

Tool A: Structured questionnaire for assessing HMIS Performance and its determinants in Central zone Tigray, Northern Ethiopia

Greetings:

My name is _____ I am working in Mekelle University, College of Health Science, School of Public Health and Department of Biostatistics.

The objective of the study is to assess **Health Information System in Primary Health Care Units of Central zone, Tigray, Northern Ethiopia**. This study is believed to contribute much for the understanding of the data quality and current information utilization pattern and to identify the factors contributing to the existing situations. This in turn is hoped to give insight as to how to improve the HIS performance in the health facilities as well as institution.

You will be asked to respond for an interview that will help in investigating the issues. Your co-operation is very helpful. Your experiences and perspectives are extremely important and invaluable to us. Your name will not be written on the questionnaire and all the information you will provide will be kept strictly confidential. You will be facing no harm by participating and you are also not obliged to answer any question you don't wish to answer. For an interview 30-60 minutes will be required. If you wish to comment, feel free to use the contact address.

Consent Form

Considering the information you get from the general information sheet, we would be thankful if you spend some time with us solving questions related to the issues. Are you comfortable to participate in this study?

- If yes, continue to next page
- If no, skip to other participant

Contact

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Part I: Interviewee details

Woreda Name _____

Woreda Code _____

Name of Health facility _____

Health facility code _____

Type of Health facility/ Organization: 1)Hospital 2) Health center 3) Health Post
Unit /department_____

Part II: Professional background of interviewee

1. Gender: 1) Female 2) Male
2. Highest level of completed education. 1) College education 2) Bachelor degree 3) Master's degree
3. Discipline or field of educational training: 1) IT/computer science 2) Health (MD, nurse, health officer, midwife, pharmacy, etc) 3) Other (specify): _____
4. Current position: _____
5. How long have you been in the current job/position: _____ Months

	Facility's HMIS Input related variables	Categories	
1	Is your department has the necessary equipment for HIS?	1. Yes	2. No
2	If yes to Q. No 1 , how do you rate the adequacy of equipments? 1. Very inadequate 2. Inadequate 3. Somewhat inadequate 4. Not sure 5. Somewhat adequate 6. Adequate 7. Very adequate		
3	Are there any coordination mechanisms in your facility to facilitate use of HMIS resources (human, material, financial)	1. Yes	2. No
4	Are there any kinds of trainings on HMIS activities for the staffs?	1. Yes	2. No
5	If yes to question 8, how long has it been since the last training given? 1. 0 -6 months 2. 6 months - one year 3. One - two year 4. More than two years		
6	Does your facility have legislatives, regulatory and planning frameworks concerning the use of HMIS?	1. Yes	2. No
	Facility's HMIS Processes		
7	Does your department collect health data on a daily activity of patient care?	1. Yes	2. No
8	Do you keep patient registration and copies of HMIS monthly reports of the last 12 month?	1. Yes	2. No
9	How do you rate the ease of accessibility (retrievably) of the records for the appropriate staffs? 1. Very difficult 2. Difficult 3. Somewhat Difficult 4. Not sure 5. Somewhat Easy 6. Easy 7. Very easy		
10	Do you have a set of criteria for verifying the completeness and consistency of data?	1. Yes	2. No
11	Do you receive directives in the last 3 months to check data accuracy, to fill format completely and submit the monthly reports timely?	1. Yes	2. No
12	Do you agree that the data collected at your department reported timely? 1. Strongly Disagree 2. Disagree 3. Somewhat Disagree 4. Not sure 5. Somewhat Agree 6. Agree 7. Strongly Agree		

13	Do you agree that the data collected at your department are complete? 1. Strongly disagree 2. Disagree 3. Somewhat disagree 4. Not sure 5. Somewhat Agree 6. Agree 7. Strongly Agree	
14	Do you agree that the data collected at your department are consistent? 1. Strongly disagree 2. Disagree 3. Somewhat Disagree 4. Not sure 5. Somewhat Agree 6. Agree 7. Strongly Agree	
15	Do you agree that the data collected at your department is used for planning purpose? 1. Strongly Disagree 2. Disagree 3. Some What Disagree 4. Not sure 5. Somewhat Agree 6. Agree 7. Strongly Agree	
16	Do you agree that you can get resources including human resource based on your performance? 1. Strongly Disagree 2. Disagree 3. Some What Disagree 4. Not sure 5. Somewhat Agree 6. Agree 7. Strongly Agree	
	HMIS Facility's output	
17	Does your institution display some key indicator with tables, charts/graphs or maps? <i>(please observe)</i>	1. Yes 2. No
18	Is feedback, quarterly, yearly or any other report on HMIS data available, which provides guidelines/ recommendations for actions? <i>(please observe)</i>	1. Yes 2. No
19	Does your institution use the information collected for decision making?	1. Yes 2. No
20	For what other purposes do you use the information you collect? (multiple answers are possible) 1. For future reference 2. To observe trends on service delivery 3. To pass the data for subsidy health office 4. If other, specify _____	
21	Does your department present target and performance achievement of key indicators? <i>(please observe)</i>	1. Yes 2. No
22	Does the facility have routine meetings for reviewing managerial or administrative matters? <i>(please observe the minutes)</i>	1. Yes 2. No
23	Are there policies in your department for information use?	1. Yes 2. No
24	Does your facility have any mechanism to disseminate health information aside from the reports sent to the Regional Health Bureau/woreda/health center?	1. Yes 2. No

Possible determinants of HMIS Performance

		Scale				
	Technical Factors	1. Strongly disagree	2. Disagree	3. Neither disagree nor agree	4. Agree	5. Strongly agree
25	Do you agree that there is well designed data collection and reporting format?	1	2	3	4	5
26	Do you agree that there is trained staff able to fill out format?	1	2	3	4	5
27	Do you agree that there is skilled human resource?	1	2	3	4	5
28	Do you agree that there is friendly format for	1	2	3	4	5

	reporting result and Easy- to- Visualize?					
	Organizational factors					
29	How do you rate your agreement pertaining to the existence of organizational culture (acceptance or resistance)?	1	2	3	4	5
30	How do you rate your agreement on decision at health department is based on personal liking?	1	2	3	4	5
31	How do you rate your agreement on decision at health department is based on supervisor' directive?	1	2	3	4	5
32	How do you rate your agreement on decision at health department is based on evidence/fact?	1	2	3	4	5
33	How do you rate your agreement on decision at health department is based on health need?	1	2	3	4	5
	Behavioral Factors					
34	How do you rate your agreement on lack of motivation mechanism in information use for assessing their performance?	1	2	3	4	5
35	How do you rate your agreement on lack of empowerment of department head to take action based on data?	1	2	3	4	5
36	How do you rate your agreement on lack of confidence of department heads to make decision at HMIS related activities?	1	2	3	4	5
37	How do you rate your agreement on lack of promotion of culture of information?	1	2	3	4	5
38	How do you rate your agreement that manager in health department seek feedback from concerned persons?	1	2	3	4	5
39	How do you rate your agreement that manager in health department emphasize data quality in monthly reports?	1	2	3	4	5
40	How do you rate your agreement that manager in health department use HMIS data for setting targets and monitoring?	1	2	3	4	5
41	How do you rate your agreement that manager in health department Provide regular feedback to their staff through regular report based on evidence?	1	2	3	4	5
42	How do you rate your agreement that manager in health department Report on data accuracy regularly?	1	2	3	4	5