefulness, simplicity, flexibility data quality, acceptability, sensitivity, predictive value positive, representativeness, timeliness, stability.

## OVER-ARCHING THEMES

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- 1) Do you think collecting HIS data is useful? If YES: why? *[usefulness]*
- 2) Do you receive feedback on the data which you collect and report? IF YES: when, how and what actions were taken as a result of this information? *[usefulness]*
- 3) Is it easy to collect HIS data? Ask for an explanation for the answer. *[simplicity]*
- 4) What are the most difficult parts of the system to implement and why? *[simplicity]*
- 5) Are there situations in which work is duplicated? *[simplicity]*
- 6) Draw a flow chart to illustrate how data is collected and reported in paper-based tools in OPD? Indicate which members of staff are responsible, how much time is taken at each step, and the frequency at which each step occurs. *[simplicity]*
- 7) Does data collection and reporting take an acceptable amount of time? Are there more important things you think you should be doing? IF YES: what? *[acceptability]*
- 8) How is data entered into the computer, analyzed and disseminated? Indicate which members of staff are responsible, how much time is taken at each step, and the frequency at which each step occurs. *[simplicity]*
- 9) Are there other health systems operating in parallel with the HIS? IF YES: how does this system compare?
- 10) Which other stakeholders receive HIS data? (e.g. MoH, UN agencies). How often do you receive reports? How do you use the data? *[simplicity]*
- 11) Do you feel that staff have received enough training in HIS and related issues (such as changes in national protocols?) *[simplicity]*
- 12) Is staff retention a problem? What is the average turnover rate of staff? What is the average time a staff member is in the same role? *[simplicity]*
- 13) Do you have a system for quality assurance? IF YES: please describe. *[simplicity]*
- 14) When mid-level supervisors come to the clinic do they ever request to see record books to review data? How often do UNHCR staff members visit the health units (such as the Health Coordinator?) *[simplicity]*
- 15) Describe any concerns you have concerning data accuracy. *[data quality]*
- 16) Are there any internal data quality checks that you perform? IF YES: what are they and how often do you perform them? What have you found from these checks? *[data quality]*
- 17) Is the camp data ever compared to other camps? IF YES: when, how often, and how have you used the results? *[data quality]*
- 18) Is there an opportunity for self-evaluation and improving data collection? *[data quality]*
- 19) Is there standardization of data collection and practices across all clinics, regardless of the camp or organization which is using the system? *[data quality]*
- 20) Identify and describe situations during which you were unable to operate HIS (for example, loss of staff, stockouts of needed HIS forms, computer problems, lack of electricity during analysis periods). *[stability]*
- 21) Where is funding for HIS maintenance coming from? *[stability]*

## SYSTEM OBJECTIVES

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### 1. Rapidly detect and respond to public health problems and epidemics

- 1) Does the HIS alert you to outbreaks or do you hear about these another way? Give an example *[sensitivity]*
- 2) How have the responsible agencies reacted/responded to an issue of public health concern? How quickly does a response occur? *[timeliness]*
- 3) Give an example of an outbreak within the past year. Obtain the outbreak alert form and determine how the index case was identified and what the response was. What personal identifiers were used to track patients and to match lab results to a specific patient? Once a case is identified, where does the outbreak form go and who keeps the information? *[sensitivity]*
- 4) If an outbreak (or a disease with the possibility of lab confirmation) occurred within the past year, calculate the number of suspected cases against the number of confirmed cases. *[predictive value positive]*
- 5) Do you think if an outbreak was to occur in the camp that people with illness would come to the clinic? IF NOT, would you do anything? Is active surveillance ever done? *[sensitivity]*
- 6) Can you give an example of supplemental data (demographic, behavioural, exposure to health-related event) that would need to be gathered in the event of an outbreak or other public health event of concern? *[simplicity]*
- 7) If a new diagnostic tool is adapted for use in your camp, are you able to add that information to HIS? IF YES: how? *[flexibility]*
- 8) How reliable do you think the system is when it suggests there is a problem? *[predictive value positive]*
- 9) How reliable do you think the system is when it is not showing that there are any problems? *[predictive value positive]*
- 10) How does the host government use HIS data? *[acceptability]*
- 11) What is the desired vs. actual time required for the HIS system to collect and receive, manage (including data entry and transfer) and disseminate data? *[stability]*

### 2. Monitor trends in public health status and continually address health-care priorities

- 1) Has the data from HIS allowed you to track disease trends in OPD? IF YES: what did you do with that information, did your clinical practice change at all? IF YES: did you use the information for any community campaign (e.g., vaccination, hygiene). *[usefulness]*
- 2) Have you added something to the system? IF YES: please describe what was added and the process used. *[flexibility]*
- 3) Is there something else you would like to add? IF YES: what? *[flexibility]*
- 4) How does the system respond to changing information, such as differences in case definitions or new disease categories being added to the OPD tally sheet? *[flexibility]*

- 5) Do you feel that you can modify the HIS to better match the needs of your camp? IF YES: how do you get that information to UNHCR? *[flexibility]*
  - 6) If a new diagnostic tool is adapted for use in your camp, do you add that information to HIS data? IF YES: how? *[flexibility]*
  - 7) Does the host government use these HIS data for their own purposes? *[acceptability]*
  - 8) Have there been any artifactual changes? (For example: heightened awareness of an illness, new tests or case definitions, new providers?) IF YES: how do they handle these changes? *[sensitivity]*
  - 9) How reliable do you think the system is when it suggests there is a problem? *[predictive value positive]*
  - 10) How reliable do you think the system is when it is not showing that there are any problems? *[predictive value positive]*
  - 11) Is the HIS data representative of the health status of the camp? Might ask 10 CHWs what diseases or health-related events they are hearing about and check to see if HIS reports reflect these concerns. *[representativeness]*
  - 12) Do HIS indicators reflect expected trends in the population? *[representativeness]*
- 

### 3. Evaluate the effectiveness of interventions and service coverage

- 1) Has the system been used to improve the health programme? If YES: give an example and describe how actions / decisions taken based on the data. *[usefulness]*
- 2) Has the data from HIS allowed you to track disease trends in OPD? IF YES: what did you do with that information, did your clinical practice change at all? IF YES: did you use the information for any community campaign (e.g., vaccination, hygiene) *[usefulness]*
- 3) Have you added something to the system? IF YES: please describe what was added and the process used. *[flexibility]*
- 4) Is there something else you would like to add? IF YES: what? *[flexibility]*
- 5) Do you feel that you can modify the HIS questions to better match the needs of your camp? IF YES: how do you get that information to UNHCR? *[flexibility]*
- 6) Is the system readily accepted by UNHCR staff? By UNHCR partners? By local staff? The community? Do they feel engaged and understand the virtue of the system? *[acceptability]*
- 7) What is the participation rate of HIS partners? *[acceptability]*
- 8) Does the system alert you to public health issues or concerns within the health program? If yes, give an example. *[sensitivity]*
- 9) How reliable do you think the system is when it suggests there is a problem? *[predictive value positive]*
- 10) How reliable do you think the system is when it is not showing that there are any problems? *[predictive value positive]*
- 11) Is the HIS data representative of the health status of the camp? Might ask 10 CHWs what diseases or health-related events they are hearing about and check to see if HIS reports reflect these concerns. *[representativeness]*
- 12) Is information available to initiate control efforts, prevent of continued exposure, and assist program planning? *[timeliness]*



#### **4. Ensure that resources are correctly targeted to areas and groups of greatest need**

- 1) Does the host government use these HIS data for their own purposes? *[acceptability]*
  - 2) Are there any public health concerns which did not show up in the HIS? *[sensitivity]*
  - 3) Are there groups or programs that the system does not cover? For example: are there socio-cultural or political barriers that limit access to health care facilities or providers? IF YES, ask 10 CHWs, what percentage of the total camp population do you think that represents? *[representativeness]*
  - 4) What is the desired vs. actual time required for the HIS system to collect and receive, manage (including data entry and transfer) and disseminate data? *[stability]*
- 

#### **5. Evaluate the quality of health programmes**

- 1) Are there regular meetings with users to strengthen practices, discuss progress and solicit feedback? Who conducts these and how often? *[flexibility]*



## Section 2

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### Quantitative Evaluation

The following **quantitative questions** are to be completed through observations and discussions with frontline staff working in health facilities. [Guidance notes to accompany questions are written in blue.](#)

The checklist provides the option of rating the extent to which their HIS is meeting the requirements of each statement. Discuss each statement with the relevant members of health staff and record whether it is “always true”, “mostly true”, “sometimes true” or “never true”.

