



REPUBLIC OF UGANDA

Ministry of Health

THE HEALTH MANAGEMENT INFORMATION SYSTEM

VOLUME 1

HEALTH UNIT PROCEDURE MANUAL

August, 2010

Copyright © 2010 by Ministry of Health Resource Centre

TABLE OF CONTENTS

| | |
|-----------------------|------|
| ACKNOWLEDGEMENT | IIV |
| LIST OF FORMS | VIII |
| LIST OF TABLES..... | XI |
| FOREWORD..... | XIII |
| INTRODUCTION..... | XV |
| REFERENCE CHART | XX |

TECHNICAL MODULE 1: PLANNING AND SUPERVISION.....1

| | |
|--|---|
| PART 1: PLANNING | 2 |
| PART 2: MEETINGS AND SUPPORT SUPERVISION | 6 |

TECHNICAL MODULE 2: OUTPATIENT SERVICES.....15

| | |
|---|----|
| PART 1: GUIDELINES FOR DIAGNOSIS AND TREATMENT..... | 16 |
| PART 2: OUTPATIENT REGISTER | 17 |
| PART 3: OPD ATTENDANCE AND DIAGNOSES SUMMARY (TABLE 1A – 1D)..... | 20 |
| PART 4: REFERRAL NOTE | 34 |

TECHNICAL MODULE 3: PREVENTIVE AND CURATIVE ACTIVITIES.....37

| | |
|--------------------------------|----|
| PART 1: MATERNAL HEALTH | 38 |
| PART 2: CHILD HEALTH | 64 |
| PART 3: FAMILY PLANNING | 77 |
| PART 4: HIV/AIDS SERVICES..... | 84 |

TECHNICAL MODULE 4: MANAGEMENT OF RESOURCES.....113

| | |
|--|-----|
| PART 1: BUILDINGS AND EQUIPMENT | 114 |
| PART 2: HUMAN RESOURCES..... | 125 |
| PART 3: FINANCE AND ACCOUNTS..... | 133 |
| PART 4: MEDICAL AND OTHER SUPPLIES | 142 |

TECHNICAL MODULE 5: INPATIENT AND SPECIALTY SERVICES.....179

| | |
|---|-----|
| PART 1: IN PATIENT TREATMENT SHEET..... | 180 |
| PART 2: IN PATIENT TREATMENT FOLLOW UP FORM..... | 183 |
| PART 3: IN PATIENT DISCHARGE FORM..... | 186 |
| PART 4: INPATIENT REGISTER..... | 188 |
| PART 5: IN PATIENT DIAGNOSIS SUMMARY..... | 191 |
| PART 6: IN PATIENT DEATHS..... | 206 |
| PART 7: IN PATIENT CENSUS SUMMARY | 211 |
| PART 8: LABORATORY REGISTERS | 214 |
| PART 9: HEALTH UNIT TB REGISTER | 255 |
| PART 10: X-RAY REGISTER..... | 260 |
| PART 11: OPERATING THEATRE REGISTER | 263 |
| PART 12: SURGICAL OPERATIONS, X-RAY SERVICES AND INPATIENT REFERRALS | 266 |

| | |
|--|-------------------|
| <u>TECHNICAL MODULE 6: COMMUNITY.....</u> | <u>268</u> |
| INTRODUCTION..... | 269 |
| PART 1: COMMUNITY DATA COLLECTION TOOLS..... | 270 |
| PART 2: VHT/ICCM QUARTERLY REPORT..... | 283 |
| <u>TECHNICAL MODULE 7: INFORMATION SYSTEM AND ROUTINE REPORTIN.....</u> | <u>292</u> |
| INTRODUCTION..... | 292 |
| PART 1: ROUTINE REPORTING | 296 |
| PART 2: PERFORMANCE OF THE HEALTH UNIT | 318 |
| <u>ANNEX.....</u> | <u>364</u> |
| ANNEX I: HMIS 018B1 – NMS/JMS: GENERAL LABORATORY REPORT AND ORDER FORM..... | 365 |
| ANNEX II: REQUEST FORM FOR SPUTUM EXAMINATION..... | 372 |
| ANNEX III: REQUEST FORM FOR SPUTUM EXAMINATION..... | 373 |
| ANNEX IV: POLIOMYELITIS/ACUTE FLACCID PARALYSIS INVESTIGATION FORM- ACUTE ILLNESS..... | 374 |
| ANNEX V: MEASLES CASE INVESTIGATION FORM..... | 375 |
| ANNEX VI: HIV COUNSELLING AND TESTING CLIENT CARD..... | 376 |
| ANNEX VII: MATERNAL DEATH AUDIT FORM..... | 378 |
| ANNEX VIII: MATERNAL DEATH NOTIFICATION FORM..... | 385 |
| ANNEX IX: NEWBORN/PERINATAL DEATH AUDIT FORM..... | 386 |
| ANNEX X: ANTENATAL CARD..... | 393 |
| ANNEX XI: LIST OF GROUPS AND INDIVIDUALS WHO CONTRIBUTED TO THE HMIS REVIEW..... | 394 |



MESSAGE FROM THE HON. MINISTER

The objective of the Health Management Information System (HMIS) in Uganda is to generate information which will improve health care management decisions at all levels of the health system. It is a routine monitoring system that plays a specific role in the monitoring and evaluation process and it is intended to provide warning signals through the use of indicators.

It has been designed for use at the health unit, health sub-district, district, and national levels for planning, managing and evaluating the health care delivery system. These critically important tasks are necessary in order to continually improve the quality of health care in Uganda. The HMIS is the Ministry of Health's official routine reporting system replacing all pre-existing routine reporting instructions for health units and districts. Health Facilities are the major contributors to this routine information.

Since the development of the Health Sector Strategic Plan (HSSP) in 2000, there was a need for monitoring the plan using agreed indicators (national and district HSSP indicators), which are reviewed every after 5 years. HMIS tools are developed in order to capture information required to monitor the HSSP. Subsequent reviews of the HSSP led to the development of HSSP II and now HSSIP indicators thereby necessitating the review of the HMIS tools. This version of the HMIS manual has been developed following programme specific and stakeholder consultations across the country.

As with the last version, implementation will include both formal and on-the-job training of health workers covering government, non-government and private health workers. It goes without saying that success of the HMIS depends upon the input of each individual health worker and support from all stakeholders. And it is by working together that we will create a strong and effective HMIS.

I therefore take this opportunity to call upon all HMIS stakeholders and Development Partners to actively support the use of these revised and harmonized data collection tools to facilitate uniform reporting, formulation of policies, strategic planning, monitoring and evaluation.

Hon. Dr. Stephen O. Malinga
MINISTER FOR HEALTH



ACKNOWLEDGEMENT

This 2010 HMIS review has been a product of intensive work by several players who made different contributions, and in many forms. Ministry of Health is grateful to every individual who was involved in the HMIS 2010 review process, for all the technical and financial support that you offered which has enabled the development/review of the HMIS tools.

The input of the District Health Teams (DHT), all programme/department heads in the Ministry of Health, partners and other stakeholders were vital and played a key role in the review. One thing unique about this revised Manual is the fact that it is more integrated and harmonized across all technical programmes in an effort to reduce on the multiple silos of information systems that have been existing within the health sector.

Ministry of Health is most grateful to the stakeholders listed below; whose significant technical and financial contributions were very helpful in the implementation of the review process of the Health Management Information System.

Centre for Disease Control (CDC)
Malaria Consortium
STOP MALARIA Project
World Health Organization (WHO)
STRIDES for Family Health International
Monitoring and Evaluation of Emergency Plans Progress Project (MEEP)

Ministry of Health is most grateful to the staff listed below, whose important contribution was very vital in the review and finalization of the tools.

Dr. Eddie Mukooyo (ACHS/RC)
Dr. Rachel Seruyange (PE/RC)
Dr. Annet Kisakye (WHO)
Dr. Juliet Nabyonga (WHO)
Dr. Jacinto Amandua (CHS/CS)
Dr. Jeniffer Wanyana (ACHS/RH)
Dr. Jesca Nsugwa (ACHS/CH)
Dr. Paul Kagwa (ACHS/HP&E)
Mr. Gilbert Muyambi (HP&E)
Dr. Makumbi Issa (ACHS-ESD)
Dr. S. Katumba (DHO-Lyantonde District)
Mr. Amos Nzabanita (PB/RC)
Mrs Caroline Kyozira Kafuko (SB/RC)
Mrs Juliet Nansonga Kagwa (SIS/RC)
Dr. Betty Atai (Program Officer)
Mr. Kalyesubula Simon (M&E/TB)
Mr. Nyegenye Wilson (Logistic coordinator-MoH)
Mr. Herbert Mulira (Data Management Officer)
Mr. Paul Bamwoze (ACO)

Ms Zaituni Nassanga (ACO)
Mr. Andrew Asiimwe (Data Management Officer)
Mr. Kiyingi Martin (Systems Administrator)
Mr. Lumu Albert (Database Administrator)
Mr. Moses Doka (Librarian)
Ms Rebecca Mirembe (Nutrition Division)

ACRONYMS

| | |
|--------|---|
| ADHO | Assistant District Health Officer |
| AEFI | Adverse Events Following Immunization |
| AIDS | Acquired Immune Deficiency Syndrome |
| ANC | Antenatal Care |
| CBD | Community Based Development |
| CBMIS | Community Based Management Information System |
| CDC | Centre for Disease Control |
| CPR | Contraceptive Prevalence Rate |
| CPT | Co-trimoxazole Preventive Therapy |
| CYP | Couple Years of Protection |
| DANIDA | Danish International Development Assistance |
| DHO | District Health Officer |
| DDP | District Development Plan |
| DHC | District Health Committee |
| DHMT | District Health Management Team |
| DHT | District Health Team |
| DLC | District Local Council |
| DPU | District Planning Unit |
| EPI | Expanded Programme for Immunisation |
| ESD | Epidemiological Surveillance Division |
| HCII | Health Centre II |
| HCIII | Health Centre III |
| HCIV | Health Centre IV |
| HIV | Human Immuno-deficiency Virus |
| HMIS | Health Management Information System |
| HPD | Health Planning Department |
| HSD | Health sub-district |
| HSSP | Health Sector Strategic Plan |
| HUMC | Health Unit Management Committee |
| ICCM | Integrated Community Case Management |
| IDS | Integrated Disease surveillance |
| ILI | Influenza like Illness |
| IMCI | Integrated Management of Childhood Illnesses |
| IPD | In patient Department |
| LG | Local Government |
| LGBF | Local Government Budget Framework |
| MEEP | Monitoring and Evaluation of Emergency Plans Progress Project |
| MGLSD | Ministry of Gender Labour and Social Development |
| MOH | Ministry Of Health |
| NGOs | Non Governmental Organizations |
| OOB | Output Oriented Budgeting |
| OPD | Out patient Department |
| PDC | Parish Development Committee |
| QAD | Quality Assurance Department |
| RDT | Rapid Diagnostic Test |
| ROM | Results Oriented Management |
| SARS | Severe Acute Respiratory Syndrome |
| SCDP | Sub-County Development Plan |
| SGBV | Sexually Gender-Based Violence |
| STD | Sexually Transmitted Diseases |
| STI | Sexually Transmitted Infections |
| UCMB | Uganda Catholic Medical Bureau |

UDHS Uganda Demographic Health Survey
UNEPI Uganda Expanded Programme on Immunisation
UNMHCP Uganda National Minimum Health Care Package
UPMB Uganda Protestant Medical Bureau

LIST OF FORMS

| | |
|--|-----|
| HMIS FORM 020: OUTPUT PERFORMANCE AND WORKPLAN FORMAT | 3 |
| HMIS FORM 031: OUTPATIENT REGISTER | 17 |
| HMIS FORM 091A: OUTPATIENT TALLY SHEET..... | 21 |
| HMIS FORM 032: REFERRAL NOTE | 34 |
| HMIS FORM 071: INTEGRATED ANTENATAL REGISTER | 38 |
| HMIS FORM 072: INTEGRATED MATERNITY REGISTER..... | 45 |
| HMIS FORM 078: INTEGRATED POSTNATAL REGISTER | 51 |
| HMIS FORM 075: MATERNAL HEALTH TALLY SHEET | 56 |
| HMIS FORM 073: CHILD REGISTER | 64 |
| HMIS FORM 076: CHILD TALLY SHEET..... | 70 |
| HMIS FORM 074: INTEGRATED FAMILY PLANNING REGISTER | 77 |
| HMIS FORM 079: FAMILY PLANNING TALLY SHEET | 81 |
| HMIS FORM 055B: HIV COUNSELING & TESTING (HCT) REGISTER..... | 84 |
| HMIS FORM 080: PRE-ART REGISTER | 87 |
| HMIS FORM 081: ART REGISTER..... | 92 |
| HMIS FORM 082: HIV-EXPOSED INFANT REGISTER | 98 |
| HMIS FORM 101: PHYSICAL INVENTORY | 114 |
| HMIS FORM 102: EQUIPMENT INVENTORY..... | 118 |
| HMIS FORM 011: EQUIPMENT BREAKDOWN FORM..... | 123 |
| HMIS FORM 103: STAFF LISTING..... | 125 |
| HMIS FORM 103A: HEALTH UNIT STAFF LISTING..... | 127 |
| HMIS FORM 103B: APPROVED STAFF RECOMMENDED PER LEVEL..... | 129 |
| HMIS FORM 014: CASH AND ANALYSIS BOOK..... | 133 |
| HMIS FORM 015: STOCK CARD..... | 142 |
| HMIS FORM 083: STOCK BOOK | 148 |
| HMIS FORM 016: PRESCRIPTION AND DISPENSING LOG | 151 |
| HMIS FORM 017: REQUISITION AND ISSUE VOUCHER..... | 154 |
| HMIS FORM 084A: BI-MONTHLY REPORT AND ORDER CALCULATION FORM | 159 |

| | |
|---|-----|
| HMIS FORM 085: ORDER FORM FOR EMHS | 163 |
| HMIS FORM 086: HEALTH FACILITY PROCUREMENT PLAN..... | 166 |
| HMIS FORM 087: DISCREPANCY REPORT | 169 |
| HMIS FORM 088: HEALTH UNIT EXPIRED/SPOILED MEDICINES REGISTER..... | 174 |
| HMIS FORM 051: INPATIENT TREATMENT SHEET | 180 |
| HMIS FORM 034: INPATIENT TREATMENT FOLLOW UP FORM..... | 183 |
| HMIS FORM 052: INPATIENT DISCHARGE FORM | 186 |
| HMIS FORM 054: INPATIENT REGISTER | 188 |
| HMIS FORM 091B: INPATIENT TALLY SHEET..... | 192 |
| HMIS FORM 055A1: DAILY ACTIVITY LABORATORY REGISTER FOR HEALTH CENTRE II & III.. | 214 |
| HMIS FORM 055A2: HEALTH CENTER IV DAILY ACTIVITY LABORATORY REGISTER FOR GENERAL ANALYSIS..... | 218 |
| HMIS FORM 055A3: GENERAL HOSPITAL DAILY ACTIVITY LABORATORY REGISTER FOR GENERAL ANALYSIS..... | 222 |
| HMIS FORM 055A4: DAILY ACTIVITY REGISTER FOR RECORDING HIV TESTS..... | 226 |
| HMIS FORM 089: TB LABORATORY REGISTER..... | 230 |
| HMIS FORM 090: DAILY ACTIVITY LABORATORY REGISTER FOR CLINICAL CHEMISTRY | 233 |
| HMIS FORM 091B: BLOOD TRANSFUSION RECORD | 236 |
| HMIS FORM 092: DAILY ACTIVITY REGISTER FOR OTHER SEROLOGICAL TESTS AND VIRAL LOAD..... | 239 |
| HMIS FORM 093: MICROBIOLOGY AND SEROLOGY HOSPITAL LABORATORY REGISTER..... | 242 |
| HMIS FORM 094: DAILY ACTIVITY REGISTER FOR HEAMATOLOGICAL INDICES | 247 |
| HMIS FORM 095: DAILY ACTIVITY REGISTER FOR CD4 COUNT | 250 |
| HMIS FORM 096: HEALTH UNIT TB REGISTER..... | 255 |
| HMIS FORM 056: X-RAY REGISTER..... | 260 |
| HMIS FORM 057: OPERATING THEATRE REGISTER..... | 263 |
| HMIS FORM 095: VHT/ICCM REGISTER | 270 |
| HMIS FORM 096: QUARTERLY HOUSEHOLD SUMMARY | 281 |
| HMIS FORM 097: VHT/ICCM QUARTERLY REPORT | 283 |
| HMIS FORM 033A: HEALTH UNIT NOTIFIABLE DISEASE REPORT | 296 |
| HMIS FORM 033B: HEALTH UNIT WEEKLY EPIDEMIOLOGICAL SURVEILLANCE REPORT | 298 |

| | |
|---|-----|
| HMIS FORM 033c: HEALTH UNIT WEEKLY EPIDEMIOLOGICAL SURVEILLANCE SUMMARY FOR THE YEAR..... | 302 |
| HMIS FORM 105: HEALTH UNIT OUTPATIENT MONTHLY REPORT | 304 |
| HMIS FORM 108: HEALTH UNIT INPATIENT MONTHLY REPORT..... | 312 |
| HMIS FORM 109: HEALTH UNIT POPULATION REPORT..... | 318 |
| HMIS FORM 106A: HEALTH UNIT QUARTERLY REPORT | 323 |
| HMIS FORM 106B: HEALTH UNIT QUARTERLY ASSESSMENT REPORT | 328 |
| HMIS FORM 107: HEALTH UNIT ANNUAL REPORT | 339 |

LIST OF TABLES

| | |
|---|-----|
| TABLE N2: HEALTH UNIT RECORD OF MANAGEMENT MEETINGS | 8 |
| TABLE N3: HEALTH UNIT RECORD OF SUPPORT SUPERVISION VISITS..... | 9 |
| TABLE N4: GENERAL HEALTH UNIT SUPERVISION REPORT | 10 |
| TABLE N5: HEALTH UNIT TOOL FOR HMIS SUPERVISION..... | 11 |
| TABLE 1A: HEALTH UNIT DAILY OUTPATIENT DIAGNOSES FOR CHILDREN 0-4 YEARS (MALE/FEMALE, DELETE WHERE NON-APPLICABLE)..... | 24 |
| TABLE 1 B: HEALTH UNIT DAILY OUTPATIENT DIAGNOSES FOR PERSONS 5 YEARS AND ABOVE (MALE/FEMALE, DELETE WHERE NON-APPLICABLE)..... | 27 |
| TABLE 1C: HEALTH UNIT OUTPATIENT DIAGNOSES BY MONTH FOR CHILDREN 0-4 YEARS (MALE/FEMALE, DELETE WHERE NON-APPLICABLE) | 30 |
| TABLE 1D: HEALTH UNIT OUTPATIENT DIAGNOSES BY MONTH FOR PERSONS FIVE YEARS AND OLDER (MALE/FEMALE, DELETE WHERE NON-APPLICABLE)..... | 32 |
| TABLE 2A: HEALTH UNIT DAILY MATERNAL HEALTH ATTENDANCE SUMMARY | 60 |
| TABLE 2B: HEALTH UNIT MONTHLY MATERNAL HEALTH ATTENDANCE SUMMARY | 62 |
| TABLE 3: HEALTH UNIT EPI ATTENDANCE SUMMARY | 74 |
| TABLE 4: HEALTH UNIT FAMILY PLANNING SUMMARY | 82 |
| TABLE 5: HEALTH UNIT HIV/AIDS SERVICES SUMMARY | 104 |
| TABLE 8: HEALTH UNIT RECORD OF STAFF NOT RECEIVING SALARY/ ALLOWANCE | 132 |
| TABLE 14A: MONTHLY FINANCIAL SUMMARY..... | 140 |
| TABLE 14B: QUARTERLY FINANCIAL SUMMARY | 141 |
| TABLE 10: VACCINE UTILISATION MONITORING FORM – HEALTH FACILITY LEVEL (SERVICE DELIVERY) | 158 |
| TABLE 9: HEALTH UNIT RECORD OF STOCKOUT | 173 |
| TABLE 16: MONTHLY CONSUMPTION SUMMARY | 178 |
| TABLE 12A: HEALTH UNIT DAILY INPATIENT DIAGNOSES SUMMARY FOR 0 – 4 YEARS (MALE/FEMALE, DELETE WHERE NON-APPLICABLE)..... | 194 |
| TABLE 12B: HEALTH UNIT DAILY INPATIENT DIAGNOSES SUMMARY FOR PERSONS 5 YEARS AND ABOVE (MALE/FEMALE, DELETE WHERE NON-APPLICABLE) | 198 |
| TABLE 12C: HEALTH UNIT INPATIENT DIAGNOSES SUMMARY BY MONTH FOR 0-4 YEARS (MALE/FEMALE, DELETE WHERE NON-APPLICABLE)..... | 202 |
| TABLE 12D: HEALTH UNIT INPATIENT DIAGNOSES SUMMARY BY MONTH FOR PERSONS 5 YEARS AND ABOVE (MALE/FEMALE, DELETE WHERE NON-APPLICABLE) | 204 |

| | |
|--|-----|
| TABLE 13A: HEALTH UNIT INPATIENT DEATHS BY MONTH FOR 0-4 YEARS (MALE/FEMALE, DELETE WHERE NON-APPLICABLE) | 207 |
| TABLE 13B: HEALTH UNIT INPATIENT DEATHS BY MONTH FOR PERSONS 5 YEARS AND ABOVE (MALE/FEMALE, DELETE WHERE NON-APPLICABLE)..... | 209 |
| TABLE 6A:DAILY INPATIENT CENSUS SUMMARY | 212 |
| TABLE 6B: HEALTH UNIT INPATIENT CENSUS MONTHLY SUMMARY..... | 213 |
| TABLE 17: LABORATORY TESTS MONTHLY SUMMARY (MALE/FEMALE, DELETE WHERE NON-APPLICABLE)..... | 253 |
| TABLE 7: SURGICAL OPERATIONS, X-RAY, INVESTIGATION SERVICES AND INPATIENT REFERRALS..... | 267 |
| TABLE 15A: HEALTH UNIT QUARTERLY VHT/ICCM SUMMARY BY VHT..... | 287 |
| TABLE 15B: HEALTH UNIT QUARTERLY VHT/ICCM SUMMARY | 289 |
| TABLE N1: HEALTH UNIT RECORD OF REPORTING | 295 |
| TABLE 15: HEALTH UNIT QUARTERLY INDICATOR SUMMARY | 338 |

FOREWORD

The Health Management Information System (HMIS) is a set of integrated components and procedures organized with an objective of generating information which will improve health care management decisions at all levels of the health system. It is also a routine monitoring system that plays a specific role in the monitoring and evaluation process which is intended to provide warning signals through the use of indicators.

Seven technical modules have been included in this Procedure Manual to enable training of the Health Unit staff in the revised Health Management Information System (HMIS).

Incharges (I/Cs) of health units, members of the District Health Team (DHT), Tutors at training schools should become familiar with the complete package, as these are expected to train other health workers or students in the areas relevant to their day-to-day work.

The training package covers the collection, use and reporting of information on the important areas of activities within a health unit:

1. Planning
2. Curative Services
3. Maternal and Child Health Services
4. Management of Resources
5. Inpatient and speciality services
6. Community Health (Village Health Teams)
7. Information systems and Routine Reporting
8. Multi purpose forms, case based reporting forms and filing systems

In the modules, each form or table will be presented: how it looks, how to fill it and how to use the information collected.

Each year the Health Unit will be required to have a Health Unit Database (Database) file completed. This file contains all forms and tables discussed in this training package. When completed regularly, the Database file will contain all vital information about the running of the health unit for the year. It should be stored in a safe place but also be available whenever reference is needed.

The modules have been created to facilitate training, but can also be used as reference books after the training. They should be referred to during training and at the health unit when questions arise.

There are two tools to assist in locating the information required:

The first is the **Table of Contents** –

- ❖ This manual is organized into management topics (modules). If more information is required about a particular topic, for example “how to record a stock out”, then look up this topic in the Table of Contents.
- ❖ The second is the **Reference Chart**.

This chart is organized by the frequency and kinds of activities that you need to do routinely as the manager of a health unit. So, if you wish to know more about activities that you should do every day, these are listed in the chart with references to the documents needed and the page numbers in the manual to read.

In situations/cases where HMIS forms have to be submitted electronically to the Ministry of Health Resource Centre directly, the following email address is to be used:
hmisdatabank@yahoo.com

INTRODUCTION

The Health Management Information System (HMIS) is an integrated reporting system used by the Ministry of Health, Development Partners and Stakeholders to collect relevant and functional information on a routine basis to monitor the Health Sector Strategic Plan (HSSP) indicators to enable planning, decision making and monitoring and evaluation of the health care delivery system.

It is designed to assist managers carry out evidence based decision making at all levels of the health care delivery. At the health Unit level, HMIS is used by the health unit in-charge and the Health Unit Management Committee to plan and coordinate health care services in their catchment area.

Goals of HMIS

The major goal of HMIS is to provide quality information to support decision-making at all levels of the health care system in Uganda.

Objectives of HMIS

- ❖ Provide quality information to support decision-making in the Health Sector
- ❖ Aide in setting performance targets at all levels of health service delivery
- ❖ Assist in assessing performance at all levels of the Health Sector
- ❖ Encourage use of Health information

Uses of HMIS

Information from the HMIS can be used in the following ways:

- ❖ Planning
- ❖ Epidemic prediction
- ❖ Epidemic detection
- ❖ Designing Diseases specific Interventions
- ❖ Monitoring Work plan performance
- ❖ Resource allocation

HMIS was developed within the framework of the following concepts:

- ❖ The information collected is *relevant* to the policies and goals of the Government of Uganda, and to the responsibilities of the health professionals at the level of collection.
- ❖ The information collected is *functional*; it is to be used immediately for management and should not wait for feedback from higher levels.
- ❖ Information collection is *integrated*; there is one set of forms and no duplication of reporting.
- ❖ The information is *collected on a routine basis* from every health unit in all districts within Uganda.

HMIS provides data collection tools for capturing patient level data, which is aggregated into summary reports for submission to the next level. The flow of HMIS information is from the

lowest level which is the community, to the health unit, health Sub-district, district and finally to the National Health Databank /Resource Centre of the Ministry of Health.

The frequency of routine HMIS reporting varies from weekly, monthly, quarterly to annually depending on the health care service offered and the urgency of the reported information.

While the amount of routine data to be reported through the HMIS is limited, detailed information can also be collected through sentinel sites, special studies and surveys.

The HMIS information collected is used to improve the ability of health units to provide optimal preventive and curative care. HMIS must provide accurate, timely and relevant information in order to accomplish the long-term goal of optimising health care delivery and achieve health for all.

- ❖ To ensure **accuracy** of HMIS information, data must be collected using standard methods, correctly following procedures for compiling data, continuously cross checking to eliminate errors and make corrections where necessary, and store data in a format ready for analysis at any time.
- ❖ To ensure timeliness of HMIS information, all levels of reporting should comply with the agreed deadlines. A DATABASE BOOK is required at the health units, HSDs and the Districts to record and monitor aggregated information in one central place.
- ❖ To ensure relevance of HMIS information, HMIS is regularly reviewed to ensure that it is in-line with the goals and objectives of the major health policies and programmes, and that the collected information is actually utilized and or consumed by the stakeholders.

HMIS procedures at the health facility level are presented in this manual in form of seven modules. Embedded in these modules are the HMIS forms, reporting tools and summary tables.

STRUCTURE OF THE HMIS MANUAL

Volume 1 is the HMIS MANUAL for the Health Centre level. All In-Charges and other relevant staff members collecting, aggregating and reporting data should first read and get thorough knowledge of HMIS. HMIS documentation is in three categories:

The HMIS Manual:

This is subdivided into technical Modules, where the relevant forms and reports are discussed.

The HMIS Database:

This is where the relevant summary information is recorded and stored.

The INDICATORS Booklet:

It describes the calculation, interpretation and use of HMIS information.

MANAGEMENT RESPONSIBILITIES OF THE IN-CHARGE

The HMIS is designed to assist the In-Charge in making evidence based decisions. The information generated allows the in-charge to plan and design appropriate interventions to address the burden of disease in the catchment population.

The In-charge is responsible for:

- ❖ Ensuring that the buildings, equipment and environment are clean and maintained,
- ❖ Monitoring the staff - their workload, the quality of work, their punctuality,
- ❖ Determining a good allocation of the staff based on workloads,
- ❖ Accounting for resources (revenue, drugs and human resources) and ensuring efficient and honest use of the resources,
- ❖ Ensuring the constant availability of drugs and other medical supplies,
- ❖ Ensuring timely reporting, keeping the files updated and in good order,
- ❖ Planning and follow-up activities, ensuring that the decisions are executed.
- ❖ Creating a strong relationship between the health unit and the communities in the service area,
- ❖ Improving the coverage of preventive services,
- ❖ Providing sensitive and quality service to every client.

PROBLEM SOLVING

Good planning can prevent problems. Some problems need immediate decision and solutions, while others are less urgent or may demand resources beyond what is available. It is therefore important for the In-charges to identify the problems and then:

1. Solve problems that the health unit can manage on its own (or find workable alternatives),
2. Defer the problems that can be solved later,
3. Request for assistance from HUMC, HSD or District, for the problems that are beyond the health unit's ability.

But the In-Charge should go beyond this, and constantly look for improvements, even if it is not an apparent problem. For example, how can the waiting time in queues be reduced? How can case-fatalities be reduced? Why does the health facility experience drug shortage? Why did the malaria cases increase in the dry months of January and February? How can money be saved? How can the quality of care be improved?

QUALITY OF CARE

Quality of Care depends first of all on the **ATTITUDES** of the Health Worker. Individual attention is extremely important in these services so that the clients feel comfortable asking questions. Make sure that all the clients are getting such treatment. Observation is the only way to check that the clinician/nurse is:

- ❖ Being polite, helpful, friendly, patient and interested in the patient/clients problems
- ❖ Taking an accurate history and proper examination of the client/patient
- ❖ Giving a clear explanation to the patient, e.g., what medicines have been prescribed, their expected side effects and what to do when they occur, what to do to prevent such a disease at personal and community levels, what are the possible complications, next appointment in the Health Unit (conduct random exit interviews where possible)

The Health Worker needs to have the necessary **SKILLS** for doing his/her job correctly. This includes knowing:

- ❖ The proper use of instruments, e.g. correct use and calibration of weighing scales, BP machine, etc
- ❖ The proper recording of the data on card and register, e.g. correctly plotting the weight on the growth chart, correctly filling the register.
- ❖ Technical procedures and information, e.g. Sterilisation procedures, cold chain procedures, immunisation techniques and schedules.
- ❖ Proper record taking, documentation and filing.

Quality of Care depends on a number of **ORGANISATIONAL ISSUES**. These include:

- ❖ Organizing the clinic so that waiting time for clients is as short as possible, e.g. starting on time, respecting planned dates
- ❖ Ensuring the availability of drugs, e.g. proper consumption-based drugs forecasting, ordering in time and keeping good stock records.
- ❖ Ensuring privacy for medical consultations
- ❖ Making optimal use of each contact, e.g. EVERY contact with children is utilized to check their immunization schedule for omissions and to correct such omission, ensuring that EVERY contact with women of child bearing ages is utilized to screen her for lack of tetanus vaccinations, among other things.
- ❖ Proper filling of HMIS data capture tools, data analysis and use.

Quality of Care means giving attention for the **CONTINUITY OF THE TREATMENT**. This can be improved by utilising the registers for identifying defaulters and making home visits (either Health Unit staff, the sub-county health assistant or Village Health Workers).

THE LOG BOOK

Every health unit should have a LOGBOOK, which can be like a simple exercise book, where the In-charge or supervisors can record a wide range of subjects:

- ❖ Problems found at the health unit
- ❖ Suggestions for improvement or solutions for those problems
- ❖ Issues to be discussed during HUMC meetings or during Staff meetings.
- ❖ The minutes of HUMC and staff meetings

Also DHT members and other supervisors can use this book to record their findings during their support supervision visits.

MANAGEMENT QUESTIONS

The basic management questions have been included in the health unit quarterly assessment report (HMIS 106b). In addition, the Indicator Manual is organized around key management and health status questions.

REFERENCE CHART

| WHEN TO DO IT | HMIS ACTIVITIES AND DOCUMENTS | REFERENCE PAGE(S) |
|------------------------------------|--|---|
| EVERY CLINIC DAY | <p>Fill registers and related documents:</p> <p>Fill registers and related documents: OPD Register + Tally Sheet Inpatient Register + Tally Sheet Integrated Antenatal Register Integrated Postnatal Register Integrated Maternity Register Maternal Health Tally sheet Child Register + Child Tally Sheet Integrated FP Register + FP Tally Sheet Laboratory Registers HMIS Form 055a1 – 055a4 Inpatient Discharge Form Inpatient Treatment Sheet X-ray register Operating theatre register</p> <p>Keep accountability: Cash Analysis Book</p> <p>Keep track of Medical and Other supplies Stock Card Stock Book Prescription and Dispensing Log Requisition and Issue Voucher Discrepancy Report Record of Stock Out Expired/Spoiled Medicine</p> | <p>17, 21 – 23 188, 192 – 193 38 51 45 56 – 58 64, 70 – 72 77, 81 212-220 186 180-181 260 263</p> <p>133-138</p> <p>142 148 151 154 169 172 174</p> |
| WHEN A SPECIAL EVENT OCCURS | <p>Refer Patients if necessary Referral note Report Notifiable Disease within 24 hours HMIS 033a</p> <p>Report Equipment breakdown Report Equipment Breakdown</p> <p>React to a stock out Requisition and Issue Voucher Record of stock outs</p> <p>Organise Staffing and react to changes Staff Listing</p> | <p>34 296</p> <p>118</p> <p>154 172</p> <p>123</p> |
| EVERY MONTH | Notifiable disease report HMIS 033b | |
| EVERY MONTH | <p>Enter and compile in the Database: OPD Summary Table 1a-1d Maternal Health Attendance Summary Table 2a-2b EPI Attendance Summary Table 3 FP Summary Table 4 Financial Summary Table 14a-14b Inpatient diagnosis Tables 12a-12d Inpatient deaths Tables 13a-13b Daily Inpatient census Table 6a Inpatient Census Monthly Summary Table 6b</p> | <p>24- 33 60 - 63 74-76 82 - 83 140 - 141 194 - 205 207 - 210 212 213</p> |

| WHEN TO DO IT | HMIS ACTIVITIES AND DOCUMENTS | REFERENCE PAGE(S) |
|-------------------------|---|---|
| | Non Payment of Staff Table 8 Record of Stock Outs Table 9 Surgical operations, X-ray, Inpatient referrals Record of Reporting Table N1 Dates of Management Meetings Table N2 Dates of Support Supervision Visists Table N3 Record of General HU Support Supervision Table N4 HU Tool for HMIS Support Supervision Table N5 Complete and Send the Monthly Report OPD Monthly Report HMIS 105 In-patient Monthly Report HMIS 108 | 131 172 267 294 8 9 10 11 - 14 305-312 313-318 |
| EVERY TWO MONTHS | Complete and send Bi-Monthly Report Report and Order Calculation Form Report and Order Calculation Form for HIV test kits | 159 |
| EVERY QUARTER | Send the Quarterly HMIS Report Health Unit HIV/AIDS Quarterly Report Financial Summaries Form A and B | 325-327 139-141 |
| ONCE IN A YEAR | End of year compilation in the Database: <u>August:</u> Year totals for all tables for the previous year Compile and Send the end of year: <u>August:</u> Health Unit Annual Report Compile and send beginning of year: <u>August</u> Health Unit Population Report Compile and send other reports: <u>February:</u> Physical Inventory <u>March:</u> Equipment Inventory <u>June:</u> Staff Listing | Refer Tables 5-25 341-364 319-323 114-117 118-124 127 |

THE HEALTH MANAGEMENT INFORMATION SYSTEM

THE HEALTH UNIT LEVEL

TECHNICAL MODULE 1: PLANNING AND SUPERVISION

→ PART 1: PLANNING

→ PART 2: MEETINGS AND SUPPORT SUPERVISION

PART 1: PLANNING

The Health Planning Department (HPD) produces guidelines for Planning at all levels.

This Module should be filled using the current Guidelines for preparing Annual Work plans for Health Sub-District, DHO's office and lower level units developed by the Planning department.

Note: During the planning process, In-charges and managers will use information registered in the Database for the current and previous years. Using that information for planning and monitoring purpose will make planners understand the importance of collecting and compiling quality data on prevailing diseases and service delivery.

HMIS FORM 020: OUTPUT PERFORMANCE AND WORKPLAN FORMAT

DESCRIPTION AND INSTRUCTIONS

- Objective:** To record activities by programme area for the Annual Work plan
- Timing:** 15th July
- Copies:** **Three.** One copy remains at the HU. Another copy is sent to the HSD and third copy is sent to the District Health Office
- Responsibility:** Health Facility In-charge

PROCEDURE:

The form provides the details of all the undertakings of a local government during a specified financial year. It has the following components;

1. Summary of revenues and expenditures of the health facility. The summary comprises the sources, previous/present budget and receipts and the next financial year and cash forecasts by each quarter of the financial year.

Part A: provides a sample of the summary revenue form. The section is filled by the health facility incharge with assistance of the sub-accountant.

Part B: provides the format for developing a workplan for the health facility. It comprises of three parts; Programmes /Functions/Output Description, Review of previous performance and the planned activities.

Under the Programme /Function part/Output description, the core functions of the health facility are provided as follows;

- | | |
|-------------------------------------|-----------------------------------|
| ▪ Preventive services(Immunization) | ▪ HIV/AIDS |
| ▪ Health Management Information | ▪ CN TB DOTs |
| ▪ OPD utilization | ▪ M&E |
| ▪ Antenatal services utilization | ▪ Equipments |
| ▪ Sanitation | ▪ Construction of health facility |
| ▪ Health Education | ▪ Support Supervision |
| ▪ Deliveries in Health Units | ▪ Malaria |
| ▪ Referral | |

Under each function, the output indicator, output target are provided alongside the activities to be undertaken.

The inputs to implement some activities are in most cases overlapping, thus mixing up the costs together. An activity can apply to a multiplicity of personnel. The pertinent question for every person at the health facility, on every output is:

“What will be my activities/input?”

This table further provides the format for developing a work plan for the service delivery outlets; district/general hospitals and health centers, unit by unit. The core function of the outlets is providing the basic health care package.

HMIS FORM 020: OUTPUT PERFORMANCE AND WORKPLAN FORMAT

Vote _____

District _____

Department _____

Part A: Summary of the funds received

| Source Description | Balance as at end of Quarter | quarter release | Total |
|---|------------------------------------|-----------------------|-------|
| Total balance for all Accounts under Health sector end of Second Quarter | | | |
| Central Government central Transfers | | | |
| a) PHC Non Wage | | | |
| b) PHC NGO | | | |
| c) PHC Development | | | |
| Transfers from Central Government e.g. Sector line Ministry | | | |
| a) Specify/describe the transfer | | | |
| | | | |
| Local Revenue including other NGOs supporting Health Sector | | | |
| a) WHO | | | |
| b) LDA | | | |
| E.T.C | | | |
| Grand Total (sum of 1.1; 1.2; 1.3 and 1.4) | | | |

Part B: Workplan and Activity/out put performance

| Output Description (1) | Out put indicator (2) | Output target | | Geographical location (for the physical investment/outputs) | | Output Cost (7) |
|---|---|---------------|---------------|--|-------------------|--------------------|
| | | Target (3) | Actual (4) | Parish (5) | Sub-county (6) | |
| Preventive services (Immunization) | Number of children under one year immunized from both health facilities and community immunization outreaches | | | | | |
| Health Management | Timely and complete submission of HMIS forms to the Resource Centre, Ministry of Health | | | | | |
| OPD utilization | Number of clients reporting with health episode for the first time | | | | | |
| Antenatal services Utilization | Number of pregnant women visiting ANC clinic for the first time | | | | | |
| Sanitation | Number of Sanitation Supervision visits made | | | | | |
| Health Education | Number of health Education talks and Film shows held | | | | | |
| Deliveries in Health Units | Number of mothers delivered in health facilities | | | | | |
| Referral | Number of Referrals Made | | | | | |
| HIV/AIDS | Number of Community Sanitization meetings and Film shows held | | | | | |
| CB TB DOTs | | | | | | |
| M&E | No. of M&E visits carried out | | | | | |
| Equipments | Quantity of equipments procured | | | | | |
| Construction of DHOs Office | | | | | | |
| Support Supervision | Number of Support supervision visits carried out | | | | | |
| Malaria | Number of Community Sensitization meetings held | | | | | |
| Total Expenditure for Quarter | | | | | | |
| Balance on all the Account under Health Sector | | | | | | |

Endorsed by:

Name:

Name:

Title:

Title:

Signature:

Signature

PART 2: MEETINGS AND SUPPORT SUPERVISION

MEETINGS

For every meeting that takes place at the health facility e.g. Senior Staff meetings, General staff meetings, HUMC meetings etc minutes should be written and a copy maintained at the health facility. A record of these meetings should be recorded in the Health Unit Record of Management Meetings (Table N2).

SUPPORT SUPERVISION

Collection, compilation, use of the Health and Management Information needs to be supervised as much as any other aspect of health care delivery. But more important, there are three major ways in which Support Supervision supplements the HMIS.

Support Supervision is one of the ways of determining the root cause of a problem. In management the identification of the symptom (s) -low coverage, stock outs - is not the same as the identification of the cause(s). A problem may only be found by examining additional information in Health Unit Database, stock cards, etc., and talking to the Health Unit Team. Only when the causes are discovered can effective reactions and therefore solutions be determined. It is extremely important that all detailed information used in the determination of the causes of a problem is documented during Support Supervision.

Some problems cannot be detected from the HMIS reports. The most important of these is quality of care. This has to be determined by observation and evaluation at the health unit.

During support supervision, problems should be identified and mechanisms for solving them discussed at the health unit. A supervision report should be written and shared with the supervisees. A follow up supervision plan should then be drawn. Before the next supervision, review findings and follow-up actions taken following the previous supervision visit.

TABLE N2-5: MEETINGS AND SUPPORT SUPERVISION

DESCRIPTION AND INSTRUCTIONS

| | |
|------------------------|--|
| Objective: | To monitor and maintain the quality and standard of health care delivery in the Health Unit. |
| Timing: | Monthly |
| Copies: | One and kept in the health unit database |
| Responsibility: | In-charge of HU |

PROCEDURE:

Before conducting supervision at the health unit, review previous supervision report and follow-up actions proposed in that report. Also review the Health Unit HMIS profile at the HSD (Timeliness, completeness of reporting, record of supervision visits, accuracy of reporting e.t.c).

1. In the health unit, the supervisor should consult the Health Unit LOG Book for record of problems that are experienced by the Health unit.
2. Keep a record of the dates of Support Supervision of the Health Unit in TABLE N3: RECORD OF SUPPORT SUPERVISION VISITS in the Health Unit Database.
3. After the supervision, share the findings with key staff.
4. The results from Support Supervision should be written in the General Health Unit Supervision report (Table N4) while at the Health Unit. One copy of the report should be left in the Health Unit and another placed in the HSD file.
5. For HMIS technical Support Supervision, use the HMIS support supervision Tool (Table N5 :). Fill in short comments for each area. (Please do not tick).

TABLE N4: GENERAL HEALTH UNIT SUPERVISION REPORT
SUMMARY OF KEY FINDINGS AND RECOMMENDATIONS

| | | |
|---|--|---------------------------|
| Date: | | |
| Health Unit name | | |
| District | | |
| HSD | | |
| Sub-county | | |
| Parish | | |
| Name and Title of Supervisors(s): | | |
| Supervisee(s): | | |
| Area of focus | | |
| POSITIVE FINDINGS (Also acknowledge actions taken following the last supervision recommendations) | | |
| WEAKNESS/GAPS OBSERVED | | |
| RECOMMENDATIONS | | RESPONSIBLE PERSON |
| | | |

TABLE N5: HEALTH UNIT TOOL FOR HMIS SUPERVISION

| Health Unit Name: | | | | |
|---|-----------------------------------|------------|----------------------------|---|
| HSD: | | | | |
| District: | | | | |
| Date: | | | | |
| Supervisors(Name & Title): | | | | |
| Supervisee(s) (Name & Title): | | | | |
| AREA | POSITIVE POINTS | WEAKNESSES | ACTION TAKEN BY SUPERVISOR | RECOMMENDATION (indicate what should be done and persons responsible) |
| 1. Database: | | | | |
| Availability: Observe for presence of Database | | | | |
| Accuracy: i) compare entries in Database with HU reports ii) compare data in the health unit registers and the figures database | | | | |
| Use: | Look for graphs | | | |
| | Probe for use of data in planning | | | |
| | Performance assessment (M & E) | | | |

| AREA | POSITIVE POINTS | WEAKNESSES | ACTION TAKEN BY SUPERVISOR | RECOMMENDATION (indicate what should be done and persons responsible) |
|---|-----------------|------------|----------------------------|---|
| 2. Reporting: | | | | |
| Availability of reporting forms | | | | |
| Tracking of Timeliness of HU reporting | | | | |
| Completeness of HU reporting | | | | |
| Record of reporting to the HSDs | | | | |
| 3. Planning for HMIS | | | | |
| HMIS activities included in the Work plan | | | | |
| Availability of funds | | | | |
| 4. Support Supervision on HMIS | | | | |
| 5. Coordination of HMIS activities | | | | |
| Involvement of other stakeholders | | | | |

| AREA | POSITIVE POINTS | WEAKNESSES | ACTION TAKEN BY SUPERVISOR | RECOMMENDATION (indicate what should be done and persons responsible) |
|--|-----------------|------------|----------------------------|---|
| 6. Feedback | | | | |
| To staff in the health unit | | | | |
| To Community Resource Persons | | | | |
| To HUMC | | | | |
| 7. Monitoring & Evaluation | | | | |
| Indicators updated | | | | |
| 8. Equipment: availability & functionality | | | | |
| Computers for HMIS | | | | |
| Electronic software for HMIS (e-HMIS, w-HMIS, DHIS e.t.c.) | | | | |
| Calculator | | | | |
| E-mail | | | | |
| Telephone | | | | |
| Fax | | | | |
| 9. Other remarks/ findings | | | | |

SUMMARY OF KEY FINDINGS AND RECOMMENDATIONS

| | |
|---|----------------------------------|
| <p>POSITIVE FINDINGS <i>(Also acknowledge actions taken following the last supervision recommendations)</i></p> | |
| <p>WEAKNESS/GAPS OBSERVED</p> | |
| <p>RECOMMENDATIONS</p> | <p>RESPONSIBLE PERSON</p> |

THE HEALTH MANAGEMENT INFORMATION SYSTEM

THE HEALTH UNIT LEVEL

TECHNICAL MODULE 2: OUTPATIENT SERVICES

- PART 1: GUIDELINES FOR DIAGNOSIS AND TREATMENT
- PART 2: OUTPATIENT REGISTER
- PART 3: OPD DIAGNOSES SUMMARY
- PART 4: REFERRAL NOTE

PART 1: GUIDELINES FOR DIAGNOSIS AND TREATMENT

The Ministry of Health (MoH) has developed guidelines for diagnosis and treatment of priority diseases in the form of:

- ❖ Standard case definitions and alert/action thresholds for Integrated disease surveillance and response (IDSR)
- ❖ Technical guidelines for Integrated disease surveillance and response
- ❖ Uganda Clinical Guidelines 2010
- ❖ Disease specific guidelines developed by technical programs like Malaria, UNEPI, Guinea worm, HIV/AIDS, Diarrhoea control, etc.

