

Study on Efficiency of UPHMIS by Monitoring and
Evaluation at Gonda District, U.P.

By

Sourabh Roopchandani

*Dissertation submitted for the partial fulfillment of the
MBA Hospital and Health Management*

Academic year, 2016-2018



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TO WHOMSOEVER MAY CONCERN

This is to certify that **Mr. Sourabh Roopchandani** student of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone internship training in **India Health Action Trust, Uttar Pradesh Technical Support Unit, Lucknow** from **5th-Feb -2018** to **5th May-2018**.

The Candidate has successfully carried out the study designated to him during internship training and his approach to the study has been sincere, scientific and analytical.
The Internship is in fulfillment of the course requirements.

I wish him all success in all his future endeavors.



Dr. (Col) Ashok Kaushik

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Date: 17 May 2018

CERTIFICATE

The certificate is awarded to

Mr. Sourabh Roopchandani

In recognition of having successfully completed his
Internship in the department of

Monitoring and Evaluation

and has successfully completed his Project on

A study on evaluating the efficiency of UPHMIS by Monitoring and Evaluation in Gonda

District of Uttar Pradesh State

from

Date - 5th Feb to 5th May

**Indian Health Action Trust,
U.P.T.S.U, Lucknow**

He comes across as a committed, sincere & diligent person who has a strong
drive and zeal for learning.

We wish him all the best for future endeavors.



**Sr. HR Manager
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**Sr. Team Leader M&E
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CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **A Study on Efficiency of UPHMIS by Monitoring & Evaluation at Gonda District, U.P.** submitted by **Sourabh Roopchandani**, Roll No. **0504** under the supervision of **Dr. Susmit Jain** for award of MBA in Hospital and Health in The IIHMR University carried out during the period from 5th February 2018 to 5th May 2018 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other institute or other similar institution of higher learning.



Sourabh Roopchandani

Roll No. 504

ABSTRACT

A Study on Efficiency of UPHMIS by Monitoring & Evaluation at Gonda District, Uttar Pradesh

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Guided by: Dr. Susmit Jain

BACKGROUND

IHAT is the Lead implementer of the TSU and the technical and managerial support provided to the GoUP in all health related thematic areas. About Technical Support Unit, The Government of Uttar Pradesh (GoUP) and Bill & Melinda Gates Foundation (BMGF) have signed a Memorandum of Cooperation. They do monitoring and Evaluation of NHM through UPHMIS and Supportive Supervision developed by IHAT, which is a continuous assessment that aims at providing all stakeholders with early detailed information on the progress or delay of the ongoing, assessed activities. An evaluation is a systematic and objective examination concerning the relevance, effectiveness, efficiency and impact of activities in the light of specified objectives. Here, Efficiency can be described as signifies a level of performance that describes using the least amount of input to achieve the highest amount of output. Moreover some glimpse of UPHMIS, it is an integrated portal for all data sources like GOI portal, Monthly Progress Reporting (MPR) which helps the data available at single place by which dashboards are created.

With the above context, there was a need of A Study on “Efficiency of UPHMIS by Monitoring & Evaluation at Gonda District, Uttar Pradesh”.

AIM: This study aims to monitor and evaluate the efficiency of UPHMIS in the Gonda district of Uttar Pradesh.

Objectives: Following objectives were kept in mind during the study:

- To Monitor the data uploading status of four districts which are supported by TSU.
- To assess the quality of data by Supportive Supervision on various components.
- Evidence based Decision Making.

METHODOLOGY

Study Design: Descriptive & Exploratory

Setting: IHAT and at the proposed district in Uttar Pradesh

Duration of study: 5th February to 5th May 2018 (3 months).

Sample Size: The data was collected from Staff nurse, Pharmacist, Lab Technician, Block Program Manager, Data Entry Operator, Assistant Research Officer, Block Community Program Manager. The Sample size was 32.

SAMPLE SELECTION: 4 blocks(Ruipadeeh, Mankapur, Jhanjhari and Paraspur) supported by TSU were selected on the basis of population, patient footfall, delivery load, services available.

Sampling Technique: Purposive sampling technique.

Data Analysis Procedure : Collected data was analysed using MS Excel

Results: Findings from interviews and direct observations suggest that the supportive supervision project was successful in improving data quality and data collection at the community-level, achieving a consistent use of tools to facilitate supervision, and providing feedback on staff performance. Participants attributed these successes to standardized data collection tools, ongoing supervision, and training. Emphasis on data use strategies, collaboration, and mentoring during supportive supervision visits emerged as aspects of the project that needed improvement.

Conclusion: Supportive supervision is a promising approach to improve routine data collection for M&E of community-based programs. It can increase staff capacity to collect, manage, and use data and improve leadership capacity to make decisions based on collected data. By enhancing a program's capacity to synthesize and disseminate information, it also contributes to the larger goal of health systems strengthening.

KEYWORDS: UPHMIS, Monitoring and Evaluation

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I take this opportunity to express my gratitude to everyone who supported me throughout this internship and dissertation.