The responses are explained and given a score as follows:

Response	Explanation	Score
Always true	True 100% of the time	5
Mostly true	True more than 75% of the time	4
Sometimes true	True between 25% and 75% of the time	1
Never true	True less than 25% of the time	0

Enter your score for each statement in the box provided on the checklist. Then add up your scores for each section. By comparing your scores to the Interpreting Your Score table (see Annex 1) you will be able to determine how well the HIS is performing.

Note: the gap between Mostly True (4) and Sometimes True (1) is to emphasise the need to be very highly consistent in meeting the demands of the HIS. If you are only delivering an aspect 75% of the time, then it is not good enough. Organisations should be aiming for 100%. The score of 4 for over 75% recognises that not everything works perfectly all the time. Slippage below this figure is not good practice and is marked down as a consequence.

## OVER-ARCHING THEMES

### A. File management

**At country-level** (fill once per country)

**Score**

1. A stockpile of toolkit items is kept by the designated HIS coordinating agency and made available to camps when needed.

*Ask to see the stockpile. Estimate how long current supplies will last.*

**At camp-level**

2. A stockpile of toolkit items is stored in a central location by agencies and made available to camps and frontline staff when needed.

*Ask to see the stockpile. Estimate how long current supplies will last.*

3. Agencies understand how and where to order replacement materials from when needed.

*Document whether any requests have been made for extra items and the time taken for materials to be delivered to the camp.*

4. Original paper-based data collection and reporting forms are filed and stored neatly at camp-level at the end of each week.

*Ask to see where completed toolkit items are stored in each health facility.*

5. Original paper-based reporting forms are submitted on time to the agency office for data entry into Excel.

*Verify with staff that the last 4 reports were received on time. [Note: The frequency with which paper reports are submitted from the camp to the office will vary depending on whether or not the agency has adopted weekly or monthly reporting. Timeliness is defined as < 15<sup>th</sup> of next reporting month; or < 2 days of end of reporting week].*

### B. Database management

**At country-level** (fill once per country)

**Score**

6. A designated focal person is responsible for entering the paper-based report forms into the Excel sheet in the computer. The frequency will be weekly or monthly depending on the content.

*Identify the name of the focal point and frequency at which Excel sheets are imported into the database.*

7. The HIS focal point regularly reviews reports after import for missing data, and systematically check paper-based toolkit items to replace with correct values.

*Review the database for missing data. Ask the HIS focal point if s/he understands how to identify and correct these values in the database, and whether it occurs regularly each month.*

8. The HIS focal point regularly reviews reports after import for broken validation rules, and systematically checks paper-based toolkit items to replace with correct values.

*Review the database for broken validation rules. Ask the HIS focal point if s/he understands how to identify and correct these rules in the database, and whether it occurs regularly each month.*

9. The HIS focal point regularly shares copies of the database in a timely manner with UNHCR Headquarters each month.

*Ask the focal point whether regular backups are sent each month. Document any months when data was unable to be sent or when it was submitted after the 15<sup>th</sup> of the following reporting month.*

**At camp-level**

**Score**

10. A designated focal person is responsible for entering the paper-based report forms into the Excel sheet in the computer.

*Document the name of the focal point and frequency at which Excel sheets are imported into the database. The frequency will be weekly or monthly depending on the context.*

11. The HIS focal point regularly reviews reports after import for missing data, and systematically check paper-based toolkit items to replace with correct values.

*Review the database for missing data. Ask the HIS focal point if s/he understands how to identify and correct these values in the database, and whether it occurs regularly each month.*

Suggested scoring	5 = Always true	4 = Mostly true	1 = Sometimes true	0 = Never true	X=Too early or unable to judge
	True 100% of the time	True > 75% of the time	True 25% - 75% of the time	True < 25% of the time	

12. The HIS focal point regularly reviews reports after import for broken validation rules, and systematically checks paper-based toolkit items to replace with correct values.

*Review the database for broken validation rules. Ask the HIS focal point if s/he understands how to identify and correct these rules in the database, and whether it occurs regularly each month.*

13. Agencies regularly share monthly reports with the coordinating HIS agency at country level. The format will be as zipped database reports (xml) or Excel files (xls) depending on the content.

*Ask the focal point whether regular HIS reports (in xls or xml) are sent to the HIS coordinating agency each month. Document any months when data was unable to be sent or when it was submitted after the 15<sup>th</sup> of the following reporting month.*

<b>Suggested scoring</b>	<b>5 = Always true</b> True 100% of the time	<b>4 = Mostly true</b> True > 75% of the time	<b>1 = Sometimes true</b> True 25% - 75% of the time	<b>0 = Never true</b> True < 25% of the time	<b>X=Too early</b> or unable to judge
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## TECHNICAL SECTIONS

### 1. Population

Score

- 1) A consistent source is used to provide population data to the HIS.

*Ask the agency Health Coordinator which data source is used to report HIS population figures each month. Enter in the space below. Confirm this has been used consistently for at least the last 4 months.*

**Population source:**

- 2) An accurate source is used to provide population data to the HIS.

*Compare the population figure used in the last monthly HIS report with the figures available from other population sources (e.g. community, UNHCR registration, WFP, government). Enter in the table below and comment on reasons for any differences observed.*

Source	Population figure (enter total population reported last month)	Comment
1.		
2.		
3.		
4.		

- 3) There is timely reporting of population data into the HIS each month.

*Ask if at any time over the previous 4 months HIS population data was not available before the 15<sup>th</sup> of the following reporting month. Document any reasons.*

### 2. Mortality

#### General Observations

Score

- 1) The HIS calendar is present and visible in the health department.  
*Verify staff know where it is located and that it is easily referenced.*
- 2) Staff can correctly identify the current day and reporting week in the calendar.  
*Ask at least 4 members of staff to identify the correct day and reporting week.*
- 3) All relevant HIS toolkit items are in use  
*Compare with the HIS contents list. Document any missing tools and the reasons why they are not available.*

  
  


Tools:	Present? (circle one)	Other:	Present? (circle one)
Mortality Register	Yes / No	Weekly/Monthly Report	Yes / No
		Case Definitions	Yes / No

#### Data Collection

- 4) Entries in the Mortality register are legible.  
*Review 4 pages at random from at least 2 different register books.*
- 5) Entries in the Mortality register are complete.  
*Review 4 pages at random from at least 2 different register books.*

  


Suggested scoring	5 = Always true True 100% of the time	4 = Mostly true True > 75% of the time	1 = Sometimes true True 25% - 75% of the time	0 = Never true True < 25% of the time	X=Too early or unable to judge	Score

6) All deaths in the camp are entered into a single Mortality Register.

*Verify with staff that all camp deaths are entered into a central Mortality Register. This should include deaths which occur in the community, health facilities, and referral hospitals. List other sources of death which are used to complete the Mortality register in the space provided below.*

7) The number of deaths recorded in the HIS database is consistent with the number reported from other mortality sources in the camp.

*Prepare a line list of all deaths that occurred in the previous 4 months in the camp. Refer to all possible sources of death information when preparing this list (including IPD, SFP, TFP registers, shroud distribution list, burial records, community informants, referral hospitals). Record the name, location, date of death, age, sex, cause and data source of each death (see Annex 2). Compare with the number of deaths reported in the HIS database over the same time period and score performance above. Document the reasons for any discrepancies.*

Total number of deaths	HIS database	Line listing (from all available data sources)
Month 1		
Month 2		
Month 3		
Month 4		

**Data Reporting**

**Score**

8) The cause of death is correctly classified according to HIS guidelines.

*Check the last 8 deaths recorded in the register and verify whether HIS guidance is followed.*

Cause of death	Classified correctly (Y/N)	Comment
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

9) Death certificates/notifications are issued by the camp medical officer.

*Request to see hard copies of the forms that are used if available.*

10) A Weekly Mortality report is available from previous reporting weeks.