Note: Please refer to these guidelines in case of any doubt while using this manual.

PART 2: OUTPATIENT REGISTER

HMIS FORM 031: OUTPATIENT REGISTER

DESCRIPTION AND INSTRUCTIONS

- Objective:** Used to record detailed information about each outpatient visit
- Copies:** One. This stays at the Health Unit and preferably in the Out Patients Department (OPD)
- Responsibility:** In-charge OPD

PROCEDURE:

1. The **DATE** the register was started; **NAME** of Health Unit and the date the register was finished are written on the front cover.
2. Pre-printed formats should be available for this register. However, in the event that they are not available, Counter books can be used. If counter books are used, then draw lines and write headings, as shown in the HMIS Form 031 below.
3. A specific list of diseases of national interest are monitored and reported monthly. The In-charge and **DHO** can determine additional diseases of local interest to monitor. For reporting, age is classified into two age groups: zero to four years, and five years and older. However, the exact age should be recorded in the register.
4. For each **new visit** and each **re-attendance visit**, a serial number is given. The total attendance, number of new attendance, re-attendance, referrals (in and out) and new diagnoses are counted and recorded in tables 1a and 1b on a daily basis. The count of new attendance and re-attendance is the total of all entries (Ticks) in the New attendance and Re-attendance columns respectively. The total attendance is the sum of the New and Re-attendances. The count of Referrals to the health unit is derived from the referrals listed in the **REF IN NUM** column and the count of Referrals out of the health unit is derived from the referrals listed in the **REF OUT NUM** column (Referral Number). The new diagnoses are counted from the **NEW DIAGNOSIS** column.
6. Special services, e.g. eye clinic, dental clinic, can use the same format. When separate clinics exist for children 0 to 4 years or for antenatal women, the same procedure should also be used. The clinics can monitor separately the diseases they diagnose; however, totals for the entire health unit are compiled together for reporting.

HMIS FORM 031: OUTPATIENT REGISTER

HEADINGS AND COLUMN WIDTHS:

| (1) | (2) | (3) | | (4) | (5) | (6) | (7) |
|---------------|-----------------|-----------|--------|------|------|--------|-------------|
| SERIAL NUMBER | NAME OF PATIENT | RESIDENCE | | AGE | SEX | WEIGHT | NEXT OF KIN |
| | | VILLAGE | PARISH | | | | |
| 1 cm | 5 cm | 5 cm | 4 cm | 1 cm | 1 cm | 5 cm | 5 cm |
| | | | | | | | |

| (8) | | (9) | (10) | (11) | (12) |
|----------------------|--------------------|---------------|-------------------|-------------|--------------|
| TICK CLASSIFICATION | | NEW DIAGNOSIS | DRUGS / TREATMENT | REF. IN NUM | REF. OUT NUM |
| NEW ATTENDANCE CASES | RE-ATTENDANCE CASE | | | | |
| 1 cm | 1 cm | 6 cm | 12 cm | 1 cm | 1 cm |
| | | | | | |

Note: A new line is started and a serial number provided for each attendance. However, **a new diagnosis is only recorded for a new attendance/case.**

A NEW ATTENDANCE/CASE is defined by a person who attends the health unit with a new episode of illness. If there are many diagnoses for one new attendance, use additional lines completing only column (8) and (9).

NEWLY DIAGNOSED:

To identify a person as having a new disease or condition by means of a diagnosis (this is subject to a medical analysis).

A RE-ATTENDANCE:

This refers to a person who attends the health unit for the second, third or higher number of visits for the same episode of illness as was previously diagnosed. **No diagnosis is recorded in the diagnosis column for a re-attendance.** However, you should still write all diagnoses in the patient cards.

DESCRIPTION OF COLUMNS:

Write the date on the first blank row. Nothing else is written on that row.

1. SERIAL NUMBER:

The numbers should start with "1" on the first date of each month. A new serial number is given to a patient who comes with a new diagnosis and those who come as re-attendances.

2. NAME OF PATIENT:

Write the patient's surname and the first name as an initial or in full as appropriate

3. RESIDENCE:

Write the Village and Parish of residence where the patient stays. It is important for geographical catchment and distribution of OPD population and diseases respectively.

4. AGE:

Write the patient's age in complete years if the patient is **over one year** of age. Write the patient's age in months if the patient is **under one year** of age and write clearly "MTH" after the age. Write the patient's age in days if the patient is less than **one month** of age and write clearly "Days" after the age.

5. SEX:

Write the Sex (Gender) of the patient. Indicate **M** for male and **F** for female.

Technical Module 2: Outpatient Services

6. WEIGHT:

Write the weight of the patient in Kilograms (Kgs). Indicate as well, his/her weight on **OUTPATIENT CARD**. The measured weight should also be used to estimate the **drug dosages** to be administered

7. NEXT OF KIN:

Write the names of the care taker (person) to be contacted in case of any follow up or emergency.

8. NEW ATTENDANCE/CASE:

Tick if the patient has a new case of illness, as defined above in the **note**.

RE-ATTENDANCE:

Tick if the patient is a re-attendance, as defined above in the **note**.

9. NEW DIAGNOSIS:

Write clearly all diagnosis made. Diagnosis is written only once for a new attendance for the health condition. If more space is required, use another line. Remember that all diagnoses of notifiable diseases should be clearly **starred (*)** by the Serial Number.

Note: All diagnoses must be made according to the standard case definitions and Uganda Clinical Guidelines (UCG) provided by the Ministry of Health. The written diagnosis should correspond to one of the diagnoses listed in the Monthly Health Unit report (HMIS 105).

10. DRUGS / TREATMENT:

At a minimum, the names of the drugs and quantities given in accordance with the age and/weight of the patient. Quantities given should be written in the format: Number of units per dose x number of doses per day x number of days the drug is to be taken.

11. REF IN NUM:

Write in this column the referral number which was earlier indicated on the referral note, when the patient is referred to your health facility.

12. REF. OUT NUM:

If a patient is referred from your health facility to another health unit, a **REFERRAL NOTE** is written. The number on the **REFERRAL NOTE** is written in this column.

REPORTED DAILY: NOTIFIABLE DISEASES AND SUMMARISED WEEKLY:

- Any new case of Acute Flaccid Paralysis (AFP), Cholera, Dysentery, Guinea Worm, Meningococcal meningitis, Neonatal Tetanus, Plague, Rabies, Maternal Deaths, Perinatal Deaths, Measles, Yellow Fever and other Viral Haemorrhagic Fevers (VHF), Adverse Events Following Immunization (AEFI) and Influenzae Like Illness.
- [To make it easier, every notifiable disease patient should be starred (*) by the Serial Number]

REPORTED MONTHLY:

- The number of new attendances, re-attendance, referrals in and out, and diagnoses.
- The number of diagnoses for the nationally selected diagnoses and for the diagnoses of local interest, by age groups (0-4 years, and 5 years and above).
- Other information as requested of and required by the In-Charge.

PART 3: OPD ATTENDANCE AND DIAGNOSES SUMMARY (TABLE 1a – 1d)

PREPARATION

TABLE 1a is for recording diagnoses of children less than five years.

TABLE 1b is for recording diagnoses for people aged five years and older.

Note: Prepare separate tables for male and female for each age category.

For In-Charge, HUMC and DHT

- Add additional diagnoses of local interest to Table 1a and 1b.

Daily or Routine Procedure

From OUTPATIENT REGISTER

- For each day count the attendances (new and re-attendances), referrals (in and out) and record them in table 1a and 1b
- Tally diagnoses for the categories shown in Table 1a and 1b using the **OUTPATIENT TALLY SHEET** (HMIS 091a).
- Record the number of diagnoses for each day in Table 1a and 1b.

Weekly procedures

- On a weekly basis, add the daily diagnoses for notifiable diseases in Tables 1a and 1b.
- These should be reported in the Health Unit Weekly Epidemiological form (Module 6; HMIS 033b)

Monthly Procedures

- Add daily attendances and referrals in table 1a and 1b to get the monthly totals
- Add the daily diagnoses in tables 1a and 1b to get the monthly diagnoses totals.
- Write the total in the last column of Tables 1a and 1b.

On HEALTH UNIT MONTHLY REPORT

- Fill in Items 1 (OPD attendances) and 2 (Outpatient Diagnoses)

Annual Procedures

From Tables 1a and 1b extract the monthly totals and fill in Tables 1c and 1d respectively

On HEALTH UNIT ANNUAL REPORT

- Fill in Item 8 (OPD attendances and diagnoses)

HMIS FORM 091A: OUTPATIENT TALLY SHEET

DESCRIPTION AND INSTRUCTIONS

- Objectives:** To facilitate the counting and summarizing of outpatient records
- Timing:** Every moment there is need to add-up cases/attendances in the OPD department
- Copies:** One
- Responsibility:** In-charge/Records Assistant

PROCEDURE:

- The sheet is a series of blocks with empty boxes. It allows you to tally anything you wish to count. The main use of the tally sheet will be to count Outpatient Attendances and Diagnoses. Every occurrence is represented by a slash (/). Five slashes go in one box. One entire block can contain about 400 tallies. The total tallies are written in the last box.
- For outpatient diagnoses, there is a list of diagnoses to be monitored: the diagnoses printed on the monthly report and possibly some diagnoses the district added. All other diagnoses are entered in the box labeled "Other diagnoses". The diagnoses are given space according to the anticipated number monthly. For most health units, one block per diagnosis will be sufficient, sometimes less. In the first example on the next page, six notifiable diseases are in one block because they occur so infrequently. Since acute respiratory tract infections are very common, one entire block is reserved for its tallying. It is probably easiest to start a new tally sheet each month. All sheets should be filed in the Database file until they are checked for accuracy.

Example for OPD for the month of January:

Description Notifiable diseases Where OPD Time Period January 10

| | 0-4 years | | | | | 5 and older | | | | | |
|---------|-----------|---|--|--|--|-------------|------|---|--|--|--|
| Cholera | //// | 5 | | | | //// | //// | 9 | | | |
| Mening | | | | | | | | | | | |
| Measles | // | 2 | | | | | | | | | |
| Plague | | | | | | | | | | | |
| Rabies | | | | | | | | | | | |
| Typhoid | | | | | | | | | | | |

Description ARI- NOT pneumonia Where OPD Time Period January 2010

| | 0-4 years | | | | | 5 and older | | | | | |
|------|-----------|------|------|------|------|-------------|------|------|------|------|-----|
| L/// | //// | //// | //// | //// | L/// | //// | //// | //// | //// | //// | |
| L/// | //// | //// | //// | //// | L/// | //// | //// | //// | //// | //// | 144 |
| L/// | //// | //// | //// | //// | L/// | //// | //// | //// | //// | //// | |
| L/// | //// | //// | //// | //// | L/// | //// | //// | //// | //// | //// | |

Technical Module 2: Outpatient Services

| | | | | | | | | | | | | |
|------|------|------|------|------|------|--|------|------|------|------|--|--|
| LIII | IIII | IIII | IIII | IIII | LIII | | IIII | IIII | IIII | IIII | | |
| LIII | IIII | IIII | IIII | IIII | LIII | | IIII | IIII | IIII | IIII | | |

TABLE 1a: HEALTH UNIT DAILY OUTPATIENT DIAGNOSES FOR CHILDREN 0-4 YEARS (MALE/FEMALE, delete where non-applicable)

| Diagnosis | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total |
|--|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|
| New attendances | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Re-attendances | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total attendances | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Referrals to unit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Referrals from unit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Notifiable Diseases | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 Acute flaccid paralysis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 Cholera | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 Dysentery | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 Guinea worm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 Bacterial Meningitis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 Measles | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 Tetanus (neonatal) (0 -28 days age) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 Plague | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 Rabies | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 Yellow Fever | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 Other Viral Haemorrhagic Fevers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 Severe Acute Respiratory Infection (SARI) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 Adverse Events Following Immunization (AEFI) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 Other Emerging infectious Diseases, specify e.g. small pox, ILI, SARS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Infectious/Communicable Diseases | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 Diarrhea- Acute | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 Diarrhea- Persistent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 Ear, Nose and Throat (ENT) conditions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 Ophthalmia neonatorum | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 Other Eye conditions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 Urethral discharges | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 Genital ulcers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 Sexually Transmitted Infection due to SGBV | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 Other Sexually Transmitted Infections | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 Urinary Tract Infections (UTI) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 Intestinal Worms | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26 Leprosy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27 Malaria | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 28 Other types of meningitis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 29 No pneumonia - Cough or cold | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Diagnosis | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total | |
|--|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|--|
| 30 Pneumonia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 31 Skin Diseases | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 32 Tuberculosis (New smear positive cases) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 33 Other Tuberculosis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 34 Typhoid Fever | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 35 Tetanus (over 28 days age) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 36 Sleeping sickness | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 37 Pelvic Inflammatory Disease (PID) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Maternal and Perinatal Diseases | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 38 Abortions due to Gender-Base Violence (GBV) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 39 Abortions due to other causes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 40 Malaria in pregnancy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 41 High blood pressure in pregnancy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 42 Obstructed labour | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 43 Puerperial Sepsis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 44 Haemorrhage in pregnancy (APH and/or PPH) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 45 Neonatal septicemia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 46 Perinatal conditions in newborns (0 - 7 days) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 47 Neonatal conditions in new borns (8 - 28 days) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Non Communicable Diseases | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 48 Anaemia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 49 Asthma | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 50 Periodontal diseases | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 51 Diabetes mellitus | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 52 Bipolar disorders | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 53 Hypertension | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 54 Depression | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 55 Schizophrenia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 56 HIV related psychosis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 57 Anxiety disorders | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 58 Alcohol abuse | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 59 Drug abuse | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 60 Childhood Mental Disorders | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 61 Epilepsy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 62 Dementia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 63 Other forms of mental illness | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 64 Cardiovascular diseases | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 65 Gastro-Intestinal Disorders (non-Infective) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 66 Severe Malnutrition (Marasmus, Kwashiorkor, Marasmic-kwash) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 67 Jaw injuries | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 68 Injuries- Road traffic Accidents | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 69 Injuries due to Gender based violence | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



| Diagnosis | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total |
|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|
| 70 Injuries (Trauma due to other causes) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 71 Animal bites | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 72 Snake bites | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Minor Operations in OPD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 73 Tooth extractions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 74 Dental Fillings | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Neglected Tropical Diseases (NTDs) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 75 Leishmaniasis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 76 Lymphatic Filariasis (hydrocele) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 77 Lymphatic Filariasis (Lymphoedema) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 78 Urinary Schistosomiasis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 79 Intestinal Schistosomiasis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 80 Onchocerciasis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 81 Other diagnoses (specify priority diseases for District) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 82 All others | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 83 Deaths in OPD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Diagnoses | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

TABLE 1 b: HEALTH UNIT DAILY OUTPATIENT DIAGNOSES FOR PERSONS 5 YEARS AND ABOVE
(MALE/FEMALE, *delete where non-applicable*)

| Diagnosis | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total |
|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|
| New attendances | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Re-attendances | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total attendances | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Referrals to unit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Referrals from unit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Notifiable Diseases | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 Acute flaccid paralysis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 Cholera | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 Dysentery | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 Guinea worm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 Bacterial Meningitis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 Measles | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 Tetanus (neonatal) (0–28 days age) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 Plague | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 Rabies | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 Yellow Fever | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 Other Viral Haemorrhagic Fevers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 Severe Acute Respiratory Infection (SARI) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 Adverse Events Following Immunization (AEFI) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 Other Emerging infectious Diseases, specify | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Infectious/Communicable Diseases | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 Diarrhea- Acute | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 Diarrhea- Persistent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 Ear, Nose and Throat (ENT) conditions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 Ophthalmia neonatorum | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 Other Eye conditions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 Urethral discharges | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 Genital ulcers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 Sexually Transmitted Infection due to SGBV | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 Other Sexually Transmitted Infections | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 Urinary Tract Infection (UTI) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 Intestinal Worms | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26 Leprosy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27 Malaria | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 28 Other types of meningitis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 29 No pneumonia - Cough or cold | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Diagnosis | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total |
|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|
| 30 Pneumonia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 31 Skin Diseases | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 32 Tuberculosis (New smear positive cases) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 33 Other Tuberculosis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 34 Typhoid Fever | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 35 Tetanus (over 28 days age) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 36 Sleeping sickness | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 37 Pelvic Inflammatory Disease (PID) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Maternal and Perinatal Diseases | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 38 Abortions due to Gender-Base Violence (GBV) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 39 Abortions due to other causes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 40 Malaria in pregnancy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 41 High blood pressure in pregnancy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 42 Obstructed labour | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 43 Puerperial Sepsis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 44 Haemorrhage in pregnancy (APH and/or PPH) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 45 Neonatal septicemia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 46 Perinatal conditions in newborns (0 - 7 days) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 47 Neonatal conditions in newborns (8 - 28 days) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Non Communicable Diseases | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 48 Anaemia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 49 Asthma | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 50 Periodontal diseases | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 51 Diabetes mellitus | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 52 Bipolar disorders | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 53 Hypertension | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 54 Depression | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 55 Schizophrenia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 56 HIV related psychosis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 57 Anxiety disorders | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 58 Alcohol abuse | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 59 Drug abuse | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 60 Childhood Mental Disorders | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 61 Epilepsy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 62 Dementia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 63 Other forms of mental illness | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 64 Cardiovascular diseases | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 65 Gastro-Intestinal disorders (non-Infective) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 66 Severe Malnutrition (Marasmus, Kwashiorkor, Marasmic-kwashi) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 67 Jaw injuries | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 68 Injuries- Road traffic Accidents | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Diagnosis | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total |
|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|
| 69 Injuries due to Sexual and Gender based violence | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 70 Injuries (Trauma due to other causes) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 71 Animal bites | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 72 Snake bites | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Minor Operations in OPD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 73 Tooth extractions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 74 Dental Fillings | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Neglected Tropical Diseases (NTDs) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 75 Leishmaniasis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 76 Lymphatic Filariasis (hydrocele) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 77 Lymphatic Filariasis (Lymphoedema) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 78 Urinary Schistosomiasis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 79 Intestinal Schistosomiasis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 80 Onchocerciasis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 81 Other diagnoses (specify priority diseases for District) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 82 All others | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 83 Deaths in OPD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Diagnoses | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



Ministry of Health

TABLE 1c: HEALTH UNIT OUTPATIENT DIAGNOSES BY MONTH FOR CHILDREN 0-4 YEARS (MALE/FEMALE, Delete where non-applicable)

| Diagnosis | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Year Total |
|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|------------|
| New attendances | | | | | | | | | | | | | |
| Re-attendances | | | | | | | | | | | | | |
| Total attendances | | | | | | | | | | | | | |
| Referrals to unit | | | | | | | | | | | | | |
| Referrals from unit | | | | | | | | | | | | | |
| Notifiable diseases | | | | | | | | | | | | | |
| 1 Acute flaccid paralysis | | | | | | | | | | | | | |
| 2 Cholera | | | | | | | | | | | | | |
| 3 Dysentery | | | | | | | | | | | | | |
| 4 Guinea worm | | | | | | | | | | | | | |
| 5 Bacterial Meningitis | | | | | | | | | | | | | |
| 6 Measles | | | | | | | | | | | | | |
| 7 Tetanus (neonatal) (0 –28 days age) | | | | | | | | | | | | | |
| 8 Plague | | | | | | | | | | | | | |
| 9 Rabies | | | | | | | | | | | | | |
| 10 Yellow Fever | | | | | | | | | | | | | |
| 11 Other Viral Haemorrhagic Fevers | | | | | | | | | | | | | |
| 12 Severe Acute Respiratory Infection (SARI) | | | | | | | | | | | | | |
| 13 Adverse Events Following Immunization (AEFI) | | | | | | | | | | | | | |
| 14 Other Emerging infectious Diseases, specify | | | | | | | | | | | | | |
| Other Infectious/Communicable Diseases | | | | | | | | | | | | | |
| 15 Diarrhea- Acute | | | | | | | | | | | | | |
| 16 Diarrhea- Persistent | | | | | | | | | | | | | |
| 17 Ear, Nose and Throat (ENT) conditions | | | | | | | | | | | | | |
| 18 Ophthalmia neonatorum | | | | | | | | | | | | | |
| 19 Other Eye conditions | | | | | | | | | | | | | |
| 20 Urethral discharges | | | | | | | | | | | | | |
| 21 Genital ulcers | | | | | | | | | | | | | |
| 22 Sexually Transmitted Infection due to SGBV | | | | | | | | | | | | | |
| 23 Other Sexually Transmitted Infections | | | | | | | | | | | | | |
| 24 Urinary Tract Infections (UTI) | | | | | | | | | | | | | |
| 25 Intestinal Worms | | | | | | | | | | | | | |
| 26 Leprosy | | | | | | | | | | | | | |
| 27 Malaria | | | | | | | | | | | | | |
| 28 Other types of meningitis | | | | | | | | | | | | | |
| 29 No pneumonia - Cough or cold | | | | | | | | | | | | | |
| 30 Pneumonia | | | | | | | | | | | | | |
| 31 Skin Diseases | | | | | | | | | | | | | |
| 32 Tuberculosis (New smear positive cases) | | | | | | | | | | | | | |
| 33 Other Tuberculosis | | | | | | | | | | | | | |
| 34 Typhoid Fever | | | | | | | | | | | | | |
| 35 Tetanus (over 28 days age) | | | | | | | | | | | | | |
| 36 Sleeping sickness | | | | | | | | | | | | | |
| 37 Pelvic Inflammatory Disease (PID) | | | | | | | | | | | | | |
| Maternal and Perinatal Diseases | | | | | | | | | | | | | |



| Diagnosis | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Year Total |
|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|------------|
| 38 Abortions due to Gender-Base Violence (GBV) | | | | | | | | | | | | | |
| 39 Abortions due to other causes | | | | | | | | | | | | | |
| 40 Malaria in pregnancy | | | | | | | | | | | | | |
| 41 High blood pressure in pregnancy | | | | | | | | | | | | | |
| 42 Obstructed labour | | | | | | | | | | | | | |
| 43 Puerperial Sepsis | | | | | | | | | | | | | |
| 44 Haemorrhage in pregnancy (APH and/ or PPH) | | | | | | | | | | | | | |
| 45 Neonatal septicemia | | | | | | | | | | | | | |
| 46 Perinatal conditions in newborns (0 - 7 days) | | | | | | | | | | | | | |
| 47 Neonatal conditions in newborns (8 - 28 days) | | | | | | | | | | | | | |
| Non Communicable Diseases | | | | | | | | | | | | | |
| 48 Anaemia | | | | | | | | | | | | | |
| 49 Asthma | | | | | | | | | | | | | |
| 50 Periodontal diseases | | | | | | | | | | | | | |
| 51 Diabetes mellitus | | | | | | | | | | | | | |
| 52 Bipolar disorders | | | | | | | | | | | | | |
| 53 Hypertension | | | | | | | | | | | | | |
| 54 Depression | | | | | | | | | | | | | |
| 55 Schizophrenia | | | | | | | | | | | | | |
| 56 HIV related psychosis | | | | | | | | | | | | | |
| 57 Anxiety disorders | | | | | | | | | | | | | |
| 58 Alcohol abuse | | | | | | | | | | | | | |
| 59 Drug abuse | | | | | | | | | | | | | |
| 60 Childhood Mental Disorders | | | | | | | | | | | | | |
| 61 Epilepsy | | | | | | | | | | | | | |
| 62 Dementia | | | | | | | | | | | | | |
| 63 Other forms of mental illness | | | | | | | | | | | | | |
| 64 Cardiovascular diseases | | | | | | | | | | | | | |
| 65 Gastro-Intestinal disorders (non-Infective) | | | | | | | | | | | | | |
| 66 Severe Malnutrition (Marasmus, Kwashiorkor, Marasmic-kwash) | | | | | | | | | | | | | |
| 67 Jaw injuries | | | | | | | | | | | | | |
| 68 Injuries- Road traffic Accidents | | | | | | | | | | | | | |
| 69 Injuries due to Gender based violence | | | | | | | | | | | | | |
| 70 Injuries (Trauma due to other causes) | | | | | | | | | | | | | |
| 71 Animal bites | | | | | | | | | | | | | |
| 72 Snake bites | | | | | | | | | | | | | |
| Minor Operations in OPD | | | | | | | | | | | | | |
| 73 Tooth extractions | | | | | | | | | | | | | |
| 74 Dental Fillings | | | | | | | | | | | | | |
| Neglected Tropical Diseases (NTDs) | | | | | | | | | | | | | |
| 75 Leishmaniasis | | | | | | | | | | | | | |
| 76 Lymphatic Filariasis (hydrocele) | | | | | | | | | | | | | |
| 77 Lymphatic Filariasis (Lymphoedema) | | | | | | | | | | | | | |
| 78 Urinary Schistosomiasis | | | | | | | | | | | | | |
| 79 Intestinal Schistosomiasis | | | | | | | | | | | | | |
| 80 Onchocerciasis | | | | | | | | | | | | | |
| 81 Other diagnoses (specify priority diseases for District) | | | | | | | | | | | | | |
| 82 All others | | | | | | | | | | | | | |
| 83 Deaths in OPD | | | | | | | | | | | | | |
| Total Diagnoses | | | | | | | | | | | | | |



Ministry of Health

TABLE 1d: HEALTH UNIT OUTPATIENT DIAGNOSES BY MONTH FOR PERSONS FIVE YEARS AND OLDER (MALE/FEMALE, Delete where non-applicable)

| Diagnosis | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Year Total |
|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|------------|
| New attendances | | | | | | | | | | | | | |
| Re-attendances | | | | | | | | | | | | | |
| Total attendances | | | | | | | | | | | | | |
| Referrals to unit | | | | | | | | | | | | | |
| Referrals from unit | | | | | | | | | | | | | |
| Notifiable diseases | | | | | | | | | | | | | |
| 1 Acute flaccid paralysis | | | | | | | | | | | | | |
| 2 Cholera | | | | | | | | | | | | | |
| 3 Dysentery | | | | | | | | | | | | | |
| 4 Guinea worm | | | | | | | | | | | | | |
| 5 Bacterial Meningitis | | | | | | | | | | | | | |
| 6 Measles | | | | | | | | | | | | | |
| 7 Tetanus (neonatal) (0 –28 days age) | | | | | | | | | | | | | |
| 8 Plague | | | | | | | | | | | | | |
| 9 Rabies | | | | | | | | | | | | | |
| 10 Yellow Fever | | | | | | | | | | | | | |
| 11 Other Viral Haemorrhagic Fevers | | | | | | | | | | | | | |
| 12 Severe Acute Respiratory Infection (SARI) | | | | | | | | | | | | | |
| 13 Adverse Events Following Immunization (AEFI) | | | | | | | | | | | | | |
| 14 Other Emerging infectious Diseases, specify | | | | | | | | | | | | | |
| Other Infectious/Communicable Diseases | | | | | | | | | | | | | |
| 15 Diarrhea- Acute | | | | | | | | | | | | | |
| 16 Diarrhea- Persistent | | | | | | | | | | | | | |
| 17 Ear, Nose and Throat (ENT) conditions | | | | | | | | | | | | | |
| 18 Ophthalmia neonatorum | | | | | | | | | | | | | |
| 19 Other Eye conditions | | | | | | | | | | | | | |
| 20 Urethral discharges | | | | | | | | | | | | | |
| 21 Genital ulcers | | | | | | | | | | | | | |
| 22 Sexually Transmitted Infection due to SGBV | | | | | | | | | | | | | |
| 23 Other Sexually Transmitted Infections | | | | | | | | | | | | | |
| 24 Urinary Tract Infections (UTI) | | | | | | | | | | | | | |
| 25 Intestinal Worms | | | | | | | | | | | | | |
| 26 Leprosy | | | | | | | | | | | | | |
| 27 Malaria | | | | | | | | | | | | | |
| 28 Other types of meningitis | | | | | | | | | | | | | |
| 29 No pneumonia - Cough or cold | | | | | | | | | | | | | |
| 30 Pneumonia | | | | | | | | | | | | | |
| 31 Skin Diseases | | | | | | | | | | | | | |
| 32 Tuberculosis (New smear positive cases) | | | | | | | | | | | | | |
| 33 Other Tuberculosis | | | | | | | | | | | | | |
| 34 Typhoid Fever | | | | | | | | | | | | | |
| 35 Tetanus (over 28 days age) | | | | | | | | | | | | | |
| 36 Sleeping sickness | | | | | | | | | | | | | |
| 37 Pelvic Inflammatory Disease (PID) | | | | | | | | | | | | | |
| Maternal and Perinatal Diseases | | | | | | | | | | | | | |
| 38 Abortions due to Gender-Base Violence (GBV) | | | | | | | | | | | | | |
| 39 Abortions due to other causes | | | | | | | | | | | | | |
| 40 Malaria in pregnancy | | | | | | | | | | | | | |
| 41 High blood pressure in pregnancy | | | | | | | | | | | | | |
| 42 Obstructed labour | | | | | | | | | | | | | |
| 43 Puerperial Sepsis | | | | | | | | | | | | | |
| 44 Haemorrhage in Pregnancy (APH and/or PPH) | | | | | | | | | | | | | |
| 45 Neonatal septicemia | | | | | | | | | | | | | |
| 46 Perinatal conditions in newborns (0 - 7 days) | | | | | | | | | | | | | |
| 47 Neonatal conditions in new borns (8 - 28 days) | | | | | | | | | | | | | |
| Non Communicable Diseases | | | | | | | | | | | | | |



| Diagnosis | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Year Total |
|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|------------|
| 48 Anaemia | | | | | | | | | | | | | |
| 49 Asthma | | | | | | | | | | | | | |
| 50 Periodontal diseases | | | | | | | | | | | | | |
| 51 Diabetes mellitus | | | | | | | | | | | | | |
| 52 Bipolar disorders | | | | | | | | | | | | | |
| 53 Hypertension | | | | | | | | | | | | | |
| 54 Depression | | | | | | | | | | | | | |
| 55 Schizophrenia | | | | | | | | | | | | | |
| 56 HIV related psychosis | | | | | | | | | | | | | |
| 57 Anxiety disorders | | | | | | | | | | | | | |
| 58 Alcohol abuse | | | | | | | | | | | | | |
| 59 Drug abuse | | | | | | | | | | | | | |
| 60 Childhood Mental Disorders | | | | | | | | | | | | | |
| 61 Epilepsy | | | | | | | | | | | | | |
| 62 Dementia | | | | | | | | | | | | | |
| 63 Other forms of mental illness | | | | | | | | | | | | | |
| 64 Cardiovascular diseases | | | | | | | | | | | | | |
| 65 Gastro-Intestinal disorders (non-Infective) | | | | | | | | | | | | | |
| 66 Severe Malnutrition (Marasmus, Kwashiorkor, Marasmic-kwash) | | | | | | | | | | | | | |
| 67 Jaw injuries | | | | | | | | | | | | | |
| 68 Injuries- Road traffic Accidents | | | | | | | | | | | | | |
| 69 Injuries due to Sexual and Gender based violence | | | | | | | | | | | | | |
| 70 Injuries (Trauma due to other causes) | | | | | | | | | | | | | |
| 71 Animal bites | | | | | | | | | | | | | |
| 72 Snake bites | | | | | | | | | | | | | |
| Minor Operations in OPD | | | | | | | | | | | | | |
| 73 Tooth extractions | | | | | | | | | | | | | |
| 74 Dental Fillings | | | | | | | | | | | | | |
| Neglected Tropical Diseases (NTDs) | | | | | | | | | | | | | |
| 75 Leishmaniasis | | | | | | | | | | | | | |
| 76 Lymphatic Filariasis (hydrocele) | | | | | | | | | | | | | |
| 77 Lymphatic Filariasis (Lymphoedema) | | | | | | | | | | | | | |
| 78 Urinary Schistosomiasis | | | | | | | | | | | | | |
| 79 Intestinal Schistosomiasis | | | | | | | | | | | | | |
| 80 Onchocerciasis | | | | | | | | | | | | | |
| 81 Other diagnoses (specify priority diseases for District) | | | | | | | | | | | | | |
| 82 All others | | | | | | | | | | | | | |
| 83 Deaths in OPD | | | | | | | | | | | | | |
| Total Diagnoses | | | | | | | | | | | | | |

PART 4: REFERRAL NOTE

HMIS FORM 032: REFERRAL NOTE

DESCRIPTION AND INSTRUCTIONS

Objective: Used when a patient or client is being referred for further management to a higher-level health Centre.

Timing: Every moment there is need to refer a patient from one health unit to another, for further treatment

Copies: **Two or Three:** The original must go with the patient/client and should be returned by the accompanying health worker/patient to the health unit after treatment at the referred unit. If the hospital wants to keep a copy, a second copy is sent with the patient. If the health unit wants to keep a copy, a third copy is made.

Responsibility: Clinician/nurse at health unit of first contact and at referral point

Note: In hospitals and facilities that still charge user fees, referred patients should be treated at reduced rates. The reduced rates should be well publicized in order to give patients an incentive to utilize first line health units first, and to produce the necessary information at the referred site and upon return.

PROCEDURE:

1. The **REFERRAL NOTE** is used for Outpatient, Inpatient, Family Planning, ANC, and Maternity patients /clients.
2. The health unit of first contact fills the top section.
3. The referral site fills the bottom section.
4. Under Remarks, the clinician at the referral site can indicate such things as how accurate the original diagnosis was, whether referral was justified, whether the emergency treatment strategy could be improved.
5. All returned **REFERRAL** Notes are kept in a special file in the department. The information from the higher-level health unit should be discussed at staff meetings and supervision.

6. In order to monitor the referrals made, preferably a separate file of the copies of the **REFERRAL NOTE** is kept. Alternatively a simple list (see example below using the **GENERAL SUMMARY FORM**) of the issued **REFERRAL NOTES** is kept. Using the copies or the list, the health unit should monitor the rate of return of referred patients.

GENERAL SUMMARY FORM

Description: Referrals from (enter name of Department or health unit)

7. The easiest way to return the REFERRAL NOTE to the health unit, especially if the patient has to return to the health unit for continued treatment, is to give it to the patient asking him to return it to the health unit. If this system doesn't work, the **DHT** can decide alternative solutions, e.g. during supervision visits to collect and return the **REFERRAL NOTES**.

| REF | No. | DATE | PATIENT/ CLIENT No | REASON FOR REFERRAL | REFERRED TO | DATE RETURNED | REMARKS |
|-----|-----|------|-----------------------|---------------------------|----------------|------------------|---------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

8. Clinicians at the referral level should be convinced of the importance of this feed back for both the health units and the supervisors. Knowing that the initial diagnosis and treatment were correct is confidence building for the clinicians working often in isolation in the rural lower level health units. Knowing the deficiencies in initial diagnosis or treatment are important for the supervisor who can use the information for on the job training, for selection of issues where staff need additional training, to decide changes in guidelines, etc.



HMIS FORM 032: REFERRAL NOTE

Date of Referral: _____

TO: _____

FROM: Health Unit _____ Referral number _____

REFERENCE: Patient name _____ Patient number _____

Age _____ Sex _____ Date of first visit _____

Please attend to the above person who we are referring to your health unit for further action.

History and Symptoms:

Investigations done:

Diagnosis:

Treatment given:

Reason for referral:

Please complete this note on discharge and send it back to our unit

Name of clinician _____ Telephone contact _____ Signature _____

-----To be completed at the referral site-----

Date of arrival _____ Date of discharge _____

Further investigations done

Diagnosis:

Treatment given:

Treatment or surveillance to be continued:

Remarks:

Name of clinician _____ Telephone contact: _____ Signature _____

THE HEALTH MANAGEMENT INFORMATION SYSTEM

THE HEALTH UNIT LEVEL

TECHNICAL MODULE 3: PREVENTIVE AND CURATIVE ACTIVITIES

PART 1: MATERNAL HEALTH

- INTEGRATED ANTENATAL REGISTER
- INTEGRATED MATERNITY REGISTER
- INTEGRATED POST NATAL REGISTER
- MATERNAL HEALTH TALLY SHEET
- HEALTH UNIT MATERNAL HEALTH DAILY ATTENDANCE SUMMARY
- HEALTH UNIT MATERNAL HEALTH MONTHLY ATTENDANCE SUMMARY

PART 2: CHILD HEALTH

- CHILD REGISTER
- CHILD TALLY SHEET
- HEALTH UNIT EPI ATTENDANCE SUMMARY

PART 3: FAMILY PLANNING

- INTERGRATED FAMILY PLANNING REGISTER
- HEALTH UNIT FAMILY PLANNING SUMMARY

PART 4: HIV/AIDS SERVICES

- HCT REGISTER
- PRE-ART REGISTER
- ART REGISTER
- HIV-EXPOSED INFANT REGISTER
- HEALTH UNIT HIV/AIDS SERVICES SUMMARY

PART 1: MATERNAL HEALTH

HMIS FORM 071: INTEGRATED ANTENATAL REGISTER

DESCRIPTION AND INSTRUCTIONS

Objective: To record the antenatal clients attending the clinic

Copies: One stays at health unit

Responsibility: Incharge Maternal and Child Health Clinic

PROCEDURE:

1. Write the name of the health unit, health sub district and district, the date the register is opened, and the date the register is closed on the front cover.
2. On the 1st clinic day of every month a new serial numbering is started e.g **01/05/10**
3. On the first clinic day of the financial year, a new client numbering is started
4. For the first visit of the pregnancy, the client is registered as first visit (1) and given an ANTENATAL CARD and a **Client number**. On subsequent visits, each visit (e.g. 2) is recorded in the register with other relevant information, including current client number, diagnosis and treatment. This register is the only record of antenatal clients kept at the health unit.
5. If the client has risk **factor**/complications, they are written down in column 28. If two different people do consultations and registration, then the consultants will need to keep notes on all complications and referrals. The notes are then used to update the register at the end of each clinic day.
6. The numbers of 1st visits (new clients) and 4+visits are counted and recorded monthly. The numbers of women counseled, tested, their results and provision for ARVs to the positive are recorded summarized at the end of each month. The numbers of referrals in or to other health facilities are counted monthly from the REFERRAL NOTE file or list. All these figures are reported in the HEALTH UNIT MONTHLY REPORT.
7. The morbidity of antenatal clients are recorded in the same register, and their monthly totals are included in the HEALTH UNIT MONTHLY REPORT of OPD diagnoses under **Complications of pregnancy** or by specific diagnosis.
8. During the antenatal period, columns 1-12 are completed on every visit, plus other columns where services are given

Technical Module 3: Preventive and Curative activities

9. At the beginning of each year, a target attendance for ANC new clients is determined by the health unit (see HEALTH UNIT POPULATION REPORT). The achievement towards this goal is monitored throughout the year using graphs (see GRAPHING in the MULTI PURPOSE FORMS module). It's also monitored in the HEALTH UNIT QUARTERLY ASSESSMENT REPORT.
10. The information in the ANTENATAL REGISTER is used to review the program in such areas like: disease protection in pregnant clients, attendance by village, parish numbers and reasons for referrals, and the average number of visits per new client.
11. The percentage of ANC clients receiving doses 2-5 of tetanus is counted and reported monthly.

HMIS FORM 071: INTEGRATED ANTENATAL REGISTER

COLUMN HEADINGS:

| (1) Serial No. | (2) Client No. | (3) Name of client | (4) Village + Parish | (5) Phone Number | (6) Age | (7) ANC Visit | (8) Gravida / Parity | (9) Gestational Age | (10) Expected Date of Delivery (EDD) | (11) Weight & Mid Upper Arm Circumference (WT & MUAC) | (12) Blood Pressure |
|-------------------|-------------------|-----------------------|-------------------------|---------------------|------------|------------------|-------------------------|------------------------|---|--|------------------------|
| | | | | | | 1 2 3 4+ | | | | | |
| | | | | | | 1 2 3 4+ | | | | | |

| (13) PMTCT codes | | (14) Diagnosis | (15) ARV drugs | (16) Infant Feeding Option | (17) TB Status | (18) Haemoglobin | (19) Syphilis Test Results | (20) Family Planning Counseling | (21) TT | (22) IPT | (23) Free ITN | (24) Mebendazole |
|---------------------|---|-------------------|-------------------|-------------------------------|-------------------|---------------------|-------------------------------|------------------------------------|------------|-------------|------------------|---------------------|
| w | p | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

| (25) Iron/Folic Acid | | (26) Other Treatments | (27) Referral In/Out | (28) Complications/ Risk Factors |
|-------------------------|-------|--------------------------|-------------------------|-------------------------------------|
| Fe | Folic | | | |
| | | | | |
| | | | | |

DESCRIPTION OF COLUMNS:

The date is written on the 1st line at the beginning of each clinic day in the middle of the right and left page and nothing else is written on the line.

On every visit, recording should indicate the number of the visit, check whether dose of TT has been given according to schedule, diagnosis, services given, complications encountered and referrals.

Fill in all relevant columns on the first and subsequent visits of the clients:

1. SERIAL NO:

Start a new serial number on the first clinic day of every month e.g.001 each visit for the mother should be given a serial number.

Start with the number “1” on the first of every month.

2. CLIENT NO:

Start with the number “1” on the first of July each year. This number also goes on the Antenatal Card. Start new client numbering on the first clinic day of the new financial year, 1st July. On the first day of the first visit give a client number which is indicated on her ANC Card. If a client is referred from another clinic then use the ANC number on her card given to her by the other facility and add R at the beginning to show referral and to differentiate her from another client in your facility who may have the same number e.g R002

3. NAME OF CLIENT:

Write the full names of the client.

Technical Module 3: Preventive and Curative activities

4. VILLAGE AND PARISH:

Village and parish of residence for client, if the Village/parish is not known, put NK but remain silent on this as this option is put it will encourage complacency

5. PHONE NUMBER:

Note the phone number if the client has a phone

6. AGE:

Age of client in completed years

7. ANC VISIT:

Circle number of this visit e.g. 1, 2, 3, or 4+

8. GRAVIDA/PARA:

GRAVIDA: This is the number of this pregnancy in sequence

PARA: This is the number of pregnancies carried beyond 7 months that the client has had before (exclude the current pregnancy).

9. GESTATIONAL AGE:

Use the Last Normal Menstrual Period and the Date of the current ANC visit to come up with the Gestation age. Then calculate the weeks that the mother has gone through since the Last Normal Menstrual Period.

10. EXPECTED DATE OF DELIVERY:

This is approximated using the first day on which last normal menstrual period began, adding 9 months and 7 days to arrive at the estimated date of delivery.

11. WEIGHT AND MID UPPER ARM CIRCUMFERENCE (MUAC):

Take the weight and record and measure the Mid Upper Arm Circumference (MUAC)

12. BLOOD PRESSURE:

Take the patient blood pressure and record

13. PMTCT CODES:

Enter the PMTCT code for the Woman (W) and Partner (P) that corresponds to the PMTCT services received. The PMTCT codes used for Description of PMTCT services received are:

| | | |
|-------|---|---|
| C | - | Counseled or given information but declined HIV testing |
| TR | - | Tested results given, client tested HIV Negative |
| TRR | - | Tested results given, client tested HIV Positive |
| TRRDM | - | for those who received the ARVs for PMTCT |

Note:

- If this is a re-visit, and the results are known enter the PMTCT code for the results and a tick (✓) e.g. if client was tested results given, client tested HIV Positive enter as follows; TRR✓
- If a new client comes in with documented evidence of HIV test results enter the PMTCT code as TRRK for positive and TRK for HIV negative client. If the test is negative and was done 3 months prior to the visit then a re-test is recommended

Technical Module 3: Preventive and Curative activities

14. DIAGNOSIS:

These are findings after clinical assessment e.g. normal pregnancy (NP), malaria, High blood pressure. For HIV positive enter the WHO stage or the CD4 test results if available e.g. clinical stage 3 (CD4 250).

15. ARV DRUGS:

Write the ARV regimes that the mother has been given e.g. NVP only, AZT and NVP, AZT and 3TC and HAART as appropriate if a woman has started a DOSE of ARVs on that visit. Put **NA** meaning **not applicable** for the HIV negative mothers.