I would also like to convey my regards to entire staff of IHAT, Lucknow for sparing their precious time and providing full co-operation in completion of my assigned task. Special thanks to **Dr. Prahlad Kumar** (Zonal Monitoring and Evaluation Specialist) for being helpful, supportive and receptive.

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I am grateful to my friends and family for their aspiring guidance, invaluable constructive criticism and friendly advice during the project work.

Sourabh Roopchandani

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Table of Content

<i>Initial pages</i>	1-9
List of Figures.....	10
List of Abbreviations.....	11
Chapter 1: Introduction.....	12-18
a) UPTSU- Main focus area	
b) Organogram of UPTSU	
c) UPHMIS	
d) Supportive Supervision.	
Chapter 2: Literature Review.....	19
Chapter 3: Methodology.....	20
Chapter 4: Finding, Data Analysis and Results.....	21-25
a) Findings	
b) Data Analysis	
c) Results	
Chapter 5: Conclusion	26
Chapter 6: Appendix.....	27-31
Chapter 7: Bibliography.....	32

List of Figures

Figure 1: Organogram of TSU

Figure 2: Block Level

Figure 3: Percentage of facilities uploaded data on UPHMIS Portal

Figure 4: Percentage of facilities uploaded data on UPHMIS Portal

Figure 5: Data Matching status for round 2 and round 3

Figure 6: Matching and Non-Matching Status of HR

Figure 7: Matching and Non-Matching Status of Training

Figure 8: Matching and Non-Matching Status of Drugs and Supply

Figure 9: Matching and Non-Matching Status of HMIS data elements (Imported on UPHMIS)

Figure 10: Matching and Non-Matching Status of Child Health

Figure 11: Matching and Non-Matching Status of JSSK Program

List of Symbols and Abbreviation

PHC	Primary health center
CHC	Community health center
SC	Sub center
UPTSU	Uttar Pradesh technical support unit
HMIS	Health management information system
UPHMIS	Uttar Pradesh Health management information system
BPM	Block program manager
DPM	District program manager
DEO	District entry operator
MOI/C	Medical officer in charge
DPM	District program manager
BCPM	Block community program manager
ARO	Assistant research officer
HEO	Health education officer
SN	Staff nurse
NM	Nurse Mentor
SS	Supportive Supervision
BPHC	Block Primary health center
BCHC	Block Community health center
MO	Medical officer
AYUSH	Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy
LT/LA	Lab Technician
ANM	Auxiliary nurse midwife
JSSK	Janani shishu shuraksha karyakaram
JSY	Janani Shuraksha yojana
PW	Pregnant women
DH	District Hospital
RMNCH+A	Reproductive maternal newborn and child health plus adolescent

Chapter 1. Introduction

Uttar Pradesh is the most populous state having area of 4540. Sq.km with 199.8 million people and population growth 20.2%. Sex ratio 912 and having male population is 104.4 million and Female population is 95331831. Total no. of tehsil in UP is 316 and 821 Gram panchayat. Literacy rate of UP is 67.7%

Maternal mortality rate of UP is 258 and crude birth rate is 24.8.

High Priority District population is **69 million**, 100 Block population is **31 million** and Expected annual number of deliveries in 100 Blocks is approx. **1 million**.

(a) UPTSU main focus area's:

- RMNCH+A
- Family Planning
- Nutrition
- Pneumonia and Diarrhoea

(b) Organogram of UPTSU:

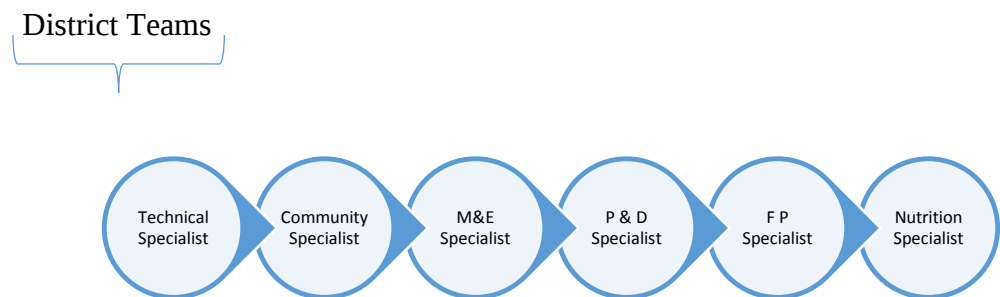


Figure 1

Block Teams

Figure 2

100 teams - one in each focus block

BLOCK
LEVEL

Nurse Mentor
(one per block)

ASM
(One ASM per 4-5 AS)

(C) UPHMIS

- UPHMIS is integrated portal for all data sources like GOI portal, Health report card, Manual reporting (MPR).
- Data will be imported from GOI HMIS portal to UPHMIS, and allow other programmes like MPR and HRC portal to enter directly to the instance.
- Integrated data set will be generated and analyzed through UPHMIS.
- Dashboard will be populated through UPHMIS
- GIS map would be populated on UPHMIS portal

Flow of information and Process in UPHMIS portal:

In 1st phase:

- UPHMIS will be pulled HMIS portal data.
- Manual reports (MPR) & HRC data will be directly entered on UPHMIS instance

In 2nd phase:

- HR and other national program data will be pulled from HRMS and other portal in UPHMIS

UPHMIS portal include HMIS (health management information system) portal, HRMS, National program portal like RNTCP, NBVDCP, IDSP, NLEP, NBCP etc., from DH (District Hospital) MPR, HRC, other RMNCH+A services are imported.