*Ask to see the previous 4 weekly reports.*

11) Weekly reports are correctly labelled according to the dates in the Reporting Calendar.

*Verify in the previous 4 weekly reports.*

<b>Suggested scoring</b>	<b>5 = Always true</b> True 100% of the time	<b>4 = Mostly true</b> True > 75% of the time	<b>1 = Sometimes true</b> True 25% - 75% of the time	<b>0 = Never true</b> True < 25% of the time	<b>X=Too early or unable to judge</b>
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12) Staff are using the user-defined surveillance priorities for mortality consistently each week.

*Enter the user-defined fields used over the previous 3 weeks in the table below. Write in the order they appear in the reports and compare to see if the fields were used consistently from week to week. Score performance above. Document how staff decided on which categories to include and reasons for any observed inconsistencies.*

S/N	Week # 1	Week # 2	Week # 3
12.			
13.			
14.			
15.			
16.			
17.			

<b>Suggested scoring</b>	<b>5 = Always true</b> True 100% of the time	<b>4 = Mostly true</b> True > 75% of the time	<b>1 = Sometimes true</b> True 25% - 75% of the time	<b>0 = Never true</b> True < 25% of the time	<b>X=Too early or unable to judge</b>
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### 3. Morbidity

#### Part I: Consultation and Diagnosis

##### General Observations

*Draw a flow chart to illustrate how morbidity data is collected and reported using paper-based forms in the outpatient department. Indicate which members of staff are responsible, how much time is taken at each step, and the frequency at which each step occurs.*

**Score**

- 1) The HIS calendar is present and visible in the health department.  
*Verify staff know where it is located and that it is easily referenced.*
- 2) Staff can correctly identify the current day and reporting week in the calendar.  
*Ask at least 4 members of staff to identify the correct day and reporting week.*
- 3) All relevant HIS toolkit items are in use.  
*Compare with the HIS contents list. Document any missing tools and the reasons why they are not available.*


Tools:	Present? (circle one)	Other:	Present? (circle one)
OPD Tally Sheet	Yes / No	Weekly/Monthly Report	Yes / No
OPD Register	Yes / No	Case Definitions	Yes / No
		Outbreak Alert Forms	Yes / No

- 4) Staff have case definitions and apply them for each disease under surveillance.  
*Observe at least 4 outpatient consultations. Verify that clinical officers refer to case definitions prior to recording each diagnosis. Confirm that staff have a hardcopy of the case definitions available in the consultation room.*
- 5) There are sufficient materials for the clinical officer to work with.  
*Verify that staff have at least one functional thermometer, scale and height board in each consultation room.*


##### Data Collection

- 6) The Header section of the tally sheet is completed correctly with the name of the clinical officer and dates of the reporting week  
*Check at least 8 tally sheets at random.*
- 7) Staff can correctly define the guidelines for 'New' and 'Revisits'.  
*Ask at least 4 members of staff the following questions:*
  - a) "A person was seen 5 days ago for URTI and came back today with the same symptoms. Would you record this a new visit or a revisit?" [ANSWER: would be a "revisit" per Annex 2 of HIS Case Definitions].
  - b) "A person was seen with scabies 6 weeks ago and returns today with the same symptoms. Would that be a new visit or a revisit?" [ANSWER: "new visit" per Annex 2 of HIS Case Definitions].
- 8) Staff correctly report 'New' cases only in the disease section and not 'Revisits'.  
*Ask at least 4 members of staff the following question:*

*"If a person visits as a new case of malaria plus has follow-up treatment for a known case of skin disease how would this be recorded?" [ANSWER: record "new visit" in consultation section, ONLY record "malaria" in diagnosis section. Skin disease not recorded again as a revisit. Note the new visit takes precedence over the revisit.*
- 9) Staff correctly report patients who present with multiple diagnoses.  
*Ask at least 4 members of staff the following question:*

*"If a person visits as a new case of measles and a new case of acute malnutrition how would this be recorded?" [ANSWER: record "new visit" in consultation section, record BOTH "measles" AND "acute malnutrition" in the diagnosis section.*


<b>Suggested scoring</b>	<b>5 = Always true</b> True 100% of the time	<b>4 = Mostly true</b> True > 75% of the time	<b>1 = Sometimes true</b> True 25% - 75% of the time	<b>0 = Never true</b> True < 25% of the time	<b>X=Too early or unable to judge</b>
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**Score**

- 10) Staff correctly record STIs on both the front **and** the back of the tally sheet.  
*Check at least 4 tally sheets at random.*
- 11) Tally sheets closed at the end of each week, and all tallies converted into numbers in the corner boxes in each square.  
*Check at least 4 tally sheets at random.*
- 12) The numbers in the corner boxes are consistent with the number of tallies in each square.  
*Check at least 16 corner boxes at random in at least 2 different tally sheets.*
- 13) Staff perform 'zero reporting' of disease when no cases are seen.  
*Check at least 4 tally sheets at random.*
- 14) Entries in the OPD register are legible.  
*Check 4 pages at random in at least 2 different OPD registers.*
- 15) Entries in the OPD register are complete.  
*Check 4 pages at random in at least 2 different OPD registers.*
- 16) The diagnoses recorded in the OPD register are written in accordance with the case definitions that are being used in the country.


*Review 16 entries at random in the OPD register. For each entry, compare the signs and symptoms with the diagnosis recorded and assess whether or not the case definition has been met. Document reasons for any differences and score performance above.*

*[Note: do NOT exclusively check only for specific diagnoses or age groups. Try to ensure that these records reflect a cross-section of sex and age groups as well as a range of common pathologies].*

**Data Reporting**

**Score**

- 17) A Weekly Morbidity report is available from previous reporting weeks.  
*Ask to see the previous 4 weekly reports.*
- 18) Weekly reports are correctly labelled according to the dates in the Reporting Calendar.  
*Verify in the previous 4 weekly reports.*
- 19) Staff are using the user-defined surveillance priorities for morbidity consistently each week.


*Enter the user-defined fields used over the previous 3 weeks in the table below. Write in the order they appear in the reports and compare to see if the fields were used consistently from week to week. Score performance above. Document how staff decided on which categories to include and reasons for any observed inconsistencies.*

S/N	Week # 1	Week # 2	Week # 3
22.			
23.			
24.			
25.			
26.			

<b>Suggested scoring</b>	5 = Always true True 100% of the time	4 = Mostly true True > 75% of the time	1 = Sometimes true True 25% - 75% of the time	0 = Never true True < 25% of the time	X=Too early or unable to judge
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Score

- 20) The numbers entered in the Weekly Morbidity Reports are consistent with those recorded in the daily tally sheets.

*Count the number of cases of malaria, LRTI and bloody diarrhoea recorded in the daily tally sheets and compare with the number entered in the previous 3 weekly reports. Enter the figures into the following table and then score performance above.*

**Week 1**

Disease	Number of cases reported	
	Weekly Report	Daily Tally Sheet(s)
# 1. Malaria (confirmed)		
# 2. LRTI		
# 3. Bloody diarrhoea		

**Week 2**

Disease	Number of cases reported	
	Weekly Report	Daily Tally Sheet(s)
# 1. Malaria (confirmed)		
# 2. LRTI		
# 3. Bloody diarrhoea		

**Week 3**

Disease	Number of cases reported	
	Weekly Report	Daily Tally Sheet(s)
# 1. Malaria (confirmed)		
# 2. LRTI		
# 3. Bloody diarrhoea		

<b>Suggested scoring</b>	<b>5 = Always true</b> True 100% of the time	<b>4 = Mostly true</b> True > 75% of the time	<b>1 = Sometimes true</b> True 25% - 75% of the time	<b>0 = Never true</b> True < 25% of the time	<b>X=Too early</b> or unable to judge
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## Part II: Outbreak Alert and Response

### Data Collection

Score

21) Staff are aware of the diseases under surveillance which have outbreak potential.  
*Ask staff to list the 7 diseases of outbreak potential in the HIS. Observe to see if any weekly data are displayed in visual forms (e.g., such as a coloured wall chart indicating the number of cases per week) in the clinical area. Ask which person is responsible for monitoring changes in data that may signify a rise in cases at the end of each week.*

22) Staff understand the associated alert thresholds and know where to reference them.  
*Ask staff the following questions:*

- a) "Where can the alert thresholds be found in the HIS?" [ANSWER: on the reverse of the tally sheets, on the reverse of the weekly report forms; in the case definitions].
- b) "What is the alert threshold for measles?" [ANSWER: 1 case].
- c) "What is the alert threshold for malaria?" [ANSWER: 1.5 times the baseline (= average no. of cases calculated over the previous 3 weeks)].