Note: If this is a revisit and the mother got her ARVS on a previous visit, write "on AZT+3TC"

16. INFANT FEEDING OPTION:

Infant method chosen should be entered using the codes as follows:

1. For Exclusive breast feeding
2. Replacement feeding
3. Mixed feeding
4. Others

17. TB STATUS:

All clients should be screened for TB using ICF (Intensified Case Finding) forms, and enter the codes as follows;

NA for any mother regardless of the sero status with no signs and symptoms of TB

- 1: HIV positive client suspected to be having TB (Has any of the following; Cough for 3 weeks or more, weight loss more than 10% of body weight and on and off fevers for at least one month)
- 2: Confirmed TB client not on treatment
- 3: Confirmed TB client and on treatment

18. HAEMOGLOBIN:

Record the HB level e.g. (10.4g/dl)

19. SYPHILIS TEST RESULTS:

Code used for description of syphilis tests are as follows;

Rx - Client tested and reactive

NR - Client tested results given, client non reactive

NT - Client not tested for syphilis

20. FAMILY PLANNING COUNSELING:

Counsel the mother on family planning options that are available for use after the pregnancy. Write **C** if counselled only. For HIV positive mothers, those in discordant relationships and those whose partners have not tested for HIV remember to counsel on Dual protection method and provide condoms and record **C/D** if provided with condoms after counselling

21. TETANUS DOSE:

Tetanus dose given (this information must be taken from the client's Tetanus Card, not from her memory. Indicate the dose as 1st, 2nd, 3rd, 4th and 5th as appropriate or C if completed all her doses

Technical Module 3: Preventive and Curative activities

22. IPT DOSE:

Refers to IPT1 or IPT2 given as first dose or second dose (respectively) of Intermittent Preventive Treatment (IPT) of malaria by directly observed therapy (DOT) during the 2nd or 3rd trimester of the pregnancy. Enter 1 if first dose is given and 2 if second dose is given, and ND if not due for the dose at that visit, and C if completed

Note: Mothers on Septrine do not need Fansidar. In such cases indicate that the mother is on Septrine by writing “on CTX”.

23. ITN:

Has the mother received a free ITN from the health facility? Enter Y, if mother has received a free ITN or N if she has not received a free ITN.

24. MEBENDAZOLE DOSE:

Enter a tick (√) if a woman has received a DOSE of Mebendazole on that visit and an x if she has not received the dose yet considered due. Put NA if she is not due for the dose, and C if completed

25. IRON/FOLIC ACID:

IRON: Enter a tick (√) if a woman has received iron and record the number given on that visit after the tick. For routine supplementation everyday a woman should receive 200mg (1tablet) once a day. The minimum amount of tablets for each woman should be 30 tablets if the interval between visits is one month

FOLIC ACID: Enter a tick (√) if a woman has received folic acid and record the number given on that visit after the tick. The dose is one tablet once a day. The minimum amount of tablets for each woman should be 30 tablets if the interval between visits is one month on each visit

26. OTHER TREATMENTS:

Refers to treatment given other than TT, IPT, Iron, Folic acid, Mebendazole and ARVs.

27. REF IN / OUT:

Using the criteria on the Antenatal Card, the client may be referred out of the facility. If she is referred out, a REFERRAL NOTE is completed. Write “REF OUT” and the referral number in this column. If she has been referred to this health unit, write “REF IN” in this column.

Note: For referrals from community add C/REF IN

28. COMPLICATIONS/ RISK FACTORS:

Write the complications and risk factors found, but remember to fill the same information on the Antenatal Card.

Note: ANC card should be filled first for the patients own carried notes.

INSTRUCTIONS FOR SUMMARIZING:

At the end of the month, COUNT

- New clients. Refers to new clients on the 1st visit in the register during the reporting period
- 4+ ANC visits in the month for which you are reporting
- No. of pregnant women receiving IPT1 and IPT2
- Pregnant women counseled, tested and received HIV results

Technical Module 3: Preventive and Curative activities

- Pregnant women HIV positive
- Partners who are HIV positive
- Pregnant women given ARVs for prophylaxis (PMTCT) by regimen
- Pregnant women given ARVs for PMTCT
- Pregnant women given ART
- Male partners tested and received HIV results in PMTCT
- Referrals from the REFERRAL NOTES.

REPORTED MONTHLY ON HMIS 105:

- Number of ANC 1st visit
- Number of ANC 4+ visit
- Total ANC visits (New attendances + Re-attendances)
- Number of Referrals to unit
- Number of Referrals from unit
- Number of pregnant women receiving IPT1 and IPT2 doses
- Number of pregnant women receiving Iron/Folic Acid on ANC 1st visit
- Number of pregnant women who received free ITNs during ANC
- Number of pregnant women tested for syphilis
- Number of pregnant women tested positive for syphilis
- Number of pregnant women counseled, tested and received HIV results
- Number of HIV positive pregnant women given cotrimoxazole for prophylaxis
- Number of pregnant women tested positive for HIV
- Number of HIV positive pregnant women assessed for ART eligibility
- Number of pregnant women who knew their HIV status before the 1st ANC visit
- Number of pregnant women given ARVs for prophylaxis (PMTCT) by regimen
- Others Specify for regimen covered
- Number of pregnant women on ART for their own health
- Number of Male partners tested and received HIV result in PMTCT

HMIS FORM 072: INTEGRATED MATERNITY REGISTER

DESCRIPTION AND INSTRUCTIONS

Objective: To record the admissions and deliveries

Copies: One stays at Maternity ward

Responsibility: Midwife /Maternity Nurse on duty

PROCEDURE:

1. Write the name of the health unit, health sub district and district, the date the register opened, and the date the register closed on the front cover.
2. Write all admission information (dates of admission, names of the mother, Age, Parity, ANC number, In-Patient number, address, PMTCT Code, ARV Drugs and Septrine, Diagnosis) for all admissions whether the mother delivers or not.
3. If the woman delivers, all columns should be completed. A PARTOGRAM CHART is completed during delivery. The IPD Number on the MATERNITY REGISTER should be entered on the PARTOGRAM CHART.
4. Counsel and test mothers who come to deliver with unknown sero status, and enter the PMTCT code in the appropriate column.
5. All maternal and newborn deaths should be discussed at senior staff meetings.
6. The MATERNITY REGISTER is reviewed to investigate such things as: comparing the techniques used with the diagnosis made; documenting the numbers of stillbirths; live births by sex and weight; prematurity; congenital anomalies. Any characteristic can be examined by community.

MANAGEMENT QUESTIONS

All of the management questions can be looked at by community of residence of the mother. Knowledge of the geographic distribution can reduce and focus the outreach programme, e.g. if low birth weight babies are frequently from just one community.

Are women delivering in maternity ward?

The number of deliveries in maternity is monitored as a national preventive target. Progress is monitored monthly at the health unit and reported. If deliveries decline while ANC new clients do not, it is necessary to find out why and correct the situation.

Are the common problems well addressed?

The distribution of obstetrical diagnoses and techniques used can be calculated. It is also useful for the nurse Incharge (and the health unit Incharge) to review the accuracy of the technique used for the diagnosis given.)

Are trained TBAs reporting?

TBAs should report to the health unit the number of deliveries they assisted and any deaths occurring to mothers or newborns. Deaths should be discussed to determine if referral procedures need to be changed or re-enforced. The number of reports and of deliveries are reported monthly in order to determine the contribution that trained TBAs are making in assisting deliveries

If it is possible to link antenatal information with delivery information (the woman attended the same health unit for ANC and Maternity Services), then such questions as the following can be answered:

What proportion of (referred) High Risk pregnancies actually delivered in the maternity?
What proportions of "Problem Deliveries" were not identified as High Risk during ANC?
Was it possible to detect them?

HMIS FORM 072: INTEGRATED MATERNITY REGISTER

HEADINGS AND COLUMN WIDTHS:

| ADMISSION INFORMATION | | | | | | | | | DELIVERY INFORMATION | | | |
|-----------------------|-----------|-------------------------|------|------------------|--------------|-----|-----------------|--|----------------------|------------------|------------------|-------------------------------------|
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) | (12) | (13) |
| DOA | IP number | ANC and Referral Number | Name | Parish & Village | Phone Number | Age | Gravidity/ Para | Diagnosis/ WHO Clinical Stage/ CD4 count | Mode of Delivery | Date of Delivery | Time of Delivery | Management of 3 rd Stage |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

| | | | | CHILD INFORMATION | | | | | | DISCHARGE | | | | | |
|------------|------|--------------------|----------------|--------------------|------|-------------|------|--------------|------------------------|-----------------------|----------------------------------|--------------------------------|--------------|-------------|--|
| (14) | (15) | (16) | (17) | (18) | (19) | (20) | (21) | (22) | (23) | (24) | (25) | (26) | (27) | (28) | |
| PMTCT CODE | | Vitamin A Supplim. | ARVs to mother | Breast fed ≤ 1hrs? | Sex | Apgar Score | WT | ARVs to baby | Immunization BCG/Polio | Infant Feeding Option | Condition Of Mother at Discharge | Condition of baby at discharge | Delivered by | Date of PNC | Name & signature of person discharging |
| W | P | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

DESCRIPTION OF COLUMNS:

ADMISSION INFORMATION:

1. DATE OF ADMISSION (DOA):

The date of admission-(day and month is sufficient). It is best to use abbreviations for months (Jan, Feb. etc)

2. IP No:

This is a unique serial number given to each admission to maternity

3. ANC NO & REF:

If the woman attended any Health Unit's ANC clinic, then the client number on the ANC Card and the Health Unit's name (or abbreviation) is written. If the woman was referred (high risk delivery), write "REF" in this column. If woman did not attend ANC indicate NB for not booked anywhere.

4. NAMES:

All names of the woman that she uses should be entered

5. VILLAGE & PARISH:

This is where the client resides.

6. PHONE NO.:

Also note the telephone number if the client has a telephone

7. AGE:

The age of the woman in complete years

8. GRAVIDA/ PARITY:

All the pregnancies the woman has carried should be entered. For mothers admitted but did not deliver at that admission, note the gravida

9. DIAGNOSIS:

The obstetrical diagnosis, such as "transverse position", "BBA" born before arrival "abortion", at the time of admission. For HIV positive mothers note the WHO clinical stage or CD4 test results.

DELIVERY INFORMATION:

10. MODE/TYPE OF DELIVERY:

The techniques used during delivery, such as, "vacuum extraction", "caesarean section", etc.

11. DATE OF DELIVERY:

The date of delivery

12. TIME OF DELIVERY:

The time of delivery

13. MANAGEMENT OF 3RD STAGE OF LABOUR:

Note what the mother was given, codes used for description are:

1. Ergometrine
2. Pitocin
3. Misoprostol

Technical Module 3: Preventive and Curative activities

14. PMTCT CODE:

Enter the PMTCT code for the woman (W) and Partner (P) that corresponds to the PMTCT services received. The codes used for description of PMTCT services received are;

C - Counseled or given information but declined HIV testing

TR - Tested results given, client tested HIV Negative

TRR - Tested results given, client tested HIV Positive

Note: If the mother came to maternity ward without having been tested in ANC, counsel and test her and record her PMTCT code.

15. VITAMIN A SUPPLEMENTATION:

Tick (✓) if a woman has routinely been offered Vitamin A

16. ARV DRUGS TAKEN:

Write the ARV regimen that the mother has been given e.g. NVP only, AZT and NVP, AZT and 3TC and HAART as appropriate. ND if no drug was swallowed. Put NA for the HIV negative mothers.

17. Breast fed ≤ 1hrs?

Write "Y" for Yes if the HIV positive mother has started breast feeding the baby within 1 hour after delivering and "N" for No if not.

CHILD INFORMATION:

18. SEX:

Indicate the baby's sex in full i.e. male for male babies and female for female babies

19. APGAR SCORE (A/S):

Apgar Score both in the 1st and 5th minutes is indicated

20. Weight (WT):

Indicate the weight of the baby in kilograms (e.g. 3.2 kgs)

21. (ARVS ADMINISTERED TO BABY:

Indicate the type of ARVs received to the baby such as NVR syrup.

22. IMMUNISATION:

Write Y if baby received BCG and Polio or N if the baby did not receive the immunizations

23. INFANT FEEDING OPTION:

Infant feeding method initiated should be entered using the codes as follows:-

1 - Exclusive breast feeding

2 - Replacement feeding

3 - Mixed feeding

DISCHARGE INFORMATION:

24. CONDITION OF MOTHER ON DISCHARGE:

Enter the condition of the mother on discharge using the following codes;

- D - Woman discharged is alive
- DD - Woman died
- R - If she has run away or left before discharged
Include transfers and referrals (harmonize the codes)

25. CONDITION OF BABY ON DISCHARGE:

Enter the condition of the baby at discharge as follows; -

- SB - Still Birth
- NND - Immediate Neonatal Death (Neonatal Death 0 – 7 days of life) needs to be defined
- AL - Live Baby

26. DELIVERED BY:

The name and signature of the midwife/doctor who assisted the delivery

27. DATE FOR POSTNATAL CARE:

The date for PNC should be indicated.

28. NAMES AND SIGNATURE OF THE PERSON WHO DISCHARGED:

Names & signature of the service provider filling in the details of the particular client should be indicated.

REPORTED DAILY TO THE MATRON

- Numbers of admissions, discharges, deliveries, deaths and count of mothers on the ward.

REPORTED AT THE END OF THE MONTH

- Numbers of admissions
- Number of referrals to unit
- Number of referrals from unit
- Total Number of Deliveries in the unit
- Number of Deliveries HIV positive in unit
- Number of Deliveries HIV positive who swallowed ARVs
- Number of Live births in unit
- Number of Live births to HIV positive mothers
- Number of birth asphyxia
- Number of Babies born with low birth weight (<2.5kgs)
- Number of Babies (born to HIV positive mothers) given ARVs
- Number of HIV positive mothers initiating breastfeeding within 1 hour
- Number of mothers tested for HIV
- Number of New mothers tested HIV positive in maternity
- Numbers of Mothers given Vitamin A supplementation
- Number of Fresh still births in unit
- Number of Macerated still births in unit
- Number of Newborn deaths (0-7 days)
- Number of Maternal deaths

Technical Module 3: Preventive and Curative activities

→ Number of Deliveries with TBA

HMIS FORM 078: INTEGRATED POSTNATAL REGISTER

DESCRIPTION AND INSTRUCTIONS

Objective: To record the postnatal clients attending the clinic

Copies: One stays at health unit

Responsibility: Person in-charge of Maternity / Child Health clinic

PROCEDURE:

1. Postnatal visits are recorded in the postnatal register, and all columns are filled. The number of postnatal visits each month is recorded and reported in the HEALTH UNIT MONTHLY REPORT. Whether a postnatal client received Vitamin A Supplementation, this is recorded in the same register. The monthly count of this is also recorded and reported on the HEALTH UNIT MONTHLY REPORT.
2. Write the name of the health unit, the date the register opened, and the date the register closed on the front cover.
3. Write all Post natal mothers information (Serial Number, PNC date, PNC Client number, names of the mother, Age, Parity, Village and parish, Family Planning Method, PMTCT Code, Status of the mothers Breast and Cervix, ARV Drugs and Septrine administered, Diagnosis) for all mothers who come for PNC services.
4. Write baby's information (status, age, weight, diagnosis, infant feeding options, immunization status, DBS sample taken for HIV exposed babies, Test result if returned, seprine given, referral status.
5. Counsel and test mothers who come for PNC services with unknown sero status, and enter the PMTCT code in the appropriate column.

HMIS FORM 078: INTEGRATED POSTNATAL REGISTER

COLUMN HEADINGS:

| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) | (12) | | (13) | | | | |
|---------------|---------------|------|---------------|------------------|--------------|-----|-----------------|------------------|------------------|--|-------------|---|------------------------|------------|-----------|-----|--|
| Serial Number | Client Number | Name | Father's Name | Parish + Village | Phone Number | Age | Family Planning | Status of Breast | Status of Cervix | Weight & Mid Upper Arm Circumference (WT & MUAC) | PMTCT codes | | Routine Administration | | | | |
| | | | | | | | | | | | W | P | Iron | Folic Acid | Vitamin A | CTX | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |

| (14) | (15) | (16) | (17) | (18) | (19) | (20) | | | | (21) | (22) | (23) | (24) | (25) |
|-----------|--------------------|------|------|-----------|------------------------|--------------|-----|-----|-------|-----------------|---------------|-----------------------------|-----------------|-----------------|
| Diagnosis | Status of the baby | Age | WT | Diagnosis | Infant Feeding Options | Immunisation | | | | Infant HIV test | Septrin Given | Results given to care taker | Other treatment | Referral IN/OUT |
| | | | | | | BCG | OPV | DPT | Vit A | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

DESCRIPTION OF COLUMNS:

The date is written on the 1st line at the beginning of each clinic day in the middle of the right and left page and nothing else is written on the line.

1. SERIAL NO:

Start a serial number at the beginning of every month

2. CLIENTS NO:

When the client comes for PNC, she is offered a client number

3. NAMES:

Enter the full names of the mother

4. FATHER'S NAME:

Enter the name of the child's father

5. VILLAGE & PARISH:

Enter the village and parish where the client stays

6. PHONE NUMBER:

Note the phone number if the client has a phone

7. AGE:

Enter the age of the client in years

8. FAMILY PLANNING METHOD:

Enter the family planning method client chose and is using. Enter only the code (1-13). The respective codes are as follows:

- | | |
|---------------------------------|---|
| 1. Oral: Lo-Femenal | 9. Natural |
| 2. Oral: Microgynon | 10. Female Sterilization (Tubal Ligation) |
| 3. Oral: Ovrette or another POP | 11. Male Sterilization (Vasectomy) |
| 4. Oral: Others | 12. Implants |
| 5. Female Condoms | 13. Others |
| 6. Male Condoms | |
| 7. IUDs | |
| 8. Injectable | |

9. STATUS OF THE BREAST:

Codes used for Description of status of breast are;

FOM - Woman's breast has no swellings, pain, abnormal discharge (pus or blood)

SS - If the woman's breasts have either abnormal discharge, pus or blood

10. STATUS OF THE CERVIX:

Codes used for Description of status of cervix are;

FOM - If the woman's Cervix is free of malignancy.

SS - If the woman's Cervix is suspicious of malignancy

Technical Module 3: Preventive and Curative activities

11. WEIGHT AND MUAC:

Take the weight and the mid upper arm circumference and record

12. PMTCT CODE:

Enter the PMTCT code for the woman (W) and Partner (P) that corresponds to the PMTCT services received. The codes used to describe the PMTCT services received are;

- C - Counseled or given information but declined HIV testing
- TR - Tested results given, client tested HIV Negative
- TRR - Tested results given, client tested HIV Positive
- TRRDM - Tested results given, client tested HIV Positive, Mother on drugs
- TRRDMD - Tested results given, client tested HIV Positive, Mother and baby on drugs

13. ROUTINE ADMINISTRATION:

Tick (✓) if a woman has routinely been offered Iron, Folic Acid, Vitamin A and Septrin for the HIV positive.

14. DIAGNOSIS:

Indicate diagnosis such as pneumonia, malaria if the mother has any, or normal if the mother has no infection.

15. STATUS OF BABY:

Indicate whether baby is alive/dead.

16. AGE:

Indicate the age of the baby in weeks.

17. WEIGHT:

Indicate the weight of the baby in kg.

18. DIAGNOSIS:

Indicate diagnosis such as pneumonia, malaria if the child has any, or normal if the child has no infection.

19. INFANT FEEDING OPTION:

Indicate the appropriate code as follows;-

1. Baby on exclusive breast feeding
2. Baby on Replacement feed
3. Baby on mixed feeds

20. IMMUNISATION STATUS:

Tick (✓) as appropriate if baby is on BCG, OPV, DPT-HepB + Hi or Vitamin A. Put a dash if baby is not received any immunization.

21. INFANT HIV TEST RESULTS:

Indicate the HIV test results for the baby if test is done that day /or results received that day.

❖ Indicate (pos) for HIV positive, and (Neg) for Negative.

Technical Module 3: Preventive and Curative activities

- ❖ Indicate NT if not done and tick (√) if done at a previous visit.
- ❖ Test used – refers to either PCR or rapid test.

22. SEPTRIN GIVEN:

Tick (√) as appropriately for HIV exposed infants if they have been initiated on septrin at 6weeks

23. RESULTS GIVEN TO CARETAKER:

Indicate Y if results were given to the caretaker and N if not.

24. OTHER TREATMENT:

Specify other treatments offered to the baby other than immunization.

25. REFERRAL STATUS:

Use the code to indicate whether the baby has been referred for further management;

1-Young child clinic, 2-HIV chronic care 3-Others

REPORTED MONTHLY:

- Numbers of PNC attendances
- Number of HIV positive mothers followed-up in PNC
- Vitamin A Supplementation given to mothers
- Number of clients with premalignant conditions of the breast
- Number of clients with premalignant conditions of the cervix

HMIS FORM 075: MATERNAL HEALTH TALLY SHEET

DESCRIPTION AND INSTRUCTIONS

Objective: To record the tetanus immunizations, Vitamin A Doses, PMTCT, HCT, ART and Postnatal services provided.

Copies: **One** copy which stays in at the health unit

Responsibility: Person in-charge of MCH clinics

PROCEDURE:

1. At least one copy of this tally sheet should be located near the injection room where the immunizations are given. The Tetanus Card should be updated at the same time. Other copies should be left in the examination rooms where the antenatal and the postnatal visits are conducted.
2. The general Tally / Summation Sheet can also be used to record any of the variables on this sheet. The immunization categories below must be used.



Ministry of Health

HMIS FORM 075: MATERNAL HEALTH TALLY SHEET

Health Unit _____ Month _____ Year _____

ANTENATAL VISIT

| | | |
|---------------------------|---|-------|
| ANC 1 st VISIT | 39 00000 00000 00000 00000 00000 00000 00000 00000 | TOTAL |
| | 39 00000 00000 00000 00000 00000 00000 00000 00000 | |
| | 39 00000 00000 00000 00000 00000 00000 00000 00000 | |
| | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | |
| ANC 4+ VISIT | 39 00000 00000 00000 00000 00000 00000 00000 00000 | TOTAL |
| | 39 00000 00000 00000 00000 00000 00000 00000 00000 | |
| | 39 00000 00000 00000 00000 00000 00000 00000 00000 | |
| | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | |

INTERMITTENT PRESUMPTIVE TREATMENT S-P (IPT)

| | | |
|--------------------------|---|-------|
| FIRST DOSE OF S-P (IPT1) | 39 00000 00000 00000 00000 00000 00000 00000 00000 | TOTAL |
| | 39 00000 00000 00000 00000 00000 00000 00000 00000 | |
| | 39 00000 00000 00000 00000 00000 00000 00000 00000 | |
| | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | |
| FIRST DOSE OF S-P (IPT2) | 39 00000 00000 00000 00000 00000 00000 00000 00000 | TOTAL |
| | 39 00000 00000 00000 00000 00000 00000 00000 00000 | |
| | 39 00000 00000 00000 00000 00000 00000 00000 00000 | |
| | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | |

MEBENDAZOLE

| | | |
|--|---|-------|
| | 39 00000 00000 00000 00000 00000 00000 00000 00000 | TOTAL |
| | 39 00000 00000 00000 00000 00000 00000 00000 00000 | |
| | 39 00000 00000 00000 00000 00000 00000 00000 00000 | |
| | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | |

PREGNANT WOMEN RECEIVED IRON ON FIRST ANC VISIT

| | | |
|--|---|-------|
| | 39 00000 00000 00000 00000 00000 00000 00000 00000 | TOTAL |
| | 39 00000 00000 00000 00000 00000 00000 00000 00000 | |
| | 39 00000 00000 00000 00000 00000 00000 00000 00000 | |
| | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | |

PREGNANT WOMEN WHO HAVE RECEIVED FREE ITNS

| | | |
|--|---|-------|
| | 39 00000 00000 00000 00000 00000 00000 00000 00000 | TOTAL |
| | 39 00000 00000 00000 00000 00000 00000 00000 00000 | |
| | 39 00000 00000 00000 00000 00000 00000 00000 00000 | |
| | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | |

PREGNANT WOMEN WHO HAVE BEEN COUNSELED FOR HIV/AIDS

| | | |
|--|---|-------|
| | 39 00000 00000 00000 00000 00000 00000 00000 00000 | TOTAL |
| | 39 00000 00000 00000 00000 00000 00000 00000 00000 | |
| | 39 00000 00000 00000 00000 00000 00000 00000 00000 | |
| | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | |

PREGNANT WOMEN WHO HAVE BEEN TESTED FOR HIV/AIDS

| | | |
|--|---|-------|
| | 39 00000 00000 00000 00000 00000 00000 00000 00000 | TOTAL |
| | 39 00000 00000 00000 00000 00000 00000 00000 00000 | |
| | 39 00000 00000 00000 00000 00000 00000 00000 00000 | |
| | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | |

PREGNANT WOMEN WHO HAVE RECEIVED HIV TEST RESULTS

| | | |
|--|---|-------|
| | 39 00000 00000 00000 00000 00000 00000 00000 00000 | TOTAL |
| | 39 00000 00000 00000 00000 00000 00000 00000 00000 | |
| | 39 00000 00000 00000 00000 00000 00000 00000 00000 | |
| | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | |

PREGNANT WOMEN WHO TESTED HIV POSITIVE

| | | |
|--|---|-------|
| | 39 00000 00000 00000 00000 00000 00000 00000 00000 | TOTAL |
| | 39 00000 00000 00000 00000 00000 00000 00000 00000 | |
| | 39 00000 00000 00000 00000 00000 00000 00000 00000 | |
| | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | |

PREGNANT WOMEN WHO TESTED POSITIVE FOR SYPHILIS

| | | |
|--|---|-------|
| | 39 00000 00000 00000 00000 00000 00000 00000 00000 | TOTAL |
| | 39 00000 00000 00000 00000 00000 00000 00000 00000 | |
| | 39 00000 00000 00000 00000 00000 00000 00000 00000 | |
| | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | |

PREGNANT WOMEN GIVEN ANTI-RETROVIRALS FOR TREATMENT

| | | |
|--|--|-------|
| | 39 0000 0000 0000 0000 0000 0000 0000 0000 39 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 | TOTAL |
|--|--|-------|

PREGNANT WOMEN GIVEN ANTI-RETROVIRALS FOR PROPHYLAXIS (PMTCT) BY REGIMEN

| | | |
|---------------|--|-------|
| SD NVP | 39 0000 0000 0000 0000 0000 0000 0000 0000 39 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 | TOTAL |
|---------------|--|-------|

| | | |
|---------------------|--|-------|
| AZT – SD NVP | 39 0000 0000 0000 0000 0000 0000 0000 0000 39 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 | TOTAL |
|---------------------|--|-------|

| | | |
|-----------------------|--|-------|
| 3TC-AZT-SD NVP | 39 0000 0000 0000 0000 0000 0000 0000 0000 39 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 | TOTAL |
|-----------------------|--|-------|

MALE PARTNERS TESTED AND RECEIVED HIV RESULTS IN PMTCT

| | | |
|--|--|-------|
| | 39 0000 0000 0000 0000 0000 0000 0000 0000 39 0000 0000 0000 0000 0000 0000 0000 0000 39 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 | TOTAL |
|--|--|-------|

TALLY TETANUS VACCINATIONS BY THE DOSE NUMBER PREGNANT WOMEN

| DOSE 1 | DOSE 2 | DOSE 3 | DOSE 4 | DOSE 5 |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 39 0000 0000 | 39 0000 0000 | 39 0000 | 39 0000 | 39 0000 |
| 39 0000 0000 | 39 0000 0000 | 39 0000 | 39 0000 | 39 0000 |
| 39 0000 0000 | 39 0000 0000 | 39 0000 | 39 0000 | 39 0000 |
| 39 0000 0000 | 39 0000 0000 | 39 0000 | 39 0000 | 39 0000 |
| 39 0000 0000 | 39 0000 0000 | 39 0000 | 39 0000 | 39 0000 |
| 0000 0000 0000 | 0000 0000 0000 | 0000 0000 | 0000 0000 | 0000 0000 |
| TOTAL <input type="text"/> |

NON PREGNANT WOMEN

| DOSE 1 | DOSE 2 | DOSE 3 | DOSE 4 | DOSE 5 |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 39 0000 0000 | 39 0000 0000 | 39 0000 | 39 0000 | 39 0000 |
| 39 0000 0000 | 39 0000 0000 | 39 0000 | 39 0000 | 39 0000 |
| 39 0000 0000 | 39 0000 0000 | 39 0000 | 39 0000 | 39 0000 |
| 39 0000 0000 | 39 0000 0000 | 39 0000 | 39 0000 | 39 0000 |
| 0000 0000 0000 | 0000 0000 0000 | 0000 0000 | 0000 0000 | 0000 0000 |
| TOTAL <input type="text"/> |

TT VACCINATION IN SCHOOLS

| DOSE 1 | DOSE 2 | DOSE 3 | DOSE 4 | DOSE 5 |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 39 0000 0000 | 39 0000 0000 | 39 0000 | 39 0000 | 39 0000 |
| 39 0000 0000 | 39 0000 0000 | 39 0000 | 39 0000 | 39 0000 |
| 39 0000 0000 | 39 0000 0000 | 39 0000 | 39 0000 | 39 0000 |
| 39 0000 0000 | 39 0000 0000 | 39 0000 | 39 0000 | 39 0000 |
| 0000 0000 0000 | 0000 0000 0000 | 0000 0000 | 0000 0000 | 0000 0000 |
| TOTAL <input type="text"/> |

HPV VACCINATION FOR GIRLS

| DOSE 1 | DOSE 2 | DOSE 3 |
|----------------------------|----------------------------|----------------------------|
| 39 0000 0000 | 39 0000 0000 | 39 0000 0000 |
| 39 0000 0000 | 39 0000 0000 | 39 0000 0000 |
| 39 0000 0000 | 39 0000 0000 | 39 0000 0000 |
| 39 0000 0000 | 39 0000 0000 | 39 0000 0000 |
| 0000 0000 0000 | 0000 0000 0000 | 0000 0000 0000 |
| TOTAL <input type="text"/> | TOTAL <input type="text"/> | TOTAL <input type="text"/> |

POSTNATAL VISITS

| | | |
|------------------|--|-------|
| POSTNATAL VISITS | 39 0000 0000 0000 0000 0000 0000 0000 0000 39 0000 0000 0000 0000 0000 0000 0000 0000 39 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 | TOTAL |
|------------------|--|-------|

POSTNATAL VITAMIN A

| | | |
|---|--|-------|
| DOSES GIVEN TO ELIGIBLE POSTNATAL MOTHERS (within 8 weeks postpartum) | 39 0000 0000 0000 0000 0000 0000 0000 0000 39 0000 0000 0000 0000 0000 0000 0000 0000 39 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 | TOTAL |
|---|--|-------|

TABLE 2: HEALTH UNIT MATERNAL HEALTH ATTENDANCE SUMMARY

DESCRIPTION AND INSTRUCTIONS

Objective: To obtain total figures for maternal health services

Copies: One stays at health unit

Responsibility: In-Charge of Maternal Health Unit

Daily Procedure:

Summarise on a daily basis the number of maternal health attendances by category as indicated in Table 2a (Health Unit Daily Maternal Health Attendance Summary) and write the value for each day in the respective column.

Monthly Procedure:

FROM TABLE 2A

- Add up the totals of the different categories of maternal health attendances in table 2a to get the monthly totals.
- Write the value for each of the maternal health attendances in Table 2b (Health Unit Monthly Maternal Health Attendance Summary) under the correct month.
- Use the Maternal Health Tally Sheet to help you summarise the data above where applicable.

ON HEALTH UNIT MONTHLY REPORT (HMIS 105)

- Fill Item 2 "MATERNAL AND CHILD HEALTH (MCH)"

Annual Procedure:

On TABLE 2b

Sum up monthly values in Table 2b (Health Unit Monthly Maternal Health Attendance Summary) for all rows to get the Year totals



TABLE 2a: HEALTH UNIT DAILY MATERNAL HEALTH ATTENDANCE SUMMARY

Name of Health Unit _____ Financial Year _____ Page _____ of pages _____

| CATEGORY | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total | | |
|--|----------------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|--|--|
| ANTENATAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 ANC 1 st Visit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 ANC 4 th Visit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 Total ANC visits (new clients + re-attendances) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 Referrals to unit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 Referrals from unit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 First dose IPT (IPT1) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 Second dose IPT (IPT2) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 Pregnant Women receiving Iron/Folic Acid on ANC 1 st Visit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 Pregnant women receiving free ITNs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 Pregnant women tested for syphilis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 Pregnant women tested positive for syphilis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 Pregnant women counseled for, tested and received HIV test results | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 HIV positive pregnant women given cotrimoxazole for prophylaxis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 Pregnant women tested positive for HIV | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 HIV positive pregnant women assessment for ART eligibility | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 Pregnant women who knew their HIV status before the 1 st ANC visit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 Pregnant women given ARVs for prophylaxis (PMTCT) | SD NVP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | AZT – SD NVP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3TC-AZT-SD NVP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 Others Specify for regimens covered | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 Pregnant women on ART for their own health | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 Male partners tested and received HIV results in PMTCT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



| CATEGORY | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total | | |
|--|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|--|--|
| MATERNITY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 Admissions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 Referrals to unit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 Referrals from unit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 Deliveries in unit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 Deliveries HIV positive in unit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26 Deliveries HIV positive who swallowed ARVs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27 Live births in unit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 28 Live births to HIV positive mothers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 29 Birth asphyxia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 30 Babies born with low birth weight (<2.5Kgs) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 31 Babies (born to HIV positive mothers) given ARVs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 32 HIV positive mothers initiating breastfeeding within 1 hour | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 33 No. mothers tested for HIV | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 34 No. mothers tested HIV positive in maternity | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 35 Mother given Vitamin A supplementation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 36 Fresh still births in unit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 37 Macerated still births in unit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 38 Newborn deaths (0-7days) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 39 Maternal deaths | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 40 Deliveries with Traditional Birth Attendants (TBA) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| POSTNATAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 41 Post Natal Attendances | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 42 Number of HIV+ mothers followed in PNC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 43 Vitamin A supplementation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 44 Clients with premalignant conditions for breast | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 45 Clients with premalignant conditions for cervix | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



TABLE 2b: HEALTH UNIT MONTHLY MATERNAL HEALTH ATTENDANCE SUMMARY

Name of Health Unit _____ Financial Year _____ Page _____ of pages _____

| CATEGORY | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | TOTAL |
|--|----------------|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| ANTENATAL | | | | | | | | | | | | | |
| 1 ANC 1 st Visit | | | | | | | | | | | | | |
| 2 ANC 4 th Visit | | | | | | | | | | | | | |
| 3 Total ANC visits (new clients + re-attendances) | | | | | | | | | | | | | |
| 4 Referrals to unit | | | | | | | | | | | | | |
| 5 Referrals from unit | | | | | | | | | | | | | |
| 6 First dose IPT (IPT1) | | | | | | | | | | | | | |
| 7 Second dose IPT (IPT2) | | | | | | | | | | | | | |
| 8 Pregnant Women receiving Iron/Folic Acid on ANC 1 st Visit | | | | | | | | | | | | | |
| 9 Pregnant women receiving free ITNs | | | | | | | | | | | | | |
| 10 Pregnant women tested for syphilis | | | | | | | | | | | | | |
| 11 Pregnant women tested positive for syphilis | | | | | | | | | | | | | |
| 12 Pregnant women counseled, tested and received HIV test results | | | | | | | | | | | | | |
| 13 HIV positive pregnant women given cotrimoxazole for prophylaxis | | | | | | | | | | | | | |
| 14 Pregnant women tested positive for HIV | | | | | | | | | | | | | |
| 15 HIV positive pregnant women assessed for ART eligibility | | | | | | | | | | | | | |
| 16 Pregnant women who knew their HIV status before the 1 st ANC visit | | | | | | | | | | | | | |
| 17 Pregnant women given ARVs for prophylaxis (PMTCT) | SD NVP | | | | | | | | | | | | |
| | AZT – SD NVP | | | | | | | | | | | | |
| | 3TC-AZT-SD NVP | | | | | | | | | | | | |
| 18 Others Specify for regimens covered | | | | | | | | | | | | | |
| 19 Pregnant women on ART for their own health | | | | | | | | | | | | | |
| 20 Male partners tested and received HIV results in PMTCT | | | | | | | | | | | | | |
| MATERNITY | | | | | | | | | | | | | |
| 21 Admissions | | | | | | | | | | | | | |
| 22 Referrals to unit | | | | | | | | | | | | | |
| 23 Referrals from unit | | | | | | | | | | | | | |
| 24 Deliveries in unit | | | | | | | | | | | | | |
| 25 Deliveries HIV positive in unit | | | | | | | | | | | | | |
| 26 Deliveries HIV positive who swallowed ARVs | | | | | | | | | | | | | |
| 27 Live births in unit | | | | | | | | | | | | | |
| 28 Live births to HIV positive mothers | | | | | | | | | | | | | |
| 29 Birth asphyxia | | | | | | | | | | | | | |
| 30 Babies born with low birth weight (<2.5Kgs) | | | | | | | | | | | | | |
| 31 Babies (born to HIV positive mothers) given ARVs | | | | | | | | | | | | | |
| 32 HIV positive mothers initiating breastfeeding within 1 hour | | | | | | | | | | | | | |
| 33 New mothers tested for HIV | | | | | | | | | | | | | |
| 34 New mothers tested HIV positive in maternity | | | | | | | | | | | | | |
| 35 Mother given Vitamin A supplementation | | | | | | | | | | | | | |
| 36 Fresh still births in unit | | | | | | | | | | | | | |
| 37 Macerated still births in unit | | | | | | | | | | | | | |
| 38 Newborn deaths (0-7days) | | | | | | | | | | | | | |
| 39 Maternal deaths | | | | | | | | | | | | | |
| 40 Deliveries with TBA | | | | | | | | | | | | | |



Ministry of Health

| CATEGORY | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | TOTAL |
|--|-----|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| POSTNATAL | | | | | | | | | | | | | |
| 41 Post Natal Attendances | | | | | | | | | | | | | |
| 42 Number of HIV+ mothers followed in PNC | | | | | | | | | | | | | |
| 43 Vitamin A supplementation | | | | | | | | | | | | | |
| 44 Clients with premalignant conditions for breast | | | | | | | | | | | | | |
| 45 Clients with premalignant conditions for cervix | | | | | | | | | | | | | |

PART 2: CHILD HEALTH

HMIS FORM 073: CHILD REGISTER

DESCRIPTION AND INSTRUCTIONS

Objective: To register at the first visit and then monitor immunizations, vitamin A and Deworming for all children from the health unit's service area

Copies: One stays at health unit

Responsibility: Person In-charge Maternal and Child Health Unit

PROCEDURE:

1. The name of health unit, and the date started are written on the front cover.
2. The children visitors, i.e. those coming once without the intention of continuing at your clinic, should be immunized and their card - an old one or one that you issue - updated. It is not necessary to enter these children in the **CHILD REGISTER**. But if the child's parent expresses the intention to continue to attend the clinic, whether living in the service area or not, the child should be registered. If such a child comes with their own **CHILD HEALTH CARD**, use the old card but issue a new Child No. Start a new line for the child, allocate a new number, and enter all past information on immunizations in the **CHILD REGISTER**. The health unit's new child number should be written on the old **CHILD HEALTH CARD**. If many children are coming from outside your service area, discuss this with the health facility in-charge.
3. Information is recorded in the register on every visit when immunizations are given. If a previously registered child received a vaccination at another health unit, then the child's record is updated accordingly in the register.
4. At measles vaccination, the child's weight is taken and recorded in the weight column.
5. Registers from previous years can be reviewed for estimating the drop out rates, the percent of children fully immunized and the coverage rate (how many children complete compared to the target population for that year). Estimates can be done with the community.
6. The **CHILD TALLY SHEET** is used to record all information for summarising at the end of the month.
7. **PROTECTION AT BIRTH (PAB) FOR TT:** TT coverage can be assessed by proxy using the PAB Method that avoids the major problems associated with some of the TT2+ coverage estimation methods. The PAB method entails assessing the TT status of the mother when she brings her child for DPT1 to find out if she has received the appropriate doses of TT before the last delivery for which she is bringing the child for DPT1. This can be simplified for the health workers in the field as having received 2 doses of TT in the last pregnancy, or 3 properly spaced doses of TT at any time. If the mother is found to be protected she is tallied in the revised tally

Technical Module 3: Preventive and Curative activities

sheet, but if she is found not to be protected then she is given the appropriate dose of TT and advised on when to come back for the next dose.

Technical Module 3: Preventive and Curative activities

At the first visit to the health unit, a child is given a child health card which goes up to 5 years. **Visitors (children who are not residents of the catchment area for the health unit) are not registered.**

DESCRIPTION OF COLUMNS:

The date is written at the beginning of each clinic day in the middle of the right and left page and nothing else is written on the line.

1. CHILD No.:

Start with the number “1” on the first of July for each financial year. This number also goes on the Child Health Card.

2. NAMES:

Write the names of the Childs’ mother and father.

3. VILLAGE:

Write the village and parish of residence of the mother and father.

4. SEX:

Write the gender of the child, indicating, M (male) or F (female).

5. WEIGHT (WT):

Weight of the child at 1st visit

6. AGE:

Write the age of the child in months at 1st visit.

7. DATE OF BIRTH:

Write the date of birth of the child.

8. DATE BCG:

Write the date that BCG was given. It is best to use numbers for months (e.g. 14th June 2010 is written as 14/6/2010, and 12th December 2011 is written as 12/12/2011, etc.)

9. PROTECTION AT BIRTH (PAB) FOR TT:

The PAB method entails assessing the TT status of the mother when she brings her child for BCG to find out if she has received the appropriate doses of TT before the last delivery for which she is bringing the child for BCG. This can be simplified for the health workers in the field as having received 2 doses of TT in the last pregnancy, or 3 properly spaced doses of TT at any time. If the mother is found to be protected she is tallied in the tally sheet

10. DATES POLIO:

Write the date each polio dose was administered.

11. DATES DPT-HepB+Hib.:

Write the date each DPT-HepB+Hib dose was administered.

12. DATES – PCV Vaccines:

Write the date each PCV dose was administered.

Technical Module 3: Preventive and Curative activities

13. DATES – Rota Virus:

The date each Rota virus dose was administered

14. DATE AT MEASLES VACCINATION:

The date measles vaccination was administered

15. WEIGHT AT MEASLES VACCINATION:

Record the weight of the child during measles vaccination

16. UNDER WEIGHT (BELOW -2SD LINE) ON THE CHILD HEALTH CARD:

Plot the weight of the child on the Child Health Card and indicate with a tick (✓) if the child's weight for age was below the lower line on the child health card during the visit when he or she received measles vaccine.

17. OVER WEIGHT (ABOVE +3SD LINE) ON THE CHILD HEALTH CARD:

Plot the weight of the child on the Child Health Card and indicate with a tick (✓) if the child's weight for age was above the uppermost line on the child health card during the visit when he or she received measles vaccine.

18. FULLY IMMUNISED BY 1YEAR:

Enter a tick (✓) if the child has received all the vaccinations in the schedule before 1year (1st birthday).

19. VITAMIN A ADMINISTRATION DATES:

Enter a tick (✓) if the child received his/her 1st and 2nd supplement of Vitamin A during the year when you are registering the child. 1st dose and 2nd dose referring to the 6 months interval.

Note: Vitamin A administration should continue up to 59 months of age. The subsequent doses should be recorded on the Child Health Card.

20. DEWORMING:

Enter a tick (✓) if the child received his/her 1st and 2nd doses of Mebendazole (or any other de-worming agent) during the year when you are registering the child. 1st dose and 2nd dose referring to the 6 months interval.

Note: De-worming should continue up to 14 years of age. The subsequent doses should be recorded on the Child Health Card.

21. REMARKS:

Important information about the child can be recorded: Diseases, (e.g. sickle cell disease, blindness), Familial information (e.g. TB case in the household, orphan), and administrative information (e.g. if the family has migrated). The need for and results of home visits (for children with faltering growth) can also be recorded here. The results of the weighing could also be recorded here.

If necessary, e.g. if you record systematically birth weight, make a separate column for it.

Technical Module 3: Preventive and Curative activities

REPORTED MONTHLY TO THE INCHARGE FROM THE CHILD TALLY SHEET

- Number of vaccinations by antigen and dose and gender
- Number of children weighed category of weight – under weight (below -2SD line) bottom line, over weight (above +3SD line) and total weighed.
- Number of Vitamin A supplements given to children under 5 years by dose and gender
- Number of children less than 14 years of age de-wormed during the year by dose and gender
- Fully immunized by one year
- Protection at Birth (PAB) for TT

HMIS FORM 076: CHILD TALLY SHEET

DESCRIPTION AND INSTRUCTIONS

- Objective:** To record all child immunizations, weight for age at measles, vaccination, Vitamin A supplementation and de-worming for children
- Copies:** One stays at health unit
- Responsibility:** In-charge child health and immunization

PROCEDURE:

1. For immunizations, weight for age, Vitamin A administration and de-worming, tally the information at the moment you give the service to the child. Do not wait until the end of the month as it will be difficult to tally the information from the register. The register can be used to double-check the tally sheet totals.
2. When you weigh the child, tally either “above the bottom line” or “below the bottom line” on the tally sheet. Adding these two figures together should tell you the number of children weighed in the month.
3. For Vitamin A administration, only tally doses given for routine supplementation. Do not tally Vitamin A doses given for treatment of severe malnutrition, measles, or other conditions.