Process of data entry of CHC/PHC*/SC* include:

Data is collected from each department of facilities and after validation by MOI/C, ARO, and BPM data is entered in the UPHMIS portal by operator.

After importing data, we can integrate dashboard and analyses data for further use in decision making.

Purpose of importing other portal data into UPHMIS portal.

- Single platform to view all relevant data
- Comprehensive HMIS system is for capturing all data requirements of different programs going on in the state
- One stop data entry portal for the GOI HMIS data requirement and Go UP internal data requirement
- Minimize the manual and duplication in data capture
- Data visualization for review and planning: HMIS bulletin, dashboards & dynamic reports

Indicators required for driving decision are input indicators which is availability and quality and output indicators which is service utilization and outcome indicator like mortality morbidity etc.

Strategy for Data quality:

1. **Analysis and use of HMIS, GOI SS, Survey, and program monitoring:** Only analysis has to be done for identification of gap in program status and quality and prepare an action plan.
2. **Strengthening, analysis and use of UPHMIS:** Efforts have to made to strengthen the UPHMIS in all 25 HPDs and start using the data in gap analysis during review meeting
3. **Capacity Building for CMO/ACMO and DDM:** Capacity building of district level program manager and DDM will be planned for data analysis and use

- 4. RCH Portal/Application Pilot:** RCH will be piloted in selected district for effective implementation of RCH register, portal and ANMOL

SUPPORTIVE SUPERVISION

Supportive supervision is a facilitative approach to supervision that promotes hand hold support, joint problem-solving and communication between facilitator and participant

Objective:

1. To validate and reduce the data element reported as blank and zero
2. To validate the data of some critical data element requires for frequent analysis
3. To develop the capacity of block facility staff for providing the hand hold support to lower facility (SC and PHC)

Supportive supervision for improvement of data quality:

- **Gap Identification:** Through gap identification we get to know which data element/section in the format is not matched with source register either left blank or entered zero in the format. Gaps are due to error in compiling source register and also in understanding data elements during reporting.
- **Problem Solving:** First step to correct the data, which is entered in the period from 25 to 30 of every month in the UPHMIS portal, second step to add additional column in record book, third change the process of compiling the data by giving responsibility to individual person, fourth every SN, MOI/C, BPM, pharmacist, should have clarity on each data element.

- **Capacity building:** Make it sustainable, so that this whole process remains same for certain months, share the gaps with MOI/C after the SS visit, and discuss the reasons of gap, and orient staff on data element definition, and explain the process to conduct a SS in other facility.

Components of SS tool in Checklist

1. General Details
2. Government official's participation during supportive supervision (not necessary)
3. Validation of Critical data element
4. Summary of validation of Critical data element
5. Validation of zero and blank data element
6. Comment/Suggestion

There are separate Checklists for DWH, DMH and CHC/BCHC/BPHC.

Methodology of Supportive Supervision visits

- Day 0 - Identification of Poor Performing Facility
- Day 0 to 1 - Meeting with district officials to orient about the concept and method
- Day 1-3 - Visit to Facility for Supportive Supervision
- Day 4 - Feedback meeting with all district and block officials

Identification of poor performing facility:

- The poor performing block facilities is identified based on following data quality indicators selected for UPHMIS campaign
 - ✓ % of non-blank data element
 - ✓ % of non-zero data element
- 3 block facilities are selected from each of the 75 districts

- 1 DWH is selected by default from each of the district (Combined hospital if DWH is not available)
- This exercise has already completed by state and the list is shared

Supportive Supervision to facility:

1. Pre visit
2. During visit
3. Post visit

Pre Visit Preparation

Understand every data element of tool

Fill the prefill section of SS tool (value as per UPHMIS) as per data given in soft copy and facility identifier

Meet with district officials to conduct joint visit

The data for the month of Aug 17 to be considered for SS

Pre inform the block about SS

During Visit

- Spend full day at facility for SS (5~6 hour)
- Meet and explain status of data quality and purpose of visit to MO I/c, BPM, BARO
- Start SS process with BPM and BARO in a separate room
- Go through each of the element of tool and request the concern staff to join with register
- Validate the data element with source register/observation with the help of concern person
- Identify the reason for any discrepancy between reported data and actual status
- Share the discrepancy with concern person and provide the suggestive method of correction

- Discuss the identified issues with BPM/ BARO on data element requires correction
- Correct identified gap on portal and record on tool
- Share the findings with MO I/c and discuss the plan for SS to lower facility by BPM/ BARO