23) Staff know what to do in the event an alert threshold is exceeded.  
*Ask staff the following question:*

*"What actions should be taken when the threshold is exceeded? [ANSWER: Report to the clinic supervisor and complete an outbreak alert form indicating the cause, signs and symptoms, and a line listing of cases (where appropriate)]"*

### Data Reporting

24) An outbreak alert form is filled and submitted for each alert threshold which is exceeded.  
*Review the last 4 weekly forms to see if any of the alert thresholds were exceeded.*

25) An outbreak investigation is conducted into every suspected outbreak within 48 hours of notification.  
*Identify the person responsible for investigating a potential outbreak and ask if the previous outbreak was reported within 48 hours.*

26) A communications system has been established to ensure rapid notification of relevant health authorities.  
*Ask staff to describe the system which is in place and document the means by which notification will be sent (e.g. radio, telephone), who it will be sent to (e.g. UNHCR, MoH) and at what level (e.g. District, National).*

<b>Suggested scoring</b>	<b>5 = Always true</b> True 100% of the time	<b>4 = Mostly true</b> True > 75% of the time	<b>1 = Sometimes true</b> True 25% - 75% of the time	<b>0 = Never true</b> True < 25% of the time	<b>X=Too early or unable to judge</b>
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## 4. In Patient Department and Referrals

### General Observations

- 1) The HIS calendar is present and visible in the health department.  
*Verify staff know where it is located and that it is easily referenced.*
- 2) Staff can correctly identify the current day and reporting week in the calendar.  
*Ask at least 4 members of staff to identify the correct day and reporting week.*
- 3) All relevant HIS toolkit items are in use.  
*Compare with the HIS contents list. Document any missing tools and the reasons why they are not available.*

**Score**


Tools:	Present? (circle one)	Other:	Present? (circle one)
IPD Register	Yes / No	Weekly/Monthly Report	Yes / No

### Data Collection

- 4) Entries in the IPD register are legible.  
*Review 4 pages at random from at least 2 different register books.*
- 5) Entries in the IPD register are complete.  
*Review 4 pages at random from at least 2 different register books.*
- 6) All IPD patient registers are kept confidential.  
*Request to see where they are stored. Confirm who has access to the registers and the keys.*
- 7) Staff are able to correctly collect and report length of stay data in IPD.  
*Review the last 4 register entries which resulted in discharge. Enter date of admission, date of exit and length of stay in the following table and then score performance above.*


Date of Admission	Date of Exit	Length of stay (days)	
		Reported	Correct
1.			
2.			
3.			
4.			

### Data Reporting

- 8) A Weekly IPD and Referral report is available for review from previous reporting weeks.  
*Ask to see the previous 4 weekly reports.*
- 9) Weekly reports are correctly labelled according to the dates in the Reporting Calendar.  
*Verify in the previous 4 weekly reports.*
- 10) The opening balance of patients is always the same as the closing balance of the previous week.  
*Verify in the previous 4 weekly reports.*
- 11) Staff are using the user-defined surveillance priorities for IPD consistently.

**Score**


*Enter the user-defined fields used over the previous 3 weeks in the table below. Write in the order they appear in the reports compare to see if the fields were used consistently from week to week. Score performance above. Document how staff decided on which categories to include and reasons for any observed inconsistencies.*

Suggested scoring	5 = Always true	4 = Mostly true	1 = Sometimes true	0 = Never true	X=Too early or unable to judge
	True 100% of the time	True > 75% of the time	True 25% - 75% of the time	True < 25% of the time	

S/N	Week # 1	Week # 2	Week # 3
10.			
11.			
12.			

- 12) The numbers entered in the Weekly IPD and Referral Reports are consistent with those recorded in the daily register.

*Select the 3 most commonly reported reasons for IPD admission from the previous weekly report. Count the number recorded in the IPD register and score performance above.*

**Week 1**

Disease	Number of admissions	
	Weekly Report	Daily Register
# 1.		
# 2.		
# 3.		

**Week 2**

Disease	Number of admissions	
	Weekly Report	Daily Register
# 1.		
# 2.		
# 3.		

**Week 3**

Disease	Number of admissions	
	Weekly Report	Daily Register
# 1.		
# 2.		
# 3.		

- 13) Length of stay is reported only for authorised discharges.

*Review all exits (for any reason) from the IPD register over the past month and observe whether length of stay is reported for only authorised discharges in the weekly reports.*

<b>Suggested scoring</b>	<b>5 = Always true</b> True 100% of the time	<b>4 = Mostly true</b> True > 75% of the time	<b>1 = Sometimes true</b> True 25% - 75% of the time	<b>0 = Never true</b> True < 25% of the time	<b>X=Too early or unable to judge</b>
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## 5. Laboratory

### General Observations

- 1) The HIS calendar is present and visible in the health department.  
*Verify staff know where it is located and that it is easily referenced.*
- 2) Staff can correctly identify the current day and reporting week in the calendar.  
*Ask at least 4 members of staff to identify the correct day and reporting week.*
- 3) All relevant HIS toolkit items are in use.  
*Compare with the HIS contents list. Document any missing tools and the reasons why they are not available.*

Score


Tools:	Present? (circle one)	Other:	Present? (circle one)
Laboratory Register	Yes / No	Weekly/Monthly Report	Yes / No

### Data Collection

- 4) A printed laboratory register is provided for recording of routine laboratory investigations and results.  
*Document who provided the registers (e.g. MoH, health agency).*
- 5) Entries in the laboratory register are legible.  
*Review 4 pages at random from at least 2 different register books.*
- 6) Entries in the laboratory register are complete.  
*Review 4 pages at random from at least 2 different register books.*


### Data Reporting

- 7) A Weekly Laboratory report is available from previous reporting weeks.  
*Ask to see the previous 4 weekly reports.*
- 8) Weekly reports are correctly labelled according to the dates in the Reporting Calendar.  
*Verify in the previous 4 weekly reports.*
- 9) The numbers entered in the previous Weekly Laboratory Report are consistent with those recorded in the daily register.


*Count the number of positive test results in the laboratory registers over the previous week and compare with the number in the Weekly Laboratory report. Enter the figures into the following table and score performance above*

	Number reported	
	Weekly Report	Laboratory Register
No. of smears positive for AFB		
No. of new smear positive patients		
No. of malaria slides positive		
No. of malaria RDTs positive		

- 10) The numbers of confirmed positive cases reported in the Laboratory section are consistent with the number reported in other relevant sections of the HIS.

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*Count the number of positive test results in the laboratory registers over the previous 3 weeks and compare with the number in other relevant sections of the HIS as indicated. Enter the figures into the following table and score performance above. Comment on the reason for any differences.*

Suggested scoring	5 = Always true	4 = Mostly true	1 = Sometimes true	0 = Never true	X=Too early or unable to judge
	True 100% of the time	True > 75% of the time	True 25% - 75% of the time	True < 25% of the time	

New smear-positive TB cases		No. reported in laboratory report	No. of reported new admissions in TB program
Week 1			
Week 2			
Week 3			

New confirmed malaria cases		No. reported in laboratory report (slide positive plus RDT positive)	No. reported in morbidity report
Week 1			
Week 2			
Week 3			

<b>Suggested scoring</b>	<b>5 = Always true</b> True 100% of the time	<b>4 = Mostly true</b> True > 75% of the time	<b>1 = Sometimes true</b> True 25% - 75% of the time	<b>0 = Never true</b> True < 25% of the time	<b>X=Too early or unable to judge</b>
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## 6. Disease Control