HMIS FORM 076: CHILD TALLY SHEET

Date started _____ Date finished _____ Clinic or Outreach site _____

| ANTIGEN | UNDER ONE YEAR OF AGE | | | | ONE TO 4 YEARS OF AGE | | | |
|----------------------------|---|------------|---|--------------|---|------------|---|--------------|
| | MALE | MALE TOTAL | FEMALE | FEMALE TOTAL | MALE | MALE TOTAL | FEMALE | FEMALE TOTAL |
| BCG | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | |
| Protection at Birth for TT | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | | | | | |
| POLIO 0 | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | |
| POLIO 1 | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | |
| POLIO 2 | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | |
| POLIO 3 | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | |
| DPT- HepB+Hib 1 | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | |
| DPT- HepB+Hib 2 | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | |
| DPT- HepB+Hib 3 | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | |
| PCV 1 | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | |
| PCV 2 | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | |
| PCV 3 | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | |
| Rotavirus 1 | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | |
| Rotavirus 2 | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | |
| Rotavirus 3 | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | |
| MEASLES | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | |
| FULLY IMMUNIZED | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | | | | | |

CHILDREN WEIGHED AT MEASLES VACCINATION

| TARGET | UNDER ONE YEAR OF AGE | | | | ONE TO 4 YEARS OF AGE | | | |
|---------------------------------|--|------------|--|--------------|--|------------|--|--------------|
| | MALE | MALE TOTAL | FEMALE | FEMALE TOTAL | MALE | MALE TOTAL | FEMALE | FEMALE TOTAL |
| NORMAL WEIGHT | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 00000 | |
| UNDER WEIGHT (BELOW - 2SD LINE) | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 | |
| OVER WEIGHT (ABOVE +3SD LINE) | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 | |
| TOTAL | | | | | | | | |

VITAMIN A SUPPLEMENTATION

| TARGET | UNDER ONE YEAR OF AGE | | | | ONE TO 4 YEARS OF AGE | | | |
|--|--|------------|--|--------------|--|------------|--|--------------|
| | MALE | MALE TOTAL | FEMALE | FEMALE TOTAL | MALE | MALE TOTAL | FEMALE | FEMALE TOTAL |
| CHILDREN 6 TO 11 MONTHS THAT HAVE RECEIVED 1 ST DOSE IN THE YEAR | 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 | |
| CHILDREN 6 TO 11 MONTHS THAT HAVE RECEIVED 2 ND DOSE IN THE YEAR | 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 | |
| CHILDREN 12 TO 59 MONTHS THAT HAVE RECEIVED 1 ST DOSE IN THE YEAR | 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 | |
| CHILDREN 12 TO 59 MONTHS THAT HAVE RECEIVED 2 ND DOSE IN THE YEAR | 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 | |

DEWORMING

| TARGET | ONE TO 4 YEARS OF AGE | | | | 5 TO 14 YEARS OF AGE | | | |
|--|--|------------|--|--------------|--|------------|--|--------------|
| | MALE | MALE TOTAL | FEMALE | FEMALE TOTAL | MALE | MALE TOTAL | FEMALE | FEMALE TOTAL |
| CHILDREN THAT HAVE RECEIVED 1 ST DOSE IN THE YEAR | 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 | |
| CHILDREN THAT HAVE RECEIVED 2 ND DOSE IN THE YEAR | 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 | |

TABLE 3: HEALTH UNIT EPI ATTENDANCE SUMMARY

DESCRIPTION AND INSTRUCTIONS

Objective: To obtain total figures for vaccine usage

Copies: One stays at health unit

Responsibility: In-Charge of maternal child health clinic

Monthly Procedure:

FROM CHILD TALLY SHEETS

- Gather ALL Tally sheets together including those used for outreach
- Count the number of vaccinations given for BCG, Polio, DPT-HepB+Hib, PCV, Rota and Measles by age and dose, and write the value for each in Table 3 under the correct month

FROM MATERNAL HEALTH TALLY SHEETS

- Gather ALL Tally Sheets together including those used for outreach
- Count the number of vaccinations given by dose for pregnant women and record the values in Table 3 under the correct month.
- Count the total number of tetanus toxoid vaccinations given to school girls and non-pregnant women and record the value in Table 3 under the correct month.
- Count the total number of tetanus toxoid vaccinations given to school girls and record the value in Table 3 under the correct month
- Count the total number of girls who received HPV vaccination

ON HEALTH UNIT MONTHLY REPORT

Fill Item 3

Annual Procedure:

On TABLE 3

- Sum up monthly values for all rows to get the Year totals
- Total TT Doses 2 to 5 given to pregnant women and write it in the square given.
- Total TT Doses 2 to 5 given to non -pregnant women and write it in the square given
- Total TT Doses 2 to 5 given to school girls and write it in the square given
- Total HPV Doses 1 to 3 given to young girls and write it in the square given
- It is not necessary to total this figure on a monthly basis.

TABLE 3: HEALTH UNIT EPI ATTENDANCE SUMMARY

Health Unit name _____ Financial Year _____ Page _____ of pages _____

| CATEGORY | JUL | | AUG | | SEP | | OCT | | NOV | | DEC | | JAN | | FEB | | MAR | | APR | | MAY | | JUN | | TOTAL | | |
|-----------------------------------|-----|---|-----|---|-----|---|-----|---|-----|---|-----|---|-----|---|-----|---|-----|---|-----|---|-----|---|-----|---|-------|--------|--|
| | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | MALE | FEMALE | |
| BCG - Under 1 year | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| - 1 to 4 years | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Protection at Birth for TT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Polio 0 – Under 1 year | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 – Under 1 year | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 – 1 to 4 years | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 – Under 1 year | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 – 1 to 4 years | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 – Under 1 year | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 – 1 to 4 years | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DPT-HepB+Hib | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 – Under 1 year | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 – 1 to 4 years | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 – Under 1 year | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 – 1 to 4 years | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 – Under 1 year | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 – 1 to 4 years | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PCV | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 – Under 1 year | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 – 1 to 4 years | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 – Under 1 year | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 – 1 to 4 years | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 – Under 1 year | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 – 1 to 4 years | | | | | | | | | | | | | | | | | | | | | | | | | | | |



| CATEGORY | JUL | | AUG | | SEP | | OCT | | NOV | | DEC | | JAN | | FEB | | MAR | | APR | | MAY | | JUN | | TOTAL | | |
|--|-----|---|-----|---|-----|---|-----|---|-----|---|-----|---|-----|---|-----|---|-----|---|-----|---|-----|---|-----|---|-------|--------|--|
| | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | MALE | FEMALE | |
| ROTA VACCINE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 – Under 1 year | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 – 1 to 4 years | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 – Under 1 year | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 – 1 to 4 years | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 – Under 1 year | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 – 1 to 4 years | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Measles – Under 1 year | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| - 1 to 4 years | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fully Immunized – Under 1 year | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Children weighed | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Children under weight (below line -2SD) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Children over weight (above line +3SD) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total number of children weighed | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vitamin A given to children | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 st Dose in year- Under 1 yr | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 st Dose in year- 1 -4 yrs | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 nd Dose in year- Under 1 yr | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 nd Dose in year- 1 -4 yrs | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Deworming | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 st Dose in year – 1 - 4 yrs | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 st Dose in year- 5 - 14 yrs | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 nd Dose in year- 1 - 4 yrs | | | | | | | | | | | | | | | | | | | | | | | | | | | |



Ministry of Health

| CATEGORY | JUL | | AUG | | SEP | | OCT | | NOV | | DEC | | JAN | | FEB | | MAR | | APR | | MAY | | JUN | | TOTAL | | |
|--|-----|---|-----|---|-----|---|-----|---|-----|---|-----|---|-----|---|-----|---|-----|---|-----|---|-----|---|-----|---|-------|--------|--|
| | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | MALE | FEMALE | |
| 2 nd Dose in year- 5 - 14 yrs | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pregnant Women Tetanus Vaccinations | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| - Dose 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| - Dose 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| - Dose 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| - Dose 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| - Dose 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL doses 2-5 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Non-pregnant women Tetanus Vaccinations | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| - Dose 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| - Dose 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| - Dose 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| - Dose 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| - Dose 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL doses 2-5 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Immunization in Schools | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| - Dose 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| - Dose 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| - Dose 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| - Dose 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| - Dose 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL doses 2-5 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HPV Vaccination for Girls | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| - Dose 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| - Dose 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| - Dose 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | |

PART 3: FAMILY PLANNING

HMIS FORM 074: INTEGRATED FAMILY PLANNING REGISTER

DESCRIPTION AND INSTRUCTIONS

Objective: To register family planning clients and monitor the dispensing of contraceptives

Copies: One stays at health unit

Responsibility: In-charge Maternal and Child Health

PROCEDURE:

1. The date the register was started, the name of health unit and the date the register was finished are written on the front cover.
2. New Users are those that have never accepted a modern contraceptive before at any health unit at any time. Modern contraceptives exclude natural methods.
3. If a person is a visitor, and does not intend to continue at the Health Unit, then the visit is recorded in the register BUT only the Serial Number (SERIAL NUM) is completed under Client Information.
4. The total number of clients' visits, both new users and revisits are counted from entries in Column 3 & 4. The number of client visits by method accepted is obtained by counting the entries for each method in column 7 -15. These are all reported monthly. The health unit will determine a target attendance for new acceptors and total clients each year. The number of new acceptors will be monitored monthly and graphed.

It is probably useful to have an exercise book where more information about new clients to the health unit is recorded during registration. In this book, write (new) client number, date of registration, name, and address.

HMIS FORM 074: INTEGRATED FAMILY PLANNING REGISTER

COLUMN HEADINGS:

| (1) | (2) | (3) | (4) | (5) | (6) |
|--------------------|---------------|----------|---------------|-------------------------|-----|
| CLIENT INFORMATION | | | | | |
| Serial Number | Client Number | New User | Re-Attendance | First visit of the year | Age |
| | | | | | |

| (7) | (8) | (9) | (10) | (11) | (12) | (13) | (14) | (15) |
|-----------------------------------|----------|------------|------------|-------------|---------------|------|------------|-------------------------|
| AMOUNT OF CONTRACEPTIVE DISPENSED | | | | | | | | |
| Lo-feminal | Overette | Microgynon | Other Oral | Male Condom | Female Condom | IUD | INJECTABLE | Emergency contraception |
| | | | | | | | | |

| (16) | (17) | (18) | (19) | (20) | (21) | (22) | (23) | (24) | (25) | (26) | (27) | (28) |
|-------------------------------|----------------|-----------|-------------------|------------------|------------------|----------------|------|-------------------------|-------------------------|---|------------------------|----------|
| OTHER FAMILY PLANNING METHODS | | | | | | OTHER SERVICES | | | | | | |
| Natural | Tubal Ligation | Vasectomy | Implant New users | Implant revisits | Implant removals | HCT CODE | ARVs | Cancer cervix screening | Cancer Breast Screening | Counseled for Gender Based Violence (GBV) | Other services offered | Referral |
| | | | | | | | | | | | | |

DESCRIPTION OF COLUMNS:

The date is written under the first column, and nothing else is written on that line.

CLIENT INFORMATION:

1. SERIAL NUM:

Each visit is given a number starting with "1" on the first of each month. ALL visits are recorded and given a serial number, including counseling only and visitors.

2. CLIENT NUM:

When a client first visits the health unit, s/he is given a unique client number and a new Family Planning Card is filled. The client number is given consecutively within the financial year. Visitors are NOT given Client Numbers nor issued cards. All clients except visitors are given client numbers.

3. NEW USER:

Enter a tick (√) if the client has never received a MODERN contraceptive before (from any health unit or pharmacy or any other source). Modern excludes abstinence, withdrawal and natural planning methods.

4. REATTENDANCE:

Enter a tick (√) if the client has used a modern method before and is returning either to reinitiate use of a method or obtain a re-supply of a method.

Technical Module 3: Preventive and Curative activities

5. FIRST VISIT OF THE YEAR:

Enter a tick (✓) if this visit is the first visit of the financial year for this client. This can be determined by looking at the client card to see the date of last attendance. Persons who do not have a client card at your health unit are obviously having their first visit of the year.

6. AGE:

Enter the age of the client in years.

(7-15) AMOUNT OF CONTRACEPTIVE DISPENSED:

Write the amount of contraceptive dispensed to the client under the correct sub-column. For oral pills, enter the number of cycles. For male and female condoms enter the exact number dispensed. For IUD, tick (✓) when inserted and write "REM" when removed. For injection, write the number of injections given, which should be "1".

Codes:

X= Current user visiting for check up and/or treatment only.

REM = Contraceptive removed (use only for IUD). Implants are counted in the surgical register, not in this register.

○ = back-up contraceptive (example, condoms with first cycles of oral pill)

EC = Emergency contraceptive (this refers to the methods of contraception used by women and girls to prevent unintended pregnancy following unprotected sexual intercourse e.g. vikela (postinor) and normal birth control pills).

16. NATURAL METHODS:

For natural methods, tick (✓) when chosen.

17. VASECTOMY:

Enter a tick (✓) if client is done vasectomy

18. TUBAL LIGATION:

Enter a tick (✓) if client is done Tubal Ligation

19. IMPLANT NEW USERS:

Name of Implant inserted

20. IMPLANT REVISIT:

Name of Implant

21. IMPLANT REMOVALS:

Name of Implant removed

22. HCT CODE:

C - Counseled or given information but declined HIV testing

TR - Tested results given, client tested HIV Negative

TRR - Tested results given, client tested HIV Positive

* If the client has ever tested before and results are known, enter the code of results and a tick.

23. ARVs:

If client is on ARVs, write the ARV regimes that the client is using.

24. CANCER OF CERVIX SCREENING:

Codes used for Description of status of cervix are;

FOM - If the woman's Cervix is free of malignancy.

SS - If the woman's Cervix is suspicious of malignancy

25. CANCER OF THE BREAST SCREENING:

Codes used for Description of status of breast are;

FOM - Woman's breast has no swellings, pain, abnormal discharge (pus or blood)

SS - If the woman's breasts have either abnormal discharge (pus or blood)

26. COUNSELED FOR GENDER BASED VIOLENCE (GBV):

Write "Y" if client has been counseled for gender based violence and "N" if client has not been counseled for gender based violence.

27. OTHER SERVICE:

You can use abbreviations for the service provided: write "PREG" for pregnancy testing, "INFER" for infertility assistance, "PEP" for Post Exposure Prophylaxis and "EC" for Emergency Contraceptives

28. REFERRAL:

If a client is referred, then a REFERRAL NOTE is completed. In this column, the referral number and a brief reason for the referral is written.

TALLYING INSTRUCTIONS

From the register, tally using the FAMILY PLANNING TALLY SHEET. Tally the new users and re-attendance by method.

REPORTED MONTHLY ON TABLE 4:

- The total numbers of new users and re-attendance visits (Revisits).
- New users and re-attendance by method.
- The amount of contraceptive dispensed by method and by location (unit or Community Based Distribution or Outreach).
- Total number of clients tested for HIV
- Total number of clients tested positive
- Total number of clients on ARVs

HMIS FORM 079: FAMILY PLANNING TALLY SHEET

Date started _____ Date finished _____ Clinic or Outreach site _____

| CATEGORY | NEW ATTENDANCES | TOTAL | RE-ATTENDANCES | TOTAL |
|--------------------------------|---|-------|---|-------|
| Lo-Feminal | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 | |
| Overrette | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 | |
| Microgynon | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 | |
| Other Oral | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 | |
| Male Condoms | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 | |
| Female Condoms | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 | |
| IUDs | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 | |
| Injectable | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 | |
| Natural | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 | |
| Emergency Contraception | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 | |
| | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 | |
| | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 | | 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 | |
| TOTAL | | | | |

TABLE 4: HEALTH UNIT FAMILY PLANNING SUMMARY

Health Unit name _____ Financial Year _____ Page _____ of pages _____

| CATEGORY | | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN | Annual Total |
|---|-------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------------|
| FP Clients (Total) | | | | | | | | | | | | | | |
| New User (all methods) | | | | | | | | | | | | | | |
| Revisits (all methods) | | | | | | | | | | | | | | |
| No. of HIV positive family planning users | | | | | | | | | | | | | | |
| No. of first visit of the year clients | | | | | | | | | | | | | | |
| FP clients by method | | | | | | | | | | | | | | |
| Lo-Feminal | New Users | | | | | | | | | | | | | |
| | Revisits | | | | | | | | | | | | | |
| | Cycles disp at Unit | | | | | | | | | | | | | |
| | Cycles disp by CBD | | | | | | | | | | | | | |
| | Cycles disp at Outreach | | | | | | | | | | | | | |
| Overrette | New Users | | | | | | | | | | | | | |
| | Revisits | | | | | | | | | | | | | |
| | Cycles disp at Unit | | | | | | | | | | | | | |
| | Cycles disp by CBD | | | | | | | | | | | | | |
| | Cycles disp at Outreach | | | | | | | | | | | | | |
| Microgynon | New Users | | | | | | | | | | | | | |
| | Revisits | | | | | | | | | | | | | |
| | Cycles disp at Unit | | | | | | | | | | | | | |
| | Cycles disp by CBD | | | | | | | | | | | | | |
| | Cycles disp at Outreach | | | | | | | | | | | | | |
| Other Oral | New Users | | | | | | | | | | | | | |
| | Revisits | | | | | | | | | | | | | |
| | Cycles disp at Unit | | | | | | | | | | | | | |
| | Cycles disp by CBD | | | | | | | | | | | | | |
| | Cycles disp at Outreach | | | | | | | | | | | | | |
| Male Condoms | New Users | | | | | | | | | | | | | |
| | Revisits | | | | | | | | | | | | | |
| | Pieces disp at Unit | | | | | | | | | | | | | |
| | Pieces disp by CBD | | | | | | | | | | | | | |
| | Pieces disp at Outreach | | | | | | | | | | | | | |
| Female condoms | New Users | | | | | | | | | | | | | |
| | Revisits | | | | | | | | | | | | | |
| | Pieces disp at Unit | | | | | | | | | | | | | |
| | Pieces disp by CBD | | | | | | | | | | | | | |
| | Pieces disp at Outreach | | | | | | | | | | | | | |
| IUDs | New Users | | | | | | | | | | | | | |
| | Revisits | | | | | | | | | | | | | |
| | Pieces disp at Unit | | | | | | | | | | | | | |
| | Pieces disp by CBD | | | | | | | | | | | | | |
| | Pieces disp at Outreach | | | | | | | | | | | | | |
| Injectable | New Users | | | | | | | | | | | | | |
| | Revisits | | | | | | | | | | | | | |
| | Doses disp at Unit | | | | | | | | | | | | | |
| | Doses disp by CBD | | | | | | | | | | | | | |
| | Doses disp at Outreach | | | | | | | | | | | | | |
| Natural | New Users | | | | | | | | | | | | | |
| | Revisits | | | | | | | | | | | | | |
| Emergency Contraception | New Users | | | | | | | | | | | | | |
| | Revisits | | | | | | | | | | | | | |
| | Qty disp at Unit | | | | | | | | | | | | | |
| | Qty disp by CBD | | | | | | | | | | | | | |
| | Qty disp at Outreach | | | | | | | | | | | | | |



Ministry of Health

| CATEGORY | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN | Annual Total |
|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------------|
| From the Operating Theatre Register (Minor operations): | | | | | | | | | | | | | |
| Female Sterilization (Tubal lig.) | | | | | | | | | | | | | |
| Male Sterilization (Vasectomy) | | | | | | | | | | | | | |
| Implant New users | | | | | | | | | | | | | |
| Implant Revisits | | | | | | | | | | | | | |
| Implant Removals | | | | | | | | | | | | | |

PART 4: HIV/AIDS SERVICES

HMIS FORM 055B: HIV COUNSELING & TESTING (HCT) REGISTER

DESCRIPTION AND INSTRUCTIONS

- Objective:** Record all clients accessing HIV counseling and testing services
- Copies** One copy stays at the health unit
- Responsibility:** In charge of the HIV/AIDS Clinic

PROCEDURE:

Record all clients coming for HIV counseling and testing services whether voluntarily, or have been referred from other health service points

1. The **DATE** the register was started; **NAME** of health unit and the date the register was closed are written on the front cover.
2. Pre-printed formats are available for this register, but in cases where they are not, Counter books may be used for this register. If counter books are used, then draw lines and write headings, as shown in the HMIS Form 055b below.
3. For reporting, age is classified into three age groups: zero to four years, five years to seventeen years and eighteen years and older. However, the exact age should be recorded in the respective column of the register.
4. For each new visit and each re-attendance visit, a serial number is given, the serial start from the first day of each month. However, a client number is issued only to new clients who have not tested in that financial year.
5. The in-charge and DHO can determine additional data of local interest to monitor

Technical Module 3: Preventive and Curative activities

HMIS FORM 055b: HIV COUNSELING & TESTING (HCT) REGISTER

COLUMN HEADINGS:

| (1) | (2) | (3) | (4) | | | | | (5) | (6) | (7) | | | (8) |
|------------|-------------|-----------------|----------------|---------------|----------------|-----------------|-----------|-----|----------------|---------|--------|------------|---|
| Serial No. | Client Name | Client No./Year | Age (in years) | | | | | Sex | Marital status | Address | | | Has Client been tested twice or more in the last 12months |
| | | | 0 - < 2 years | 2 - < 5 years | 5 - < 15 years | 15 - < 49 years | >49 years | | | Village | Parish | Sub-county | |
| | | | | | | | | | | | | | |

| (9) | (10) | (11) | (12) | (13) | (14) | (15) | (16) | (17) | (18) | (19) | (20) | (21) |
|--------------------------|-----------------------|----------------|----------------------|--|----------------------------------|------------------------------|------------------|--------------------|------------|----------------|-------------|----------------|
| Pre test counseling done | HIV Information given | Tested for HIV | Received HIV results | Received HIV results for the first time in this FY | Counseled and Tested as a couple | Received results as a couple | HIV test results | Discordant results | TB Suspect | Started on CPT | HCT for PEP | Linked to Care |
| | | | | | | | | | | | | |

DESCRIPTION OF COLUMNS:

The date is written at the beginning of each clinic day in the middle of the right and left page. Nothing else is written on the line. This register **should be confidential** and thus the reason why it is not in the OPD register.

Fill columns on the first visit of the client:

1. **SERIAL NUMBER:**
Each client is given a serial number whenever he/she comes for HCT services, the numbers should start with “1” on the first date of each month.
2. **CLIENT NAME:**
Write the name of the client
3. **CLIENT NO/YEAR:**
Start with the number “1” on the first of July each year. This number also goes on the HCT card.
4. **AGE IN YEARS:**
Write the age of the client in years in the respective age group
5. **SEX:**
Write the sex of the client
6. **MARITAL STATUS:**
Write the marital status of the client e.g. “Never Married”, “Married”, “Cohabiting”, “Separated”, “Divorced”, “Widowed”.
7. **VILLAGE, PARISH AND SUB COUNTY:**
Write the name of the Village, parish and sub county of residence of client
8. **HAS THE CLIENT BEEN TESTED FOR HIV TWICE OR MORE IN THE LAST 12 MONTHS?:**
Write “Yes” if client has tested twice or more in the past one year and “No” if this is the first or second HIV test.

Technical Module 3: Preventive and Curative activities

- 9. PRE TEST COUNSELING DONE:**
Write “Yes” if the client has been counseled on HIV/AIDS on this visit or “No” if not
- 10. HIV INFORMATION GIVEN:**
If client has been given information on HIV and testing
- 11. TESTED FOR HIV:**
Write “Yes” if a patient who has been counseled on HIV during the current visit accepts to be tested and is actually tested. Or No if not tested after counseling session or information given
- 12. RECEIVED HIV TEST RESULTS:**
All clients tested should receive their results. Write “yes” for those who receive their HIV test results and “No” for those that do not receive the results
- 13. RECEIVED HIV TEST RESULTS FOR THE FIRST TIME IN THIS FINANCIAL YEAR:**
Write “yes” for those who receive their HIV test results for the first time in this financial year and “No” for those who have re-tested and received results in this financial year.
- 14. COUNSELED AND TESTED AS A COUPLE:**
Write “Yes” for a client who comes in with a partner and they are counseled and tested together in the facility as a couple, or “No” if not.
- 15. RECEIVED RESULTS AS A COUPLE:**
Write “Yes” for a client who comes in with a partner and they are tested together in the facility and receive results together as a couple, or “No” if not.
- 16. HIV TEST RESULT:**
Write “positive (+ve) for tests that are HIV positive or “Negative” (-ve) for tests that have HIV negative result
- 17. DISCORDANT RESULTS:**
Write “Yes” for HIV positive client whose HIV test results are not the same as that of the partner (discordant) and “No” if the HIV tests results are the same (concordant). For reporting purposes on HMIS 105, you refer to HIV test result in column 16 and record all couples that are both HIV positive(if they are both HIV positive, report as 1 couple).
- 18. TB SUSPECT:**
Write “Yes” if the HIV positive client has been screened for TB, and is suspected to have TB and “No” if client is screened and is not a TB suspect.
- 19. STARTED ON CPT:**
Write “Yes” if the HIV positive client has been started on Cotrimoxazole (Septrin) for prophylaxis and “No” if not
- 20. HCT FOR PEP:**
Write “Yes” if the client is taking an HIV test following exposure to HIV positive blood or body fluids and “No” if not
- 21. LINKED TO CARE:**
Write the place where client has been linked to care e.g. name of health unit, chronic HIV/AIDS clinic

HMIS FORM 080: PRE-ART REGISTER

DESCRIPTION AND INSTRUCTIONS

Objective: Record all clients accessing Chronic HIV/AIDS Care services

Copies: One copy stays at the health unit

Responsibility: In-charge of the HIV/AIDS Clinic

PROCEDURE:

1. The **DATE** the register was started; **NAME** of health unit and the date the register was closed are written on the front cover.
2. Counter books are used for this register, unless pre-printed formats are available. If counter books are used, then draw lines and write headings, as shown in the HMIS Form 080 below.
3. Using the patient HIV care/ART card, enter the respective data into the pre-ART register.

HMIS FORM 080: PRE-ART REGISTER

| Registration | | | | | | | | | Fill when applicable | | | Clinical stage (insert date) | | | | PMTCT | | ART | | | | |
|-----------------------------------|---------------|-----------------------|---|-----|--|---|-------------|--|---|--|---|------------------------------|---|---|---|---|--|---------------------------------|--|---|--|--|
| Date enrolled in chronic HIV care | Unique ID no. | Patient clinic ID no. | NAME IN FULL Upper space: surname Lower space: given name | Sex | Age (yrs) (Write age in months if ≤5 yrs) | Address <i>District, sub-county, parish, LC1</i> | Entry Point | Status at enrolment (record TI if transfer in) | CTX/Dapson e Start Month / year Stop Month / year | Fluconazole Start Month / year Stop Month / year | TB Rx district TB reg no. Start Month / year Stop Month / year | 1 | 2 | 3 | 4 | For each pregnancy, record EDD, ANC no. and HIV-exposed infant no. Preg 1 Preg 2 | | Date medically eligible for ART | Why medically eligible <small>1. Clinical only 2. CD4 no. % 3. Presumptive clinical HIV diagnosis of severe HIV infection in infant 4. PCR Infant</small> | Date ART started (transfer to ART register) | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |

Status at enrolment: 1=HIV-exposed infant 2= TB Rx 3= Preg 4= Postpartum

| Follow-up status | | | | | | | | | | | | | | | |
|------------------|--|-----------|--|------------|--|-------------|--|-----------|--|-----------|--|------------|--|-----------|--|
| Year: _____ | | | | | | Year: _____ | | | | | | | | | |
| Q1 | | Q2 | | Q3 | | Q4 | | Q1 | | Q2 | | Q3 | | Q4 | |
| Jan - Mar | | Apr - Jun | | Jul - Sept | | Oct - Dec | | Jan - Mar | | Apr - Jun | | Jul - Sept | | Oct - Dec | |
| | | | | | | | | | | | | | | | |

TOP ROW: Record follow-up status at end of each month
 ✓ -- seen in last month
 → -- did not have visit scheduled for that month (not LOST)
 LOST -- not seen in last month, but scheduled for a visit
 TO -- Transferred out (Record to where)
 DEAD -- Record date
 CD4 -- record CD4 if available in last month

LOWER ROW:
 Y/N - TB status completed at last visit in last month
 CD4 -- record CD4 if available in last month

DESCRIPTION OF COLUMNS:

All the data elements in the Pre-ART register will be obtained from the health facility held HIV care/ ART patient card.

LEFT SIDE OF THE PRE-ART REGISTER:

- 1. DATE ENROLLED IN CHRONIC HIV CARE:**
Denotes the date the patient first enrolls in HIV care at your facility. This applies to both new and transfer patients.
- 2. UNIQUE ID NUMBER:**
This number is not currently available but will be assigned according to the system chosen by the national programme to allow the National HIV care and ART Programme to identify and track patients as they move through different facilities and prevent duplication of patient counts. A transferring patient will, therefore, keep this number wherever they go.
- 3. PATIENT CLINIC NUMBER (PCN):**
PCN is a number issued at enrolment into care for individual patient identification at that health facility.
- 4. NAME IN FULL:**
Refers to the clients' name. Record surname in the upper space and given name in the lower space
- 5. SEX:**
Client' sex 'M' for male and 'F' for female
- 6. AGE:**
Clients' age in years, if child < 5 years, record age in months
- 7. ADDRESS:**
Clients' contact details including District, Sub-county, Parish and LC1
- 8. ENTRY POINT:**
Refers to the point in the health care system where the client came from. Record the appropriate care entry point that was ticked on the HIV care/ ART card
- 9. STATUS AT ENROLMENT:**
Record whether at enrolment the patient is an HIV Exposed Infant, On TB treatment, Pregnant or Postpartum for females, using the codes provided at the bottom of the pre-ART register.
- 10. COTRIMOXAZOLE/DAPSONE START AND STOP DATE:**
Refers to the date when the client started and completed Cotrimoxazole / Dapsone prophylaxis. Record the date (month/year) when the client started and completed Cotrimoxazole / Dapsone prophylaxis

Technical Module 3: Preventive and Curative activities

11. FLUCONAZOLE START AND STOP DATE:

Refers to the date when the client started and completed Fluconazole prophylaxis. Record the date (month/year) the client started and completed Fluconazole prophylaxis

12. TB TREATMENT DISTRICT REGISTRATION NUMBER, START AND STOP DATES:

This column captures information on TB treatment including the district TB registration number and the date (month/year) the client started and completed TB treatment.

13. CLINICAL STAGE:

Captures information on the date the client's WHO clinical stage changes to either 1, 2, 3 or 4

14. PMTCT:

The column captures information that facilitates tracking of linkages between PMTCT, and MCH with HIV care/ ART. For each pregnancy while the client is in pre-ART care, record the estimated date of delivery (EDD). In addition record the ANC number and the HIV Exposed Infant number. The pre-ART register provides for recording of this information for 2 pregnancies while the patient is in pre-ART care.

15. ART:

Captures information pertaining to initiation on ART

16. DATE MEDICALLY ELIGIBLE:

Refers to the date when the patient becomes medically eligible for ART

17. WHY MEDICALLY ELIGIBLE:

Refers to the method used to determine the patients' eligibility for ART. Record the reason code for eligibility as 1 – Clinical only, 2 – CD4# / %, 3 - Presumptive clinical diagnosis of severe HIV infection in infants or 4 – PCR

18. DATE ART STARTED:

Refers' to the date the patient starts ART. From this point on, the patient data will be maintained in the ART register.

RIGHT SIDE OF THE PRE-ART REGISTER:

Captures information on quarterly follow-up of clients on Pre-ART care. Each column represents one calendar quarter. At the end of each quarter for each patient who has not started ART indicate in the:

19. TOP SPACE FOLLOW-UP STATUS:

Using the codes at the bottom of the pre-ART register, that is

√ -- seen in last quarter

→ -- did not have visit scheduled for that quarter (not LOST)

LOST -- not seen in last quarter, but scheduled for a visit

TO -- Transferred out (Record to where)

DEAD -- Record date

CD4 -- Record CD4 if available in last quarter if the client had CD4 T cell count done.

Technical Module 3: Preventive and Curative activities

20. MIDDLE SPACE RECORD THE TB STATUS:

For each client on Pre-ART care who was assessed for TB at the last visit indicate the TB status using the TB status codes at the bottom of the pre-ART register.

Codes for TB status as at last visit in the quarter (assess on each visit):

- 1 - No signs
- 2 - Suspect
- 3 - TB Treatment

21. LOWER SPACE:

Indicate whether the client received Cotrimoxazole preventive Therapy at last visit or not using 'Y' for yes and 'N' for No

HMIS FORM 081: ART REGISTER

DESCRIPTION AND INSTRUCTIONS

Objective: Record all clients accessing ART

Copies One copy stays at the health unit

Responsibility: In-charge of the HIV/AIDS Clinic

PROCEDURE:

The ART register is a tool used for patient monitoring and program monitoring. The ART register is also used to support cohort analysis of important variables at 6, 12 months and then yearly.

The register is used only after a patient has started ART. From this point on, no further entries should be made in the pre- ART register. The register records information by cohort.

A patient is put in a cohort based on the year and month he/she started ART. Each new cohort should be started on a new page.

Where to find the information

The information required to complete this register can be found on the patient's individual HIV Care/ART card.

HMIS 081: ART REGISTER

| COHORT: Year _____ Month _____ ART register (left page 1) | | | | | | | | | | | | |
|---|------------------|----|---------------------|---|--|-----|---|---|-----------------|--------|--------------------|-----|
| Registration and personal information | | | | | | | | Status at start ART | | | | |
| ART start date | Unique ID number | TI | Patient's clinic ID | Name <i>Surname</i> <i>Given name</i> | | Sex | Age <i>(yrs)</i> <small>(Write age in months if ≤5 yrs)</small> | Address <small>(District, sub-county, parish, LC1)</small> | Function status | Weight | WHO clinical stage | CD4 |
| | | | | | | | | | | | | |

| Fill when applicable | | | PMTCT | | | | Original Regimen | 1st-line regimen | | 2nd-line regimen | |
|--|--|---|--|--------|--------|--------|------------------|---|---|------------------|--|
| CTX/ Dapsone Start Month / year | Fluconazole Start Month / year Stop Month / year | TB Rx district TB reg no. Start Month / year Stop Month / year | For each pregnancy, record EDD, ANC # and HIV-exposed infant # | | | | | Substitutions <i>1st: Reason / Date</i> <i>2nd: Reason / Date</i> | Switches, substitutions <i>1st: Reason / Date</i> <i>2nd: Reason / Date</i> | | |
| | | | Preg 1 | Preg 2 | Preg 3 | Preg 4 | | | | | |
| | | | | | | | | | | | |

Reasons for regimen change:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Risk of pregnancy
- 4 Due to new TB
- 5 New drug available
- 6 Drug out of stock
- 7 Other reason (specify)

Reasons for switch to 2nd-line regimen:

- 8 Clinical failure
- 9 Immunologic failure
- 10 Virologic failure

| Year | | | | | | | | | | | | | | | |
|----------------|---------|---|---|---|---|---|----------------|-----|-----------|---|---|---|----|----|----|
| Write in month | | | | | | | | | | | | | | | |
| Month 0 | Month 1 | 2 | 3 | 4 | 5 | 6 | | | | 7 | 8 | 9 | 10 | 11 | 12 |
| | | | | | | | Clinical stage | Wgt | CD4 No. % | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

Adult 1st-line regimens:
 1a = d4T-3TC-NVP
 1b = d4T-3TC-EFV
 1c = AZT-3TC-NVP
 1d = AZT-3TC-EFV
 1e = TDF-3TC-NVP
 1f = TDF-3TC-EFV
 1g = TDF-FTC-NVP
 1h = TDF-FTC-EFV
 1i = ...
 1j = ...

Child 1st-line regimens:
 4a = d4T-3TC-NVP
 4b = d4T-3TC-EFV
 4c = AZT-3TC-NVP
 4d = AZT-3TC-EFV
 4e = ...
 4f = ...

Adult 2nd-line regimens:
 2a(250) = ABC-ddl(250)-LPV/r
 2a(400) = ABC-ddl(400)-LPV/r
 2b = TDF-3TC-LPV/r
 2c = TDF-FTC-LPV/r
 2d(250) = ZDV-ddl(250)-LPV/r
 2d(400) = ZDV-ddl(400)-LPV/r
 2e = ZDV-3TC-LPV/r
 2f = ...
 2g = ...

Child 2nd-line regimens:
 5a = ABC-ddl-LPV/r
 5b = ABC-ddl-NFV
 5c = ABC-ddl-SQV/r
 5d = TDF-3TC-LPV/r
 5e = TDF-FTC-LPV/r
 5f = ZDV-ddl-LPV/r
 5g = ZDV-ABC-LPV/r
 5h = ABC-ddl-ATV/r
 5i = ZDV-3TC-ATV/r
 5j = ...
 5k = ...

Follow-up status at end of each month:
 Top row-- date last seen in month
 Middle row-
 On treatment (current regimen abbreviation)
 DEAD
 STOPped ART (continued on other care)
 LOST (missed drug pick-up)
 DROP (lost to follow-up), not seen 3 months from last missed appointment
 RESTART
 Transferred Out (TO) - if TO, transferred out to where
 Bottom row
 TB status at last visit during the month: Y or N
 Codes for TB status (check on each visit):
 1 No signs = no signs or symptoms of TB
 2 Suspect = TB refer or sputums sent
 3 TB Rx = currently on TB treatment.

If follow-up status is "STOP", then add reasons (and weeks of interruption if later restarted):

| | |
|----------------------------|-------------------------------------|
| 1 Toxicity/side effects | 7 Patient lack finances |
| 2 Pregnancy | 8 Other patient decision |
| 3 Treatment failure | 9 Planned treatment interruption |
| 4 Poor adherence | 10 Other |
| 5 Illness, hospitalization | 11 Excluded HIV infection in infant |
| 6 Drugs out of stock | |

If follow-up status is "STOP", then add reasons (and weeks of interruption if later restarted):

DESCRIPTION OF COLUMNS:

All the data elements in the-ART register will be obtained from the health facility held HIV care/ ART patient card.

- 1. ART START DATE:**
Refers to the date the client first started ART 1st line regimen. That is even for patients who started ART at another facility and transferred into your facility record the date when they first started ART.
- 2. UNIQUE ID NUMBER:**
This number is not currently available but will be assigned according to the system chosen by the national programme to allow the National HIV care and ART Programme to identify and track patients as they move through different facilities and prevent duplication of patient counts. A transferring patient will, therefore, keep this number wherever they go.
- 3. TI (TRANSFER IN):**
Refers to patients who transferred to the facility after starting ART at another facility. These patients will be recorded according to the cohort when they started ART not according to the date they come into your facility. Indicate using a tick ✓ whether the patient was transferred in from another health facility.
- 4. PATIENT CLINIC NUMBER:**
Field is issued at enrolment into care for individual patient identification at that facility and the patient moves with this number from pre-ART care through to ART.
- 5. NAME IN FULL:**
Refers to the name of the client. Record surname in the upper space and given name in the lower space
- 6. SEX:**
Clients' sex 'M' for male and 'F' for female
- 7. AGE:**
Clients' age in years, if child < 5 years, record age in months
- 8. ADDRESS:**
Clients' contact details including District, Sub-county, Parish and LC1
- 9. STATUS AT START OF ART:**
This column captures information on the Functional Status, Weight, WHO clinical stage, CD4 T cell count at start of ART.
FUNCTIONAL STATUS: Captures the functional status at start of ART using the codes indicated on the HIV care/ART card that is 'W' for Working and for children playing, 'A' for Ambulatory and 'B' for Bed ridden.
WEIGHT: Indicate the patient' weight at start of ART
WHO CLINICAL STAGE: Record the client's WHO clinical stage at start of ART

Technical Module 3: Preventive and Curative activities

CD4 T CELL COUNT: Record the CD4 T cell count of the patient at the beginning of ART

10. COTRIMOXAZOLE / DAPSONE START AND STOP DATE:

Refers to the date when the client started and completed Cotrimoxazole / Dapsone prophylaxis. Record the date (month/year) when the client started and completed Cotrimoxazole / Dapsone prophylaxis

11. FLUCONAZOLE START AND STOP DATE:

Refers to the date when the client started and completed Fluconazole prophylaxis. Record the date (month/year) the client started and completed Fluconazole prophylaxis

12. TB TREATMENT DISTRICT REGISTRATION NUMBER, START AND STOP DATES:

This column captures information on TB treatment including the district TB registration number and the date (month/year) the client started and completed TB treatment.

13. PMTCT:

The four columns under Prevention of Mother to Child Transmission of HIV/AIDS capture information on the estimated date of delivery (EDD), Antenatal care (ANC) number and the HIV Exposed Infant number. The ART register provides for recording of this information for 4 pregnancies while the patient is on ART.

14. ORIGINAL REGIMEN:

This column captures the regimen that the patient is first given when starting ART. Write the code for the first line regimen which is found at the bottom of the ART register

15. 1ST LINE REGIMEN; SUBSTITUTIONS:

The column captures information on any substitutions within 1st line regimen. For each patient the column provides for recording of 2 substitutions within first line regimen. If there is a 1st substitution within 1st line regimen, write the code for the 1st substitute regimen, the reason code and date in the top row. If there is a 2nd substitution, write in the code for the 2nd substitute regimen, the reason code and the date in the bottom row. The codes for regimens and reasons for substitution are provided at the bottom of the register page

16. 2ND LINE REGIMEN; SWITCHES/SUBSTITUTIONS:

This column captures information on switches from 1st to 2nd line regimen as well as substitutions within 2nd line regime.

If patient has been switched to a 2nd line regimen, write in the code for this regimen, the reason code and the date in the top row. If there is a substitution within 2nd line regimen, write the reason code and the date in the bottom row.

The codes for regimens and reasons for switch or substitution are provided at the bottom of the register page.

17. MONTHLY FOLLOW-UP STATUS:

Write in the year and month of this cohort in the upper left corner of this page of the register.

Technical Module 3: Preventive and Curative activities

The next pages of each cohort in the register document at the end of each month, ARV regimens, ART treatment interruptions, and appointment keeping of clients on treatment.

Note: Patients started on ART in other facilities who transfer into your facility belong to the cohort defined by year and month when they started ART NOT when they came to your facility unless they transfer into your facility the same month they start ART.

MONTH 0:

Denotes the month when the patient starts ART. Under month 0, enter the name of the month and year in which the patients in this cohort started ART. This applies to all patients on this page since they are all in the same cohort.

At the end of this month record:

1. In the top row the ARV regimen or ART treatment interruptions (stopped, Lost) or Transfer Outs or Dead using the codes at the bottom of the page.
2. In the middle row TB status using the codes at the bottom of the page
3. In the lower row, record 'Y' for yes if the client kept the appointment that is came on the actual appointment date or any day before the appointment date within 7 days after the appointment date and 'N' for no if the client came beyond 7 days after the appointment date

MONTH 1:

Denotes the next month on ART. For this and all subsequent columns enter the name of the subsequent months at the top and in the spaces provided record the follow up details as in Months 0 at the end of the month.

In addition at months, 6, 12, 24, 36 and annually thereafter, also record the clients' clinical stage, weight and CD4 T cell count or percentage for children.

HMIS FORM 082: HIV-EXPOSED INFANT REGISTER

DESCRIPTION AND INSTRUCTIONS

Objective: Document and track HIV-exposed infants (0-18 months old) through the Early Infant Diagnosis process

Copies: **One** copy stays at the EID Care Point, located within ART clinic or MCH clinic at a given facility

Responsibility: In-charge of the HIV/AIDS Clinic

PROCEDURE:

HIV-exposed infants are entered into the Register as soon as identified, even when less than 6 weeks old. Each exposed infant is only entered into the Register once.

Monthly procedure

Monthly procedure file item:

- Fill item 2.4 of the health unit monthly Report

HMIS FORM 082: HIV-EXPOSED INFANT REGISTER

| Exposed Infant Number | Date of Registration | Infant's Surname | Sex | Date of Birth | Referred From | Date of Cotrim Initiation | Mother's Surname | Mother's ANC No. | Did mother take ARVs for PMTCT? (Y/ N/ UNK) | ARVs for PMTCT | | 1st PCR Test | | | | | |
|-----------------------|----------------------|---------------------|-----|---------------|---------------|---------------------------|------------------|------------------|---|----------------|--------------------|-------------------------|-----------------------|--------|----------------------|-------------------------|--|
| | | Mother's First Name | | | | | Mother's ART No. | Mother | | Infant | Date DBS Collected | Age at 1st DBS (months) | Infant Feeding Status | Result | Date result received | Date given to caregiver | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |

| 2nd PCR Test | | | | | Visit Details | Visit 1 | Visit 2 | Visit 3 | 18 Month Rapid Test Result | Final Outcome | |
|--------------------|-------------------------------------|--------|----------------------|-------------------------|-----------------|---------|---------|---------|----------------------------|--|---------------------------------------|
| Date DBS collected | Age at 2 nd DBS (months) | Result | Date result received | Date given to caregiver | | | | | | Check box only; if referred for ART, indicate clinic and enrollment status | |
| | | | | | Appt Date: | | | | | Discharged Neg.: <input type="checkbox"/> | Lost: <input type="checkbox"/> |
| | | | | | Date of Visit: | | | | | Referred for ART: <input type="checkbox"/> | Died: <input type="checkbox"/> |
| | | | | | Age (months): | | | | | Clinic: _____ | Transferred: <input type="checkbox"/> |
| | | | | | Feeding Status: | | | | | Enrolled? <input type="radio"/> Y <input type="radio"/> N | Clinic: _____ |

DESCRIPTION OF COLUMNS:

- 1. EXPOSED INFANT NUMBER:**
4-digit unique identifier for each HIV-exposed infant having the prefix EXP. Assigned serially starting with “EXP 0001”. Each exposed infant has only one number which is given when entered into the Register (at date of registration)
- 2. DATE OF REGISTRATION:**
Date when exposed infant is entered into the Exposed Infant Register.
- 3. INFANT’S SURNAME:**
Entered into the upper box.
- 4. INFANT’S FIRST NAME:**
Entered into the lower box
- 5. DATE OF BIRTH:**
Date when exposed infant was born. This can be obtained from child health card or asking the mother.
- 6. CLINIC REFERRED FROM:**
Clinic that identified and referred the HIV-exposed infant to the EID care point.
- 7. DATE OF COTRIM INITIATION:**
Date that Cotrimoxazole prophylaxis started.
- 8. MOTHER’S SURNAME:**
Entered in the upper box.
- 9. MOTHER’S FIRST NAME:**
Entered into the lower box
- 10. MOTHER’S ANC NO:**
Entered into the upper box
- 11. MOTHER’S ART NO:**
Entered into the lower box
- 12. DID MOTHER TAKE ARVS FOR PMTCT?:**
Indicate “Y” for yes, “N” for no, and “UNK” if unknown.
- 13. MOTHER ARVS FOR PMTCT:**
Indicate the mother’s PMTCT ARV regimen using one of the codes listed at the bottom of the Register. If mother did not take ARVs or if unknown, leave this blank.
- 14. INFANT ARVS FOR PMTCT:**
Indicate the infant’s PMTCT ARV regimen using one of the codes listed at the bottom of the Register. If infant did not take ARVs or if unknown, leave this space blank.