Post Visit

- Check the completeness of the tool
- Collect the SS tool from government officials
- Confirm timing and participation of feedback meeting with district officials
- Prepare summary slide (table of not matching for critical data element, status and improvement in zero/blank, major challenges and suggestive solution for feedback meeting and to share with DM)
- Meet with DM and share the findings

Some other important message to communicate during meeting:

- **Proper Format distribution-** It has been observed that some of the blocks have not properly distribute the UPHMIS facility format to facilities. It is to inform that each of SC level format is printed in double copy- one for ANM and one for submission at block. So three such formats in double copy must be given to SC
- **Use of UPHMIS raw data for HMIS Bulletin-** We have again started the preparation of HMIS bulletin from the month of Aug 17. The data for HMIS bulletin will be download from UPHMIS raw data. So it is essential to import all the corrected HMIS excel file in UPHMIS to avoid any discrepancy
- **Update DP-** Many of facilities have not entered their DP status (Yes/No). So ensure to update DP status as per the KPI list and do not make any change till the official inclusion or exclusion of DP.

Chapter 2. Literature review

Study on to assess the data quality in routine information systems in Oyo State Nigeria and to identify the factors that influence data quality in order to improve the use of routine health information for decision making, was conducted by Adedapo adejumo. Type of study was cross sectional descriptive study taking a retrospective. Key Finding from the study is data was found in aggregated data reported from daily patient encounters in monthly summary forms as well as the electronic database (DHIS). Quality issues were also worse for data elements that had multiple disaggregation's making their collection and reporting more complex.

Study on situational analysis of the Health Management Information System (HMIS) system in Pakistan, highlighting strengths and weaknesses in the system, was conducted by Moazzam Ali, Yoichi Horikoshi. Type of study was descriptive cross-sectional study. Key Findings lack of information on management issue, Poor data quality, Lack of timely reporting and feedback, Inadequate information usage, Lack of universal launch of HMIS.

Study on determining the technical, organisational and behavioural determinants that affect the Health Management Information System processes and performance in Kerala using the PRISM framework. The study type was descriptive cross-sectional study. Key findings of the study are An evaluation of the district health information systems in Kenya found low rates for accuracy (30%) and completeness (19%), Over-reporting of immunisation figures have also been reported in a study from Mozambique, The overall level of use of information in meetings is only 35 percent. Even though the level of discussion on HMIS findings is high, the discussion on data quality is low.

Chapter 3: Methodology

Materials and methods:

Study Design: The study was Descriptive & Exploratory

Study Duration: Supportive supervision is done during a period of 3 months i.e. from February 2018 to Apr. 2018.

Study Location: Supportive Supervision is conducted in 4 Blocks (Rupaideeh, Mankapur, Paraspur and Jhanjhari) of Gonda District in Uttar Pradesh. Total population of Gonda is 3,433,919 of which male and female were 1,787,146 and 1,646,773 (census 2011).

Study Population: Staff nurse, Pharmacist, Lab Technician, Assistant Research Officer, Health Education Officer, Block Program Manager, Data Entry Operator, Block community program manager, were asked to show the records (source documents) to match with the portal data.

Sampling: 25 high priority districts are selected by GOI through composite score and after that each district have 4 TSU blocks (poor performing) and which is divided according to health index by TSU, so we have taken four blocks which are supported by TSU.

Data Collection Instrument: Supportive Supervision tool was used to collect and match the data from the facilities. This tool was prepared by UPTSU.

Data Collection Procedure: Primary data is collected by structured checklist

State provided us supportive supervision format and we have to visit the CHC/BCHC/BPHC. And we inform the MOI/c regarding audit and ask the Staff nurse, Pharmacist, Lab technician, BCPM, BARO to bring source register and data have to match with the source document to check the quality.

Indicators Like Human resource, Training of staff, HMIS (Institutional delivery, still birth, full ANC check-up, PPIUCD, Allopathic OPD, full immunization, etc.), Under-5 OPD & IPD data and JSSK.

Data Entry: After data collection, it is discussed with the MOI/c and wrong data is corrected on the UPHMIS portal and supportive supervision data entry is done after the audit on the supportive supervision portal and submitted on the same day.

Data Analysis:

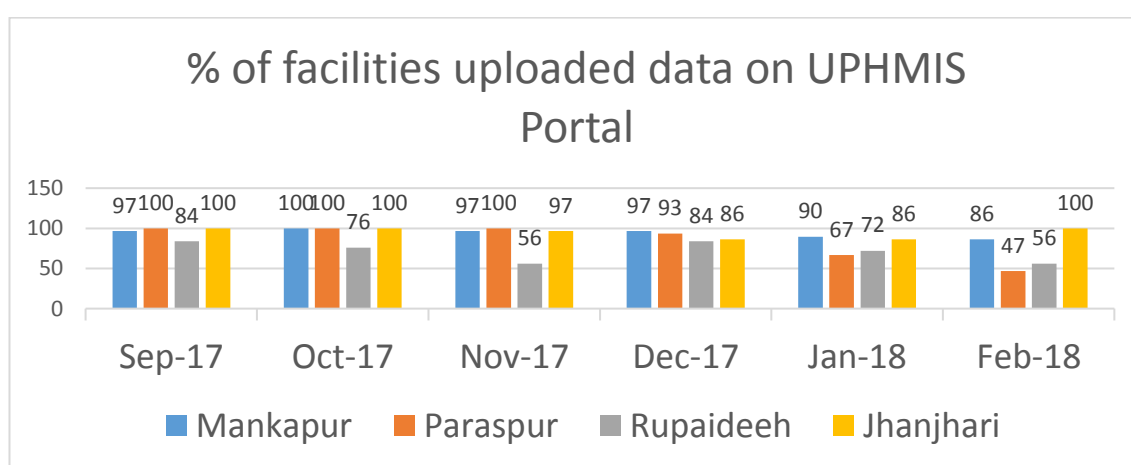


Fig. 3: Percentage of facilities uploaded data on UPHMIS Portal

Interpretation: Data status was downloaded of six months for the selected blocks and it was found that the uploading status is less than 100%. It should be 100%.

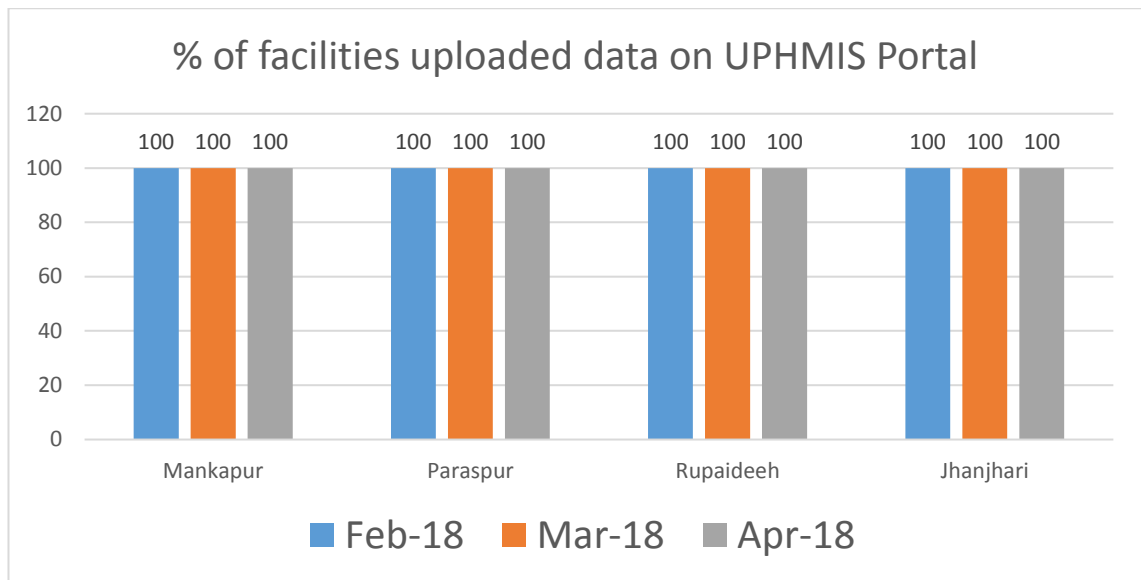


Fig. 4: Percentage of facilities uploaded data on UPHMIS Portal

Interpretation: After the supportive supervision the data was downloaded regarding data status so it was found that it's 100%.

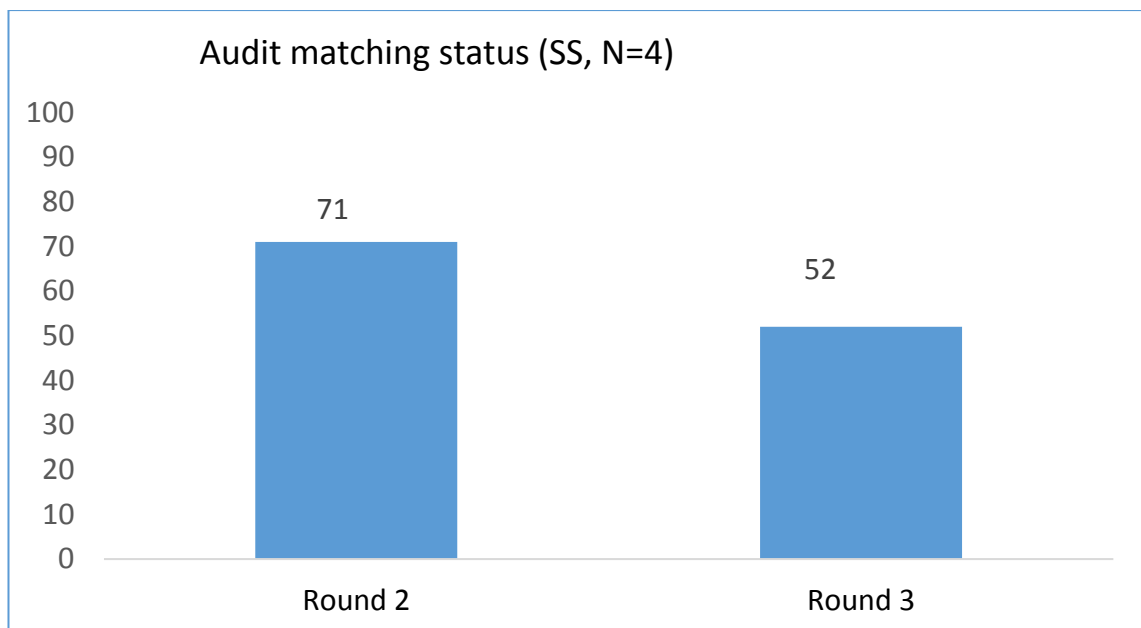


Fig. 5: Data matching status for round 2 and 3

Interpretation: It was found that the data matching was declined in round 3.