### General Observations

- 1) The HIS calendar is present and visible in the health department.  
*Verify staff know where it is located and that it is easily referenced.*
- 2) Staff can correctly identify the current day and reporting week in the calendar.  
*Ask at least 4 members of staff to identify the correct day and reporting week.*
- 3) All relevant HIS toolkit items are in use.  
*Compare with the HIS contents list. Document any missing tools and the reasons why they are not available.*

Score


Tally Sheets:	Present? (circle one)	Other:	Present? (circle one)
TB Register	Yes / No	Weekly/Monthly Report	Yes / No
Leprosy Register	Yes / No		

### Data Collection

- 4) Printed TB and Leprosy cohort registers are provided to record and follow-up patients.  
*Document who provided the registers (e.g. MoH, health agency).*
- 5) Entries in the TB and Leprosy registers are legible.  
*Review 4 pages at random from at least 2 different register books.*
- 6) Entries in the TB and Leprosy registers are complete.  
*Review 4 pages at random from at least 2 different register books.*


### Data Reporting

- 7) A Weekly Disease Control report is available from previous reporting weeks.  
*Ask to see the previous 4 weekly reports.*
- 8) Weekly reports are correctly labelled according to the dates in the Reporting Calendar.  
*Verify in the previous 4 weekly reports.*
- 9) The opening balance of patients is always the same as the closing balance of the previous week.  
*Check the previous 4 weekly reports.*
- 10) Staff routinely record defaulters in the register if they do not attend within a pre-defined number of days from the appointment date.  
*Confirm the definition of defaulter with staff. Observe reporting practices for previous one month of data to verify whether or not defaulters are accurately identified and reported.*
- 11) The numbers entered in the previous monthly TB Report are consistent with those recorded in the daily TB register.


*Count the number of discharges recorded in the TB registers over the previous month and compare with the number in the HIS database. Enter the figures into the following table and score performance above*

Reason	Number of exits reported	
	HIS database	TB Register
Treatment success		
Treatment failure		
Death		
Default		
Referral		

Suggested scoring	5 = Always true	4 = Mostly true	1 = Sometimes true	0 = Never true	X=Too early or unable to judge
	True 100% of the time	True > 75% of the time	True 25% - 75% of the time	True < 25% of the time	

## 7. EPI and Vitamin A

### General Observations

- 1) The HIS calendar is present and visible in the health department.  
*Verify staff know where it is located and that it is easily referenced.*
- 2) Staff can correctly identify the current day and reporting week in the calendar.  
*Ask at least 4 members of staff to identify the correct day and reporting week.*
- 3) All relevant HIS toolkit items are in use.  
*Compare with the HIS contents list. Document any missing tools and the reasons why they are not available.*

Score


Tools:	Present? (circle one)	Other:	Present? (circle one)
EPI Vaccination Tally Sheets	Yes / No	Weekly/Monthly Report	Yes / No
Vitamin A Tally Sheets	Yes / No	Road to Health card	Yes / No
Tetanus Toxoid Tally Sheets	Yes / No	Under 5 Register	Yes / No
Growth Monitoring Tally Sheets	Yes / No		

### Data Collection

- 4) The Header section of each tally sheet is completed correctly with the name of the health unit and dates of the reporting week.  
*Check at least 8 tally sheets at random.*
- 5) Staff are aware of the national EPI schedule and when vaccinations are due.  
*Ask at least 4 members of staff the following questions:*  
  - a) "How many doses of DPT should a child receive and at what ages?" [ANSWER: 3 doses at 6, 10, 14 weeks]
  - b) "When should a child receive routine Vitamin A supplementation and at what ages?" [ANSWER: every 6 months until 5 years of age, 6-11 months 100,000 IU; 12-59 months 200,000 IU]*[NOTE: also refer to National EPI guidelines as schedules may vary from country to country]*
- 6) The age of children is calculated accurately in months.  
*Observe at least 4 children being vaccinated. Are staff able to determine age in months correctly based on date-of-birth information? [NOTE: at the time a child reaches exactly 12 months of age then s/he should be recorded in the ≥1<5 year age category]*
- 7) All children receive the correct vaccination according to their age and according to the national EPI schedule.  
*Observe at least 4 children being vaccinated. Check staff are using the Road-to-Health card to determine which vaccines have been received and which are due.*
- 8) Staff use the Under 5 register to routinely trace defaulters if they do not attend within a pre-defined number of days from the due vaccination date.  
*Confirm the definition of defaulter with staff. Observe reporting practices for previous one month of data to verify whether or not defaulters are accurately identified and traced.*
- 9) At the time of measles vaccination staff use a Road-to-Health card to verify that the EPI schedule is complete and to classify that a child is 'fully vaccinated'.  
*Observe at least 4 children being vaccinated.*
- 10) Tally sheets are closed at the end of the week and tallies converted into numbers in the corner boxes in each square.  
*Check at least 4 tally sheets at random.*
- 11) The numbers in the corner boxes are consistent with the number of tallies in each square.  
*Check at least 8 corner boxes at random in at least 2 different tally sheets.*

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Suggested scoring	5 = Always true	4 = Mostly true	1 = Sometimes true	0 = Never true	X=Too early or unable to judge
	True 100% of the time	True > 75% of the time	True 25% - 75% of the time	True < 25% of the time	

**Data Reporting**

- 12) A Weekly EPI and Vitamin A report is available from previous reporting weeks.

*Ask to see the previous 4 weekly reports.*

- 13) Weekly reports are correctly labelled according to the dates in the Reporting Calendar.

*Verify in the previous 4 weekly reports.*

- 14) The numbers entered in the previous Weekly EPI and Vitamin A report are consistent with those recorded in the daily tally sheets.

*Review the following figures recorded during the previous reporting week. Compare the number entered in the Weekly EPI and Vitamin A report with the entries in the daily Tally Sheets. Enter into the table and then score performance above.*

	Number of Doses Administered	
	Weekly Report	Daily Tally Sheet(s)
BCG		
Polio III		
Measles		
Dose 1 Vitamin A		
TT2 (Pregnant)		

- 15) The number of doses supplied is entered from cold chain / vaccine stock records into the EPI report each week.

*Review the number of doses of each vaccine that were supplied to the clinic the previous reporting week. [NOTE: ensure that number of doses is reported (not vials)]. Compare with the total number of doses administered. Document the reasons for any major differences.*

	Doses supplied	Doses administered
BCG		
DPT (all doses)		
Polio (all doses)		
Measles		

- 16) Staff understand the importance of accounting for any DPT or Polio vials that are returned to the fridge.

*Ask at least 4 members of staff. [NOTE: opened vials of DPT and Polio can be returned to the fridge for up to 4 weeks and used in future vaccination sessions. Any doses which are salvaged and returned to the fridge in this way should be accounted for in the weekly reports and not recorded as having been 'supplied'].*

<b>Suggested scoring</b>	<b>5 = Always true</b> True 100% of the time	<b>4 = Mostly true</b> True > 75% of the time	<b>1 = Sometimes true</b> True 25% - 75% of the time	<b>0 = Never true</b> True < 25% of the time	<b>X=Too early</b> or unable to judge
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## 8. Nutrition

### Part I: Supplementary Feeding Programme

#### General Observations

**Score**

- 1) The HIS calendar is present and visible in the health department.  
*Verify staff know where it is located and that it is easily referenced.*
- 2) Staff can correctly identify the current day and reporting week in the calendar.  
*Ask at least 4 members of staff to identify the correct day and reporting week.*
- 3) All relevant HIS toolkit items are in use.  
*Compare with the HIS contents list below. Document any missing tools and the reasons why they are not available.*


Tools:	Present? (circle one)	Guidelines:	Present? (circle one)
Moderate Malnutrition Register	Yes / No	Weekly/Monthly Report	Yes / No
Pregnant Register	Yes / No	Standard Indicators Guide	Yes / No
Lactating Register	Yes / No	Case Definitions	Yes / No
Medical Register	Yes / No		

- 4) Weight-for-height (WFH) reference tables are available in all nutrition centres.  
*Verify staff know where they are located and that they are easily referenced. Identify if the tables are UNISEX or sex-specific and the reference source used in the table below.*

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<b>Tables:</b>	UNISEX	or	Sex-specific	(circle one)
<b>Reference:</b>	WFH % median	or	WFH Z-score	(circle one)

- 5) A nutrition protocol is available to define criteria for admission and discharge in SFP.  
*Verify staff know where it is located and that it is easily referenced. Ensure it includes criteria for all types of beneficiaries which are eligible for admission to SFP (e.g. moderately malnourished, pregnant, lactating and medical). Write down the admission and discharge criteria for moderately malnourished children below.*

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<b>Admission criteria:</b>	
<b>Discharge criteria:</b>	

#### Data Collection

- 6) Entries in the SFP registers are legible.  
*Review 2 pages at random from each of the 4 different SFP registers: moderate malnutrition, pregnant, lactating, and medical.*
- 7) Entries in the SFP registers are complete.  
*Review 2 pages at random from each of the 4 different SFP registers: moderate malnutrition, pregnant, lactating, and medical.*

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<b>Suggested scoring</b>	<b>5 = Always true</b> True 100% of the time	<b>4 = Mostly true</b> True > 75% of the time	<b>1 = Sometimes true</b> True 25% - 75% of the time	<b>0 = Never true</b> True < 25% of the time	<b>X=Too early</b> or unable to judge
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Score

- 8) Staff are able to correctly admit children to SFP based on WFH measurements which meet admission criteria in the nutrition protocol.