Technical Module 3: Preventive and Curative activities

15. "1ST PCR TEST" SECTION

DATE DBS COLLECTED:

Date that 1st DBS was collected. This should only be filled in on the date that the DBS was collected, not before.

AGE AT 1ST DBS:

Infant's age when the 1st DBS was taken. Indicate in months.

INFANT FEEDING STATUS:

Infant's feeding practice when 1st DBS taken. This should be filled in on the date that the DBS was collected, not before. Indicate using one of the codes listed at the bottom of the Register

RESULT:

Result of the 1st DBS test. Indicate "negative" or "positive".

DATE RESULT RECEIVED:

Date that 1st DBS result arrived at the facility from the reference testing laboratory.

DATE GIVEN TO CAREGIVER:

Date that 1st DBS result given to caregiver

16. "2ND PCR TEST" SECTION

2nd DBS refers to the DBS taken 6 weeks after exposed infant had stopped breastfeeding.

DATE DBS COLLECTED:

Date that 2nd DBS was collected.

AGE AT 2ND DBS:

Infant's age when the 2nd DBS was taken. Indicate in months.

RESULT:

Result of the 2nd DBS test. Indicate "negative" or "positive".

DATE RESULT RECEIVED:

Date that 2nd DBS result arrived from the reference testing lab.

DATE GIVEN TO CAREGIVER:

Date that 2nd DBS result given to caregiver.

17. "VISIT DETAILS" SECTION:

At each visit, indicate the date of visit, the age in months at the particular visit, the feeding practice at the time of the visit (use code at bottom of Register), and the date of follow-up appointment (in the column for the next visit).

18. "18 MONTH RAPID TEST RESULT":

When an exposed infant with a prior PCR test has a confirmatory rapid test after reaching 18 months old, indicate the result in this column. Do not indicate the date or age.

Technical Module 3: Preventive and Curative activities

19. “FINAL OUTCOME”:

Indicate the exposed infant’s final outcome when it is known, ticking one of the options.

- ❖ “Discharged Negative”: Tick if exposed infant had a negative rapid test at 18 month
- ❖ “Referred for ART”: Tick if the infant is positive and being referred to the ART clinic. Indicate which clinic the infant is being referred to. After checking the pre-ART register, tick whether the positive infant enrolled.
- ❖ “Lost”: Tick if exposed infant has not visited the clinic for 6 months since the last appointment date. “Lost” means that the infant is no longer being followed up.
- ❖ “Died”: Tick if exposed infant has died
- ❖ “Transferred”: Tick if exposed infant is being transferred to another clinic for EID services, and indicate which clinic.

REPORTED MONTHLY:

- Number of exposed babies initiated on Septrin within 2months after birth
- Number of exposed babies tested for HIV
- Number of babies that tested positive for HIV

TABLE 5: HEALTH UNIT HIV/AIDS SERVICES SUMMARY

Monthly procedure:

FROM HCT REGISTER

- a. Count and enter into **TABLE 5 (HEALTH UNIT HIV/AIDS SERVICES SUMMARY)** Number counseled for HIV/AIDS, Number tested for HIV/AIDS, Number who received HIV results, Number who received HIV results for the first time in this financial year, Number HIV positive, Number HIV positive suspected to have TB, Number started on CTX prophylaxis, Number of clients tested more than twice in the last 12 months, Number of individuals who were Counseled and Tested together as a Couple, Number of individuals who were Tested and Received results together as a Couple, Number of individuals with Concordant positive results, Number of individuals with Discordant results, Individuals counseled and tested for PEP and Number provided with Safe Male Circumcision.

FROM Pre-ART REGISTER

- Count and enter into **TABLE 5 (HEALTH UNIT HIV/AIDS SERVICES SUMMARY)** Number of new patients enrolled in HIV care at this facility during the quarter, number of HIV positive patients active on pre-ART Care in the quarter, number of HIV positive cases who received CPT at last visit in the quarter and number of eligible patients not started on ART in the quarter.

FROM ART REGISTER

- Count and enter into **TABLE 5 (HEALTH UNIT HIV/AIDS SERVICES SUMMARY)** Number of new patients enrolled in HIV care at this facility during the quarter, Number of pregnant women enrolled into care during the quarter, Cumulative Number of individuals on ART ever enrolled in HIV care at this facility, Number of HIV positive patients active on pre-ART Care, Number of HIV positive cases who received CPT at last visit in the quarter, Number eligible patients not started on ART, Number of new patients started on ART at this facility during the quarter, Number of pregnant women started on ART at this facility during the quarter, Cumulative Number of individuals on ART, Active number of clients on 1st line ARVs by regimen, Active number of clients on 2nd line ARVs by regimen, Number of HIV positive patients assessed for TB at last visit in the quarter, Number of HIV positive patients started on TB treatment during the quarter, Net current cohort of people on ART in the cohort completing, 12 months during the quarter, Number of clients surviving on ART in the cohort completing, 12 months on ART during the quarter and Number of people accessing ARVs for PEP

FROM EARLY INFANT DIAGNOSIS REGISTER

- Count and enter into **TABLE 5 (HEALTH UNIT HIV/AIDS SERVICES SUMMARY)** number of Exposed infants tested for HIV below 18 months (by 1st PCR), exposed infants testing HIV positive below 18 months and exposed infants given Septrin for prophylaxis within 2 months after birth.

ON TABLE 5

- Calculate and enter in the Annual Total attendance by age group where applicable and by category.

On HEALTH UNIT MONTHLY REPORT HMIS 105

- Fill in Items 2 and 3



TABLE 5: HEALTH UNIT HIV/AIDS SERVICES SUMMARY

Name of Health Unit _____ Financial Year _____ Page _____ of pages _____

| CATEGORY | Jul | | Aug | | Sept | | Oct | | Nov | | Dec | | Jan | | Feb | | Mar | | Apr | | May | | Jun | | TOTAL | | |
|---|-----|---|-----|---|------|---|-----|---|-----|---|-----|---|-----|---|-----|---|-----|---|-----|---|-----|---|-----|---|-------|---|--|
| | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | |
| HCT SERVICES(Exclude PMTCT) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of Individuals tested 0 - <2 years | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of Individuals who received HIV test results 0 - <2 years | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of individuals who received HIV results for the first time in this financial year 0 - <2yrs | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of Individuals who tested HIV positive 0-<2 years | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HIV positive individuals with suspected TB 0 - <2 years | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HIV positive cases started on Cotrimoxazole preventive therapy (CPT) 0 - <2 years | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of Individuals tested twice or more in the last 12months(Re-testers) 0 - <2 years | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of Individuals tested 2-<5 years | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of Individuals who received HIV test results 2-<5 years | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of individuals who received HIV results for the first time in this financial year 2 - < 5years | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of Individuals who tested HIV positive 2-<5 years | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HIV positive individuals with suspected TB 2-<5 years | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HIV positive cases started on Cotrimoxazole preventive therapy (CPT) 2-<5 years | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of Individuals tested twice or more in the last 12months(Re-testers) 2-<5 years | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of Individuals counseled 5 - <15 years | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of Individuals tested 5 - <15 years | | | | | | | | | | | | | | | | | | | | | | | | | | | |



Ministry of Health

| CATEGORY | Jul | | Aug | | Sept | | Oct | | Nov | | Dec | | Jan | | Feb | | Mar | | Apr | | May | | Jun | | TOTAL | | |
|---|-----|---|-----|---|------|---|-----|---|-----|---|-----|---|-----|---|-----|---|-----|---|-----|---|-----|---|-----|---|-------|---|--|
| | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | |
| Number of Individuals who received HIV test results 5 - <15 years | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of individuals who received HIV results for the first time in this financial year 5 -<15years | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of Individuals who tested HIV positive 5 - <15 years | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HIV positive individuals with suspected TB 5 - <15 years | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HIV positive cases started on Cotrimoxazole preventive therapy (CPT) 5 - <15 years | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of Individuals tested twice or more in the last 12months(Re-testers) 5 - <15 years | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of Individuals counseled 15 - 49 years | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of Individuals tested 15 - 49 years | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of Individuals who received HIV test results 15 - 49 years | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of individuals who received HIV results for the first time in this financial year 15 - 49years | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of Individuals who tested HIV positive 15 - 49 years | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HIV positive individuals with suspected TB 15 - 49 years | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HIV positive cases started on Cotrimoxazole preventive therapy (CPT) 15 - 49 years | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of Individuals tested twice or more in the last 12months(Re-testers) 15 - 49 years | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of Individuals counseled >49 years | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of Individuals tested >49 years | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of Individuals who received HIV test results >49 years | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of individuals who received HIV results for the first time in this financial year >49years | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of Individuals who tested HIV positive >49 years | | | | | | | | | | | | | | | | | | | | | | | | | | | |



| CATEGORY | Jul | | Aug | | Sept | | Oct | | Nov | | Dec | | Jan | | Feb | | Mar | | Apr | | May | | Jun | | TOTAL | | |
|---|-----|---|-----|---|------|---|-----|---|-----|---|-----|---|-----|---|-----|---|-----|---|-----|---|-----|---|-----|---|-------|---|--|
| | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | |
| HIV positive individuals with suspected TB >49 years | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HIV positive cases started on Cotrimoxazole preventive therapy (CPT) >49 years | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of Individuals tested twice or more in the last 12months(Re-testers) >49 years | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of individuals who were Counseled and Tested together as a Couple | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of individuals who were Testedd and Received results together as a Couple | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of individuals with Concordant positive results | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of individuals with Discordant results | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Individuals counseled and tested for PEP | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number provided with Safe Male Circumcision | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| ART SERVICES | Quarter 1 (Jul – Sept) | | Quarter 2 (Oct – Dec) | | Quarter 3 (Jan – Mar) | | Quarter 4 (Apr – Jun) | | TOTAL | |
|--|------------------------|--------|-----------------------|--------|-----------------------|--------|-----------------------|--------|-------|--------|
| | MALE | FEMALE | MALE | FEMALE | MALE | FEMALE | MALE | FEMALE | MALE | FEMALE |
| Number of new patients enrolled in HIV care at this facility during the quarter <2years (24 months) | | | | | | | | | | |
| Cumulative Number of individuals on ART ever enrolled in HIV care at this facility <2years (24 months) | | | | | | | | | | |
| Number of HIV positive patients active on pre-ART Care <2years (24 months) | | | | | | | | | | |
| Number of HIV positive cases who received CPT at last visit in the quarter <2years (24 months) | | | | | | | | | | |
| Number eligible patients not started on ART<2years (24 months) | | | | | | | | | | |
| Number of new patients started on ART at this facility during the quarter <2years (24 months) | | | | | | | | | | |



| ART SERVICES | | Quarter 1 (Jul – Sept) | | Quarter 2 (Oct – Dec) | | Quarter 3 (Jan – Mar) | | Quarter 4 (Apr – Jun) | | TOTAL | |
|--|---------------|------------------------|--------|-----------------------|--------|-----------------------|--------|-----------------------|--------|-------|--------|
| | | MALE | FEMALE | MALE | FEMALE | MALE | FEMALE | MALE | FEMALE | MALE | FEMALE |
| months) | | | | | | | | | | | |
| Cumulative Number of individuals on ART <2years (24 months) | | | | | | | | | | | |
| Active number of clients on 1st line ARVs <2years (24 months) | d4T-3TC-NVP | | | | | | | | | | |
| | d4T-3TC-EFV | | | | | | | | | | |
| | AZT-3TC-NVP | | | | | | | | | | |
| | AZT-3TC-EFV | | | | | | | | | | |
| | TDF-3TC-NVP | | | | | | | | | | |
| | TDF-3TC-EFV | | | | | | | | | | |
| | TDF-FTC-NVP | | | | | | | | | | |
| Active number of clients on 2nd line ARVs <2years (24 months) | TDF-FTC-EFV | | | | | | | | | | |
| | AZT-DDI-LPV/r | | | | | | | | | | |
| | AZT-3TC-LPV/r | | | | | | | | | | |
| | AZT-ABC-LPV/r | | | | | | | | | | |
| | ABC-DDI-LPV/r | | | | | | | | | | |
| | TDF-FTC-LPV/r | | | | | | | | | | |
| Number of HIV positive patients assessed for TB at last visit in the quarter <2years (24 months) | | | | | | | | | | | |
| Number of HIV positive patients started on TB treatment during the quarter <2years (24 months) | | | | | | | | | | | |
| Net current cohort of people on ART in the cohort completing, 12 months during the quarter <2years (24 months) | | | | | | | | | | | |
| Number of clients surviving on ART in the cohort completing, 12 months on ART during the quarter <2years (24 months) | | | | | | | | | | | |
| Number of people accessing ARVs for PEP<2years (24 months) | | | | | | | | | | | |
| Number of new patients enrolled in HIV care at this facility during the quarter 2- < 4years | | | | | | | | | | | |
| Cumulative Number of individuals on ART ever enrolled in HIV care at this facility 2- < | | | | | | | | | | | |



| ART SERVICES | Quarter 1 (Jul – Sept) | | Quarter 2 (Oct – Dec) | | Quarter 3 (Jan – Mar) | | Quarter 4 (Apr – Jun) | | TOTAL | |
|--|------------------------|--------|-----------------------|--------|-----------------------|--------|-----------------------|--------|-------|--------|
| | MALE | FEMALE | MALE | FEMALE | MALE | FEMALE | MALE | FEMALE | MALE | FEMALE |
| 4years | | | | | | | | | | |
| Number of HIV positive patients active on pre-ART Care2- < 4years | | | | | | | | | | |
| Number of HIV positive cases who received CPT at last visit in the quarter 2- < 4years | | | | | | | | | | |
| Number eligible patients not started on ART 2- < 4years | | | | | | | | | | |
| Number of new patients started on ART at this facility during the quarter 2- < 4years | | | | | | | | | | |
| Cumulative Number of individuals on ART 2- < 4years | | | | | | | | | | |
| Active number of clients on 1st line ARVs 2- < 4years | d4T-3TC-NVP | | | | | | | | | |
| | d4T-3TC-EFV | | | | | | | | | |
| | AZT-3TC-NVP | | | | | | | | | |
| | AZT-3TC-EFV | | | | | | | | | |
| | TDF-3TC-NVP | | | | | | | | | |
| | TDF-3TC-EFV | | | | | | | | | |
| | TDF-FTC-NVP | | | | | | | | | |
| | TDF-FTC-EFV | | | | | | | | | |
| Active number of clients on 2nd line ARVs 2- < 4years | AZT-DDI-LPV/r | | | | | | | | | |
| | AZT-3TC-LPV/r | | | | | | | | | |
| | AZT-ABC-LPV/r | | | | | | | | | |
| | ABC-DDI-LPV/r | | | | | | | | | |
| | TDF-FTC-LPV/r | | | | | | | | | |
| | TDF-3TC-LPV/r | | | | | | | | | |
| Number of HIV positive patients assessed for TB at last visit in the quarter 2- < 4years | | | | | | | | | | |
| Number of HIV positive patients started on TB treatment during the quarter 2- < 4years | | | | | | | | | | |
| Net current cohort of people on ART in the cohort completing, 12 months during the quarter 2- < 4years | | | | | | | | | | |
| Number of clients surviving on ART in the cohort completing, 12 months on ART | | | | | | | | | | |



Ministry of Health

| ART SERVICES | | Quarter 1 (Jul – Sept) | | Quarter 2 (Oct – Dec) | | Quarter 3 (Jan – Mar) | | Quarter 4 (Apr – Jun) | | TOTAL | |
|---|---------------|------------------------|--------|-----------------------|--------|-----------------------|--------|-----------------------|--------|-------|--------|
| | | MALE | FEMALE | MALE | FEMALE | MALE | FEMALE | MALE | FEMALE | MALE | FEMALE |
| during the quarter 2- < 4years | | | | | | | | | | | |
| Number of people accessing ARVs for PEP 2- < 4years | | | | | | | | | | | |
| Number of new patients enrolled in HIV care at this facility during the quarter 5 -14years | | | | | | | | | | | |
| Number of pregnant women enrolled into care during the quarter 5 -14years | | | | | | | | | | | |
| Cumulative Number of individuals on ART ever enrolled in HIV care at this facility 5 -14years | | | | | | | | | | | |
| Number of HIV positive patients active on pre-ART Care 5 -14years | | | | | | | | | | | |
| Number of HIV positive cases who received CPT at last visit in the quarter 5 -14years | | | | | | | | | | | |
| Number eligible patients not started on ART 5 -14years | | | | | | | | | | | |
| Number of new patients started on ART at this facility during the quarter 5 -14years | | | | | | | | | | | |
| Number of pregnant women started on ART at this facility during the quarter | | | | | | | | | | | |
| Cumulative Number of individuals on ART 5 -14years | | | | | | | | | | | |
| Active number of clients on 1st line ARVs 5 -14years | d4T-3TC-NVP | | | | | | | | | | |
| | d4T-3TC-EFV | | | | | | | | | | |
| | AZT-3TC-NVP | | | | | | | | | | |
| | AZT-3TC-EFV | | | | | | | | | | |
| | TDF-3TC-NVP | | | | | | | | | | |
| | TDF-3TC-EFV | | | | | | | | | | |
| | TDF-FTC-NVP | | | | | | | | | | |
| | TDF-FTC-EFV | | | | | | | | | | |
| Active number of clients on | AZT-DDI-LPV/r | | | | | | | | | | |



Ministry of Health

| ART SERVICES | Quarter 1 (Jul – Sept) | | Quarter 2 (Oct – Dec) | | Quarter 3 (Jan – Mar) | | Quarter 4 (Apr – Jun) | | TOTAL | |
|---|------------------------|--------|-----------------------|--------|-----------------------|--------|-----------------------|--------|-------|--------|
| | MALE | FEMALE | MALE | FEMALE | MALE | FEMALE | MALE | FEMALE | MALE | FEMALE |
| 2nd line ARVs 5 -14years | AZT-3TC-LPV/r | | | | | | | | | |
| | AZT-ABC-LPV/r | | | | | | | | | |
| | ABC-DDI-LPV/r | | | | | | | | | |
| | TDF-FTC-LPV/r | | | | | | | | | |
| | TDF-3TC-LPV/r | | | | | | | | | |
| Number of HIV positive patients assessed for TB at last visit in the quarter 5 -14years | | | | | | | | | | |
| Number of HIV positive patients started on TB treatment during the quarter 5 -14years | | | | | | | | | | |
| Net current cohort of people on ART in the cohort completing, 12 months during the quarter 5 -14years | | | | | | | | | | |
| Number of clients surviving on ART in the cohort completing, 12 months on ART during the quarter 5 -14years | | | | | | | | | | |
| Number of people accessing ARVs for PEP 5 -14years | | | | | | | | | | |
| Number of new patients enrolled in HIV care at this facility during the quarter 15years and above | | | | | | | | | | |
| Number of pregnant women enrolled into care during the quarter 15years and above | | | | | | | | | | |
| Cumulative Number of individuals on ART ever enrolled in HIV care at this facility 15years and above | | | | | | | | | | |
| Number of HIV positive patients active on pre-ART Care 15years and above | | | | | | | | | | |
| Number of HIV positive cases who received CPT at last visit in the quarter 15years and above | | | | | | | | | | |
| Number eligible patients not started on ART 15years and above | | | | | | | | | | |
| Number of new patients started on ART at this facility during the quarter 15years and above | | | | | | | | | | |
| Number of pregnant women started on ART at this facility during the quarter 15years and above | | | | | | | | | | |



Ministry of Health

| ART SERVICES | | Quarter 1 (Jul – Sept) | | Quarter 2 (Oct – Dec) | | Quarter 3 (Jan – Mar) | | Quarter 4 (Apr – Jun) | | TOTAL | | |
|--|-----------------------|------------------------|-------------|-----------------------|------------|-----------------------|------------|-----------------------|------------|------------|------------|------------|
| | | MALE | FEMALE | MALE | FEMALE | MALE | FEMALE | MALE | FEMALE | MALE | FEMALE | |
| above | | | | | | | | | | | | |
| Cumulative Number of individuals on ART 15years and above | | | | | | | | | | | | |
| Active number of clients on 1st line ARVs 15years and above | d4T-3TC-NVP | | | | | | | | | | | |
| | d4T-3TC-EFV | | | | | | | | | | | |
| | AZT-3TC-NVP | | | | | | | | | | | |
| | AZT-3TC-EFV | | | | | | | | | | | |
| | TDF-3TC-NVP | | | | | | | | | | | |
| | TDF-3TC-EFV | | | | | | | | | | | |
| | TDF-FTC-NVP | | | | | | | | | | | |
| Active number of clients on 2nd line ARVs 15years and above | TDF-FTC-EFV | | | | | | | | | | | |
| | AZT-DDI-LPV/r | | | | | | | | | | | |
| | AZT-3TC-LPV/r | | | | | | | | | | | |
| | AZT-ABC-LPV/r | | | | | | | | | | | |
| | ABC-DDI-LPV/r | | | | | | | | | | | |
| Number of HIV positive patients assessed for TB at last visit in the quarter 15years and above | TDF-FTC-LPV/r | | | | | | | | | | | |
| | TDF-3TC-LPV/r | | | | | | | | | | | |
| Number of HIV positive patients started on TB treatment during the quarter 15years and above | | | | | | | | | | | | |
| Net current cohort of people on ART in the cohort completing, 12 months during the quarter 15years and above | | | | | | | | | | | | |
| Number of clients surviving on ART in the cohort completing, 12 months on ART during the quarter 15years and above | | | | | | | | | | | | |
| Number of people accessing ARVs for PEP 15 years and above | | | | | | | | | | | | |
| EXPOSED INFANT DIAGNOSIS (EID) SERVICES | Financial Year | | | | | | | | | | | |
| | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun |

| ART SERVICES | Quarter 1 (Jul – Sept) | | Quarter 2 (Oct – Dec) | | Quarter 3 (Jan – Mar) | | Quarter 4 (Apr – Jun) | | TOTAL | |
|---|------------------------|--------|-----------------------|--------|-----------------------|--------|-----------------------|--------|-------|--------|
| | MALE | FEMALE | MALE | FEMALE | MALE | FEMALE | MALE | FEMALE | MALE | FEMALE |
| Exposed infants tested for HIV below 18 months (by 1st PCR) | | | | | | | | | | |
| Exposed infants testing HIV positive below 18 months | | | | | | | | | | |
| Exposed infants given Septrin for prophylaxis within 2 months after birth | | | | | | | | | | |

THE HEALTH MANAGEMENT INFORMATION SYSTEM

THE HEALTH UNIT LEVEL

TECHNICAL MODULE 4: MANAGEMENT OF RESOURCES

PART 1: BUILDINGS AND EQUIPMENT

- PHYSICAL INVENTORY
- EQUIPMENT INVENTORY
- EQUIPMENT BREAKDOWN FORM

PART 2: HUMAN RESOURCES

- STAFF LISTING
- RECORD OF STAFF NOT RECEIVING SALARY

PART 3: FINANCE AND ACCOUNTS

- CASH ANALYSIS BOOK
- FINANCIAL SUMMARY

PART 4: MEDICAL AND OTHER SUPPLIES

- STOCK CARD
- RECORD OF ISSUING
- REQUISITION AND ISSUE VOUCHER
- STOCK WASTAGE ESTIMATE FOR VACCINES
- RECORD OF STOCK OUT
- REVISING AVERAGE MONTHLY CONSUMPTION

PART 1: BUILDINGS AND EQUIPMENT

HMIS FORM 101: PHYSICAL INVENTORY

DESCRIPTION AND INSTRUCTIONS

Objective: List condition of amenities and physical structure. Monitor work that can be done with local resources.

Timing: Due 7th August; Annually

Copies: **Four.** Original stays at health unit. One copy sent to DHO/DDHS. One copy sent to HUMC. One copy sent to the LC III Health Committee (Sub-county)

Responsibility: In-Charge

PROCEDURE:

1. All health units are to complete this inventory.
2. The In-Charge (with or without the HUMC) completes the inventory writing the condition of amenities and physical structures. For the tables in **Items 1, 2.1, 2.2, 3**, use the “condition key” given below the respective table to fill in the table. For the first table in **Item 4**, codes to use in filling in this table are found in the table below it labeled “Condition key for buildings”. Shaded boxes should not be filled in. The Incharge and the Chairman of the HUMC (or another authorized witness for the Health Unit) sign the forms.
3. The HUMC reviews the completed inventory and identifies work they will do with local resources.
4. All physical structures must conform to the approved Health Infrastructure plans per level (HC II, HC III etc).

HMIS FORM 101: HEALTH UNIT PHYSICAL INVENTORY

Date of Inventory _____ Page _____ of pages _____ In-Charge Name _____ Title _____ Signature _____

Witness Name _____ Title _____ Signature _____

1. GENERAL INFORMATION

1. Health Facility Inventory

| Name of Unit/Health Unit Code | | | | | | |
|--|----|-----|----|------------------|----------------------------|----------------------------|
| Level (Circle appropriate) | II | III | IV | GENERAL HOSPITAL | REGIONAL REFFERAL HOSPITAL | NATIONAL REFERRAL HOSPITAL |
| Ownership | | | | | | |
| District | | | | | | |
| HSD | | | | | | |
| Sub-County | | | | | | |
| Parish | | | | | | |
| Availability of a health facility land title | | | | | | |

Ownership Key: A = GoU, B = PNFP, C = Private (Health Provider)

Availability of land title: PUT YES/NO

2. WATER AND SANITATION FOR THE HEALTH UNIT

2.1 Water Supply that the Health Unit depends on:

| Water Source | Availability | Distance from unit (km) | Condition |
|-------------------------|--------------|-------------------------|-----------|
| 1. Unprotected spring | | | |
| 2. Protected Spring | | | |
| 3. Borehole | | | |
| 4. Piped | | | |
| 5. Rainwater harvesting | | | |

2.2 Sanitation facilities

| Facility | Availability | Number | Condition |
|--|--------------|--------|-----------|
| 1. Pit Latrine Stances/Staff | | | |
| 2. Pit Latrines Stances /Patients | | | |
| 3. Medical waste pit | | | |
| 4. Placenta pit | | | |
| 5. Rubbish pit | | | |
| 6. Incinerator | | | |
| 7. Water borne toilets | | | |
| 8. Hand washing facilities next to the toilets/ latrines for the Health Unit | | | |

Availability Key: 1 = Available, 0 = Not Available

Condition Key: A: Functional and in good condition, B: Functional but needs repair, C: Not functional but repairable D: Not functional and not repairable

HMIS FORM 101: HEALTH UNIT PHYSICAL INVENTORY

3. ENERGY

| | Grid (UEDCL/ UMEME) | Generator | | | | Gas Availability | Solar/ PV system | | | Kerosene | Charcoal | Firewood |
|---|----------------------------|--------------|------|-----------------|-----------|---------------------|------------------|------------------------------|-----------|----------|----------|----------|
| | | Availability | Fuel | Rating (KVA) | Condition | | No. of panels | Size in watts for @ panel | Condition | | | |
| Lighting | OPD | | | | | | | | | | | |
| | Maternity | | | | | | | | | | | |
| | Male Ward | | | | | | | | | | | |
| | Female Ward | | | | | | | | | | | |
| | Children's Ward | | | | | | | | | | | |
| | Theatre | | | | | | | | | | | |
| | Laboratory | | | | | | | | | | | |
| | Doctors House | | | | | | | | | | | |
| | Clinical Officers House | | | | | | | | | | | |
| | Nurses houses | | | | | | | | | | | |
| | Other Houses | | | | | | | | | | | |
| Energy for Utilities (Tick against the energy available) | Vaccine fridge | | | | | | | | | | | |
| | Blood Bank | | | | | | | | | | | |
| | General Purpose Fridge | | | | | | | | | | | |
| | Sterilization | | | | | | | | | | | |
| | Cooking | | | | | | | | | | | |
| | Water Provision | | | | | | | | | | | |
| | Water Heating | | | | | | | | | | | |
| | Computer (s) | | | | | | | | | | | |
| | Landline phones | | | | | | | | | | | |
| | Radio calls | | | | | | | | | | | |

Availability Key: 1 = Available , 0 = Not available. Generator fuel: P = Petrol, D = Diesel, F – Functional, N – Not functional
 Condition Key: A; Functional and in good condition, B: Functional but needs repair, C: Not functional but repairable D: Not functional and not repairable

HMIS FORM 101: HEALTH UNIT PHYSICAL INVENTORY

4. BUILDINGS

| Type of Building | Available (Tick) | | Floor Area L x W (in M ²) | Year of construction | Year of last rehabilitation | Roof | | | | Walls | | | | Floor | | | |
|--|------------------------|----|---------------------------------------|----------------------|-----------------------------|------|----------|-------|-------|-------|--------|-------|-------|-------|--------|---------|-------|
| | | | | | | Type | Leakages | Frame | Score | Type | Cracks | Plumb | Score | Type | Cracks | Surface | Score |
| 1. OPD | Yes | No | | | | | | | | | | | | | | | |
| 2. Maternity | Yes | No | | | | | | | | | | | | | | | |
| 3. General wards (indicate number) | No. of Beds for Males | | | | | | | | | | | | | | | | |
| | No. of Beds for Female | | | | | | | | | | | | | | | | |
| | Child beds | | | | | | | | | | | | | | | | |
| 4. Operating theatre | Yes | No | | | | | | | | | | | | | | | |
| 5. Mortuary | Yes | No | | | | | | | | | | | | | | | |
| 6. Staff houses with: (specify number) | One roomed house | | | | | | | | | | | | | | | | |
| | Two roomed house | | | | | | | | | | | | | | | | |
| | House with 2 bedrooms | | | | | | | | | | | | | | | | |
| | House with 3 bedrooms | | | | | | | | | | | | | | | | |
| 6. Others (specify) | Yes | No | | | | | | | | | | | | | | | |
| | Yes | No | | | | | | | | | | | | | | | |

Condition key for buildings:

| Roof | | Walls | | Floor | |
|--------------------------------|---|------------|--|----------|---|
| Type | A: Galvanized Iron sheets or roofing tiles B: Grass thatched C: No roof | Type | A: Stone, concrete blocks or burnt clay bricks jointed with cement and sand (mortar) B: soil/clay brick with mud joints or wooden walls C: Mud and wattle | Type | A: Terrazzo or cement (screed) or tiles finish B: Concrete slab not finished C: others |
| Leakages | A: No leakages B: Leaks at few points but roof covering sound C: leaks at many point and roof covering un sound D: No roof | Cracking | A: No significant crack B: Minor cracks not going through the wall C: Major cracks and wide going through the wall | Cracking | A: No significant crack B: Minor cracks visibly not deep (<50mm deep) C: Major and wide cracks visibly deep |
| Frame (Timber or Steel frames) | A: No defect B: Weak structure needs replacement of some members (attacked by beetles, termites, warped or rotten timber) C: Very weak with most of the roof members having defects stated above in B | Plumb ness | A: Visibly plumb (upright) B: Visibly not plumb (leaning or bent) | | |

HMIS FORM 102: EQUIPMENT INVENTORY

DESCRIPTION AND INSTRUCTION

Objective: List condition of equipment. Monitor work that can be done with local resources.

Timing: Due 7th August

Copies: **Five** copies: The original and a working copy stays at the health unit; one copy sent to MO in-charge of the HSD; one copy sent to LC III Health Committee (sub-county); one copy sent to the District Health Office and the fifth copy is sent to HUMC.

Responsibility: Health Facility In-Charge

PROCEDURE:

1. All health units must complete this inventory.
2. "Equipment" are ALL items in a health unit that are used over and over again. **Medical equipment** refers to apparatus that is used specifically for medical procedures, e.g. Autoclaves, Sterilizers, Delivery beds, blood pressure machines, weighing scales. **Medical and General furniture** refers to furnishings used in the health unit like screens, desks, beds, medicine cupboards, etc. **Medical instruments** refer to tools that are used to carry out medical procedures e.g. Evacuators set, forceps, vacuum extractor, etc. The lists will be made per "Building (which refers to a ward or department, e.g. maternity ward, male ward, laboratory, store, kitchen, etc)
3. **Items 1 and 2** are for listing transport and communication equipment respectively. The **type**, if not yet listed, e.g. motor boats), the **Number plate, Date of purchase, Make** (e.g. TATA Lorry, Toyota Land Cruiser, Peugeot, Toyota Corolla etc) are entered. The condition (**Good, Needs repair, Needs replacement**) should be the current condition of the vehicle and is entered using the "Condition Key" found just below the respective table. **Needs repair** means frequent breakdowns but useable now, and **Needs replacement** means not useable now. A similar procedure is used for filling **Item 2**.
4. For all the tables in **Items 1, 2, 3, 4, 5, 6**; list the various pieces of equipment or instruments present at the health unit, then use the "condition key" given below the respective table to fill in the condition that applies to each.
5. Delivery, maternity and inpatient beds should be listed separately.
6. The HUMC reviews the completed inventory for identification of work they will do with local resources.
7. Throughout the year, update the working copy, add new equipment and correct the form when equipment is repaired or replaced.
8. When equipment has a Serial Number on it, mention it in the "**Serial Number**" column.

The in-charge and the HUMC must ensure that essential and basic equipment recommended per level are available and in good working condition.

HMIS FORM 102: HEALTH UNIT EQUIPMENT INVENTORY

PAGE 1

Date of Inventory _____ Page _____ of total pages _____

Health Unit Name _____ Level _____ Health Unit Code _____ Sub-county _____ HSD _____

In-Charge Name _____ Title _____ Signature _____

Witness Name _____ Title _____ Signature _____

1. TRANSPORT EQUIPMENT

2. COMMUNICATION EQUIPMENT

| Type | | Date of purchase/ connection | Make/Model | Condition |
|-----------------|----------|---------------------------------|------------|-----------|
| Telephone set | Landline | | | |
| | Mobile | | | |
| Radio-call set | | | | |
| Fax machine | | | | |
| E-mail facility | | | | |

| Type | Number Plate | Date of purchase | Mileage | Make | Year of manufacture | Condition |
|---------------------|--------------|------------------|---------|------|---------------------|-----------|
| 1. Ambulances | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 2. Motor cycles | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 3. Bicycles | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 4. Motor Boat | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 5. Others (specify) | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

CONDITION KEY: F – Functional, N – Not functional

CONDITION KEY: A = Good condition, B = Needs repair,
C = Needs replacement

HMIS FORM 011: EQUIPMENT BREAKDOWN FORM

DESCRIPTION AND INSTRUCTIONS

- Objective:** To report the need for assistance from the HSD to repair or replace equipment
- Timing:** Due immediately after breakdown
- Copies:** **Two.** One is kept at the health unit. One copy sent to MO IN-CHARGE of the HSD.
- Responsibility:** In-Charge

PROCEDURE:

1. The breakdown of the equipment is first discussed at the local level with the HUMC with the view to using local resources to replace or repair the equipment.
2. If HSD assistance is necessary, the form is completed in duplicate. The original should stay in the health unit for reference.



HMIS FORM 011: EQUIPMENT BREAKDOWN FORM

Date of report _____ Health Sub District _____

Health Unit _____ Level: _____

Description of Equipment _____

Description of problem

Actions taken by health unit

Request of HSD

In-Charge name _____ Signature _____

----- (Health Sub District use below) -----

| | |
|--------------------|--|
| Date of Receipt | |
| Rank of Importance | |
| Date of Action | |

PART 2: HUMAN RESOURCES

HMIS FORM 103: STAFF LISTING

DESCRIPTION AND INSTRUCTIONS

- Objective:** List details of all staff
- Timing:** To be updated every 6 months. Due 7th August 7th February
- Copies:** **Four** copies: The original stays at the health unit; one copy sent to MO in-charge of HSD; a copy sent to LC III Health Committee (sub-county); and the fourth copy sent to the DHO.
- Responsibility:** Health facility In-Charge

PROCEDURE:

1. All health units must complete the Staff Listing. The In-Charge and the Chairman of the HUMC (or another authorized witness for the Health Unit) sign the form.
2. The post refers to the title of the position held by the officer (e.g. Senior Nursing Officer, medical superintendent, etc). For all posts approved for the health unit, fill in the number approved (number that are supposed to be at the health facility by post), the number of positions for the post that have been filled, the number of vacant positions and the salary scale for each of the posts. Against each post, fill in all staff members for each post, indicating their Names, Date of Birth, Highest qualification, Computer number, Basic salary per month, Date of first appointment, Date of Present Appointment, Sex, Status of employment, Retirement date and Remarks. A Table on the recommended staffing norms has been included in the manual just below HMIS 103.
3. All government staff have Computer numbers. If the staff member is not paid by the government, write the agency of employment (e.g. HUMC) in this box.
4. The Basic salary per month should reflect the basic salary which is paid to the staff per month based either on his 1st appointment or 2nd appointment.
5. Under current assignment, write the title of the program that the officer is currently responsible for, e.g. District Cold Chain Assistant (DCCA), HMIS Focal Person (HMIS/FP).
6. Highest qualification covers the title of the highest academic attainments e.g. Diploma in Accounting, B Com (Bachelor in Commerce), etc.
7. Status of employment refers to the terms of employment e.g. Probation, Contract, Permanent or Voluntary.
8. Retirement date refers to the date when the staff is expected to retire from service.
9. The listing is updated throughout the year. Members of staff that leave service are crossed out. New staff are added (a new line entered). When health unit staff are re-allocated, the Date of Present Appointment is updated.

Technical Module 4: Management of Resources

10. On the HU ANNUAL REPORT form a summary table of staff is included. This listing is used to fill in the table.
11. If the form is full, copy the form and continue on a second page.



Ministry of Health

| | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |



HMIS FORM 103B: APPROVED STAFF RECOMMENDED PER LEVEL

| | CADRE | SALARY SCALE | APPROVED POSTS | | | | | |
|----|---|--------------|------------------------|------------------|-------|--------|-------|-------------------|
| | | | District Health Office | District hospita | HC IV | HC III | HC II | Municipal Council |
| 1 | District Health Officer | U1 | 1 | | | | | |
| 2 | Medical Officer Principal | U2 | | 1 | | | | |
| 3 | Assistant DHO Environmental Health | U2 | 1 | | | | | |
| 4 | Assistant DHO Maternity/ Child Health/ Nursing | U2 | 1 | | | | | |
| 5 | Medical Officer Special Grade (Community) | U2 | | 1 | | | | 1 |
| 6 | Medical Officer Special Grade (Obs \$ Gynes) | U2 | | 1 | | | | |
| 7 | Medical Officer Special Grade (Internal Medicine) | U2 | | 1 | | | | |
| 8 | Medical Officer Special Grade (Surgery) | U2 | | 1 | | | | |
| 9 | Medical Officer Special Grade (Paeditrics) | U2 | | 1 | | | | |
| 10 | Medical Officer Senior | U3 | - | 1 | 1 | | | |
| 11 | Nursing Officer Principal | U3 | | 1 | | | | |
| 12 | Environmental Health Officer Senior | U3 | 1 | | | | | 1 |
| 13 | Health Educator Senior | U3 | 1 | | | | | |
| 14 | Hospital Administrator Senior | U3 | | 1 | | | | |
| 15 | Medical Officer | U4 | - | 4 | 1 | | | |
| 16 | Dental Surgeon | U4 | | 1 | | | | |
| 17 | Pharmacist | U4 | | 1 | | | | |
| 18 | Nursing Officer Senior | U4 | | 5 | 1 | | | |
| 19 | Clinical Officer Senior | U4 | | 1 | | 1 | | |
| 20 | Health Educator | U4 | | 1 | | | | 1 |
| 21 | Laboratory Technologist Senior | U4 | | 1 | | | | |
| 22 | Biostatistician | U4 | 1 | | | | | |
| 23 | Hospital Administrator | U4 | | 1 | | | | |
| 24 | Personnel Officer | U4 | | 1 | | | | |
| 25 | Medical Social Worker | U4 | | 1 | | | | |
| 26 | Nutritionist | U4 | | 1 | | | | |
| 27 | Supplies Officer | U4 | | 1 | | | | |
| 28 | Registered Comprehensive Nurse | U5 | | | - | - | | |
| 29 | Public Health Dental Officer | U5 | | 2 | 1 | | | |
| 30 | Dispenser | U5 | | 2 | 1 | | | |
| 31 | Nursing Officer (Nursing) | U5 | | 17 | 1 | 1 | | |
| 32 | Nursing Officer (Midwifery) | U5 | | 3 | 1 | | | |
| 33 | Public Health Nurse | U5 | | 1 | 1 | | | 1 |
| 34 | Nursing Officer (Psychiatry) | U5 | | 1 | 1 | | | |
| 35 | Psychiatric Clinical Officer | U5 | | 1 | | | | |
| 36 | Ophthalmic Clinical Officer | U5 | | 1 | 1 | | | |
| 37 | Health Inspector | U5 | | 1 | 2 | | | 1 |



Ministry of Health

| CADRE | | SALARY SCALE | APPROVED POSTS | | | | | |
|--------------|------------------------------|--------------|------------------------|------------------|-----------|-----------|----------|-------------------|
| | | | District Health Office | District hospita | HC IV | HC III | HC II | Municipal Council |
| 38 | Medical Entomolgy Officer | U5 | | 1 | 1 | | | |
| 39 | Radiographer | U5 | | 2 | | | | |
| 40 | Physiotherapist | U5 | | 1 | | | | |
| 41 | Occupational Therapist | U5 | | 1 | | | | |
| 42 | Orthopaedic Officer | U5 | | 2 | | | | |
| 43 | Health Educator Assistant | U5 | | 1 | 1 | | | |
| 44 | Anaesthetic Officer | U5 | | 3 | 1 | | | |
| 45 | Laboratory Technologist | U5 | | 1 | | | | |
| 46 | Laboratory Technician | U5 | | 2 | 1 | 1 | | |
| 47 | Clinical Officer | U5 | | 5 | 2 | 1 | | |
| 48 | Steno-Secretary | U5 | 1 | 1 | | | | 1 |
| 49 | Accounts Assistant Senior | U5 | | 1 | | | | |
| 50 | Theatre Assistant | U6 | | | 2 | | | |
| 51 | Cold Chain Technician | U6 | 1 | | | | | |
| 52 | Stores Assistant G1 | U6 | 1 | | | | | |
| 53 | Enrolled Comp. Nurse | U6 | | | | | - | |
| 54 | Anaesthetic Assistant | U7 | | | 2 | | | |
| 55 | Enrolled Nurse | U7 | | 46 | 3 | 3 | 1 | |
| 56 | Enrolled Nurse Psychiatry | U7 | | 2 | 1 | | | |
| 57 | Enrolled Midwife | U7 | | 25 | 3 | 2 | 1 | |
| 58 | Laboratory Assistant | U7 | | 1 | 1 | 1 | | |
| 59 | Health Assistant | U7 | | | 1 | 1 | 1 | 1 |
| 60 | Stores Assistant | U7 | | 2 | 1 | | | |
| 61 | Records Assistant | U7 | | 2 | 1 | 1 | | |
| 62 | Accounts Assistant | U7 | | 2 | 1 | | | |
| 63 | Cold Chain Assistant | U7 | | | 1 | | | |
| 64 | Office Typist | U7 | | 1 | 1 | | | |
| 65 | Nursing Assistants | U8 | | 15 | 5 | 3 | 2 | |
| 66 | Dental Attendant | U8 | | 1 | | | | |
| 67 | Theatre Attendant/ Assistant | U8 | | 2 | | | | |
| 68 | Office Attendant | U8 | 1 | | | | | 1 |
| 69 | Driver | U8 | 1 | 2 | 1 | | | 1 |
| 70 | Darkroom Attendant | U8 | | 1 | | | | |
| 71 | Mortuary Attendant | U8 | | 2 | | | | |
| 72 | Cooks | U8 | | 3 | | | | |
| 73 | Guards | U8 | | 2 | 3 | 2 | 2 | |
| 74 | Artisan | U8 | | 3 | - | | | |
| 75 | Support | U8 | | - | 3 | 2 | 2 | |
| Total | | | 11 | 190 | 48 | 19 | 9 | 9 |

TABLE 8: HEALTH UNIT RECORD OF STAFF NOT RECEIVING SALARY/ ALLOWANCE

ON TABLE 8

- Start one GENERAL SUMMARY form for salaries and another one for Allowances

Monthly Procedures:

ON COMMUNICATION WITH STAFF

- Write the names of all staff members who did not receive their salary (or allowance) during the previous month on the appropriate Table 8.
- If the staff member's name is already on the list in Table 8, do not write it again. Just enter the new information under the correct month
- Enter an "X" or "÷" under the month for each person
- When payment is received, the date should be written. The date should be written under the month of salary NOT under the month of payment.

USE TABLE 8

- Look at the table to determine the staff who did not receive any salary OR any allowance during the previous month.
- For each person entered on the form, two things are checked. First, whether there is an "X" (or "÷") under the previous month (there should be) AND second whether there is a payment date of the previous month entered under any previous month (there should not be any).

ON HEALTH UNIT MONTHLY REPORT

- Fill in Item 8.

PART 3: FINANCE AND ACCOUNTS

HMIS FORM 014: CASH AND ANALYSIS BOOK

DESCRIPTION AND INSTRUCTIONS

Objective: To record daily income and expenditure

Copies: One

Responsibility: Health Unit In-charge

PROCEDURE:

1. The date the book was started, the name of health unit, and the date finished are written on the front cover.
2. The CASH ANALYSIS BOOK (HMIS 014) must be kept at the health unit by a health unit designated staff member. The Treasurer of the HUMC should have access to the book in order to check and verify it.
3. Under the column **Description of the operation** specific reference that identifies the source of income or expenditure is written. For expenditures, a serial number should be written on this source document. This makes checks on completeness much easier.
4. It is important to realise that the more complicated the Fees For Service (FFS) charges are, the more complicated the accounting will be.
5. The income categories and expenditure categories are determined by the district guidelines and the HUMC. Those given on the following pages are only examples. Further clarifications on some points are:

IN:

Recovered debts and current FFS charges are categorised separately. Recovered debts need special attention since the amounts of debts accepted and debts recovered should be nearly equal. In addition, if patients pay for drugs, a separate category is needed for drugs. Hospitals need to categorise in such a way as to keep maternity income separate from inpatient income. **Subventions** include all exterior funds: MOLG, EPI, CDD, PHC, etc.