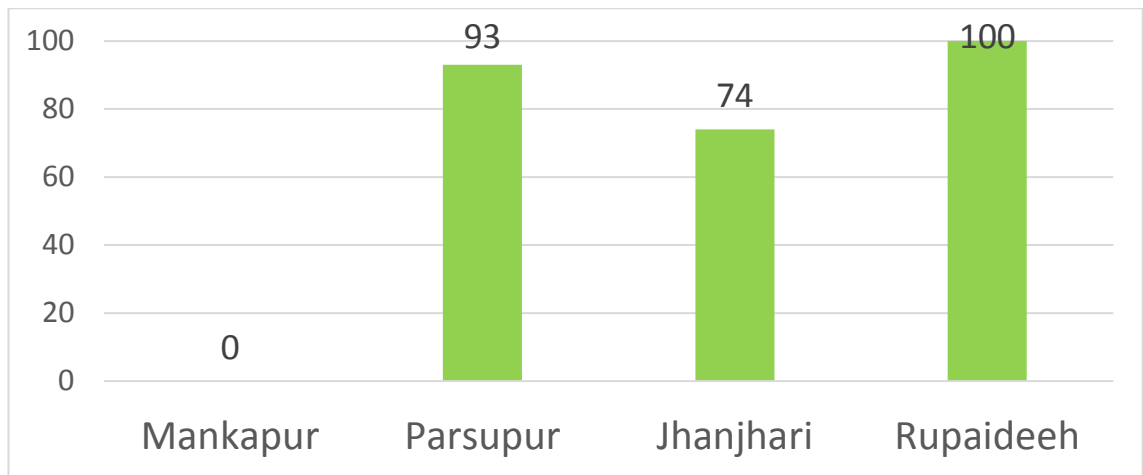


Fig. 6 Data matching status of Human Resource Section

Interpretation: It was found that in mankapur the percentage is 0 for the elements reported of Human Resource Section.



Fig. 7 Data matching status of Training Status

Interpretation: It was found that in all the blocks there was 0 % data element matched.

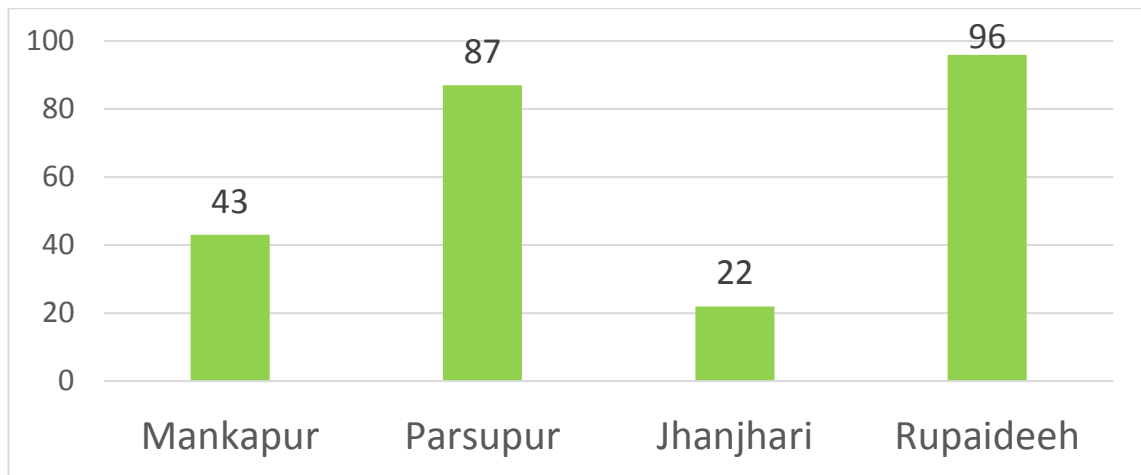


Fig. 8 Data matching status of Drugs and Supply(Availiblity)

Interpretation: It was found that in mankapur and jhanjhari the percentage is less as compare to Paraspur and Rupaideeh.