*Review the last 4 admissions in the SFP moderate malnutrition register. Enter sex, weight, height/length, WFH on admission in the following table and then score performance above. For each child, ask staff to demonstrate how they calculated the WFH values.*

Sex (M/F)	Weight (kg)	Height/Length (cm)	WFH on admission (ZS or % median)	Admission criteria met? (Y/N)
1.				
2.				
3.				
4.				

- 9) Staff are able to correctly discharge children to SFP based on WFH measurements which meet discharge criteria in the nutrition protocol.

*Review the last 4 entries which resulted in **discharge cured**. Enter date of admission, date of exit, whether discharge criteria were met and length of stay in the following table and then score performance above. For each child, ask staff to demonstrate how they calculated the WFH values.*

Date of Admission	Date of Exit	WFH on discharge (ZS or % median)	Discharge criteria met? (Y/N)	Length of stay (days)	
				Reported	Correct
1.					
2.					
3.					
4.					

- 10) Staff are able to correctly collect and report length of stay data in SFP.

*Score performance based on a comparison of reported and correct lengths of stay in the table above. [NOTE: Length of stay is **inclusive** of week of admission and week of discharge].*

- 11) Staff understand how to record and classify children who exceed a length of stay of 12 weeks.

*Review the last 4 entries which required 12 weeks or more of admission to SFP. [NOTE: after 12 weeks admission children should be classified as "non-cured" in the register, and returned as a new admission in the next available row. They will therefore appear as "non-cured" in the weekly report. They should continue to be monitored in SFP until they reach discharge criteria].*

Total length of stay to date (weeks)	Recorded correctly as non-cured? (Y/N)	Comment
1.		
2.		
3.		
4.		

<b>Suggested scoring</b>	<b>5 = Always true</b> True 100% of the time	<b>4 = Mostly true</b> True > 75% of the time	<b>1 = Sometimes true</b> True 25% - 75% of the time	<b>0 = Never true</b> True < 25% of the time	<b>X=Too early</b> or unable to judge
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- 12) Date of attendance is correctly recorded against gestational age in the Pregnancy register.   
*Verify in 4 pages at random from at least 2 different register books. [NOTE: the date of 1<sup>st</sup> visit should be registered according to gestational age. Subsequent visits should be recorded by advancing week of gestation until the time of delivery].*
- 13) Date of attendance correctly recorded against number of weeks post-delivery in the Lactating register.   
*Verify in 4 pages at random from at least 2 different register books. [NOTE: The date of 1<sup>st</sup> visit should be registered according to the number of weeks post delivery. Subsequent visits should be recorded by week of the post-delivery period until the time of discharge].*
- 14) Adequate precautions are taken to protect data and guarantee the rights and safety of individuals who are admitted to SFP due to HIV/AIDS.   
*Verify for the last 5 admissions due to HIV/AIDS in the SFP Medical Register. [NOTE: ensure that no name and address information is recorded and unique identifiers are used to protect individual confidentiality].*

**Data Reporting**

**Score**

- 15) A Weekly Nutrition report is available from previous reporting weeks.   
*Ask to see the previous 4 weekly reports.*
- 16) Weekly reports are correctly labelled according to the dates in the Reporting Calendar.   
*Verify in the previous 4 weekly reports.*
- 17) The opening balance of patients is always the same as the closing balance of the previous week.   
*Verify in the previous 4 weekly reports.*
- 18) Sum length of stay is correctly reported for refugee children under five, who are authorised discharges.   
*Compare the sum length of stay in the most recent weekly report with the data entered in the SFP moderate malnutrition register. [NOTE: Sum length of stay should be reported as the **sum** number of **weeks** of admission for **under 5 refugee children who were authorised discharges** only].*
- 19) Staff are using the user-defined surveillance priorities for SFP consistently.

*Enter the user-defined fields used over the previous 3 weeks in the table below. Write in the order they appear in the reports compare to see if the fields were used consistently from week to week. Score performance above. Document how staff decided on which categories to include and reasons for any observed inconsistencies.*

S/N	Week # 1	Week # 2	Week # 3
2.			
3.			
4.			

- 20) Staff routinely record defaulters in the register if they do not attend within a pre-defined number of days from the appointment date.   
*Confirm the definition of defaulter with staff. Observe reporting practices for previous one month of data to verify whether or not defaulters are accurately identified and reported.*

<b>Suggested scoring</b>	<b>5 = Always true</b> True 100% of the time	<b>4 = Mostly true</b> True > 75% of the time	<b>1 = Sometimes true</b> True 25% - 75% of the time	<b>0 = Never true</b> True < 25% of the time	<b>X=Too early</b> or unable to judge
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## Part II: Therapeutic Feeding Programme

### General Observations

Score

- 21) The HIS calendar is present and visible in the health department.  
*Verify staff know where it is located and that it is easily referenced.*
- 22) Staff can correctly identify the current day and reporting week in the calendar.  
*Ask at least 4 members of staff to identify the correct day and reporting week.*
- 23) All relevant HIS toolkit items are in use.  
*Compare with the HIS contents list below. Document any missing tools and the reasons why they are not available.*


Tools:	Present? (circle one)	Guidelines:	Present? (circle one)
Severe Malnutrition Register	Yes / No	Weekly/Monthly Report	Yes / No
Medical Register	Yes / No	Standard Indicators Guide	Yes / No
TFP Patient Form	Yes / No	Case Definitions	Yes / No

- 24) Weight-for-height (WFH) reference tables are available in all nutrition centres.  
*Verify staff know where they are located and that they are easily referenced. Identify if the tables are UNISEX or sex-specific and the reference source used in the table below.*

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Tables:	UNISEX	or	Sex-specific	(circle one)
Reference:	WFH % median	or	WFH Z-score	(circle one)

- 25) A nutrition protocol is available to define criteria for admission and discharge in TFP.  
*Verify staff know where it is located and that it is easily referenced. Ensure it includes criteria for all types of beneficiaries which are eligible for admission to TFP (e.g. severely malnourished and medical). Write down the admission and discharge criteria for moderately malnourished children below.*

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Admission criteria:	
Discharge criteria:	

### Data Collection

- 26) Entries in the TFP registers are legible complete.  
*Review 4 pages at random from each of the 2 different TFP registers: severe malnutrition and medical.*
- 27) Entries in the TFP registers are complete.  
*Review 4 pages at random from each of the 2 different TFP registers: severe malnutrition and medical.*
- 28) Staff are able to correctly admit children to TFP based on WFH measurements which meet admission criteria in the nutrition protocol.  
*Review the last 4 admissions in the TFP severe malnutrition register. Enter sex, weight, height/length, WFH on admission and target WFH in the following table and then score performance above. [Note: Target weight on admission refers to marasmus and marasmic kwashiorkor cases only. Weight for Height measurements cannot be accurately interpreted on admission for Kwashiorkor cases].*


<b>Suggested scoring</b>	<b>5 = Always true</b> True 100% of the time	<b>4 = Mostly true</b> True > 75% of the time	<b>1 = Sometimes true</b> True 25% - 75% of the time	<b>0 = Never true</b> True < 25% of the time	<b>X=Too early or unable to judge</b>
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Sex (M/F)	Weight (kg)	Height/Length (cm)	WFH on admission (ZS or % median)	Admission criteria met? (Y/N)	Target Weight (kg)	
					Reported	Correct
1.						
2.						
3.						
4.						