OUT:

Functioning includes fuel, stationary and other consumables. Equipment and maintenance: repair and maintenance of buildings and equipment, purchases of equipment, etc.

Technical Module 4: Management of Resources

Both IN and OUT: The **Other** category is what doesn't fit in any of the specified categories.

6. Money received for 'functional capacity' from Local Government will be an income category and is to be accounted for like any other income category.
7. At the end of each day, check if:
Amount of money collected during the day = **Amount on receipts issued** during the day.
8. Spot checks should be done regularly to reconcile attendance figures and income:
Receipt total + Total debts of the day = Fees for Service x Attendance number.

Example:

If the charge for maternity services is Ush 1,000, Admissions were 5, four paid in full and one paid 500, then

$$\text{Fees for Service x attendance number} = 1,000 \times 5 = 5,000.$$

Receipt total + Total debts of the day = receipts of 4,500, and a **debt registered** as 500.

$$\text{Or: } 4,500 + 500 = 5,000.$$

9. After the reconciliation, the daily totals of cash collected by income category are recorded in the CASH ANALYSIS BOOK. The expenditures are also entered daily, the category indicated, all expenditure receipts numbered and filed (see Module 7 on the Filing System).
10. When the In-charge hands over the money to the treasurer of the committee rather than going to the bank, the committee functions as a "bank". The treasurer must sign a receipt for the amount received, and this receipt functions as a partial "bank statement". The original of the receipt can be given to the treasurer, the copy remains in the RECEIPT BOOK of the health unit. The operation (**Bank In**) is entered in the CASH ANALYSIS BOOK and in the **Description** a reference to the receipt number is made (e.g. Bank In 25364).

When the In-charge receives money from the treasurer, the In-charge will sign a receipt. The In-charge gets the original of the receipt, and a copy remains in the RECEIPT BOOK of the treasurer. The operation (**Bank Out** and **Cash In**) is entered in the CASH ANALYSIS BOOK and in the **Description** a reference to the receipt number is made (e.g. Bank Out 14356).

11. When a staff member gets money advanced to do some purchases, he will sign a receipt for the money he got. **Keep the original of the receipt in the cash box.** Consider it just as if it was still money. Nothing is yet written in the CASH ANALYSIS BOOK. When the staff member returns the expenditure invoices and the remaining money, the invoices + remaining money must = amount on the receipt. After this reconciliation write (in the presence of the staff member) VOIDED on the receipt and

Technical Module 4: Management of Resources

its copy, and staple them together in the RECEIPT BOOK. Enter the expenses in the CASH ANALYSIS BOOK.

12. A bank cheque should always be signed by two persons e.g. the In-charge and the Treasurer. The in-charge will be the principle signatory on the cheques.
13. Whenever bank statements are received, the deposits and withdrawals on the statement must agree with all the entries for the bank in the CASH ANALYSIS BOOK. Any errors must be reported immediately to the bank, usually in writing.
14. Bank costs are entered as expenditures, bank interests as income.
15. At the end of each month, the accountability is 'closed'. The Cash Balance and the Bank Balance are reconciled. The cash on hand is counted and:

Cash on hand = Calculated cash balance.

The balance on the bank account statement is first adjusted by adding any deposits and subtracting any withdrawals that have occurred since the date of the statement and then:

Balance on bank account statement = Calculated bank balance.

16. The totals for the month of each individual category (summing cash and bank together) are calculated and entered on the TABLE 5 FINANCIAL SUMMARY in the Database. The reconciled **Cash Balance** and **Bank Balance** are also transcribed to this table.

The monthly totals from TABLE 5 are transcribed to the HEALTH UNIT QUARTERLY FINANCIAL REPORT, and the completed report is submitted quarterly to the HSD and HUMC.

Are all accounts correct?

MANAGEMENT QUESTIONS:

The daily reconciliation described above needs to be monitored closely: compare cash with receipts, compare cash with income expected from attendance figures, and check the debtors' book.

The CASH ANALYSIS BOOK must be filled with careful attention in order to avoid transcription and calculation errors.

Fee for service (FFS) charges and PHC funds or other income in the health unit is Public Money. If irregularities are found by the HUMC or the MO IN-CHARGE or by District audit, then there will be disciplinary action.

Is expenditure following the existing guidelines?

Technical Module 4: Management of Resources

The MO IN-CHARGE or HUMC will produce guidelines on how your health unit income can be spent. Ensure that you are within these guidelines every month. If you are not, this may call for disciplinary measures by the HSD.

HMIS FORM 014: CASH ANALYSIS BOOK

HEADINGS AND COLUMN WIDTHS:

LEFT SIDE

| (1) | (2) | (3) | | | |
|------|------------------------------|--------|------|--------|------|
| DATE | DESCRIPTION OF THE OPERATION | CASH | | | |
| | | CAT | IN | CAT | OUT |
| 3 cm | 8 cm | 1.5 cm | 3 cm | 1.5 cm | 3 cm |
| | | | | | |

RIGHT SIDE

| (4) | (5) | | | | | (6) |
|-------------|-------|------|-------|------|---------|-----------------|
| CASHBALANCE | BANK | | | | | OVERALL BALANCE |
| | CAT | IN | CAT | OUT | BALANCE | |
| 4 cm | 1.5cm | 3 cm | 1.5cm | 3 cm | 3 cm | 4 cm |
| | | | | | | |

DESCRIPTION OF COLUMNS:

- DATE:**
Date of the operation.
- DESCRIPTION OF THE OPERATION:**
A brief description that includes a reference to a more detailed document: "Paraffin, Shell NR 3424", or "OPD fees NR 234-287".
- CASH OPERATIONS. CAT and IN:**
The income category code and the amount of cash received.
CAT IN and CAT OUT. The expenditure category code and the amount of cash spent.
See categories below.
- CASH BALANCE:**
If cash was received, the amount received is added to the previous balance. If cash was spent, the amount spent is subtracted from the previous balance.
- BANK OPERATIONS:**
(if no bank account and money is given to HUMC, then re - label this heading as HUMC. Write all funds received and given to the HUMC as if it were the bank.)
CAT and **IN**. The income category code and the amount of funds received in the bank.
CAT and **OUT**. The expenditure category code and the amount of funds taken out of the bank.
- BANK BALANCE:**
If funds were received, the amount received is added to the previous bank balance. If funds were withdrawn, the amount withdrawn is subtracted from the previous bank balance.

Technical Module 4: Management of Resources

7. OVERALL BALANCE:

The Cash Balance added to the Bank Balance. Can be written at each operation or only at the end of the day.

Note: At the beginning of a new page, the **CASH BALANCE**, the **BANK BALANCE**, and the **OVERALL BALANCE** are written on the first line. Under **Description of the operation** "BBF" is written: Balance Brought Forward.

Note: For exchange of money between bank and cash, no categories are entered: it is not an expense or income

8. DEPOSIT TO BANK:

Write on the same line the amount cash out and bank in

9. WITHDRAWAL FROM BANK:

Write on the same line the amount cash in and bank out

The following categories can be used:

IN

I: Inpatient User Charges

U: All other User Charges

R: Debt Recovery

S: Subvention

D: Drugs

P: PHC

O: Other

OUT

A: Allowances

F: Functioning

E: Equipment and maintenance

D: Drugs

O: Other

REPORTED MONTHLY TO THE INCHARGE

- The monthly income by income category, and the monthly expenditures by expenditure category
- The reconciled amounts.

TABLE 14a and 14b: FINANCIAL SUMMARY

PREPARATION

On Table 14a (MONTHLY FINANCIAL SUMMARY)

- Write the months across the top row of the table. The year should be written in the last column.

Monthly procedures

From the CASH ANALYSIS BOOK

- Calculate the monthly funds received and spent by category and write in the table 14a under correct month

On Table 14a (MONTHLY FINANCIAL SUMMARY):

- Calculate and enter Total funds requested: sum of funds requested as per the health facility work plan for each budget line for the respective month
- Calculate and enter Total funds received: sum of income values by budget line for the respective month
- Calculate and enter the Total funds spent: sum of expenditure values for each budget line for the respective month
- Calculate and enter overall totals for each category e.g. total amount requested/received/spent by adding funds for all the budget line items by category.

On health unit monthly report

- Fill in the month's totals under item 8

Quarterly procedures

- Add totals for funds requested/received/spent for each month from Table 14a and get the quarterly totals for each budget line then enter these values in Table 14b (Quarterly Financial Summary) under the respective quarter and budget line.

Annual procedures

- Add totals for each month in Table 14a and get the cumulative total for the years

On Table 14a

Enter the results under year column

- Calculate the year's funds requested by category: sum for all the 12 Months
- Calculate the year's funds received by category: sum for all the 12 months
- Calculate the year's funds spent by category: sum for all the 12 months

ON HEALTH UNIT ANNUAL REPORT

- Complete item 13.



TABLE 14a: MONTHLY FINANCIAL SUMMARY

Health Unit name _____ Financial Year _____ Page _____ of pages _____

| Category | Budget line | Months | | | | | | | | | | | | Year |
|----------------------------|-------------------------|--------|-----|------|-----|-----|-----|-----|-----|-----|-------|-----|------|------|
| | | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | April | May | June | |
| Date of request Submission | PHC Wage: | | | | | | | | | | | | | |
| | PHC Non-Wage Recurrent: | | | | | | | | | | | | | |
| | PHC Development: | | | | | | | | | | | | | |
| | Local Governments: | | | | | | | | | | | | | |
| | Credit Lines (Drugs): | | | | | | | | | | | | | |
| | Donor projects: | | | | | | | | | | | | | |
| | Others specify: | | | | | | | | | | | | | |
| Funds received | PHC Wage: | | | | | | | | | | | | | |
| | PHC Non-Wage Recurrent: | | | | | | | | | | | | | |
| | PHC Development: | | | | | | | | | | | | | |
| | Local Governments: | | | | | | | | | | | | | |
| | Credit Lines (Drugs): | | | | | | | | | | | | | |
| | Donor projects: | | | | | | | | | | | | | |
| | Others specify: | | | | | | | | | | | | | |
| | Total received | | | | | | | | | | | | | |
| Funds spent | PHC Wage: | | | | | | | | | | | | | |
| | PHC Non-Wage Recurrent: | | | | | | | | | | | | | |
| | PHC Development: | | | | | | | | | | | | | |
| | Local Governments: | | | | | | | | | | | | | |
| | Credit Lines (Drugs): | | | | | | | | | | | | | |
| | Donor projects: | | | | | | | | | | | | | |
| | Others specify: | | | | | | | | | | | | | |
| | Total spent | | | | | | | | | | | | | |

TABLE 14b: QUARTERLY FINANCIAL SUMMARY

Health Unit name _____ Financial Year _____ Page _____ of pages _____

| Budget line | Annual budget 20-- / 20-- | Quarter1 | | | Quarter2 | | | Quarter3 | | | Quarter 4 | | | Cumulative Financial Year 20 -- / 20 -- | | |
|-------------------------|---------------------------|----------------------------|----------------|-------------|----------------------------|----------------|-------------|----------------------------|----------------|-------------|----------------------------|----------------|-------------|---|-------------|--|
| | | Date of request Submission | Funds received | Funds spent | Date of request Submission | Funds received | Funds spent | Date of request Submission | Funds received | Funds spent | Date of request Submission | Funds received | Funds spent | Funds received | Funds spent | |
| PHC Wage: | | | | | | | | | | | | | | | | |
| PHC Non-Wage Recurrent: | | | | | | | | | | | | | | | | |
| PHC Development : | | | | | | | | | | | | | | | | |
| Local Governments: | | | | | | | | | | | | | | | | |
| Credit Lines (Drugs): | | | | | | | | | | | | | | | | |
| Donor projects: | | | | | | | | | | | | | | | | |
| Others specify: | | | | | | | | | | | | | | | | |
| TOTAL | | | | | | | | | | | | | | | | |

PART 4: MEDICAL AND OTHER SUPPLIES

HMIS FORM 015: STOCK CARD

DESCRIPTION AND INSTRUCTIONS

- Objective:** To track the movements and balance of all commodities stored at any place in the health unit for more than a week
- Timing:** Whenever commodities are brought to the health facility for issue to clients, a stock card is filled.
- Copies:** One in the health facility store
- Responsibility:** The person designated to be in charge of the store (there may be more than one store in a health unit)

PROCEDURE:

1. Commodities are consumable items, and need to be replaced on a routine basis. This includes medicines, syringes, vaccines, contraceptives, Laboratory reagents /consumables and stationary (HMIS forms, Child Health Cards etc)
2. All commodities that come to the facility for issue to clients must have a STOCK CARD, which is kept, next to the item on the shelves. Detailed information on distribution to patients/clients is not recorded on a STOCK CARD (see Prescription and dispensing log or the FAMILY PLANNING REGISTER).
3. Drugs of different dosages (aspirin of 300 mg and 500 mg strengths) and forms (tablets, vials, ointment) or commodities of different sizes (syringes of 2 ml, 5 ml, and 10 ml) should have different STOCK CARDS. Generic names should be used at all times when recording in the stock card.
4. Quantities should be recorded in pack units, e.g. if you count three jars of 1,000 tablets each, then you would record 3. The stock card should not be used as record of dispensed to user information.
- 5* A physical count of all commodities in the store should be done at the end of **every month** and when preparing to make orders. Write "Physical count" in the **To** and **From** and the actual quantities in the **Balance on Hand** column. If the physical count is different from the figure shown as the previous Balance on Hand, check the STOCK CARD for incorrect calculations and incorrect recording, as described on the next page under management question "Are the STOCK CARDS being filled properly". If, after correction of recording errors there is still a difference, write it on the STOCK CARD: if the physical count is less than the previous balance enter the difference with a minus sign in the **losses and adjustment**, write "Unexplained loss" in the **remarks** column". If the physical count quantity is more than the previous balance enter the difference with a

Technical Module 4: Management of Resources

plus sign in the **losses and adjustment**, and write “Unexplained gain” in the **remarks** column”.

6. When breakage, other damage or expiry occurs, the items should be removed from the stores shelves and transferred to the damaged goods store, taken to quarantine area or taken for disposal. The transaction recorded in the stock card as follows; in the **To** or **from** column, write where the items are being taken, then the quantity affected is entered with a minus sign in the **losses and adjustment** column, and the new balance is entered under Balance on Hand. A brief description of the cause damage should be written the remarks column. Details of the spoilage or expiry should be entered in the expired and spoiled items register. The process should be witnessed by a second person who should also write in the initials column. Note that the final process of disposal should follow the disposal of goods guidelines and must be witnessed by a district or HSD supervisor.
7. Stock of the nearest expiry date should always be issued first. First expiry, First out
8. For commodities that are likely reach their expiry date before being used or commodities that are never used at the facility, the in-charge should bring this to the attention of supervisors who will arrange for the items to be taken to other facilities where they are needed. The quantities lent out or received under such a transaction should be entered in the losses and adjustment column with minus and plus signs respectively.
9. When an item is taken out e.g. for an outreach, the amount the amount returned **should not** be re-entered in the stock card. It could be used in the next outreach or taken to other dispensing areas in the facility. In all cases the quantities received by the user department must be accompanied requisition and issue voucher which is signed by the recipient department.

DATA QUALITY CONTROL

Checks need to be done frequently in the beginning of the HMIS and when new staff are employed. The supervisor should complete a few cards or entries together with the storekeeper, and ensure that the procedures are well understood. Routine random checks are useful to ensure that the cards are being updated quickly and accurately. The amount of errors found will determine how often checks need to be done and how many cards need to be checked.

A check of a STOCK CARD contains the following steps:

1. Check if the heading is correctly filled (expiry dates, each strength/size a separate card etc.)
2. Check for incorrect calculations of each **Balance on Hand** on the STOCK CARD. Correct the errors.
3. Check for incomplete recording of **Quantities-In and Quantity-Out**. To do this, check if all quantities received on all REQUISITION AND ISSUE VOUCHERS are entered correctly on the STOCK CARD. Then check the quantities issued to patients or clients are recorded in the prescription and dispensing record.
4. Do a physical count, and record the count as described in Item 5.

USE OF INFORMATION

Is current stock level of all commodities adequate?

An adequate stock level is a level between the maximum and minimum. A stock out should not happen. It is an indication of inadequate stock management e.g. irregular ordering, or of an unplanned extremely large increase in use, or routine misuse of the commodity.

When commodities are ordered, the amount to order is calculated by

Maximum - Balance on Hand

In normal circumstances, the **Balance on Hand** should not fall below the Minimum. If this does happen, then if an order has already been placed, ensure that it will arrive before a stock out occurs. If an order has not been placed, then an 'emergency' order should be made.

Note that AVERAGE MONTHLY CONSUMPTION (AMC) varies and should be re-calculated periodically and rewritten on the stock card. The AMC is used to determine **Minimum** and **Maximum**. For the majority of the Essential Medicines and Health supplies **Minimum** is 2 months of consumption, and the **Maximum** 5 months.

For detailed information on rational drug use, the patient registers (OPD, FP, and Child Register) should be consulted.

Are drugs / commodities used properly?

Spoilage of vaccines can occur due to expiry, cold chain failure, breakage, and damage. All of these 'losses' can be prevented with better management of the store. The total vaccine wastage and loss for the year are recorded in TABLE 10A: VACCINE UTILISATION MONITORING. This estimation can also be done for other commodities.

DESCRIPTION OF COLUMNS:

1. **HEALTH UNIT NAME:**
Indicated the name of the health unit
2. **HEALTH UNIT CODE:**
Indicated the unique code allocated to the health unit by the District Health Office
3. **ITEM DESCRIPTION
(Name, formulation, strength):**
Enter the name of the item, its formulation and strength eg paracetamol tablet, 500 mg,
4. **PACK SIZE:**
The specific pack size in for each commodity. For example paracetamol can be packed in tins of 1000 tablets or in packages of 100 tablets. Issues from the store should be recorded in pack sizes. E.g. if 5 jars of 1000 tablets are issued out, write 5 in the **Quantity Out** column.
5. **ITEM CODE NO:**
This is the official unique number for the commodity given by the supplier. Leave blank if you don't know the number.
6. **SPECIAL STORAGE CONDITIONS:**
These are specific instructions for storing a commodity. e.g., "Store in a cool dry place", "Store in temperature below 8 °C", etc.
7. **UNIT OF ISSUE:**
The smallest unit of an item e.g. 1 tablet, 1 vial, 1 cycle.
8. **AVERAGE MONTHLY CONSUMPTION (AMC):**
This is the monthly rate of consumption, i.e. the number of units utilised monthly on average by the facility. This is usually calculated from quantities issued out of the store for at least three months divided by the number of days when the item was available within the 3 months review period and multiplied by 30 days
9. **MINIMUM STOCK LEVEL:**
This is a 2 months stock based on the Average Monthly Consumption figures
10. **MAXIMUM STOCK LEVEL:**
This is 5 months stock based on the Average Monthly Consumption figures.

TRANSACTION INFORMATION:

11. **DATE:**
Enter the date when a transaction has taken place at the health facility store (MUST be indicated here).
12. **TO OR FROM:**
TO: When issuing out of the store, please indicate where the stock is going. If abbreviations are used be consistent and clear.

Technical Module 4: Management of Resources

FROM: When receiving into the store, please indicate where the stock has come from. If abbreviations are used be consistent and clear.

Note: Item (s) must not come into or leave the store without proper documentation i.e. requisition or issue documents that support the transaction.

13. VOUCHER NUMBER:

The Voucher Number should be filled in whenever a transaction takes place. This is obtained from the Requisition and Issue Voucher (MH 017) and Delivery Note. This enables the tracking of movement of an item from one place to another.

14. QUANTITY IN:

These are quantities received from a supplier e.g. National Medical Stores and should be written as number of Pack units. Usually the transaction is written in RED ink to highlight that these are items received in the Store. The items should be recorded in pack units

15. QUANTITY OUT:

Enter the quantities in pack units issued out under this column.

16. LOSSES AND ADJUSTMENTS:

LOSSES: This refers to any loss of commodities due to expiry, damage, pilferage, theft etc...this is usually indicated with a negative sign before the figure

ADJUSTMENTS: Refers to increase or decrease in stock due to borrowing or lending of an item and it is usually indicated with a positive sign for a gain into the store and a negative sign for item (s) lent out of the store.

17. BALANCE ON HAND:

Enter the quantities of the commodity remaining in the store after issuing or adjustment.

18. BATCH NUMBER:

Enter the batch number of the commodity in this column.

19. EXPIRY DATE(S):

Enter the expiry date of the commodity received in this column. Stock of the nearest expiry date should always be used first (FEFO)

20. REMARKS:

Any remarks or comments about the items received or issued out at the health facility store are recorded here.

21. INITIALS:

The stores person handling the transaction will be put his/her initials here for each transaction carried out.

STOCK LEVELS AT MINIMUM VALUES MUST BE REPORTED TO INCHARGE WHEN THEY HAPPEN TO AVOID STOCK OUTS

HMIS FORM 083: STOCK BOOK

DESCRIPTION AND INSTRUCTIONS

| | |
|------------------------|--|
| Objective: | To summarize the contents of individual stock cards into one book, making the ordering process simpler |
| Timing | Every month, after a physical count and before making an order |
| Copies: | One, kept in the health unit store |
| Responsibility: | Pharmacist/dispenser/stores personnel |

PROCEDURE:

The stock book contains a summary of information on medicines and supplies stocked in a health facility.

PREPARING A STOCK BOOK:

Each consumable item should have a page in the stock book. All information from the stock card of a commodity is summarized in a stock book. Update each page of the stock book once a month, after a physical count and before an order is made.

- 1. ITEM DESCRIPTION (Name, formulation, strength):**
Enter the name of the item, its formulation and strength eg paracetamol tablet, 500 mg,
- 2. PACK SIZE:**
The specific pack size in for each commodity. For example paracetamol can be packed in tins of 1000 tablets or in packages of 100 tablets
- 3. ITEM CODE No:**
This is the official unique number for the commodity given by the supplier. Leave blank if you don't know the number.
- 4. DATE:**
Enter the date when you update the stock book page
- 5. PHYSICAL COUNT:**
Enter the quantity from the previous physical count
- 6. QUANTITY RECEIVED:**
Enter the quantity received the previous month from the stock card, since the last physical count.

Technical Module 4: Management of Resources

- 7. QUANTITY ISSUED:**
Enter the quantity used since the last physical count
- 8. DAYS OUT OF STOCK:**
Enter in the number of days the item was out of stock during the previous month
- 9. LOSSES AND ADJUSTMENTS:**
Enter in the losses and adjustments for the previous months as recorded on the stock card
- 10. BALANCE ON HAND:**
Enter the quantities after doing your physical count or copy it from the stock card
- 11. ADJUSTED AMC:**
Adjusted AMC is calculated as follows:
Total Quantity consumed in the current month plus two previous months, divide by days the commodity was available in the three months multiply by thirty (30) ie consumption per day times thirty days.
- 12. MAXIMUM STOCK QUANTITIES:**
This is obtained by multiplying adjusted AMC by five months
- 13. QUANTITY TO BE ORDERED:**
This is obtained by subtracting balance on hand from the maximum stock quantities.
- 14. REMARKS:**
Enter any comments or observations that you feel are of importance
- 15. INITIALS:**
Enter your initials

HMIS FORM 016: PRESCRIPTION AND DISPENSING LOG

DESCRIPTION AND INSTRUCTIONS

Objective: For recording of medicines dispensed and monitoring Rational Medicines Use by recording diagnosis, prescriptions and medicines prescribed and dispensed to each individual patient.

Copies: One

Responsibility: The Pharmacist/ Dispenser

PROCEDURE:

- 1. PATIENT NUMBER:**
Enter the patient number as assigned in the OPD/IPD register. The number can also be obtained from the prescription or the patient's personal book.
- 2. DIAGNOSIS**
Enter the patient diagnosis as written on the prescription medical form 005 or the patient personal exercise book
- 3. PRESCRIBED AND DISPENSED MEDICINE**
Enter the quantity of medicine prescribed (P) and dispensed (D) respectively.
- 4. OTHER MEDICINES:**
Enter the name of the medicine that is not routinely prescribed and hence not be included on your list of routinely dispensed medicines
- 5. INITIAL: PRESCRIBER DISPENSER.**
Write the initials of the prescriber and dispenser

Note: The Prescription and dispensing log forms must be stored along with other records for 6 year period. The dispenser will sum up daily totals and entered next the last entry of the day. A page line is started for a new day. (Example)

EXAMPLE: Individual dispensing record

Patient Number: 01

Rx tabs Coartem 4 to be taken 12 hourly for 3days, Paracetamol 1 gram to be taken 8 hourly for 3 days

Patient Number: 02

Rx Cap Amoxicillin 500MG to be taken 8 hourly for 5days, Paracetamol 1 gram to be taken 8 hourly for 3 day.

HMIS FORM 017: REQUISITION AND ISSUE VOUCHER

DESCRIPTION AND INSTRUCTIONS

- Objective:** To make internal orders within the health unit for and issuing of commodities
- Timing:** Whenever commodities are ordered or issued.
- Copies:** **Two.** The original and duplicate move together until an issue is made. The duplicate copy remains with the store issuing and the original is sent back to the requesting department
- Responsibility:** In-Charge

PROCEDURE:

1. Use this form for ordering commodities within the health unit.
2. **HEALTH UNIT NAME:**
Indicated the name of the health unit
3. **DEPT/SECTION/WARD/DISPENSARY:**
Enter the name of the requisitioning unit
4. **DATE:**
Enter the date when you do the requisition
5. **ORDERED BY:**
The person ordering should write his /her name and signature of the requisitioning person
6. **AUTHORISED BY:**
The person authorizing the execution of the transaction should write his/her name and signature
7. **ITEM CODE NO:**
This is the official unique number for the commodity given by the supplier. Leave blank if you don't know the number.
8. **ITEM DESCRIPTION (Name, formulation, strength):**
Enter the name of the item, its formulation and strength e.g. paractamol tablet, 500 mg.
9. **BALANCE ON HAND:**

Technical Module 4: Management of Resources

Enter the quantities after doing your physical count or copy it from the stock card

10. **QUANTITY REQUIRED:**
Enter the quantity required.
11. **QUANTITY ISSUED:**
Enter the quantity issued
12. **UNIT COST**
Enter in the unit cost of the commodity
13. **TOTAL COST:**
Enter in the total cost of the line item. This obtained by multiplying the unit cost by the total quantities required
14. **ISSUE DATE:**
Write the date when the items where issued
15. **RECEIPT DATE:**
Write the date when the items where received
16. **NAME & SIGNATURE OF ISSUER:**
Write the name and signature of the issuing officer
17. **NAME &SIGNATURE OF RECEIVER:**
Write the name and signature of the receiving person

TABLE 10A: VACCINE UTILISATION MONITORING FORM – HEALTH FACILITY LEVEL (SERVICE DELIVERY)

DESCRIPTION AND INSTRUCTIONS

Objective: Improved practices in vaccine management

Timing: Every month.

Copies: One copy remains at the health unit.

Responsibility: In-Charge

Monthly Procedures:

All the data needed to accomplish this task is got from THE VACCINE AND INJECTION MATERIALS CONTROL BOOK and it should always be up to date

- Find the Start **balance (Amount of vaccines at the beginning of the month for each antigen)** in the vaccine control book. Enter the value for the **Beginning Stock Balance** (column A).
- Get the doses received by summing up the start balance plus doses received during the month from the vaccine control book for each antigen for the entire month. Enter the value in (column B).
- Find the **Balance on hand(Ending stock)** in the vaccine control book at or near the end of the month for each antigen. Enter the values for the **Ending Stock Balance** (column D).
- Enter the doses given to other health units in (column C)

On TABLE 10

- Calculate the **Doses Used (accessed)** (column G) for each antigen every month by **[Beginning Stock balance + Doses received during the Month – Ending Stock Balance+ Doses given to other units]**
- Calculate the **Doses wasted** (column H) for each antigen every month by **[Doses used (accessed) – Number of children immunized]**
- Calculate the **wastage rate %** for each antigen by (column I)
[100 – Utilizations rate %]

Column J is for the reasons that led to the wastage of the vaccines.

TABLE 10: VACCINE UTILISATION MONITORING FORM – HEALTH FACILITY LEVEL (SERVICE DELIVERY)

District: _____ Health Sub-District: _____ Health facility: _____ Month/Year: _____

| Antigen | Start Balance | Doses Received | Doses given to other health units | Balance at end of month (VIMCB) | Number of children immunised (HMIS) | Number of Women Immunised (HMIS) | Number of children immunised (HMIS) | Doses Used (Accessed) | Doses wasted | Vaccine wastage rate | Reasons for Vaccine wastage *see footnotes below |
|-------------------------|---------------|----------------|-----------------------------------|---------------------------------|-------------------------------------|----------------------------------|-------------------------------------|-----------------------|--------------|----------------------|--|
| | A | B | C | D | E | | F | G | H | I | J |
| | | | | | Under 1year | 15 – 45 years | Above 1year | (A+B)-(C+D) | (G – E) | H/G X100 | |
| BCG | | | | | | | | | | | |
| Polio | | | | | | | | | | | |
| DPT-HepB | | | | | | | | | | | |
| Hib | | | | | | | | | | | |
| Measles | | | | | | | | | | | |
| TT | | | | | | | | | | | |
| Rota Virus | | | | | | | | | | | |
| Pnuemococcal Vaccine | | | | | | | | | | | |
| Human Papilloma Vaccine | | | | | | | | | | | |
| Hepatitis B Vaccine | | | | | | | | | | | |

Reasons for wastage in order of highest cost-Temperature exceeding +8 degree Celcius =1, Temperature below 0 degree Celcius=2, Expired vials=3, Vials without labels=4, Vials missing diluent=5, Reconstituted vaccine remaining after g hours=6, Opened vials not used by end of session=7, Opened vials contaminated=8, Vials broken=9, Others (specify) =10

Comment on the commonest causes of vaccine wastage: _____

Reporting Officer: _____ Title: _____

Signature: _____ Date: _____

**HMIS FORM 084A: BI-MONTHLY REPORT AND ORDER
CALCULATION FORM**

DESCRIPTION AND INSTRUCTIONS

- Objective:**
- To report stock – on - hand balances of items at the health facility
 - To report the facility’s bimonthly usage of Commodities
 - To determine quantities of commodities to re-supply the facility
- Timing:** At the end of the reporting period, every two months.
- Copies:** Two copies, one remains at the health unit and the original is sent to the Ministry of Health through the DHO.
- Responsibility:** The Stores personnel, laboratory personnel or any other authorized person(s) managing the items at the health facility in coordination with other facility departments
- Materials needed:** Stock cards, prescription and dispensing logs and previous Bimonthly Report and Order Calculation form. The stock book may be used as an already summarized source of information for the bimonthly report and order calculating form.

PROCEDURE:

At the end of each reporting cycle (every two months) the stores personnel, laboratory personnel or any other authorized person(s) managing the items at the health facility uses the records to complete the Bimonthly Report and Order Calculation Form. The report and order is sent to the central level data processing unit on a designated date at the end of the reporting period.

DESCRIPTION OF COLUMNS:

1. **ITEM CODE:**
Check in the NMS/JMS catalog and write the code of the item, in this column.
2. **ITEM DESCRIPTION:**
Check in the NMS/JMS catalog and write the name of the item to be ordered.
3. **BASIC UNIT:**
Check in the NMS/JMS catalog, identify and write the basic unit of the item to be ordered
4. **PHYSICAL COUNT AT THE BEGINNING OF THE REVIEW PERIOD:**
Enter the total number of items that were available at the beginning of the review period. The quantities can be obtained from the stock book by looking at the physical count done at the start of the review period. Alternatively the figure can be got from the last bimonthly report by looking at the physical count reports at the end of the last reporting period
5. **QUANTITY RECEIVED DURING THE TWO MONTHS:**
Enter the total quantity received by the facility during the two months report period from the official sources of supply i.e. from JMS/NMS should be totalled and recorded in this column. The quantities of each product received can be found in the Quantity Received column of the Stock Card.
6. **QUANTITY USED DURING THE TWO MONTHS:**
Enter the total quantity used during the two months reporting period. The Total Bimonthly Usage comes from the “dispensing Log” form”.

Add up the totals from all the forms for the two months of the reporting period. Repeat the process for each item.

You will need to retrieve all the forms you have completed for the two months you are reporting.
7. **AVERAGE MONTHLY CONSUMPTION:**
This is obtained by dividing the total quantities used in the two month period and dividing by two.
8. **LOSSES/ADJUSTMENTS:**
Calculate the total losses/adjustment for the reporting period by adding losses/ adjustments for the 2-month period from the stock card to the losses and wastage from each of the dispensing logs for the same period.
Enter the total amount of losses and adjustments that occurred during the two months of the report period. **Adjustments** are quantities of a product either issued or received, from any source other than NMS (example. You received 100 tests from a local NGO, which would be a + 100 adjustment **or** you loaned 100 tests to another facility, which would be a –100 adjustment). **Losses** are quantities removed from your stock for anything other than testing samples at your facility (e.g., expired, lost, or damaged, recorded as negative number.)

If the total amount of the adjustments for the month is positive, write a plus (+) sign next to the number. Example: +3.

Technical Module 4: Management of Resources

If the total amount of the adjustments for the month is negative, write a negative (-) sign next to the number. Example: 3.

- 9. NUMBER OF DAYS OUT OF STOCK**
Enter in the number of days the item was out of stock during the previous month
- 10. THIS MONTH PHYSICAL COUNT:**
This is based on the physical count that is done prior to filling of the bimonthly report / order form. Enter the amount of the physical count in column F.
- 11. MONTHS OF STOCK:**
Divide this month physical count with the average monthly consumption. The number you get is the months of stock
- 12. MAXIMUM STOCK QUANTITY:**
Calculate the Maximum Stock Quantity and write this number in this column. The maximum stock level for essential medicines is 5 months while for HIV Tests is 6 months.
- 13. QUANTITY REQUIRED:**
Determine the number of items to be ordered i.e. the maximum stock quantity less of the closing balance/stock on hand.
- 14. REMARKS:**
Use this space to provide any explanations on losses/adjustments or other information on the data being reported.
- 15. PREPARED BY:**
Complete by writing in your full name, signature, designation, phone number and date.
- 16. REVIEWED BY:**
The reviewer completes by writing in full name, signature, designation, phone number and date.

HMIS FORM 085: ORDER FORM FOR EMHS

DESCRIPTION AND INSTRUCTION

- Objective:** To request supplies from the National Medical Stores
- Timing:** Each time an order is made
- Copies:** Three
- Responsibility:** Health facility staff responsible for ordering health commodities

PROCEDURE:

The EMHS order form is a blank sheet where you fill your items to order. Fill in the information from your requirements list. This order form is used to order for all medicines and health supplies; these include EMHS, ARVs, laboratory commodities, TB medicines, Contraceptives and condoms. Fill in the order form by writing in your needs according to your level of care. Make sure you enter the NMS/JMS code for each item as reflected on the NMS/JMS catalogue respectively.

- 1. ORDER TO NMS/JMS/OTHERS:**
Specify where the order is being sent.
- 2. FACILITY NAME**
Fill in the name of your facility
- 3. LEVEL:**
Tick the box that corresponds to the level of care of your facility
- 4. HSD:**
Fill in the name of the Health sub-district where your facility belongs
- 5. DATE:**
Fill in the day, month and year when you fill your order form

ORDER DETAILS:

- 6. FACILITY CODE:**
Enter the HMIS facility code
- 7. YEAR:**
Enter the calendar year when this order was prepared e.g. 2010 or 2020
- 8. MONTH:**
Enter the month

Technical Module 4: Management of Resources

- 9. ORDER NO:**
Fill the figure corresponding to number of orders made by the facility in the respective year
- 10. DISTRICT:**
Fill in the name of the district where the health facility belongs
- 11. ITEM CODE:**
This is the code as reflected in the NMS catalogue. Fill in this code for each item you are ordering for (medicines and health supplies)
- 12. ITEM DESCRIPTION:**
Fully describe the item you are ordering for, including the name, dosage form and strength
- 13. PACK UNIT:**
Fill in the pack unit of the item you are ordering for as reflected in the NMS/JMS catalogue, e.g. For Cotrimoxazole 400-80mg, tin of 1000 tabs
- 14. PACK UNIT PRICE:**
Fill in the price of each item as reflected in the NMS/JMS catalogue. Note that some items do not have prices because they are donated. Their cost is therefore not borne by the health facility and does not reduce on the credit line balance, e.g. contraceptives
- 15. QUANTITY NEEDED:**
The quantity needed is obtained by subtracting your current stock balance from your maximum stock level. This depends on your Average Monthly Consumption which is filled in the stock book.
- 16. TOTAL COST:**
Fill this column by multiplying the pack unit price with the quantity needed
- 17. ORDERED BY:**
The person filling the order form should write his/her name. This should be the health facility in-charge
- 18. APPROVED BY:**
The order form should be approved by the Health Sub-district in-charge. The HSD in-charge should confirm that the cost of the order lies within the facility budget at NMS.
- 19. SIGNATURE AND DATE:**
Both the person ordering and the one approving should sign the order form
- 20. CONFIRMED BY:**
The quantities and accuracy of the order form should be confirmed by the District Health Officer.

HMIS FORM 086: HEALTH FACILITY PROCUREMENT PLAN

DESCRIPTION AND INSTRUCTIONS

- Objective:** To determine the cost and quantities of medicines and health supplies required for a planning period of one year
- Timing:** Once a year
- Responsibility:** Health facility in-charge, Pharmacist/Pharmacy technician/ Dispenser and stores personnel

PROCEDURE:

The health facility annual procurement plan is a list of medicines and health supplies that the facility projects will be needed to able to provide services to its catchment population for a period of one year. Before drawing up a procurement plan, ensure that you have quantified the needs for your health facility using the stock book. **Calculate the quantity needed per item based on the previous year's consumption.** The list of your needs should be derived from the Essential Medicines list. Prioritisation should be based on the VEN classification

DESCRIPTION OF COLUMNS:

- 1. YEAR:**
This is the financial year for which the procurement plan is applicable
- 2. FACILITY NAME:**
Enter the facility name
- 3. HSD:**
Enter the HSD where your facility is located,
- 4. DISTRICT;**
Enter the name of the district
- 5. LEVEL OF CARE:**
Enter the level of care of the facility (e.g. HC II)
- 6. NMS CODE:**
Fill in the NMS code as reflected in the NMS catalogue. This should be done for medicines, sundries and laboratory items
- 7. ITEM DESCRIPTION:**
Fill in the description of the item including the name, dosage form and strength, e.g. Cotrimoxazole 400-80mg.

Technical Module 4: Management of Resources

- 8. PACK UNIT:**
This refers to the unit of sale as described in the NMS catalogue,
- 9. VEN CLASS:**
Specify whether the item is V, E or N. It is important to prioritize your items according to VEN classification. This can be obtained from the Essential medicines list of Uganda
- 10. UNIT PRICE:**
Fill in the unit price of the item from the NMS/JMS catalogue. Note that some items though being procured at a price by government of Uganda /Donations may be provided at zero cost to the health unit
- 11. QUANTITY NEEDED:**
Fill in the quantity of the item needed for the entire year. This is the quantity determined during the quantification process. Quantity needed for the year is based on previous consumption.
- 12. TOTAL COST:**
Fill in the total cost of the individual item by multiplying quantity needed with the unit price.
- 13. GRAND TOTAL COST EMHS (PER YEAR):**
This is the overall calculated total cost of all EMHS (Excluding Lab) that will be required by the facility for one financial year. The figure is obtained by adding up the total cost for all individual items. This figure should not exceed the annual EMHS credit line allocation for the facility
- 14. GRAND TOTAL COST LAB ITEMS (PER YEAR):**
This is the overall calculated total cost of all Lab supplies that will be required by the facility for one financial year. The figure is obtained by adding up the total cost for all individual lab items. This figure should not exceed the annual lab credit line allocation for the facility

HMIS FORM 086: HEALTH FACILITY PROCUREMENT PLAN FOR EMHS

| PROCUREMENT PLAN FOR THE YEAR : _____ | | | | | | |
|--|---|-----------|--------------------|------------|-----------------|------------------|
| Facility Name: | | | | | | |
| HSD: | | | | | | |
| DISTRICT: | | | | | | |
| LEVEL OF CARE: | | | | | | |
| MEDICINES | | | | | | |
| NMS CODE | ITEM DESCRIPTION / NAME / FORM / STRENGTH | PACK UNIT | VEN Class | UNIT PRICE | QUANTITY NEEDED | TOTAL COST (UGX) |
| | | | | | | - |
| | | | | | | - |
| | | | | | | - |
| REPRODUCTIVE HEALTH SUPPLIES | | | | | | |
| | | | | - | | - |
| MALARIA CONTROL PROGRAM SUPPLIES | | | | | | |
| | | | | - | | - |
| SUNDRIES | | | | | | |
| NMS CODE | ITEM DESCRIPTION / NAME / FORM / STRENGTH | UNIT | LEVEL OF CARE | UNIT PRICE | QUANTITY NEEDED | TOTAL COST (UGX) |
| | | | | | | - |
| TOTAL COST EMHS (PER Year) | | | | | | |
| | | | | | | |
| LAB ITEMS ON THE LAB CREDIT LINE | | | | | | |
| NMS CODE | ITEM DESCRIPTION / NAME / FORM / STRENGTH | UNIT | LEVEL OF CARE | UNIT PRICE | QUANTITY NEEDED | TOTAL COST (UGX) |
| | | | | | | - |
| TOTAL COST LAB (PER Year) | | | | | | |
| | | | | | | |
| DONE BY | | | APPROVED BY | | | |
| SIGNATURE & DATE: | | | SIGNATURE & DATE: | | | |
| CONFIRMED BY: | | | | | | |
| SIGNATURE & DATE: | | | | | | |

HMIS FORM 087: DISCREPANCY REPORT

DESCRIPTION AND INSTRUCTIONS

- Objective:** To outline the steps to be followed by the facility stores personnel when there is a discrepancy in medicines and supplies received
- Timing:** Each time there is a discrepancy
- Responsibility:** Receiving team/Stores personnel

PROCEDURE:

Check all medicines and supplies received against the delivery note and compare with the order forms

Fill in the discrepancy report if:

- Items requested are missing, broken or damaged
- You receive items you did not order for
- You receive poor quality products (e.g. those that will expire before they are consumed)

DESCRIPTION OF COLUMNS:

- 1. DATE:**
Fill in the date that the report is being prepared
- 2. ORDER NUMBER:**
Fill in the order serial number as indicated on your order form. This will ease the work at NMS when the discrepancy is being followed up.
- 3. DELIVERY NOTE NUMBER:**
Fill in the delivery note number as reflected on the NMS delivery note
- 4. NAME AND LEVEL OF HEALTH FACILITY:**
Fill in the name of the health facility where items delivered have a discrepancy
- 5. HSD AND DISTRICT NAME:**
Fill in the name of the HSD of the facility whose items have a discrepancy. Fill in the name of your district.
- 6. NUMBER OF BOXES ON THE PACKING LIST:**
Record the number of boxes/cartons as indicated on the packing list/delivery note

Technical Module 4: Management of Resources

7. NUMBER OF BOXES RECEIVED:

Enter the actual number of boxes received

8. DETAILS OF THE DISCREPANCY:

Describe in detail the discrepancies that apply to the different categories outlined on the form which include details of breakage, missing items, items received and not ordered for and any other discrepancies. Provide summaries of each item indicating quantities of the items referred to.

9. ITEM DESCRIPTION:

Fill in the name of the item with the discrepancy including the dosage form and strength

10. QUANTITY ON DELIVERY NOTE:

Fill in the amount delivered as stated on the delivery note

11. QUANTITY RECEIVED:

Fill in the actual quantity verified upon receipt. This should be in the presence of the NMS staff that delivered the items

12. REASONS FOR NOT RECEIVING RIGHT QUANTITY:

Fill in the reasons for not receiving the right quantity if known to you. If there is any other reason for discrepancy other than wrong quantity, fill it in this column

13. CLIENT'S SECTION:

The person receiving the delivered items (stores personnel) should fill this section.

14. NMS STAFF:

The NMS staff who delivered the items should fill in this section

15. TRANSPORT/DISPATCH SECTION:

If there are any comments to make, this section should be filled by the NMS transport staff.

HMIS FORM 087: DISCREPANCY REPORT

| Date : | Order No: | Delivery note Number: | |
|---|---------------------------|---------------------------|--|
| Name Health Facility: | | HSD: | |
| Level of Health Facility: | | District: | |
| Number of boxes on packing list: | | Number of packs received: | |
| Details of discrepancy: | | | |
| Details of breakages: | | | |
| Details of missing items: | | | |
| Details of items received not ordered for: | | | |
| Any other item discrepancy | | | |
| Item Description (name, formulations, strength) | Quantity on Delivery note | Quantity Received | Reasons for not receiving right quantity |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Client section | | Transporter | |
| Verified by: | | Names of Driver: | |
| Sign: | | Vehicle number: | |
| Telephone: | | Sign: | |
| Email: | | Title: | |
| Date: | | Date: | |
| Comments : | | | |
| To be returned to NMS within 14 days of receipt of supplies | | | |

TABLE 9: HEALTH UNIT RECORD OF STOCK OUT

DEFINITION:

A stock out occurs when zero or no more commodities are available in the health unit store/cupboard including the dispensing/user points.

PROCEDURE when a stock out occurs:

From COMMUNICATION WITH STAFF

- When no more commodities are in the store, check the quantities available in the clinics and if appropriate re-distribute it between them. All staff should report to the store keeper when the stock out occurs.

FROM STOCK CARDS

- For all commodities listed in table 9 as stock outs, determine the number of day's out-of-stock and write it in Table 9.

Transfer the same information to the HEALTH UNIT MONTHLY REPORT, HMIS FORM 105, Section 5 reporting on stock outs.

