1. Name of the Facility
2. Name of the District
3. Name of the Assessor
4. Date of Assessment
5. Presence of management structure for dealing with DHIMS 2 related strategic and policy decisions at district and higher levels
6. Presence of an updated (last year) district health management organizational chart, showing functions related to DHIMS 2/health information
7. Presence of distribution list and documentation of DHIMS 2 past monthly/quarterly report distribution at district or higher level
8. Presence of DHIMS 2 situation analysis report?
9. Presence of DHIMS 2 targets at facility and higher level?
10. Presence of a copy of DHIMS 2 standards at district or higher levels?
11. Presence of a copy of DHIMS 2 standards at the facility?
12. Presence of performance improvement tools (flow chart, control chart etc.) at the facility?
13. Does facility/district have a DHIMS 2 training manual?
14. Presence of mechanisms for on-job DHIMS 2 training (see documentation)?
15. Presence of schedule for planned training
16. Presence of DHIMS 2 supervisory checklist
17. Presence of schedule for DHIMS 2 supervisory visit
18. Presence of supervisory reports
19. Presence of DHIMS 2 related expense register