- 29) Staff are able to correctly calculate and report **target weight** in TFP.

*Score performance based on the results in the table above.*


- 30) TFP Patient record forms are available and updated daily alongside each entry in the Severe Malnutrition Register.

*Verify patient record forms are available for 8 randomly selected admissions in the severe malnutrition register. [NOTE: alternatives to the HIS TFP Patient Form may be in use. These are acceptable but ensure that basic information on weight gain and clinical progress continues to be recorded and updated each day].*

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- 31) Staff are able to correctly discharge children to TFP based on WFH measurements which meet discharge criteria in the nutrition protocol.

*Review the last 4 entries which resulted in **discharge cured to SFP**. Enter date of admission, date of exit, whether discharge criteria were met and length of stay in the following table and then score performance above.*

Date of Admission	Date of Exit	WFH on discharge (ZS or % median)	Discharge criteria met? (Y/N)	Length of stay (days)	
				Reported	Correct
1.					
2.					
3.					
4.					

- 32) Staff are able to correctly collect and report length of stay data in TFP.

*Score performance based on a comparison of reported and correct lengths of stay calculated in the table above. [NOTE: Length of stay is **inclusive** of day of admission and day of discharge].*


- 33) Staff are able to correctly collect and report average weight gain in TFP.

*Review the average weight gain calculation for same 4 entries which were discharged cured above. Enter lowest recorded weight, discharge weight, length of stay and average weight gain in the following table and score performance above.*

*[NOTE: Average Weight gain: (weight on exit – the lowest recorded weight (g)) divided by lowest weight recorded (kg). Then divide by the total number of days between the exit and the lowest weight recorded].*

Lowest Recorded weight (kg)	Discharge weight (kg)	No. days between discharge and lowest recorded weight	Average weight gain (g/kg/day)	
			Reported	Correct
1.				
2.				
3.				
4.				

- 34) Staff understand how to record and classify children who exceed a length of stay of 31 days.

*Review the last 4 entries which required 30 days or more of admission to TFP. [NOTE: after 31 days admission children should be moved to the next available row of the register and continue to be monitored in TFP until discharge criteria are met].*

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Suggested scoring	5 = Always true	4 = Mostly true	1 = Sometimes true	0 = Never true	X=Too early or unable to judge
	True 100% of the time	True > 75% of the time	True 25% - 75% of the time	True < 25% of the time	



**Data Reporting**

**Score**

- 35) A Weekly Nutrition report is available from previous reporting weeks  
*Ask to see the previous 4 weekly reports.*
- 36) Weekly reports are correctly labelled according to the dates in the Reporting Calendar.  
*Verify in the previous 4 weekly reports.*
- 37) The opening balance of patients is always the same as the closing balance of the previous week.  
*Verify in the previous 4 weekly reports.*
- 38) Sum length of stay is correctly reported for refugee children under five, who are authorised discharges.  
*Compare the sum length of stay in the most recent weekly report with the data entered in the TFP severe malnutrition register. [NOTE: Sum length of stay should be reported as the **sum** number of **days** of admission for **under 5 refugee** children who were **authorised discharges** only. It is disaggregated by marasmus and kwashiorkor].*
- 39) Sum average weight gain is correctly reported for refugee children under five, who are authorised discharges.  
*Compare the sum average weight gain in the most recent weekly report with the data entered in the TFP severe malnutrition register. [NOTE: Sum average weight gain should be reported as the **sum** number of **days** of admission for **under 5 refugee** children who were **authorised discharges** only. It is disaggregated by marasmus and kwashiorkor].*
- 40) Staff routinely record defaulters in the register if they do not attend within a pre-defined number of days from the appointment date.  
*Confirm the definition of defaulter with staff. Observe reporting practices for previous one month of data to verify whether or not defaulters are accurately identified and reported.*


<b>Suggested scoring</b>	<b>5 = Always true</b> True 100% of the time	<b>4 = Mostly true</b> True > 75% of the time	<b>1 = Sometimes true</b> True 25% - 75% of the time	<b>0 = Never true</b> True < 25% of the time	<b>X=Too early</b> or unable to judge
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## 9. Reproductive Health

### Part I: Antenatal Care

#### General Observations

- 1) The HIS calendar is present and visible in the health department.  
*Verify staff know where it is located and that it is easily referenced.*
- 2) Staff can correctly identify the current day and reporting week in the calendar.  
*Ask at least 4 members of staff to identify the correct day and reporting week.*
- 3) All relevant HIS toolkit items are in use.  
*Compare with the HIS contents list. Document any missing tools and the reasons why they are not available.*

Score


Tools:	Present? (circle one)	Other:	Present? (circle one)
Antenatal Register	Yes / No	Weekly/Monthly Report	Yes / No
Antenatal Tally Sheet	Yes / No	Antenatal Card	Yes / No

#### Data Collection

- 4) Entries in the Antenatal registers are legible.  
*Review 4 pages at random from at least 2 different register books.*
- 5) Entries in the Antenatal registers are complete.  
*Review 4 pages at random from at least 2 different register books.*
- 6) The full antenatal history for each pregnant woman is entered into a single row of the register.  
*Check at least 8 register entries at random.*
- 7) The Antenatal Tally Sheet is updated alongside the Antenatal register at the end of each consultation.  
*Observe at least 4 antenatal consultations.*
- 8) An Antenatal card is used to record information and retrieve records of women coming for repeat visits.  
*Observe at least 4 antenatal consultations.*
- 9) The delivery of routine preventive services is logged in the Antenatal register by recording the date on which the service was provided.  
*Check at least 8 register entries at random.*
- 10) Abbreviations for antenatal complications are correctly referenced and used.  
*Check at least 8 register entries at random.*
- 11) Pregnancy outcome is updated and entered into the last column of the register after delivery.  
*Check at least 8 register entries at random which had completed the full antenatal schedule.*


### Part II: Delivery Care

#### General Observations

- 12) The HIS calendar is present and visible in the health department.  
*Verify staff know where it is located and that it is easily referenced.*
- 13) Staff can correctly identify the current day and reporting week in the calendar.  
*Ask at least 4 members of staff to identify the correct day and reporting week.*

Score


Suggested scoring	5 = Always true True 100% of the time	4 = Mostly true True > 75% of the time	1 = Sometimes true True 25% - 75% of the time	0 = Never true True < 25% of the time	X=Too early or unable to judge
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14) All relevant HIS toolkit items are in use.

*Compare with the HIS contents list. Document any missing tools and the reasons why they are not available.*

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Tools:	Present? (circle one)	Guidelines:	Present? (circle one)
Delivery Register	Yes / No	Weekly/Monthly Report	Yes / No

**Data Collection**

15) Entries in the Delivery register are legible.

*Review 4 pages at random from at least 2 different register books.*

16) Entries in the Delivery register are complete.

*Review 4 pages at random from at least 2 different register books.*

17) All births in the camp are entered into a single Delivery Register.

*Check that births in community, hospital and referral sources are also added to the Delivery Register.*

18) Abbreviations for delivery complications are correctly referenced and used.

*Check at least 8 register entries at random.*


**Part III: Postnatal Care**

**General Observations**

**Score**

19) The HIS calendar is present and visible in the health department.

*Verify staff know where it is located and that it is easily referenced.*

20) Staff can correctly identify the current day and reporting week in the calendar.

*Ask at least 4 members of staff to identify the correct day and reporting week.*

21) All relevant HIS toolkit items are in use.

*Compare with the HIS contents list. Document any missing tools and the reasons why they are not available.*


Tools:	Present? (circle one)	Other:	Present? (circle one)
Postnatal Register	Yes / No	Weekly/Monthly Report	Yes / No
		Appointment diary	Yes / No

**Data Collection**

22) Entries in the postnatal register are legible.

*Review 4 pages at random from at least 2 different register books.*

23) Entries in the postnatal register are complete.