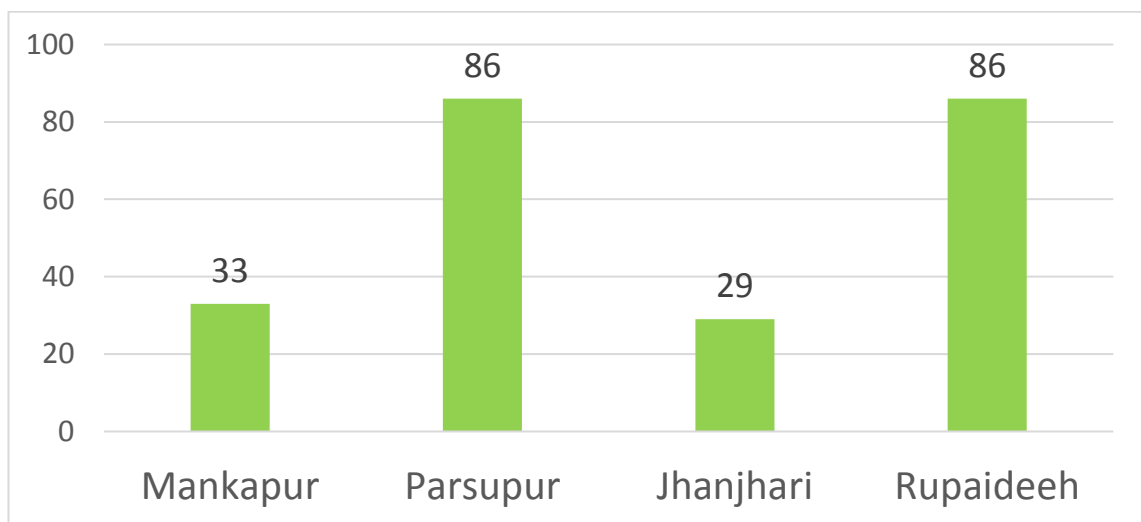


Fig. 9 Data matching status of HMIS data element

Interpretation: It was found that in mankapur and jhanjhari the percentage is less as compare to Paraspur and Rupaideeh.

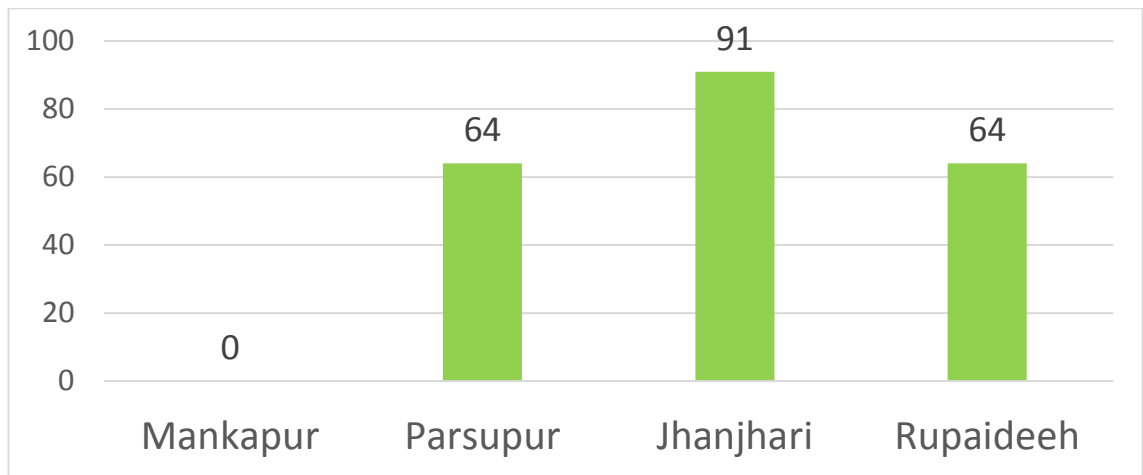


Fig. 10 Data matching status of Child Health

Interpretation: The data matching status for mankapur is 0 % whereas jhanjhari is 91%.

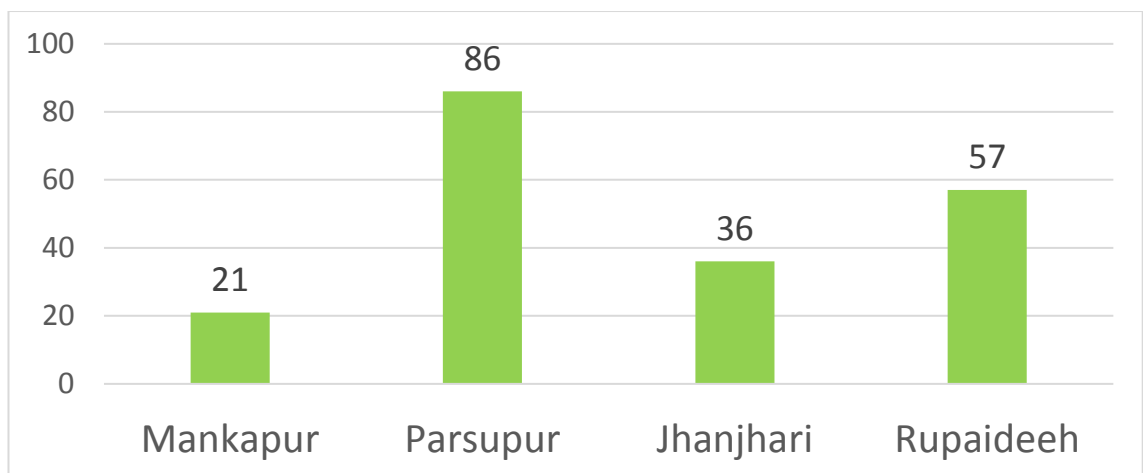


Fig. 11 Data matching status of JSSK

Interpretation: The data matching status for mankapur is 21 % whereas jhanjhari is 36%. Paraspur is at the top with 86 %.