TABLE 9: HEALTH UNIT RECORD OF STOCKOUT

Health Unit name _____ Financial Year _____ Page _____ of pages _____

Description: RECORD OF STOCK OUTS AND DAYS OF STOCK OUT FOR ESSENTIAL DRUGS, VACCINES, CONTRACEPTIVES AND HMIS STATIONERY

| Names of commodities | Number of Days Out of Stock (DOS) | | | | | | | | | | | | Stock out at least once in the year (Tick if Yes) |
|---|-----------------------------------|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|---|
| | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | |
| Six tracer drugs for all facilities from level II to hospitals | | | | | | | | | | | | | |
| First Line drug for Malaria * | | | | | | | | | | | | | |
| Cotrimoxazole tabs | | | | | | | | | | | | | |
| ORS sachets | | | | | | | | | | | | | |
| Measles Vaccine | | | | | | | | | | | | | |
| Fansidar | | | | | | | | | | | | | |
| Depo-Provera | | | | | | | | | | | | | |
| ALL facilities that provide HIV care and TB treatment services | | | | | | | | | | | | | |
| HIV testing kits | Screening | | | | | | | | | | | | |
| | Confirmatory | | | | | | | | | | | | |
| | Tie-breaker | | | | | | | | | | | | |
| ARVs First line | AZT/3TC/NVP | | | | | | | | | | | | |
| | AZT/3TC | | | | | | | | | | | | |
| | TDF/3TC | | | | | | | | | | | | |
| | FTC | | | | | | | | | | | | |
| | NVP | | | | | | | | | | | | |
| | EFV | | | | | | | | | | | | |
| 1st line Anti TB s | HRZE | | | | | | | | | | | | |
| | EH | | | | | | | | | | | | |
| | RH | | | | | | | | | | | | |

HMIS FORM 088: HEALTH UNIT EXPIRED/SPOILED MEDICINES REGISTER

DESCRIPTION AND INSTRUCTIONS

| | |
|------------------------|---|
| Objective: | Used to track all expired or spoiled medicines and supplies from a health facility. |
| Timing: | Whenever there are damaged/spoiled medicines |
| Copies: | One kept in a room or cupboard where expired or spoiled medicines are kept. |
| Responsibility: | Stores/Pharmacy personnel |

PROCEDURE:

The transactions performed in the book should be done in the tables as shown in the sample below.

1. Record all expired items in the register, and record the price from the most recent invoice
2. Send the expired items to the district health office and remember to write and send a Requisition and issue voucher with the stock. (Keep a copy for yourself) Fill in the stock card.
3. At the end of each month, calculate the total value of expired stock and include this in your regular reports.

At the district health office

1. Make an expired stock register using the same format as above. Divide the register into sections (a few pages) for each health facility in your area (including the district hospital).
2. Record all expired stock in the register in the appropriate section
3. At the end of each month, calculate the total value of expired stock for each health facility; include this in your regular reports.
4. At regular intervals e.g. once per year, arrange to hold a Board of Survey. To prepare for this you must prepare a Board of Survey report in triplicate (see the example of the report form on the following page).
5. National Drug Authority (NDA) should be informed if expired stock is to be destroyed. Only NDA has the mandate to do so.



BOARD OFF SURVEY REPORT

Department of: _____

Proceedings of a Board of survey held at _____ on _____

The following unserviceable items were examined

| Description of article | Number or quantity | Value | | Reason for condemning | Recommendation on how to dispose |
|------------------------|--------------------|-------|-----|-----------------------|----------------------------------|
| | | UGX | USD | | |
| | | | | | |

We the undersigned do hereby certify that we have examined the above mentioned items, and find them unserviceable, except otherwise indicated in the final column. We recommend that the former be disposed of as in that column

Name: _____ Rank: _____

Date: Members of Board of survey

APPROVED: I hereby certify that the items above have been disposed off as authorized:

Officer in charge of stores

Date: Date:

Note: The recommendations of the board should not be carried out until approval thereof has been conveyed

Instructions for use

Instructions for Board of survey

Boards of survey will:

1. Find equipment submitted serviceable or not serviceable as the case maybe
2. Recommend as to the items condemned whether they should be a) sold, b) sent to a center for parts to be utilized c) order that they should be destroyed (burned or broken up)
3. The proceedings of the board should be in triplicate. One copy will, if approved, be sent for retention by the officer-in-charge of, and responsible for the equipment, one will be attached to the voucher for replacement or to the revenue return in case of sales, and the original be retained at the district office

Instructions for officer in-charge of movable assets

1. A certificate of destruction should be given by NDA showing how the items will be destroyed
2. In case of sale, the cash should be properly brought to account, supported by the proceedings of the board
3. In case of transfer, a report when dispatched and where to should be availed
4. It is suggested that lists of losses should be submitted to each Board of survey with such explanation as may be possible, and that successive lists be forwarded as part of the proceedings of the board with such comments as it may desire to make.

TABLE 16: MONTHLY CONSUMPTION SUMMARY

DESCRIPTION AND INSTRUCTIONS

Objective: To report monthly consumptions of selected items at the health facility

Timing: Monthly

Responsibility: Dispenser

PROCEDURE:

Daily procedures:

From record of issuing/dispensing log, add the daily consumption of drugs dispensed and get monthly consumption totals

Monthly procedures:

Get the monthly consumption totals and fill the consumption summary under the respective month

ON THE HEALTH UNIT MONTHLY REPORT (HMIS 105), FILL ITEM 5b (Page 4)

Annual procedures:

Get the annual consumption by adding the monthly consumption totals for the respective drug item and then fill in the YEAR column

TABLE 16: MONTHLY CONSUMPTION SUMMARY

Health Unit name _____ Financial Year _____ Page _____ of pages _____

| Drug Item | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Total |
|-----------------------------------|------|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| No. of Yellow ACT doses dispensed | | | | | | | | | | | | | |
| No. of Blue ACT doses dispensed | | | | | | | | | | | | | |
| No. of Brown ACT doses dispensed | | | | | | | | | | | | | |
| No. of Green ACT doses dispensed | | | | | | | | | | | | | |
| Quinine | | | | | | | | | | | | | |
| Cotrimoxazole tabs | | | | | | | | | | | | | |
| ORS sachets | | | | | | | | | | | | | |
| Measles Vaccine | | | | | | | | | | | | | |
| Fansidar | | | | | | | | | | | | | |
| Depo-Provera | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

THE HEALTH MANAGEMENT INFORMATION SYSTEM

THE HEALTH UNIT LEVEL

TECHNICAL MODULE 5: INPATIENT AND SPECIALTY SERVICES

- PART 1: IN PATIENT TREATMENT SHEET
- PART 2: IN PATIENT TREATMENT FOLLOW UP FORM
- PART 3: IN PATIENT DISCHARGE NOTE
- PART 4: IN PATIENT REGISTER
- PART 5: IN PATIENT DIAGNOSIS SUMMARY
- PART 6: IN PATIENT DEATHS
- PART 7: IN PATIENT CENSUS SUMMARY
- PART 8: LABORATORY REGISTERS
- PART 9: TB HEALTH UNIT REGISTER
- PART 10: X-RAY REGISTER
- PART 11: OPERATING THEATRE REGISTER
- PART 12: SURGICAL OPERATIONS, X-RAY, INVESTIGATION SERVICES
AND INPATIENT REFERRALS

PART 1: IN PATIENT TREATMENT SHEET

HMIS FORM 051: INPATIENT TREATMENT SHEET

DESCRIPTION AND INSTRUCTIONS

Objective: To monitor treatment and condition of the inpatient during stay

Copies: One stays at health unit

Responsibility: Ward In-charge

PROCEDURE:

1. Information included in the first two sections of INPATIENT TREATMENT SHEET (HMIS 051) for ease in transcription will be used to fill in INPATIENT DISCHARGE FORM (HMIS 052)
2. The top half of side one of the INPATIENT TREATMENT SHEET contains administrative and summary information. The **Inpatient Number** and **Ward** are placed in the upper right hand corner to facilitate retrieval of records. Discharge information should be clearly written: **Dates, Diagnoses, Surgical procedures, special services** (such as transfusions, x-ray, etc), and **Treatment instructions after** discharge.
3. The lower half of side one contains space for the **Clinical Notes** and history and for the **Laboratory and X-Ray Findings**. If more space is needed, a blank page is attached.
4. Discuss with all inpatient clinicians the need to enter clear diagnoses on the patient treatment sheets

PART 2: IN PATIENT TREATMENT FOLLOW UP FORM

HMIS FORM 034: INPATIENT TREATMENT FOLLOW UP FORM

HMIS 034 INPATIENT FOLLOW UP FORM is for surveillance notes. An example of filling the lower half of side two is shown below. The format is in tabular form, which should make it easier for the nurses and the clinicians to monitor the patient. The clinician enters the surveillance instructions in the first column. The nurse enters the calendar dates in columns across the page, and writes a “√” or “X” as each treatment is given. When a particular treatment is finished, double slash marks “//” signify the end.

EXAMPLE OF THE USE OF THE SURVEILLANCE SECTION OF THE INPATIENT TREATMENT SHEET:

| Enter dates Instructions | 3/7 | 4/7 | 5/7 | 6/7 | 7/7 | 8/7 | 9/7 | 10/7 |
|--------------------------|--------|--------|--------|--------|------|-----|-----|------|
| BP 2 x 1day x 4d | 110/70 | 105/65 | 110/70 | 115/75 | | | | |
| | 115/75 | 110/70 | 120/75 | 115/75 | | | | |
| Weight 2x 1 week | | 62kg | | | 59kg | | | 59kg |
| Inj. Quinine 600mg tds | | | | | | // | // | |

PART 3: IN PATIENT DISCHARGE FORM

HMIS FORM 052: INPATIENT DISCHARGE FORM

DESCRIPTION AND INSTRUCTIONS

- Objective:** Reference information for patient to retain about his/her hospital stay
- Timing:** Whenever a patient is being discharged from a health facility.
- Copies:** One goes with patient
- Responsibility:** Doctor/Clinician/Ward In charge.

PROCEDURE:

1. The DISCHARGE NOTE has the same format as the administrative part of the INPATIENT TREATMENT SHEET. If not available a MF 5 form can be used to record this information.
2. Side 1 is completed when the inpatient is discharged. If the doctor or nurse wishes to add more detail to this information, side 2 can be used. During continuing treatment, Side 2 is completed.
3. It is important that the patient immunizes that s/he should bring the note whenever s/he requires medical attention in the coming months. The DISCHARGE NOTE should then be attached to the patient's OUTPATIENT CARD MF 5.
4. When the patient is immunized for a new period, the discharge note is used to retrieve the old file. At the place where the old file was taken, put a blank sheet with the following reference information: **Inpatient Number** of the old file, **Name** of the patient and the New **Inpatient Number**. In this way it is known that the old file is not lost and where to find it. At discharge the old file is stapled / attached to the new file and they are filed under the new **Inpatient Number**.



HMIS FORM 052: INPATIENT DISCHARGE FORM

Ward _____ Inpatient No. _____

Name _____ Age _____ Sex _____

Address _____

Date of Admission _____ Date of Discharge _____

Status on discharge _____

Provisional Diagnosis _____ Final diagnosis _____

Clinical Presentation of Patient

Summary of intervention given (Investigation, treatment and surgical procedure)

Recommendation on Discharge _____

Name and Designation of discharging officer _____

Date of follow-up _____

Place _____

Please come with this form at your next visit to the Health Unit

PART 4: INPATIENT REGISTER

HMIS FORM 054: INPATIENT REGISTER

DESCRIPTION AND INSTRUCTIONS

- Objective:** Maintain brief record of age, sex, diagnoses, interventions and final status of each inpatient
- Copies:** One stays at health unit
- Responsibility:** Ward in charge

PROCEDURE:

1. The date the register was started, the name of health unit, name of ward, and the date the register was finished are written on the front cover.
2. This register is used to record inpatient admission and discharge information. The registration will normally be at a central location. Wards can keep a record of their inpatients if they wish; however, the registration of inpatients (and allocation of inpatient numbers) should be done at one central place in order that each patient gets a different IP number.
3. In case of emergencies or at night, an INPATIENT TREATMENT SHEET without an **IPD Num.** (Inpatient number) can be issued. Proper registration should be done as soon as possible. The (night duty) clinician could make a list of all admissions for the medical records staff to follow up on the next morning. But also the ward nurse can easily identify unregistered patients because the sheet lacks an Inpatient Number (**IPD Num.**).
4. At registration the first eight columns are completed, and the file for the inpatient is started. At discharge (or death), the Inpatient's file is returned to the registration office, and the remaining columns are completed. The Inpatient File is then stored according to the **IPD Num.**
5. It is from the INPATIENT REGISTER that all diagnoses of admissions and deaths are tallied. The tallies should normally be done daily. A tick (✓) is written in front of a line after the diagnoses have been tallied to keep track of those tallied. This is necessary because patients are not discharged in the same order as they are admitted. More information on tallying is given in TABLE 7: INPATIENT / LABORATORY AND X-RAY SERVICES.
6. The Ministry of Health has provided a list of diagnoses of interest to summarize monthly. The Medical Superintendent and the DHO will determine other additional diagnoses of interest to be summarized monthly. All diagnoses will be summarized and reported at the end of each quarter and also at the end of the year.

HMIS FORM 054: INPATIENT REGISTER

HEADINGS AND COLUMN WIDTHS:

LEFT SIDE

| (1) | (2) | (3) | | (4) | (5) | (6) | (7) | (8) | (9) | (10) |
|---------|--------|-----------|--------|------|------|-------------|---------|---------------|---------|----------|
| IPD NUM | NAME | RESIDENCE | | AGE | SEX | NEXT OF KIN | REF IN? | REFERRED FROM | DATE IN | DATE OUT |
| | | VILLAGE | PARISH | | | | | | | |
| 2 cm | 3.5 cm | 4 cm | 3.5 cm | 1 cm | 1 cm | 3.5 cm | 1 cm | | 2 cm | 2 cm |
| | | | | | | | | | | |

RIGHT SIDE

| (11) | (12) | (13) | | | | | (14) |
|-----------------------|------------------------|--------------|----|---|---|---|---------|
| PROVISIONAL DIAGNOSIS | DIAGNOSIS AT DISCHARGE | FINAL STATUS | | | | | REMARKS |
| | | D | DD | T | R | S | |
| 7 cm | 7 cm | | | | | | 4 cm |
| | | | | | | | |

DESCRIPTION OF COLUMNS:

- 1. IPD NUM:**
This is the unique serial number given to the inpatient during his/ her stay. IPD number begins with 1 at the beginning of the financial year (July) and ends at the end of the financial year (June)
- 2. NAME:**
The patient's name
- 3. RESIDENCE:**
The patient's village and Parish of residence
- 4. AGE:**
The patient's age in complete years if over one year of age. Use months if under one year writing clearly "MTH" after the age. If the patient is less than one month, then "Days" are written after the age
- 5. SEX:**
The patient's sex. Use "M" for Male or "F" for Female.
- 6. NEXT OF KIN:**
Person responsible in case of follow up or emergency.
- 7. REF IN?:**
Put a tick if the patient was referred into the unit.
- 8. DATE IN:**

Technical Module 5: Inpatient and Speciality Services

The date the patient was admitted - day and month are sufficient. It is best to use abbreviations (Jan, Feb, Mar, etc.) and not numbers for the month.

9. REFERRED FROM:

Indicate the name of health facility or ward referring the patient to this ward or health facility.

10. DATE OUT:

The date when the patient was discharged. Day and month are sufficient. It is best to use abbreviations (Jan, Feb, Mar, etc.) and not numbers for the month.

11. PROVISIONAL DIAGNOSIS:

From the patient's Outpatient Card or other documentation, write the diagnosis upon admission.

12. DIAGNOSIS AT DISCHARGE:

From the INPATIENT TREATMENT SHEET write the FINAL diagnoses. If abbreviations are used, ensure that they are standard and used consistently.

13. FINAL STATUS:

Tick as appropriate: "D" for discharge (this includes the MF 74 categories of recovered, improved and unchanged), "T" for transferred to another ward, "R" for referred out to another health unit, "DD" if the patient died, and "S" for self-discharges/ runaways.

14. REMARKS:

This can contain any information of interest to the Medical Superintendent. For diagnosis that result from Injuries, indicate the incident that caused the Injuries (Road Traffic Accident, gunshot, Domestic Violence, Suicide, Poisoning, etc).

REPORTED MONTHLY TO THE INCHARGE

- The number of patients who were referred from lower levels.
- The numbers of admissions and deaths for the diagnoses indicated on the Inpatient List of Diseases

REPORTED YEARLY TO THE INCHARGE

- The numbers of admissions and deaths for all diagnoses on the Inpatient List of Diseases

PART 5: IN PATIENT DIAGNOSIS SUMMARY

TABLE 12a & 12b: HEALTH UNIT INPATIENT DIAGNOSES SUMMARY

Table 12a is for recording diagnoses of children less than five years by gender.
Table 12b is for recording diagnoses for people aged five years and older by gender

PREPARATION

From In-Charge, HUMC and DHT

- Add additional diagnoses of local interest to table 1a and 1b.

Daily or Routine Procedure

From INPATIENT REGISTER

- Tally diagnoses for the categories shown in Table 12a and 12b using the **INPATIENT TALLY SHEET** (HMIS 091b).
- Record the number of diagnoses for **all patients discharged/died/ runaway/ referred** for each day in Table 12a and 12b.

Weekly Procedures

- On a weekly basis, add the daily diagnoses and for notifiable diseases in Tables 12a and 12b.
- These should be reported in the Health Unit Weekly Epidemiological form (Module 6; HMIS 033b)

Monthly Procedures

- Add the daily diagnoses to get the monthly totals.
- Write the total in the last column of tables 12a and 12b.

On HEALTH UNIT INPATIENT MONTHLY REPORT

- Fill in Item 6

Annual Procedures

From Tables 12a and 12b

- Extract the monthly totals and fill in Tables 12c and 12d respectively

On HEALTH UNIT ANNUAL REPORT

- Fill in Item 16.

HMIS FORM 091B: INPATIENT TALLY SHEET

DESCRIPTION AND INSTRUCTION

Objectives: To facilitate the counting and summarizing of inpatient records

Copies: One

Responsibility: Ward In-charge/Records Assistant

PROCEDURE:

1. The sheet is a series of blocks with empty boxes. It allows you to tally anything you wish to count. The main use of the tally sheet will be to count inpatient Diagnoses. Every occurrence is represented by a slash (/). Five slashes go in one box. One entire block can contain about 400 tallies. The total tallies are written in the last box.
2. For inpatient diagnoses, there is a list of diagnoses to be monitored: the diagnoses printed on the HMIS inpatient monthly report and possibly some diagnoses the district added. All other diagnoses are entered in the box labeled "Other diagnoses". The diagnoses are given space according to the anticipated number monthly. For most health units, one block per diagnosis will be sufficient, sometimes less. In the first example on the next page, notifiable diseases are in one block because they occur so infrequently. Since some diagnoses are very common, one entire block is reserved for its tallying. It is probably easiest to start a new tally sheet each month. All sheets should be filed in the Database file until they are checked for accuracy.
3. Make two sets of tally sheets: one of "Admissions" and the other set for "Deaths" by age group and gender. Start a new block for each diagnosis. Start a new page or each letter of the alphabet and file the tally sheets alphabetically. It is most practical to use the same block throughout the year. The third example on the next page shows a block for pneumonia deaths. Referrals into the health facility can also be tallied using this form.
4. All diagnoses for the inpatient are tallied on the "Admissions" tally sheet. If a patient is discharged with 3 diagnoses, all three are tallied. If the patient died, only the principal diagnosis is tallied on the "Mortality" tally sheet. If e.g. a patient died with "measles, Ascaris and scabies", the three diagnoses are filled on the "Admission" tally sheet (one tally for measles, one for ascaris and one for scabies). Measles is tallied a second time on the "Mortality" tally sheet, since it was listed first.



HIMS FORM 091b: INPATIENT TALLY SHEET

Description _____ Where _____ Time Period _____

| | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

Description _____ Where _____ Time Period _____

| | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

Description _____ Where _____ Time Period _____

| | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

Description _____ Where _____ Time Period _____

| | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |



| Diagnosis | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total diagnosis |
|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----------------|
| 32 Tetanus (over 28 days age) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 33 Sleeping sickness | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 34 Other types of meningitis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Maternal and Perinatal Diseases | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 35 Abortions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 36 Malaria in pregnancy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 37 High blood pressure in pregnancy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 38 Obstructed labour | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 39 Puerperal sepsis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 40 Haemorrhage related to pregnancy (APH or PPH) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 41 Sepsis related to pregnancy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 42 Other Complications of pregnancy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 43 Neonatal Septicaemia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 44 Perinatal conditions in new born (0 - 7 days) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 45 Neonatal conditions in new borns (8 - 28 days) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Non Communicable Diseases | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 46 Anaemia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 47 Asthma | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 48 Oral cancers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 49 Jaw injuries | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 50 Other oral diseases and conditions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 51 Periodontal conditions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 52 Diabetes mellitus (newly diagnosed cases) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 53 Diabetes mellitus (re-attendance) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 54 Endocrine and metabolic disorders (other) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 55 Gastro-Intestinal disorders (non Infective) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 56 Hypertension (newly diagnosed cases) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 57 Hypertension (old cases) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 58 Stroke | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 59 Cardiovascular diseases (other) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 60 Anxiety disorders | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 61 Bipolar disorders | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 62 Depression | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 63 Schizophrenia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 64 Alcohol Abuse | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 65 Drug Abuse | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 66 Dementia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 67 Childhood Mental Disorders | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 68 Epilepsy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 69 HIV Related Psychosis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 70 Other forms of Mental illness | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 71 Nervous system disorders | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



| Diagnosis | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total diagnosis |
|--|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----------------|
| 72 Severe Malnutrition (Kwashiorkor) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 73 Severe Malnutrition (Marasmus) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 74 Severe Malnutrition (Marasmic-kwashi) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 75 Injuries- Road traffic Accidents | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 76 Injuries - (Trauma due to other causes) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 77 Animal bites | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 78 Snakes bites | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 79 Poisoning | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 80 Liver Cirrhosis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 81 Liver diseases (other) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 82 Hepotocellular carcinoma | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 83 Hernias | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 84 Diseases of the appendix | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 85 Diseases of the skin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 86 Musculo skeletal and connective tissue diseases | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 87 Genito urinary system diseases (non infective) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 88 Congenital malformations and chromosome abnormalities | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 89 Complications of medical and surgical care | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 90 Benign neoplasm's (all types) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 91 Cancer of the cervix (newly diagnosed cases) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 92 Cancer of the cervix (re-attendance) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 93 Cancer of the breast | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 94 Cancer of the prostate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 95 Malignant neoplasm of the digestive organs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 96 Malignant neoplasm of the lungs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 97 Kaposi and other skin cancers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 98 Malignant neoplasm of Haemopoetic tissue | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 Other malignant neoplasm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 100 Cutaneous ulcers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Neglected Tropical Diseases (NTDs) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 101 Leishmaniasis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 102 Lymphatic Filariasis (hydrocele) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 103 Lymphatic Filariasis (Lympoedema) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 104 Urinary Schistosomiasis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 105 Intestinal Schistosomiasis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 106 Onchocerciasis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medical Emergencies | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 107 Cerebro-vascular events | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 108 Cardiac arrest | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 109 Gastro-intestinal bleeding | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 110 Respiratory distress | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



Ministry of Health

| Diagnosis | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total diagnosis | |
|--|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----------------|--|
| 111 Acute renal failure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 112 Acute sepsis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 113 Other diagnoses (specify Priority diseases for District) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 114 All others | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Diagnoses | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



TABLE 12b: HEALTH UNIT DAILY INPATIENT DIAGNOSES SUMMARY FOR PERSONS 5 YEARS AND ABOVE (MALE/FEMALE, delete where non-applicable)

Health Unit name _____ Month _____ Financial Year _____ Page _____ of pages _____

| Diagnosis | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total diagnosis | | |
|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----------------|--|--|
| Notifiable Diseases | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 Acute flaccid paralysis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 Cholera | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 Dysentery | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 Guinea worm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 Bacterial Meningitis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 Measles | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 Tetanus (neonatal) (0 to 28 days age) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 Plague | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 Rabies | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 Yellow Fever | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 Viral Haemorrhagic Fever | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 Influenzae Like Illness | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 Adverse Events Following Immunization (AEFI) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 Other emerging infectious disease (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Infectious/ Communicable Diseases | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 Diarrhoea – Acute | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 Diarrhoea- Persistent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 Genital Infections | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 Hepatitis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 Leprosy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 Malaria | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 Osteomyelitis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 Pelvic Inflammatory Disease (PID) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 Peritonitis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 Pneumonia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 Pyrexia of unknown origin (PUO) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26 Respiratory infections (other) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27 Septicemia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 28 Tuberculosis (new smear positive cases) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 29 Other Tuberculosis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 30 Typhoid Fever | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



| Diagnosis | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total diagnosis |
|--|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----------------|
| 31 Urinary Tract Infections (UTI) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 32 Tetanus (over 28 days age) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 33 Sleeping sickness | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 34 Other types of meningitis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Maternal and Perinatal Diseases | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 35 Abortions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 36 Malaria in pregnancy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 37 High blood pressure in pregnancy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 38 Obstructed labour | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 39 Puerperal sepsis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 40 Haemorrhage related to pregnancy (APH or PPH) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 41 Sepsis related to pregnancy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 42 Other Complications of pregnancy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 43 Neonatal Septicaemia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 44 Perinatal conditions in new born (0 – 7 days) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 45 Neonatal conditions in new born (8 – 28 days) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Non Communicable Diseases | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 46 Anaemia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 47 Asthma | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 48 Oral cancers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 49 Jaw injuries | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 50 Other oral diseases and conditions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 51 Periodontal conditions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 52 Diabetes mellitus (newly diagnosed cases) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 53 Diabetes mellitus (re-attendance) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 54 Endocrine and metabolic disorders (other) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 55 Gastro-Intestinal disorders (non Infective) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 56 Hypertension (newly diagnosed cases) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 57 Hypertension (old cases) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 58 Stroke | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 59 Cardiovascular diseases (other) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 60 Anxiety disorders | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 61 Bipolar disorders | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 62 Depression | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 63 Schizophrenia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 64 Alcohol Abuse | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 65 Drug Abuse | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 66 Dementia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 67 Childhood Mental Disorders | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 68 Epilepsy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 69 HIV Related Psychosis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



| Diagnosis | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total diagnosis |
|--|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----------------|
| 70 Other forms of Mental illness | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 71 Nervous system disorders | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 72 Severe Malnutrition (Kwashiorkor) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 73 Severe Malnutrition (Marasmus) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 74 Severe Malnutrition (Marasmic-kwash) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 75 Injuries- Road traffic Accidents | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 76 Injuries-(Trauma due to other causes) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 77 Animal bites | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 78 Snakes bites | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 79 Poisoning | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 80 Liver Cirrhosis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 81 Liver diseases (other) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 82 Hepatocellular carcinoma | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 83 Hernias | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 84 Diseases of the appendix | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 85 Diseases of the skin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 86 Musculo skeletal and connective tissue diseases | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 87 Genito urinary system diseases (non infective) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 88 Congenital malformations and chromosome abnormalities | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 89 Complications of medical and surgical care | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 90 Benign neoplasm's (all types) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 91 Cancer of the cervix (newly diagnosed cases) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 92 Cancer of the cervix (re-attendance) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 93 Cancer of the breast | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 94 Cancer of the prostate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 95 Malignant neoplasm of the digestive organs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 96 Malignant neoplasm of the lungs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 97 Kaposi and other skin cancers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 98 Malignant neoplasm of Haemopoetic tissue | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 Other malignant neoplasm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 100 Cutaneous ulcers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Neglected Tropical Diseases (NTDs) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 101 Leishmaniasis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 102 Lymphatic Filariasis (hydrocele) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 103 Lymphatic Filariasis (Lymphoedema) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 104 Urinary Schistosomiasis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 105 Intestinal Schistosomiasis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 106 Onchocerciasis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



Ministry of Health

| Diagnosis | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total diagnosis |
|--|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----------------|
| Medical Emergencies | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 107 Cerebro-vascular events | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 108 Cardiac arrest | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 109 Gastro-intestinal bleeding | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 110 Respiratory distress | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 111 Acute renal failure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 112 Acute sepsis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 113 Other diagnoses (specify Priority diseases for District) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 114 All others | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Diagnoses | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

TABLE 12c: HEALTH UNIT INPATIENT DIAGNOSES SUMMARY BY MONTH FOR 0-4 YEARS (MALE/FEMALE, delete where non-applicable)

Health Unit name _____ Financial Year _____ Page _____ of pages _____

| Diagnosis | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Year Total |
|--|-----|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|------------|
| Notifiable Diseases | | | | | | | | | | | | | |
| 1 Acute flaccid paralysis | | | | | | | | | | | | | |
| 2 Cholera | | | | | | | | | | | | | |
| 3 Dysentery | | | | | | | | | | | | | |
| 4 Guinea worm | | | | | | | | | | | | | |
| 5 Bacterial Meningitis | | | | | | | | | | | | | |
| 6 Measles | | | | | | | | | | | | | |
| 7 Tetanus (neonatal) (0 to 28 days age) | | | | | | | | | | | | | |
| 8 Plague | | | | | | | | | | | | | |
| 9 Rabies | | | | | | | | | | | | | |
| 10 Yellow Fever | | | | | | | | | | | | | |
| 11 Viral Haemorrhagic Fever | | | | | | | | | | | | | |
| 12 Influenzae Like Illness | | | | | | | | | | | | | |
| 13 Adverse Events Following Immunization (AEFI) | | | | | | | | | | | | | |
| 14 Other emerging infectious disease (Specify) | | | | | | | | | | | | | |
| Other Infectious/ Communicable Diseases | | | | | | | | | | | | | |
| 15 Diarrhoea – Acute | | | | | | | | | | | | | |
| 16 Diarrhoea- Persistent | | | | | | | | | | | | | |
| 17 Genital Infections | | | | | | | | | | | | | |
| 18 Hepatitis | | | | | | | | | | | | | |
| 19 Leprosy | | | | | | | | | | | | | |
| 20 Malaria | | | | | | | | | | | | | |
| 21 Osteomyelitis | | | | | | | | | | | | | |
| 22 Pelvic Inflammatory Disease (PID) | | | | | | | | | | | | | |
| 23 Peritonitis | | | | | | | | | | | | | |
| 24 Pneumonia | | | | | | | | | | | | | |
| 25 Pyrexia of unknown origin (PUO) | | | | | | | | | | | | | |
| 26 Respiratory infections (other) | | | | | | | | | | | | | |
| 27 Septicemia | | | | | | | | | | | | | |
| 28 Tuberculosis (new smear positive cases) | | | | | | | | | | | | | |
| 29 Other Tuberculosis | | | | | | | | | | | | | |
| 30 Typhoid Fever | | | | | | | | | | | | | |
| 31 Urinary Tract Infections (UTI) | | | | | | | | | | | | | |
| 32 Tetanus (over 28 days age) | | | | | | | | | | | | | |
| 33 Sleeping sickness | | | | | | | | | | | | | |
| 34 Other types of meningitis | | | | | | | | | | | | | |
| Maternal and Perinatal Diseases | | | | | | | | | | | | | |
| 35 Abortions | | | | | | | | | | | | | |
| 36 Malaria in pregnancy | | | | | | | | | | | | | |
| 37 High blood pressure in pregnancy | | | | | | | | | | | | | |
| 38 Obstructed labour | | | | | | | | | | | | | |
| 39 Puerperal sepsis | | | | | | | | | | | | | |
| 40 Haemorrhage related to pregnancy (APH or PPH) | | | | | | | | | | | | | |
| 41 Sepsis related to pregnancy | | | | | | | | | | | | | |
| 42 Other Complications of pregnancy | | | | | | | | | | | | | |
| 43 Neonatal Septicaemia | | | | | | | | | | | | | |
| 44 Perinatal conditions in new born (0 – 7 days) | | | | | | | | | | | | | |
| 45 Neonatal conditions in new born (8 – 28 days) | | | | | | | | | | | | | |
| Non Communicable Diseases | | | | | | | | | | | | | |
| 46 Anaemia | | | | | | | | | | | | | |
| 47 Asthma | | | | | | | | | | | | | |
| 48 Oral cancers | | | | | | | | | | | | | |
| 49 Jaw injuries | | | | | | | | | | | | | |
| 50 Other oral diseases and conditions | | | | | | | | | | | | | |
| 51 Periodontal conditions | | | | | | | | | | | | | |
| 52 Diabetes mellitus (newly diagnosed cases) | | | | | | | | | | | | | |

| Diagnosis | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Year Total |
|--|-----|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|------------|
| 53 Diabetes mellitus (re- attendance) | | | | | | | | | | | | | |
| 54 Endocrine and metabolic disorders (other) | | | | | | | | | | | | | |
| 55 Gastro-Intestinal disorders (non Infective) | | | | | | | | | | | | | |
| 56 Hypertension (newly diagnosed cases) | | | | | | | | | | | | | |
| 57 Hypertension (old cases) | | | | | | | | | | | | | |
| 58 Stroke | | | | | | | | | | | | | |
| 59 Cardiovascular diseases (other) | | | | | | | | | | | | | |
| 60 Anxiety disorders | | | | | | | | | | | | | |
| 61 Bipolar disorders | | | | | | | | | | | | | |
| 62 Depression | | | | | | | | | | | | | |
| 63 Schizophrenia | | | | | | | | | | | | | |
| 64 Alcohol abuse | | | | | | | | | | | | | |
| 65 Drug Abuse | | | | | | | | | | | | | |
| 66 Dementia | | | | | | | | | | | | | |
| 67 Childhood Mental Disorders | | | | | | | | | | | | | |
| 68 Epilepsy | | | | | | | | | | | | | |
| 69 HIV Related Psychosis | | | | | | | | | | | | | |
| 70 Other forms of Mental illness | | | | | | | | | | | | | |
| 71 Nervous system disorders | | | | | | | | | | | | | |
| 72 Severe Malnutrition (Kwashiorkor) | | | | | | | | | | | | | |
| 73 Severe Malnutrition (Marasmus) | | | | | | | | | | | | | |
| 74 Severe Malnutrition (Marasmic-kwash) | | | | | | | | | | | | | |
| 75 Injuries - Road traffic Accidents | | | | | | | | | | | | | |
| 76 Injuries - (Trauma due to other causes) | | | | | | | | | | | | | |
| 77 Animal bites | | | | | | | | | | | | | |
| 78 Snakes bites | | | | | | | | | | | | | |
| 79 Poisoning | | | | | | | | | | | | | |
| 80 Liver Cirrhosis | | | | | | | | | | | | | |
| 81 Liver diseases (other) | | | | | | | | | | | | | |
| 82 Hepatocellular carcinoma | | | | | | | | | | | | | |
| 83 Hernias | | | | | | | | | | | | | |
| 84 Diseases of the appendix | | | | | | | | | | | | | |
| 85 Diseases of the skin | | | | | | | | | | | | | |
| 86 Musculo skeletal and connective tissue diseases | | | | | | | | | | | | | |
| 87 Genito urinary system diseases (non infective) | | | | | | | | | | | | | |
| 88 Congenital malformations and chromosome abnormalities | | | | | | | | | | | | | |
| 89 Complications of medical and surgical care | | | | | | | | | | | | | |
| 90 Benign neoplasm's (all types) | | | | | | | | | | | | | |
| 91 Cancer of the cervix (newly diagnosed cases) | | | | | | | | | | | | | |
| 92 Cancer of the cervix (re-attendance) | | | | | | | | | | | | | |
| 93 Cancer of the breast | | | | | | | | | | | | | |
| 94 Malignant neoplasm of the digestive organs | | | | | | | | | | | | | |
| 95 Malignant neoplasm of the lungs | | | | | | | | | | | | | |
| 96 Cancer of the prostate | | | | | | | | | | | | | |
| 97 Kaposi and other skin cancers | | | | | | | | | | | | | |
| 98 Malignant neoplasm of Haemopoetic tissue | | | | | | | | | | | | | |
| 99 Other malignant neoplasm | | | | | | | | | | | | | |
| 100 Cutaneous ulcers | | | | | | | | | | | | | |
| Neglected Tropical Diseases (NTDs) | | | | | | | | | | | | | |
| 101 Leishmaniasis | | | | | | | | | | | | | |
| 102 Lymphatic Filariasis (hydrocele) | | | | | | | | | | | | | |
| 103 Lymphatic Filariasis (Lymphoedema) | | | | | | | | | | | | | |
| 104 Urinary Schistosomiasis | | | | | | | | | | | | | |
| 105 Intestinal Schistosomiasis | | | | | | | | | | | | | |
| 106 Onchocerciasis | | | | | | | | | | | | | |
| Medical Emergencies | | | | | | | | | | | | | |
| 107 Cerebro-vascular events | | | | | | | | | | | | | |
| 108 Cardiac arrest | | | | | | | | | | | | | |
| 109 Gastro-intestinal bleeding | | | | | | | | | | | | | |
| 110 Respiratory distress | | | | | | | | | | | | | |
| 111 Acute renal failure | | | | | | | | | | | | | |
| 112 Acute sepsis | | | | | | | | | | | | | |
| 113 Other diagnoses (specify Priority diseases for District) | | | | | | | | | | | | | |
| 114 All others | | | | | | | | | | | | | |

| Diagnosis | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Year Total |
|-----------------|-----|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|------------|
| Total Diagnoses | | | | | | | | | | | | | |

TABLE 12D: HEALTH UNIT INPATIENT DIAGNOSES SUMMARY BY MONTH FOR PERSONS 5 YEARS AND ABOVE (MALE/FEMALE, *delete where non-applicable*)

Health Unit name _____ Financial Year _____ Page _____ of pages _____

| Diagnosis | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Year Total |
|--|-----|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|------------|
| Notifiable Diseases | | | | | | | | | | | | | |
| 1 Acute flaccid paralysis | | | | | | | | | | | | | |
| 2 Cholera | | | | | | | | | | | | | |
| 3 Dysentery | | | | | | | | | | | | | |
| 4 Guinea worm | | | | | | | | | | | | | |
| 5 Bacterial Meningitis | | | | | | | | | | | | | |
| 6 Measles | | | | | | | | | | | | | |
| 7 Tetanus (neonatal) (0 to 28 days age) | | | | | | | | | | | | | |
| 8 Plague | | | | | | | | | | | | | |
| 9 Rabies | | | | | | | | | | | | | |
| 10 Yellow Fever | | | | | | | | | | | | | |
| 11 Viral Haemorrhagic Fever | | | | | | | | | | | | | |
| 12 Influenzae Like Illness | | | | | | | | | | | | | |
| 13 Adverse Events Following Immunization (AEFI) | | | | | | | | | | | | | |
| 14 Other emerging infectious disease (Specify) e.g. small pox, ILI, SARS | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Other Infectious/ Communicable Diseases | | | | | | | | | | | | | |
| 15 Diarrhoea – Acute | | | | | | | | | | | | | |
| 16 Diarrhoea- Persistent | | | | | | | | | | | | | |
| 17 Genital Infections | | | | | | | | | | | | | |
| 18 Hepatitis | | | | | | | | | | | | | |
| 19 Leprosy | | | | | | | | | | | | | |
| 20 Malaria | | | | | | | | | | | | | |
| 21 Osteomyelitis | | | | | | | | | | | | | |
| 22 Pelvic Inflammatory Disease (PID) | | | | | | | | | | | | | |
| 23 Peritonitis | | | | | | | | | | | | | |
| 24 Pneumonia | | | | | | | | | | | | | |
| 25 Pyrexia of unknown origin (PUO) | | | | | | | | | | | | | |
| 26 Respiratory infections (other) | | | | | | | | | | | | | |
| 27 Septicemia | | | | | | | | | | | | | |
| 28 Tuberculosis (new smear positive cases) | | | | | | | | | | | | | |
| 29 Other Tuberculosis | | | | | | | | | | | | | |
| 30 Typhoid Fever | | | | | | | | | | | | | |
| 31 Urinary Tract Infections (UTI) | | | | | | | | | | | | | |
| 32 Tetanus (over 28 days age) | | | | | | | | | | | | | |
| 33 Sleeping sickness | | | | | | | | | | | | | |
| 34 Other types of meningitis | | | | | | | | | | | | | |
| Maternal and Perinatal Diseases | | | | | | | | | | | | | |
| 35 Abortions | | | | | | | | | | | | | |
| 36 Malaria in pregnancy | | | | | | | | | | | | | |
| 37 High blood pressure in pregnancy | | | | | | | | | | | | | |
| 38 Obstructed labour | | | | | | | | | | | | | |
| 39 Puerperal sepsis | | | | | | | | | | | | | |
| 40 Haemorrhage related to pregnancy (APH or PPH) | | | | | | | | | | | | | |
| 41 Sepsis related to pregnancy | | | | | | | | | | | | | |
| 42 Other Complications of pregnancy | | | | | | | | | | | | | |
| 43 Neonatal Septicaemia | | | | | | | | | | | | | |
| 44 Perinatal conditions in new born (0 – 7 days) | | | | | | | | | | | | | |
| 45 Neonatal conditions in new borns (8 – 28 days) | | | | | | | | | | | | | |
| Non Communicable Diseases | | | | | | | | | | | | | |
| 46 Anaemia | | | | | | | | | | | | | |
| 47 Asthma | | | | | | | | | | | | | |
| 48 Oral cancers | | | | | | | | | | | | | |
| 49 Jaw injuries | | | | | | | | | | | | | |
| 50 Other oral diseases and conditions | | | | | | | | | | | | | |
| 51 Periodontal conditions | | | | | | | | | | | | | |
| 52 Diabetes mellitus (newly diagnosed cases) | | | | | | | | | | | | | |
| 53 Diabetes mellitus (re-attendance) | | | | | | | | | | | | | |

| Diagnosis | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Year Total |
|--|-----|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|------------|
| 54 Endocrine and metabolic disorders (other) | | | | | | | | | | | | | |
| 55 Gastro-Intestinal disorders (non Infective) | | | | | | | | | | | | | |
| 56 Hypertension (newly diagnosed cases) | | | | | | | | | | | | | |
| 57 Hypertension (old cases) | | | | | | | | | | | | | |
| 58 Stroke | | | | | | | | | | | | | |
| 59 Cardiovascular diseases (other) | | | | | | | | | | | | | |
| 60 Anxiety disorders | | | | | | | | | | | | | |
| 61 Bipolar disorders | | | | | | | | | | | | | |
| 62 Depression | | | | | | | | | | | | | |
| 63 Schizophrenia | | | | | | | | | | | | | |
| 64 Alcohol abuse | | | | | | | | | | | | | |
| 65 Drug Abuse | | | | | | | | | | | | | |
| 66 Dementia | | | | | | | | | | | | | |
| 67 Childhood Mental Disorders | | | | | | | | | | | | | |
| 68 Epilepsy | | | | | | | | | | | | | |
| 69 HIV Related Psychosis | | | | | | | | | | | | | |
| 70 Other forms of Mental illness | | | | | | | | | | | | | |
| 71 Nervous system disorders | | | | | | | | | | | | | |
| 72 Severe Malnutrition (Kwashiorkor) | | | | | | | | | | | | | |
| 73 Severe Malnutrition (Marasmus) | | | | | | | | | | | | | |
| 74 Severe Malnutrition (Marasmic-kwash) | | | | | | | | | | | | | |
| 75 Injuries- Road traffic Accidents | | | | | | | | | | | | | |
| 76 Injuries= (Trauma due to other causes) | | | | | | | | | | | | | |
| 77 Animal bites | | | | | | | | | | | | | |
| 78 Snakes bites | | | | | | | | | | | | | |
| 79 Poisoning | | | | | | | | | | | | | |
| 80 Liver Cirrhosis | | | | | | | | | | | | | |
| 81 Liver diseases (other) | | | | | | | | | | | | | |
| 82 Hepatocellular carcinoma | | | | | | | | | | | | | |
| 83 Hemias | | | | | | | | | | | | | |
| 84 Diseases of the appendix | | | | | | | | | | | | | |
| 85 Diseases of the skin | | | | | | | | | | | | | |
| 86 Musculo skeletal and connective tissue diseases | | | | | | | | | | | | | |
| 87 Genito urinary system diseases (non infective) | | | | | | | | | | | | | |
| 88 Congenital malformations and chromosome abnormalities | | | | | | | | | | | | | |
| 89 Complications of medical and surgical care | | | | | | | | | | | | | |
| 90 Benign neoplasm's (all types) | | | | | | | | | | | | | |
| 91 Cancer of the cervix (newly diagnosed cases) | | | | | | | | | | | | | |
| 92 Cancer of the cervix (re-attendance) | | | | | | | | | | | | | |
| 93 Cancer of the breast | | | | | | | | | | | | | |
| 94 Cancer of the prostate | | | | | | | | | | | | | |
| 95 Malignant neoplasm of the digestive organs | | | | | | | | | | | | | |
| 96 Malignant neoplasm of the lungs | | | | | | | | | | | | | |
| 97 Kaposi and other skin cancers | | | | | | | | | | | | | |
| 98 Malignant neoplasm of Haemopoetic tissue | | | | | | | | | | | | | |
| 99 Other malignant neoplasm | | | | | | | | | | | | | |
| 100 Cutaneous ulcers | | | | | | | | | | | | | |
| Neglected Tropical Diseases (NTDs) | | | | | | | | | | | | | |
| 101 Leishmaniasis | | | | | | | | | | | | | |
| 102 Lymphatic Filariasis (hydrocele) | | | | | | | | | | | | | |
| 103 Lymphatic Filariasis (Lymphoedema) | | | | | | | | | | | | | |
| 104 Urinary Schistosomiasis | | | | | | | | | | | | | |
| 105 Intestinal Schistosomiasis | | | | | | | | | | | | | |
| 106 Onchocerciasis | | | | | | | | | | | | | |
| Medical Emergencies | | | | | | | | | | | | | |
| 107 Cerebro-vascular events | | | | | | | | | | | | | |
| 108 Cardiac arrest | | | | | | | | | | | | | |
| 109 Gastro-intestinal bleeding | | | | | | | | | | | | | |
| 110 Respiratory distress | | | | | | | | | | | | | |
| 111 Acute renal failure | | | | | | | | | | | | | |
| 112 Acute sepsis | | | | | | | | | | | | | |
| 113 Other diagnoses (specify Priority diseases for District) | | | | | | | | | | | | | |
| 114 All others | | | | | | | | | | | | | |
| Total Diagnoses | | | | | | | | | | | | | |

PART 6: IN PATIENT DEATHS

TABLE 13: HEALTH UNIT INPATIENT DEATHS SUMMARY

Note: There are two tables numbered 13: 13a for recording deaths of children less than five years by gender, and 13b is for recording deaths for people aged five years and older by gender. They are clearly labeled.