*Review 4 pages at random from at least 2 different register books.*

24) The expected date of discharge is entered into the postnatal register at the time of first visit.

*Check at least 8 register entries at random. [NOTE: Expected date of discharge from postnatal care is 6 weeks after the date of delivery assuming no complications are present. 3 postnatal visits should be scheduled during this interval at approximately 6 hours, 6 days and 6 weeks].*

25) The remarks column is used to comment on the timing of postnatal visits within the recommended schedule.

*Check at least 8 register entries at random.*

26) An appointments diary is used to follow up repeat visits and predictably identify defaulters.

*Verify a diary is available and used in the consultation room.*

27) Abbreviations for postnatal complications are correctly referenced and used.

*Check at least 8 register entries at random.*


Suggested scoring	5 = Always true	4 = Mostly true	1 = Sometimes true	0 = Never true	X=Too early or unable to judge
	True 100% of the time	True > 75% of the time	True 25% - 75% of the time	True < 25% of the time	

## Part IV: Family Planning

### General Observations

- 28) The HIS calendar is present and visible in the health department.  
*Verify staff know where it is located and that it is easily referenced.*
- 29) Staff can correctly identify the current day and reporting week in the calendar.  
*Ask at least 4 members of staff to identify the correct day and reporting week.*
- 30) All relevant HIS toolkit items are in use.  
*Compare with the HIS contents list. Document any missing tools and the reasons why they are not available.*

Score


Tools:	Present? (circle one)	Other:	Present? (circle one)
Family Planning Register	Yes / No	Weekly/Monthly Report	Yes / No
		Appointment diary	Yes / No

### Data Collection

- 31) Entries in the Family Planning register are legible.  
*Review 4 pages at random from at least 2 different register books.*
- 32) Entries in the Family Planning register are complete.  
*Review 4 pages at random from at least 2 different register books.*
- 33) A single row of the register is used to record each type of family planning method.  
*Check at least 8 register entries at random.*
- 34) The correct information is recorded against the type of method provided.  
(e.g. Condom = no. of pieces; Depo-Provera = no. of inj.; Pills = no. of cycles)  
*Check at least 8 register entries at random.*
- 35) Staff correctly classify family planning users according to HIS guidelines.  
*Observe at least 4 family planning consultations. [NOTE: there are 3 types of family planning user:  
**New user:** A client who has never used the method before; or A user who has discontinued a method and since decided to re-start the same method.  
**Repeat user:** A client who has used the method on at least one previous visit, and has NOT missed a scheduled appointment by an agreed no. of days.  
**Discontinued:** A client who has not attended for a scheduled visit within agree no. of days from the appointment date].*
- 36) An appointments diary is used to follow up repeat visits and predictably identify discontinued users.  
*Verify a diary is available and used in the consultation room.*
- 37) Repeat family planning visits that are expected in the clinic are updated into the register each day.  
*Confirm that expected visits are entered into the register before the day begins.*
- 38) Staff routinely record discontinued users in the register if they do not attend within a pre-defined number of days from the appointment date.  
*Confirm the definition of discontinued user with staff. Observe reporting practices for 10 repeat appointments which should have been made recently, to verify whether or not defaulters are accurately identified and reported.*


### Data Reporting

- 39) A Weekly Reproductive Health report is available from previous reporting weeks.  
*Ask to see the previous 4 weekly reports.*
- 40) Weekly reports are correctly labelled according to the dates in the Reporting Calendar.  
*Verify in the previous 4 weekly reports.*


Suggested scoring	5 = Always true	4 = Mostly true	1 = Sometimes true	0 = Never true	X=Too early or unable to judge
	True 100% of the time	True > 75% of the time	True 25% - 75% of the time	True < 25% of the time	

- 41) The numbers entered in the previous Weekly Reproductive Health Report are consistent with those recorded in the daily register.

*Review the following figures recorded during the previous reporting week. Compare the number entered in the Weekly Reproductive report with the entries in the HIS toolkit items using the following table and then score performance above.*

	Number reported	
	Weekly Report	Daily Register
No. of antenatal visits > 1 <sup>st</sup> trimester		
No. of live births		
No. attended 3 postnatal visits within 6 weeks		
No. new contraceptive users (low dose COCP)		
No. repeat Depo-Provera users		

<b>Suggested scoring</b>	<b>5 = Always true</b> True 100% of the time	<b>4 = Mostly true</b> True > 75% of the time	<b>1 = Sometimes true</b> True 25% - 75% of the time	<b>0 = Never true</b> True < 25% of the time	<b>X=Too early or unable to judge</b>
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## 10. HIV/AIDS

### Voluntary Counselling and Testing (VCT) and Prevention of Mother-to-Child Transmission (PMTCT)

#### General Observations

Score

- 1) The HIS calendar is present and visible in the health department.  
*Verify staff know where it is located and that it is easily referenced.*
- 2) Staff can correctly identify the current day and reporting week in the calendar.  
*Ask at least 4 members of staff to identify the correct day and reporting week.*
- 3) All relevant HIS toolkit items are in use.  
*Compare with the HIS contents list. Document any missing tools and the reasons why they are not available.*


Tools:	Present? (circle one)	Other:	Present? (circle one)
VCT Client Register	Yes / No	Weekly/Monthly Report	Yes / No
VCT Results Register	Yes / No	PMTCT Referral form	Yes / No
PMTCT Client Register	Yes / No		
PMTCT Results Register	Yes / No		
PMTCT Labour, Delivery and Postnatal Register	Yes / No		

- 4) Guidelines are available to specify the testing national algorithm used.  
*Verify staff know where it is located and that it is easily referenced.*

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#### Data Collection

- 5) Entries in the VCT / PMTCT registers are legible.  
*Review 4 pages at random from at least 2 different client and results registers for both VCT and PMTCT.*
- 6) Entries in the VCT / PMTCT registers are complete.  
*Review 4 pages at random from at least 2 different client and results registers for both VCT and PMTCT.*
- 7) Informed consent is requested and documented prior to counselling.  
*Verify with staff if written or verbal. If written, request samples of the informed consent forms which are used.*
- 8) VCT / PMTCT Client and Results Registers are used correctly to code information and protect individual client confidentiality.  
*Check at least 8 register entries at random.*
- 9) Registers stored out of public view and under lock-and-key when not in use.  
*Request to see where they are stored. Confirm who has access to the registers and the keys.*
- 10) Each step in the counselling and testing process documented in the register correctly, according to the algorithm used in the country.  
*Check at least 8 register entries at random.*
- 11) All HIV-tested clients received post-test counselling, regardless of the result of the test.  
*Check at least 8 register entries at random.*
- 12) A mechanism in place to refer information on HIV-positive deliveries from the maternity ward back to the PMTCT Labour, Delivery and Postnatal register.  
*Ask to see the referral forms for the previous 5 HIV positive deliveries managed within the PMTCT programme.*


Suggested scoring	5 = Always true	4 = Mostly true	1 = Sometimes true	0 = Never true	X=Too early or unable to judge
	True 100% of the time	True > 75% of the time	True 25% - 75% of the time	True < 25% of the time	

**Data Reporting**

- 13) A Weekly HIV/AIDS report is available from previous reporting weeks.  
*Ask to see the previous 4 weekly reports.*
- 14) Weekly reports are correctly labelled according to the dates in the Reporting Calendar.  
*Verify in the previous 4 weekly reports.*
- 15) The numbers entered in the previous Weekly HIV/AIDS Report are consistent with those recorded in the daily register.


*Review the following figures recorded during the previous 3 reporting weeks. Compare the number entered in the Weekly HIV/AIDS with the entries in the VCT/PMTCT Registers in the following table and then score performance above.*

	Number reported	
	Weekly Report	Daily Register
Tested for HIV (VCT)		
Tested for HIV positive (VCT)		
Tested for HIV (PMTCT)		
Tested for HIV positive (PMTCT)		
No. of HIV positive live births		

<b>Suggested scoring</b>	<b>5 = Always true</b> True 100% of the time	<b>4 = Mostly true</b> True > 75% of the time	<b>1 = Sometimes true</b> True 25% - 75% of the time	<b>0 = Never true</b> True < 25% of the time	<b>X=Too early</b> or unable to judge
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