Results

Findings from interviews and direct observations suggest that the supportive supervision project was successful in improving data quality and data collection at the community-level, achieving a consistent use of tools to facilitate supervision, and providing feedback on staff performance. Participants attributed these successes to standardized data collection tools, ongoing supervision, and training. Emphasis on data use strategies and collaboration and mentoring during supportive supervision visits emerged as aspects of the project that needed improvement.

Conclusion

Supportive supervision is a promising approach to improve routine data collection for M&E of community-based programs. It can increase staff capacity to collect, manage, and use data and improve leadership capacity to make decisions based on collected data. By enhancing a program's capacity to synthesize and disseminate information, it also contributes to the larger goal of health systems strengthening.

APPENDIX
Supportive Supervision Tool



Supportive Supervision Tool for Strengthening of Data Quality (UPHMIS and HMIS)

Instruction note- This tool is applicable for district hospital and block level facility (CHC, BPHC) only

A. GENERAL DETAILS	
DESCRIPTION	CODE
DISTRICT NAME & CODE: _____	
BLOCK NAME & CODE: _____	
FACILITY NAME & CODE: _____	
DATE OF VISIT: _____	DD MM YY
TIME OF START OF SS: _____	HH MM
TIME OF END OF SS: _____	HH MM
Data reviewed during SS for the month of _____	MM YY

WHO ALL ARE THE MEMBERS OF SS TEAM VISITED TO THIS FACILITY?	DARO
	
	A
	DPM
	
	B
	DDM
	
	C
	HMIS OPERATOR
.....	
C	
TSU PERSON	
.....	
D	
Other	
.....	
E	
IF OTHERS	
(SPECIFY)	
NAME & DESIGNATION OF POINT PERSON	
NUMBER OF ANM IN BLOCK (EXCLUDING BLOCK FACILITY). Write NA for DH	
TOTAL NUMBER OF VACANT SC IN THE BLOCK. Write NA for DH	

C. VALIDATION OF CRITICAL DATA ELEMENT (Write appropriate code as applicable)				
S. No.	Data Element Name	Value as per UPHMI S/ HMIS	Value as Per Source Document/ Observation	Matched 1 Corrected... 2 Not Able to Correct.3 Source Register not available... 4 Not Able to Audit... 5 Not Applicable... 6
1	Section A - Human Resource			
1.1	Gynecologist & Obstetrics – Regular			
1.2	Gynecologist & Obstetrics – Contractual			
1.3	Anesthetists – Regular			
1.4	Anesthetists – Contractual			
1.5	Paediatrician– Regular			
1.6	Paediatrician– Contractual			
1.7	MBBS male MO - Regular			
1.8	MBBS male MO - Contractual			
1.9	MBBS female MO - Regular			
1.10	MBBS female MO - Contractual			
1.11	Medical officer AYUSH- (Male) – Regular			
1.12	Medical officer AYUSH- (Male) – Contractual			
1.13	Medical officer AYUSH- (Female) – Regular			
1.14	Medical officer AYUSH- (Female) – Contractual			
1.15	Staff nurse – Regular			
1.16	Staff nurse – Contractual			
1.17	ANMs - Regular			
1.18	ANMs - Contractual			
1.19	ASHA sangini approved in block (applicable for block facility only)			
1.20	ASHA sangini working in block (applicable for			

	block facility only)			
1.21	ASHA approved as per PIP (applicable for block facility only)			
1.22	ASHA filled against approved (applicable for block facility only)			
1.23	ASHA trained in induction Module (applicable for block facility only)			
1.24	ASHA trained in Module 6 & 7- Round 1 (applicable for block facility)			
1.25	ASHA trained in Module 6 & 7- Round 2 (applicable for block facility only)			
1.26	ASHA trained in Module 6 & 7- Round 3 (applicable for block facility only)			
1.27	ASHA trained in Module 6 & 7- Round 4 (applicable for block facility only)			

Other elements include:

Section B – Training

Section C – Drugs and Supply (Availability)

HMIS data elements (imported on UPHMIS portal)

Child Health

JSSK program

D. Validation of zero and blank data element

E. Responsibility Division for Format Filling (Facility Reporting Meeting)

F. FINDINGS (IDENTIFIED DURING EACH STEP OF SUPPORTIVE SUPERVISION):

Bibliography

- <https://www.mchip.net/sites/default/files/RMNCH+A%20in%20India.pdf>
- <http://www.ihat.in/>
- The IIHMR library
- <https://uphmis.in/uphmis/dhis-web commons/security/login.action?failed=true>