IIHMR DELHI | INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT RESEARCH

Post Graduate Diploma in Management (Hospital & Health Management)

PGDM – 2024-2026 Batch

2nd Year – 4th Semester End Examination

Subject & Code	:	**Health Management Information System (HMIS)-HEM 709**	**Reg. No.:**
Semester & Batch	:	**IV, 2024-2026**	**Date : 27-02-2026**
Time & Duration	:	**10:30 A.M.-01:30 P.M. (3 Hrs.)**	**Max. Marks : 70**

Instructions:

- Budget your time as per the marks given for each question and write your answer accordingly.
- Don't write anything on the Question Paper except writing your Registration No.
- Mobile Phones are not allowed even for computations.

Part A: Q.1 to Q.10 all questions are compulsory (10 X 2 Marks = 20 Marks)
One liner, MCQs, True/False

Q.1 Approximately how many health units in India submit data to HMIS?

Q.2 A key difference between 'Data' and 'Knowledge' is that data are raw and unorganized but knowledge is processed & contextualized. True or False

Q.3 HMIS is the best data source to compute mortality rates. True or False

Q.4 Name any 2 sources of data that the health facilities refer to for submitting data to HMIS?

Q.5 For HMIS to be successful in India, we need higher budget to procure hardware & software. True or False

Q.6 The "interoperability crisis" that creates fragmented "digital islands" in many developing countries is often a direct result of what historical factor?

a) A lack of skilled local programmers.
b) The high cost of networking equipment.
c) Uncoordinated, donor-funded projects for vertical health issues (e.g., HIV, TB).
d) Widespread resistance to using English-language software.

Q.7 In India's SDG report 2025, which data sources were quoted?

Q.8 Classification of indicators is contextual. True or False

Q.9 HMIS has data related to supplies. Ture or False

Q.10 Rates and ratios are synonymous. True or False

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Part B: Q.11 to Q.15 attempt any four questions (4 X 5 Marks = 20 Marks) - Short Notes

Q.11 Design an intervention project to digitize a TB prevention project in an urban slum. List 5 input and output indicators.

Q.12 Mention any 5 data points related to family planning that are routinely captured in HMIS.

Q.13 Distinguish between “output” and “outcome” indicators, support with 5 examples.

Q.14 List and describe 5 “impact” indicators for a child health programme proposed for District X in India.

Q.15 Compare the scope and objectives of SRS and HMIS.

Part C: Q.16 to Q.19 attempt any three questions (3 X 10 Marks = 30 Marks) - Long Notes

Q.16 Prepare a **forward** logical model for an intervention project to control Disease X in District A in 5 years with a budget of Rs. 1.5 crore. Mention the disease and the district.

Q.17 Prepare a **backward** logical model for an intervention project to control Disease X in District A in 5 years with a budget of Rs. 1.5 crore. Mention the disease and the district.

Q.18 Mention the numerator and denominator of the indicator to measure the following: (2X5=10 marks)

a) Impact indicator for evaluating child health services
b) Input indicator for evaluating tuberculosis control program
c) Process indicator for evaluating immunization program
d) Output indicator for monitoring digital health program
e) Process indicator for evaluating anemia control program

Q.19 Mention key challenges faced by HMIS in India and recommend strategies to strengthen HMIS in India.