PREPARATION

- From: **I/C, HUMC and DHT**
- Add additional deaths of local interest to each Table

Monthly Procedures

- On: **TABLES 13a and 13b**
- Record deaths by diagnosis compiled from the inpatient registers.
 - Sum the deaths and write the value in 'Total deaths' line
- On: **HEALTH UNIT INPATIENT MONTHLY REPORT**
- Fill in Item 6

Annual Procedures

- On: **TABLES 13a and 13b**
- Sum the monthly values of deaths for each diagnosis and write annual total in column **Year Total**. Do for both age groups and sexes.
- On: **HEALTH UNIT INPATIENT ANNUAL REPORT**
- Fill in Item 16.



Ministry of Health

TABLE 13a: HEALTH UNIT INPATIENT DEATHS BY MONTH FOR 0-4 YEARS (MALE/FEMALE, *delete where non-applicable*)

Health Unit name _____ Month _____ Financial Year _____ Page _____ of pages _____

| Diagnosis | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Year Total |
|---|-----|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|------------|
| Notifiable Diseases | | | | | | | | | | | | | |
| 1 Acute flaccid paralysis | | | | | | | | | | | | | |
| 2 Cholera | | | | | | | | | | | | | |
| 3 Dysentery | | | | | | | | | | | | | |
| 4 Guinea worm | | | | | | | | | | | | | |
| 5 Bacterial Meningitis | | | | | | | | | | | | | |
| 6 Measles | | | | | | | | | | | | | |
| 7 Tetanus (neonatal) (0 to 28 days age) | | | | | | | | | | | | | |
| 8 Plague | | | | | | | | | | | | | |
| 9 Rabies | | | | | | | | | | | | | |
| 10 Yellow Fever | | | | | | | | | | | | | |
| 11 Viral Haemorrhagic Fever | | | | | | | | | | | | | |
| 12 Influenzae Like Illness | | | | | | | | | | | | | |
| 13 Adverse Events Following Immunization (AEFI) | | | | | | | | | | | | | |
| 14 Other emerging infectious disease (Specify e.g. small pox, ILI, SARS) | | | | | | | | | | | | | |
| Other Infectious/ Communicable Diseases | | | | | | | | | | | | | |
| 15 Diarrhoea – Acute | | | | | | | | | | | | | |
| 16 Diarrhoea- Persistent | | | | | | | | | | | | | |
| 17 Genital Infections | | | | | | | | | | | | | |
| 18 Hepatitis | | | | | | | | | | | | | |
| 19 Leprosy | | | | | | | | | | | | | |
| 20 Malaria | | | | | | | | | | | | | |
| 21 Osteomyelitis | | | | | | | | | | | | | |
| 22 Pelvic Inflammatory Disease (PID) | | | | | | | | | | | | | |
| 23 Peritonitis | | | | | | | | | | | | | |
| 24 Pneumonia | | | | | | | | | | | | | |
| 25 Pyrexia of unknown origin (PUO) | | | | | | | | | | | | | |
| 26 Respiratory infections (other) | | | | | | | | | | | | | |
| 27 Septicemia | | | | | | | | | | | | | |
| 28 Tuberculosis (new smear positive cases) | | | | | | | | | | | | | |
| 29 Other Tuberculosis | | | | | | | | | | | | | |
| 30 Typhoid Fever | | | | | | | | | | | | | |
| 31 Urinary Tract Infections (UTI) | | | | | | | | | | | | | |
| 32 Tetanus (over 28 days age) | | | | | | | | | | | | | |
| 33 Sleeping sickness | | | | | | | | | | | | | |
| 34 Other types of meningitis | | | | | | | | | | | | | |
| Maternal and Perinatal Diseases | | | | | | | | | | | | | |
| 35 Abortions | | | | | | | | | | | | | |
| 36 Malaria in pregnancy | | | | | | | | | | | | | |
| 37 High blood pressure in pregnancy | | | | | | | | | | | | | |
| 38 Obstructed labour | | | | | | | | | | | | | |
| 39 Puerperal sepsis | | | | | | | | | | | | | |
| 40 Haemorrhage related to pregnancy (APH or PPH) | | | | | | | | | | | | | |
| 41 Sepsis related to pregnancy | | | | | | | | | | | | | |
| 42 Other Complications of pregnancy | | | | | | | | | | | | | |
| 43 Neonatal Septicaemia | | | | | | | | | | | | | |
| 44 Perinatal conditions in new born (0 – 7 days) | | | | | | | | | | | | | |
| 45 Neonatal conditions in new borns (8 – 28 days) | | | | | | | | | | | | | |
| Non Communicable Diseases | | | | | | | | | | | | | |
| 46 Anaemia | | | | | | | | | | | | | |
| 47 Asthma | | | | | | | | | | | | | |
| 48 Oral cancers | | | | | | | | | | | | | |
| 49 Jaw injuries | | | | | | | | | | | | | |
| 50 Other oral diseases and conditions | | | | | | | | | | | | | |
| 51 Periodontal conditions | | | | | | | | | | | | | |
| 52 Diabetes mellitus (newly diagnosed cases) | | | | | | | | | | | | | |
| 53 Diabetes mellitus (re- attendance) | | | | | | | | | | | | | |
| 54 Endocrine and metabolic disorders (other) | | | | | | | | | | | | | |
| 55 Gastro-Intestinal disorders (non Infective) | | | | | | | | | | | | | |
| 56 Hypertension (newly diagnosed) | | | | | | | | | | | | | |
| 57 Hypertension (old case) | | | | | | | | | | | | | |



Ministry of Health

| Diagnosis | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Year Total |
|--|-----|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|------------|
| 58 Stroke | | | | | | | | | | | | | |
| 59 Cardiovascular diseases (other) | | | | | | | | | | | | | |
| 60 Anxiety disorders | | | | | | | | | | | | | |
| 61 Bipolar disorders | | | | | | | | | | | | | |
| 62 Depression | | | | | | | | | | | | | |
| 63 Schizophrenia | | | | | | | | | | | | | |
| 64 Alcohol abuse | | | | | | | | | | | | | |
| 65 Drug Abuse | | | | | | | | | | | | | |
| 66 Dementia | | | | | | | | | | | | | |
| 67 Childhood Mental Disorders | | | | | | | | | | | | | |
| 68 Epilepsy | | | | | | | | | | | | | |
| 69 HIV Related Psychosis | | | | | | | | | | | | | |
| 70 Other forms of Mental illness | | | | | | | | | | | | | |
| 71 Nervous system disorders | | | | | | | | | | | | | |
| 72 Severe Malnutrition (Kwashiorkor) | | | | | | | | | | | | | |
| 73 Severe Malnutrition (Marasmus) | | | | | | | | | | | | | |
| 74 Severe Malnutrition (Marasmic-kwash) | | | | | | | | | | | | | |
| 75 Injuries - Road traffic Accidents | | | | | | | | | | | | | |
| 76 Injuries - (Trauma due to other causes) | | | | | | | | | | | | | |
| 77 Animal bites | | | | | | | | | | | | | |
| 78 Snakes bites | | | | | | | | | | | | | |
| 79 Poisoning | | | | | | | | | | | | | |
| 80 Liver Cirrhosis | | | | | | | | | | | | | |
| 81 Liver diseases (other) | | | | | | | | | | | | | |
| 82 Hepatocellular carcinoma | | | | | | | | | | | | | |
| 83 Hemias | | | | | | | | | | | | | |
| 84 Diseases of the appendix | | | | | | | | | | | | | |
| 85 Diseases of the skin | | | | | | | | | | | | | |
| 86 Musculo skeletal and connective tissue diseases | | | | | | | | | | | | | |
| 87 Genito urinary system diseases (non infective) | | | | | | | | | | | | | |
| 88 Congenital malformations and chromosome abnormalities | | | | | | | | | | | | | |
| 89 Complications of medical and surgical care | | | | | | | | | | | | | |
| 90 Benign neoplasm's (all types) | | | | | | | | | | | | | |
| 91 Cancer of the cervix (newly diagnosed cases) | | | | | | | | | | | | | |
| 92 Cancer of the cervix (re-attendance) | | | | | | | | | | | | | |
| 93 Cancer of the breast | | | | | | | | | | | | | |
| 94 Cancer of the prostate | | | | | | | | | | | | | |
| 95 Malignant neoplasm of the digestive organs | | | | | | | | | | | | | |
| 96 Malignant neoplasm of the lungs | | | | | | | | | | | | | |
| 97 Kaposi and other skin cancers | | | | | | | | | | | | | |
| 98 Malignant neoplasm of Haemopoetic tissue | | | | | | | | | | | | | |
| 99 Other malignant neoplasm | | | | | | | | | | | | | |
| 100 Cutaneous ulcers | | | | | | | | | | | | | |
| Neglected Tropical Diseases (NTDs) | | | | | | | | | | | | | |
| 101 Leishmaniasis | | | | | | | | | | | | | |
| 102 Lymphatic Filariasis (hydrocele) | | | | | | | | | | | | | |
| 103 Lymphatic Filariasis (Lymphoedema) | | | | | | | | | | | | | |
| 104 Urinary Schistosomiasis | | | | | | | | | | | | | |
| 105 Intestinal Schistosomiasis | | | | | | | | | | | | | |
| 106 Onchocerciasis | | | | | | | | | | | | | |
| Medical Emergencies | | | | | | | | | | | | | |
| 107 Cerebro-vascular events | | | | | | | | | | | | | |
| 108 Cardiac arrest | | | | | | | | | | | | | |
| 109 Gastro-intestinal bleeding | | | | | | | | | | | | | |
| 110 Respiratory distress | | | | | | | | | | | | | |
| 111 Acute renal failure | | | | | | | | | | | | | |
| 112 Acute sepsis | | | | | | | | | | | | | |
| 113 Other diagnoses (specify Priority diseases for District) | | | | | | | | | | | | | |
| 114 All others | | | | | | | | | | | | | |
| Total Diagnoses | | | | | | | | | | | | | |



Ministry of Health

TABLE 13b: HEALTH UNIT INPATIENT DEATHS BY MONTH FOR PERSONS 5 YEARS AND ABOVE (MALE/FEMALE, delete where non-applicable)

Health Unit name _____ Financial Year _____ Page _____ of pages _____

| Diagnosis | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Year Total |
|--|-----|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|------------|
| Notifiable Diseases | | | | | | | | | | | | | |
| 1 Acute flaccid paralysis | | | | | | | | | | | | | |
| 2 Cholera | | | | | | | | | | | | | |
| 3 Dysentery | | | | | | | | | | | | | |
| 4 Guinea worm | | | | | | | | | | | | | |
| 5 Bacterial Meningitis | | | | | | | | | | | | | |
| 6 Measles | | | | | | | | | | | | | |
| 7 Tetanus (neonatal) (0 to 28 days age) | | | | | | | | | | | | | |
| 8 Plague | | | | | | | | | | | | | |
| 9 Rabies | | | | | | | | | | | | | |
| 10 Yellow Fever | | | | | | | | | | | | | |
| 11 Viral Haemorrhagic Fever | | | | | | | | | | | | | |
| 12 Influenzae Like Illness | | | | | | | | | | | | | |
| 13 Adverse Events Following Immunization (AEFI) | | | | | | | | | | | | | |
| 14 Other emerging infectious disease (Specify e.g. small pox, ILI, SARS) | | | | | | | | | | | | | |
| Other Infectious/ Communicable Diseases | | | | | | | | | | | | | |
| 15 Diarrhoea – Acute | | | | | | | | | | | | | |
| 16 Diarrhoea- Persistent | | | | | | | | | | | | | |
| 17 Genital Infections | | | | | | | | | | | | | |
| 18 Hepatitis | | | | | | | | | | | | | |
| 19 Leprosy | | | | | | | | | | | | | |
| 20 Malaria | | | | | | | | | | | | | |
| 21 Osteomyelitis | | | | | | | | | | | | | |
| 22 Pelvic Inflammatory Disease (PID) | | | | | | | | | | | | | |
| 23 Peritonitis | | | | | | | | | | | | | |
| 24 Pneumonia | | | | | | | | | | | | | |
| 25 Pyrexia of unknown origin (PUO) | | | | | | | | | | | | | |
| 26 Respiratory infections (other) | | | | | | | | | | | | | |
| 27 Septicemia | | | | | | | | | | | | | |
| 28 Tuberculosis (new smear positive cases) | | | | | | | | | | | | | |
| 29 Other Tuberculosis | | | | | | | | | | | | | |
| 30 Typhoid Fever | | | | | | | | | | | | | |
| 31 Urinary Tract Infections (UTI) | | | | | | | | | | | | | |
| 32 Tetanus (over 28 days age) | | | | | | | | | | | | | |
| 33 Sleeping sickness | | | | | | | | | | | | | |
| 34 Other types of meningitis | | | | | | | | | | | | | |
| Maternal and Perinatal Diseases | | | | | | | | | | | | | |
| 35 Abortions | | | | | | | | | | | | | |
| 36 Malaria in pregnancy | | | | | | | | | | | | | |
| 37 High blood pressure in pregnancy | | | | | | | | | | | | | |
| 38 Obstructed labour | | | | | | | | | | | | | |
| 39 Puerperal sepsis | | | | | | | | | | | | | |
| 40 Haemorrhage related to pregnancy (APH or PPH) | | | | | | | | | | | | | |
| 41 Sepsis related to pregnancy | | | | | | | | | | | | | |
| 42 Other Complications of pregnancy | | | | | | | | | | | | | |
| 43 Neonatal Septicaemia | | | | | | | | | | | | | |
| 44 Perinatal conditions in new born (0 – 7 days) | | | | | | | | | | | | | |
| 45 Neonatal conditions in new borns (8 – 28 days) | | | | | | | | | | | | | |
| Non Communicable Diseases | | | | | | | | | | | | | |
| 46 Anaemia | | | | | | | | | | | | | |
| 47 Asthma | | | | | | | | | | | | | |
| 48 Oral cancers | | | | | | | | | | | | | |
| 49 Jaw injuries | | | | | | | | | | | | | |
| 50 Other oral diseases and conditions | | | | | | | | | | | | | |
| 51 Periodontal conditions | | | | | | | | | | | | | |
| 52 Diabetes mellitus (newly diagnosed) | | | | | | | | | | | | | |
| 53 Diabetes mellitus (re-attendance) | | | | | | | | | | | | | |
| 54 Endocrine and metabolic disorders (other) | | | | | | | | | | | | | |



| Diagnosis | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Year Total |
|---|-----|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|------------|
| 55 Gastro-Intestinal disorders (non Infective) | | | | | | | | | | | | | |
| 56 Hypertension (newly diagnosed cases) | | | | | | | | | | | | | |
| 57 Hypertension (old cases) | | | | | | | | | | | | | |
| 58 Stroke | | | | | | | | | | | | | |
| 59 Cardiovascular diseases (other) | | | | | | | | | | | | | |
| 60 Anxiety disorders | | | | | | | | | | | | | |
| 61 Bipolar disorders | | | | | | | | | | | | | |
| 62 Depression | | | | | | | | | | | | | |
| 63 Schizophrenia | | | | | | | | | | | | | |
| 64 Alcohol abuse | | | | | | | | | | | | | |
| 65 Drug Abuse | | | | | | | | | | | | | |
| 66 Dementia | | | | | | | | | | | | | |
| 67 Childhood Mental Disorders | | | | | | | | | | | | | |
| 68 Epilepsy | | | | | | | | | | | | | |
| 69 HIV Related Psychosis | | | | | | | | | | | | | |
| 70 Other forms of Mental illness | | | | | | | | | | | | | |
| 71 Nervous system disorders | | | | | | | | | | | | | |
| 72 Severe Malnutrition (Kwashiorkor) | | | | | | | | | | | | | |
| 73 Severe Malnutrition (Marasmus) | | | | | | | | | | | | | |
| 74 Severe Malnutrition (Marasmic-kwash) | | | | | | | | | | | | | |
| 75 Injuries - Road traffic Accidents | | | | | | | | | | | | | |
| 76 Injuries (Trauma due to other causes) | | | | | | | | | | | | | |
| 77 Animal bites | | | | | | | | | | | | | |
| 78 Snakes bites | | | | | | | | | | | | | |
| 79 Poisoning | | | | | | | | | | | | | |
| 80 Liver Cirrhosis | | | | | | | | | | | | | |
| 81 Liver diseases (other) | | | | | | | | | | | | | |
| 82 Hepatocellular carcinoma | | | | | | | | | | | | | |
| 83 Hernias | | | | | | | | | | | | | |
| 84 Diseases of the appendix | | | | | | | | | | | | | |
| 85 Diseases of the skin | | | | | | | | | | | | | |
| 86 Musculo skeletal and connective tissue diseases | | | | | | | | | | | | | |
| 87 Genito urinary system diseases (non infective) | | | | | | | | | | | | | |
| 88 Congenital malformations and chromosome abnormalities | | | | | | | | | | | | | |
| 89 Complications of medical and surgical care | | | | | | | | | | | | | |
| 90 Benign neoplasm's (all types) | | | | | | | | | | | | | |
| 91 Cancer of the cervix (newly diagnosed cases) | | | | | | | | | | | | | |
| 92 Cancer of the cervix (re-attendance) | | | | | | | | | | | | | |
| 93 Cancer of the breast | | | | | | | | | | | | | |
| 94 Malignant neoplasm of the digestive organs | | | | | | | | | | | | | |
| 95 Malignant neoplasm of the lungs | | | | | | | | | | | | | |
| 96 Cancer of the prostate | | | | | | | | | | | | | |
| 97 Kaposi and other skin cancers | | | | | | | | | | | | | |
| 98 Malignant neoplasm of Haemopoetic tissue | | | | | | | | | | | | | |
| 99 Other malignant neoplasm | | | | | | | | | | | | | |
| 100 Cutaneous ulcers | | | | | | | | | | | | | |
| Neglected Tropical Diseases (NTDs) | | | | | | | | | | | | | |
| 101 Leishmaniasis | | | | | | | | | | | | | |
| 102 Lymphatic Filariasis (hydrocele) | | | | | | | | | | | | | |
| 103 Lymphatic Filariasis (Lymphoedema) | | | | | | | | | | | | | |
| 104 Urinary Schistosomiasis | | | | | | | | | | | | | |
| 105 Intestinal Schistosomiasis | | | | | | | | | | | | | |
| 106 Onchocerciasis | | | | | | | | | | | | | |
| Medical Emergencies | | | | | | | | | | | | | |
| 107 Cerebro-vascular events | | | | | | | | | | | | | |
| 108 Cardiac arrest | | | | | | | | | | | | | |
| 109 Gastro-intestinal bleeding | | | | | | | | | | | | | |
| 110 Respiratory distress | | | | | | | | | | | | | |
| 111 Acute renal failure | | | | | | | | | | | | | |
| 112 Acute sepsis | | | | | | | | | | | | | |
| 113 Other diagnoses (specify Priority diseases for District) | | | | | | | | | | | | | |
| 114 All others | | | | | | | | | | | | | |
| Total Diagnoses | | | | | | | | | | | | | |

PART 7: IN PATIENT CENSUS SUMMARY

TABLE 6: HEALTH UNIT INPATIENT CENSUS MONTHLY SUMMARY

If you have more wards than lines available on Table 6, use a GENERAL SUMMARY FORM to record the additional wards.

Daily procedure:

FROM WARD REPORT BOOKS

- Transcribe the Admissions, Deaths, and Patient Count by ward to the Daily Inpatient Census (Table 6a).

Note: A day begins at mid-night (12:00a.m.)

Monthly procedure:

FROM THE DAILY INPATIENT CENSUS FORM

- Sum the totals of Admissions, Deaths and Patient Count over the days of the month for each ward and enter the values in Table 6b.

Note: The sum of the daily total number of Patient Count from the Daily Inpatient Census is equal to the Patient Days for the month in Table 6B.

Annual procedure:

ON TABLE 6b

- Sum the Admissions, Deaths and Patient Days over months for each ward, and write the totals under the Year column
- **PATIENT DAYS:** The total number of days for all patient(s) who were admitted for an episode of care and these are separated during a specified reference period.

GUIDE FOR CALCULATING PATIENT DAYS:

A day is measured from midnight to midnight or any other time say 8:00am to 8:00am

The following are basic rules are used to calculate the number of patient days for overnight stay patients:

- The day the patient is admitted is a patient day
- If the patient remains in the health unit from the specified time of counting the patient days to the following day's specified time count this as a patient day.
- The day a patient is discharged is not counted as a patient day
- The day the patient is separated or transferred to another ward is not counted as a patient day.
- If the patient is admitted and discharged on the same day, count this as a patient day

ON HEALTH UNIT INPATIENT ANNUAL REPORT

→ Fill Item 14

TABLE 6a: DAILY INPATIENT CENSUS SUMMARY

Health Unit _____ Ward _____ Designated No. of beds _____ Month _____ Year _____

| DAY | (1) PATIENTS ON THE WARD THE PREVIOUS DAY | (2) No. OF ADMISSIONS TODAY | (3) No. OF DISCHARGES TODAY | (4) No. OF DEATHS TODAY | (5) No. OF RUN AWAYS TODAY | No OF BEDS OCCUPIED TODAY (1)+(2)-(3)-(4)-(5) |
|-------|---|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------|---|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| 11 | | | | | | |
| 12 | | | | | | |
| 13 | | | | | | |
| 14 | | | | | | |
| 15 | | | | | | |
| 16 | | | | | | |
| 17 | | | | | | |
| 18 | | | | | | |
| 19 | | | | | | |
| 20 | | | | | | |
| 21 | | | | | | |
| 22 | | | | | | |
| 23 | | | | | | |
| 24 | | | | | | |
| 25 | | | | | | |
| 26 | | | | | | |
| 27 | | | | | | |
| 28 | | | | | | |
| 29 | | | | | | |
| 30 | | | | | | |
| 31 | | | | | | |
| Total | | | | | | |

PART 8: LABORATORY REGISTERS

HMIS FORM 055A1: DAILY ACTIVITY LABORATORY REGISTER FOR HEALTH CENTRE II & III

DESCRIPTION AND INSTRUCTIONS

- Objective:** To maintain records of person information, tests and results of the laboratory tests
- Timing:** Daily or whenever a laboratory test is done
- Responsibility:** Health Facility laboratory In-charge or other personnel designated to complete the lab register
- Materials needed:** Daily Activity register, pen, Laboratory request form.

DESCRIPTION OF COLUMNS:

- 1. DATE:**
Write the date for each sample tested
- 2. LABORATORY NUMBER:**
Write the specimen lab number. Start a new number for each month. Each laboratory number should consist of at least three digits e.g. 001
- 3. OPD/IP NUMBER:**
Write the patient's OPD/IP number
- 4. NAME:**
Write the patients name in full
- 5. SEX:**
Write in the patient's sex, F for female and M for male
- 6. AGE:**
Write the patient's age in complete years if over one year of age. Use months if the patient is under one year of age, clearly writing "MTH" after the age, and "Days" if patient is below one month of age.
- 7. VILLAGE:**
Write the patient's village, this is for purposes of better follow ups.
- 8. UNIT:**
Write the name of the department/ward where the sample is from e.g. HIV/AIDS OPD Clinic, Pediatric OPD Clinic or General OPD clinic, maternity ward etc
- 9. SPECIMEN:**
Write the type of specimen received for testing, e.g. stool, blood, urine, etc

Technical Module 5: Inpatient and Speciality Services

10. HAEMATOLOGY and SEROLOGY:

1. **Hb in gms:** Write the Hemoglobin levels in number, e.g. If Hb is 10gms/100mls or 10gm/dl- enter the number as 10.
2. **WBC Total:** Write the Total White Blood cell Count, report total per cubic millimeter e.g. 4000/mm³
3. **VDRL/RPR:** write in the results of the test either VDRL or RPR, report negative (Neg) or Positive (Pos)

11. PARASITOLOGY:

MALARIAPARASITES: Write in the result of the test, Positive or Negative. If a thin film is done, report the type of parasite identified (Species).

MALARIA RDTS: Write the results of malaria Rapid Diagnostic Tests, Positive or Negative.

OTHER HAEMOPARASITES: Write results of other haemoparasites identified, Positive or Negative. If a thin film is done, report the type of parasite identified (Species).

STOOL MICROSCOPY:

MACRO: Write in the result of macroscopic examination, report macroscopic appearance of specimen e.g. formed, loose, blood stained.

MICRO: Write in the result of microscopic examination, report microscopic findings

URINE ANALYSIS:

MACRO: Write in the result of macroscopic examination, report macroscopic appearance of specimen.

MICRO: Write in the result of microscopic examination, report microscopic findings

SUGAR: write in the results of the test, report according to instructions on the strip bottle.

PROTEIN: write in the results of the test, report according to instructions on the strip bottle.

PREGNANCY TEST: write in the results of the pregnancy test, Report negative (Neg) or Positive (Pos).

12. MICROBIOLOGY:

SWABS:

1. **TYPE:** write in the type of specimen, puss, high vaginal swabs etc
2. **WET PREP:** write in the results of the wet preparation, report microscopic findings.
3. **GRAM STAIN:** write in the results of the Gram stain, e.g. G/positive cocci or G/Negative intracellular diplococci.

OTHER TESTS:

Write the results of any other test you have done that is not included in the range of tests on the register, report tests done at the facility but not provided for on the laboratory register. E.g. Bubo Aspirates, CSF, etc.

TOTAL TEST TYPE CARRIED OUT:

Enter in this column the total tests done so far. This will help you when filling in the monthly summary report. Add and record the sum of each type of test recorded and total up at the end of the month. This is the number that will be used to fill in the monthly summary.

Technical Module 5: Inpatient and Speciality Services

**HMIS FORM 055A2: HEALTH CENTER IV DAILY ACTIVITY
LABORATORY REGISTER FOR GENERAL ANALYSIS**

DESCRIPTION AND INSTRUCTIONS

- Objective:** To maintain records of person information, tests and results of the laboratory tests
- Timing:** Daily or whenever a laboratory test is done
- Responsibility:** Health Facility laboratory In-charge or other personnel designated to complete the lab register

DESCRIPTION OF COLUMNS:

- 1. DATE:**
Write the date for each sample tested
- 2. LABORATORY NUMBER:**
Write the specimen lab number. Start a new number for each month. Each laboratory number should consist of at least three digits e.g. 001
- 3. OPD/IP NUMBER:**
Write the patient's OPD/IP number
- 4. NAME:**
Write the patients name in full
- 5. SEX:**
Write in the patient's sex, F for female and M for male
- 6. AGE:**
Write the patient's age in complete years if over one year of age. Use months if the patient is under one year of age, clearly writing "MTH" after the age, and "Days" if less than 1 month.
- 7. VILLAGE:**
Write the patient's village, this is for purposes of better follow ups.
- 8. UNIT:**
Write the name of the department/ward where the sample is from e.g. HIV/AIDS OPD Clinic, Pediatric OPD Clinic or General OPD clinic, maternity ward etc
- 9. SPECIMEN:**
Write the type of specimen received for testing, e.g. stool, blood, urine, etc
- 10. HAEMATOLOGY/SEROLOGY:**
 - 1. Hb IN GMS:** Write the Hemoglobin levels in number, e.g. If Hb is 10gms/100mls or 10gm/dl- enter the number as 10.
 - 2. WBC TOTAL:** Write the Total White Blood cell Count Report total per cubic millimeter e.g. 4000/mm³.

Technical Module 5: Inpatient and Speciality Services

- 3. WBC DIFFERENTIAL:** Report differential count and field comment, e.g. N60%, L30%, E5%, M2%, B3% and comment on the film
- 4. ABO GROUPING:** Enter the patient's blood group after cross matching, report ABO group e.g. blood group "O"
- 5. VDRL/RPR:** write in the results of the test either VDRL or RPR, report negative (Neg) or Positive (Pos)
- 6. TPHA:** write in the results of the test, Report the titre of reaction.

11. PARASITOLOGY:

MALARIA:

- 1. MALARIA MICROSCOPY:** Write in the results of the microscopy, Positive or Negative. if thin film is done, report the type of parasite identified (Species).
- 2. MALARIA RDTS:** Write the results of malaria Rapid Diagnostic Tests, Positive or Negative.
- 3. OTHER HAEMOPARASITES:** Write results of other haemoparasites identified, Positive or Negative. if thin film is done, report the type of parasite identified (Species).

URINE ANALYSIS:

- 4. MACRO:** Write in the result of macroscopic examination, report macroscopic appearance of specimen.
- 5. MICRO:** Write in the result of microscopic examination, report microscopic findings
- 6. SUGAR:** write in the results of the test, report according to instructions on the strip bottle
- 7. PROTEIN:** write in the results of the test, Report according to instructions on the strip bottle.
- 8. PREG TEST:** write in the results of the pregnancy test, report negative (Neg) or Positive (Pos)

STOOL MICROSCOPY:

- 9. MACRO:** Write in the result of macroscopic examination, report macroscopic appearance of specimen. E.g. formed, loose, blood stained.
- 10. MICRO:** Write in the result of microscopic examination, report microscopic findings

CONTINUE TO THE RIGHT SIDE OF THE REGISTER

12. MICROBIOLOGY:

SWABS:

- 1. TYPE:** write in the type of specimen, puss, high vaginal swabs etc
- 2. WET PREP:** write in the results of the wet preparation, report microscopic findings
- 3. GRAM STAIN:** write in the results of the Gram stain, E.g. G/positive cocci or G/Negative intracellular diplococci.
- 4. APPEARANCE:** write in the appearance of the specimen.
- 5. CELL COUNT:** write in the number of cells.

CSF ANALYSIS:

CSF ANALYSIS: CHEMISTRY:

6. **APPEARANCE:** write in the appearance of the specimen, E.g. CSF clear and colorless, turbid, purulent, xanthochromatic
7. **PROTEIN:** write in the results of the test. Report proteinometer readings
8. **SUGAR:** write in the result of the sugar test, Report findings

CSF ANALYSIS: MICROSCOPY:

9. **CELL COUNT:** write in the number of cells per millimeter cubed, E.g. 20cell/mm³
10. **WET PREP:** write in the results of the wet preparation
11. **GRAM STAIN:** write in the results of the stain
12. **INDIA INK:** write the results of the test, Report microscopic findings as negative or positive for capsulated yeasts

OTHER TESTS:

Write the results of any other test you have done that is not included in the range of tests on the register, report tests done at the facility but not provided for on the laboratory register, e.g. ESR, Absolute values, clotting time etc.

TOTAL TEST TYPE CARRIED OUT:

Enter in this column the total tests done so far. This will help you when filling in the monthly summary report. Add and record the sum of each type of test recorded and total up at the end of the month. This is the number that will be used to fill in the monthly summary.

HMIS FORM 055A3: GENERAL HOSPITAL DAILY ACTIVITY LABORATORY REGISTER FOR GENERAL ANALYSIS

DESCRIPTION AND INSTRUCTIONS

- Objective:** To maintain records of person information, tests and results of the laboratory tests
- Timing:** Daily or whenever a laboratory test is done
- Responsibility:** Health Facility laboratory In-charge or other personnel designated to complete the lab register

DESCRIPTION OF COULUMNS:

1. **DATE:**
Write the date for each sample tested
2. **LABORATORY NUMBER:**
Write the specimen lab number. Start a new number for each month. Each laboratory number should consist of at least three digits e.g. 001
3. **OPD/IP NUMBER:**
Write the patient's OPD/IP number
4. **NAME:**
Write the patients name in full
5. **SEX:**
Write in the patient's sex, F for female and M for male
6. **AGE:**
Write the patient's age in complete years if over one year of age. Use months if the patient is under one year of age, clearly writing "MTH" after the age, and "Days" if less than 1 month.
7. **VILLAGE:**
Write the patient's village, this is for purposes of better follow ups.
8. **UNIT:**
Write the name of the department/ward where the sample is from e.g. HIV/AIDS OPD Clinic, Pediatric OPD Clinic or General OPD clinic, maternity ward etc
9. **SPECIMEN:**
Write the type of specimen received for testing, e.g. stool, blood, urine, etc
10. **HAEMATOLOGY / SEROLOGY:**

Technical Module 5: Inpatient and Speciality Services

1. **Hb IN GMS:** Write the Hemoglobin levels in number, e.g. If Hb is 10gms/100mls or 10gm/dl- enter the number as 10.
2. **WBC TOTAL:** Write the Total White Blood cell Count Report total per cubic millimeter e.g. 4000/mm³.
3. **WBC DIFFERENTIAL:** Report differential count and field comment, e.g. N60%, L30%, E5%, M2%, B3% and comment on the film
4. **ABO GROUPING:** Enter the patient's blood group after cross matching, report ABO group e.g. blood group "O"
5. **VDRL/RPR:** write in the results of the test either VDRL or RPR, report negative (Neg) or Positive (Pos)
6. **TPHA:** write in the results of the test, Report the titre of reaction.
7. **RHEMATOID FACTOR:** write results of rheumatoid test, e.g. Rheumatoid factor reactive

11. PARASITOLOGY:

MALARIA:

1. **MALARIA MICROSCOPY:** Write in the results of the microscopy, Positive or Negative. if thin film is done, report the type of parasite identified (Species).
2. **MALARIA RDTS:** Write the results of malaria Rapid Diagnostic Tests, Positive or Negative.
3. **OTHER HAEMOPARASITES:** Write results of other haemoparasites identified, Positive or Negative. if thin film is done, report the type of parasite identified (Species).

URINE ANALYSIS:

4. **MACRO:** Write in the result of macroscopic examination, report macroscopic appearance of specimen.
5. **MICRO:** Write in the result of microscopic examination, report microscopic findings
6. **SUGAR:** write in the results of the test, report according to instructions on the strip bottle
7. **PROTEIN:** write in the results of the test, Report according to instructions on the strip bottle.
8. **PREG TEST:** write in the results of the pregnancy test, report negative (Neg) or Positive (Pos)

STOOL MICROSCOPY:

9. **MACRO:** Write in the result of macroscopic examination, report macroscopic appearance of specimen. E.g. formed, loose, blood stained.
10. **MICRO:** Write in the result of microscopic examination, report microscopic findings

CONTINUE TO THE RIGHT SIDE OF THE REGISTER:

12. MICROBIOLOGY:

SWABS:

1. **TYPE:** write in the type of specimen, puss, high vaginal swabs etc
2. **WET PREP:** write in the results of the wet preparation, report microscopic findings
3. **GRAM STAIN:** write in the results of the Gram stain, E.g. G/positive cocci or G/Negative intracellular diplococcic.

SEMEN ANALYSIS:

Technical Module 5: Inpatient and Speciality Services

4. **APPEARANCE:** write in the appearance of the specimen.
5. **CELL COUNT:** write in the number of cells.

CSF ANALYSIS:

CSF ANALYSIS: CHEMISTRY:

6. **APPEARANCE:** write in the appearance of the specimen, E.g. CSF clear and colorless, turbid, purulent, xanthochromatic
7. **PROTEIN:** write in the results of the test. Report proteinometer readings
8. **SUGAR:** write in the result of the sugar test, Report findings

CSF ANALYSIS:

MICROSCOPY:

9. **CELL COUNT:** write in the number of cells per millimeter cubed, E.g. 20cell/mm³
10. **WET PREP:** write in the results of the wet preparation
11. **GRAM STAIN:** write in the results of the stain
12. **LEISH:** write the results of the leishman test
13. **INDIA INK:** write the results of the test, Report microscopic findings as negative or positive for capsulated yeasts

OTHER TESTS:

Write the results of any other test you have done that is not included in the range of tests on the register, report tests done at the facility but not provided for on the laboratory register, e.g. ESR, Absolute values, clotting time etc.

TOTAL TEST TYPE CARRIED OUT:

Enter in this column the total tests done so far. This will help you when filling in the monthly summary report. Add and record the sum of each type of test recorded and total up at the end of the month. This is the number that will be used to fill in the monthly summary.

HMIS FORM 055A4: DAILY ACTIVITY REGISTER FOR RECORDING HIV TESTS

DESCRIPTION AND INSTRUCTIONS

- Objective:** To maintain records of HIV tests and categorise them by purpose e.g. HCT, PMTCT, Clinical diagnosis and Quality assurance.
- Timing:** Daily or whenever HIV test is done
- Copies:** One copy but distributed to all wards, Laboratory, TB, PMTCT, OPD and outreaches.
- Responsibility:** Person responsible for carrying out HIV test at the Health Facility/Department.

PROCEDURE:

1. The date the register was started, the name of health unit, name of department, and the date the register was finished are written on the front cover.
2. This register is used to record HIV tests done. The laboratory in-charge or the person responsible for filling in the Bimonthly order report and order calculation form for HIV tests will aggregate all the data from the different departments and make summaries on the form every two month.

DESCRIPTION OF COULUMNS:

1. CLIENT NUMBER:

Write the patient's number. The patient numbers should be used for purposes of maintaining confidentiality.

2. DATE:

Write the date for each test is done.

3. AGE:

Write the patient's age in complete years if over one year of age. Use months if the patient is under one year of age, clearly writing "MTH" after the age, and "Days" if less than 1 month.

4. SEX:

Write in the patient's sex, F for female and M for male

5. BATCH NUMBER:

Write the batch number of the used test kit, the number is on a label of the test kit.

6. EXPIRY DATE:

Write the expiry date of the used test kit. The expiry date is labeled on the test kit.

7. PURPOSE/USE:

The current HIV testing algorithm uses Determine as the screening test. Write the letter that represents the purpose for which the test is being conducted.

Purposes can include any of the following:

H for HCT

P for PMTCT

C for Clinical Diagnosis

QC for Quality Control

Note: The purpose remains the same for each blood sample even though it may be subjected to screening, confirmatory and tie breaker tests.

8. REPEAT TESTER:

Write "Yes" if the client is a repeat tester and "No" when the client is a first tester. A first tester is a client who has never been tested for HIV.

9. TYPE OF TEST:

The type of test is described in the national algorithm of HIV testing which include Determine, Statpack and Unigold.

DETERMINE RESULT:

Write the result of the test using Determine

If the result is **non-reactive**, Write **(NON-REACTIVE)** in the result box and **skip** to Final Results. If the result is **reactive**, Write **(REACTIVE)** in the result box.

STATPAK RESULTS:

Write the results of the test using Statpak

If the result is **reactive**, Write **(REACTIVE)** in the result box and **skip** to Final Results.

If the result is **negative**, Write **(NON-REACTIVE)** in the result box.

UNIGOLD (TIE-BREAKER RESULTS):

Write the results of the test using the tie-breaker

If the result is **reactive**, write **(REACTIVE)** in the result box and go to the final results.

If the result is **non-reactive**, Write **(NON-REACTIVE)** in the result box.

10. FINAL RESULTS:

Write/report the final result determined by the tests.

Refer to your copy of the testing algorithm.

Example: **POSITIVE** or **NEGATIVE**

11. REMARKS/ INITIALS:

Write the remarks based on the out come of the tests and indicate the initials of the person who carried out the tests.

12. LOSSES/WASTAGE TALLIES:

Insert a tally for each test kit wasted or lost or an indeterminate result. e.g. *///* or *////*

13. SUMMARY OF TOTAL TESTS PER PURPOSE:

Write in the total number of test types used by purpose for the page.

On the upper portion of the form, look at the purpose columns and count all screening tests (Determine) used for HCT. Do the same for PMTCT, Clinical Diagnosis and Quality Control. Repeat the process for the confirmatory tests (Statpak) and the tie-breaker tests (Unigold). Also count up the total number of tests used for quality control by type.

HMIS FORM 089: TB LABORATORY REGISTER

DESCRIPTION AND INSTRUCTIONS

- Objective:** To maintain records of person information, tests and results of the laboratory tests
- Timing:** Daily or whenever a laboratory test is done
- Responsibility:** Health Facility laboratory In-charge or other personnel designated to complete the lab register

DESCRIPTION OF COLUMNS:

- 1. LABORATORY SERIAL NUMBER:**
This is the unique serial number issued to TB suspect/patient. The number begins with 1 at the beginning of the financial year (July) and ends at the end of the financial year (June)
- 2. DATE:**
Write the date for each sample tested
- 3. NAME:**
Write the patients names
- 4. SEX:**
Write in the patient's sex
- 5. AGE:**
Write the patient's age in complete years if over one year of age. Use months if the patient is under one year of age, clearly writing "MTH" after the age, and "Days" if less than 1 month.
- 6. ADDRESS:**
Write the patient's address. The patients address or location is given by the county (1), sub-county (2), parish (3) and village (4) for better follow up
- 7. PATIENT NUMBER:**
Write in the unit or District TB number, E.g. District TB number - 3745/10
- 8. PRE-TREATMENT AND FOLLOW-UP SPECIMEN:**
Write in Pre-Rx or Follow-up (FU). Clients who have not had any TB treatment are categorized as Pre-Treatment case. Clients on TB treatment are considered as follow-up cases (FU). Follow-up sample is collected at 2, 5 and 8 months (FU₂, FU₅, FU₈)
- 9. SPECIMEN RESULT:**
SPECIMEN RESULT 1: write the results of the Ziehl Nielsen test on the first sputum collected. Spot specimen microscopic findings
SPECIMEN RESULT 2: write in the results of the second Ziehl Neelsen test. Early morning specimen microscopic findings.
SPECIMEN RESULT 3 (OPTIONAL): write in the results of the Ziehl Neelsen test on the third sputum specimen collected. Second spot specimen microscopic findings
- 10. SIGNATURE:**
Write in the initials or signature of the technician. Initials or signature of technician authenticates test results
- 11. REMARKS:**

Technical Module 5: Inpatient and Speciality Services

Write in any remarks/comments arising from the results of the test, e.g. Report presence of yeast cells

HMIS FORM 089: TB LABORATORY REGISTER

Year: _____ Name of Laboratory: _____

| (1) | (2) | (3) | (4) | (5) | (6) | (7) | | (8) | (9) | | | (10) | (11) |
|--------------------|------|------|------------|-----|--|--------------------|---------------------|--------------------------|------------------|---|---|-----------|---------|
| Lab. Serial No. | Date | Name | Sex M/F | Age | Address (1)County (2)Sub-County (3)Parish (4)Village | Patient Number | | Pre-Rx Or Follo-up | Specimen Results | | | Signature | Remarks |
| | | | | | | Suspect Unit No | District TB. No. | | 1 | 2 | 3 | | |
| | | | | | (1) (3) | | | | | | | | |
| | | | | | (2) (4) | | | | | | | | |
| | | | | | (1) (3) | | | | | | | | |
| | | | | | (2) (4) | | | | | | | | |
| | | | | | (1) (3) | | | | | | | | |
| | | | | | (2) (4) | | | | | | | | |
| | | | | | (1) (3) | | | | | | | | |
| | | | | | (2) (4) | | | | | | | | |
| | | | | | (1) (3) | | | | | | | | |
| | | | | | (2) (4) | | | | | | | | |
| | | | | | (1) (3) | | | | | | | | |
| | | | | | (2) (4) | | | | | | | | |
| | | | | | (1) (3) | | | | | | | | |
| | | | | | (2) (4) | | | | | | | | |
| | | | | | (1) (3) | | | | | | | | |
| | | | | | (2) (4) | | | | | | | | |

HMIS FORM 090: DAILY ACTIVITY LABORATORY REGISTER FOR CLINICAL CHEMISTRY

DESCRIPTION AND INSTRUCTIONS

- Objective:** To maintain records of tests and results of the Clinical chemistry Analyzer machine
- Timing:** Daily or whenever laboratory tests is done
- Responsibility:** Person performing the tests

DESCRIPTION OF COLUMNS:

- 1. DATE:**
Write the date for each sample tested
- 2. OPD/IP NO.:**
Write in the OPD/IP number of the patient
- 3. LABORATORY NO:**
Write the patients/ sample laboratory number. Start a new number for each month. Each laboratory number should consist of at least three digits e.g. 001
- 4. NAME:**
Write the patients names, write both names in full.
- 5. SEX:**
Write in the patient's sex, F for female and M for male
- 6. AGE:**
Write the patient's age in complete years if over one year of age. Use months if the patient is under one year of age, clearly writing "MTH" after the age, and "Days" if less than 1 month.
- 7. SPECIMEN:**
Write the specimen received
- 8. RENAL PROFILE TESTS:**
Write the values of each kidney function tests carried out. They include; urea, potassium Sodium etc. e.g. Blood urea = 30mg/100ml
- 9. LIVER PROFILE TESTS:**
Write the values of each liver function tests carried out. They include, ALT, AST, Bilirubin etc e.g. Total bilirubin = 1.0 mg/100ml
- 10. LIPID PROFILE TESTS:**
Write the values of each lipid profile tests carried out. They include cholesterol, Triglycerides, HDL, LDL etc. For example write "Cholesterol <200 mg/dL (5.18 mmol/L)", "HDL-cholesterol > 40 mg/dL (1.04 mmol/L)", "LDL-cholesterol <100 mg/dL (2.59 mmol/L)", Triglycerides <150 mg/dL (1.70 mmol/L) e.t.c.
- 11. BONE PROFILE:**
Record the values of each test done.

12. MISCELLANEOUS:

Write the values of each miscellaneous tests carried out. They include Blood sugar, uric acid serum amylase etc e.g. blood sugar 200mg/100ml

OTHER TESTS:

Write the results of any other test you have done that is not included in the range of tests on the register. Report tests done at the facility but not provided for on the laboratory register.

TOTAL TEST TYPE CARRIED OUT:

Enter in this column the total tests done so far. This will help you when filling in the monthly summary report. Add and record the sum of each type of test recorded and total up at the end of the month. This is the number that will be used to fill in the monthly summary.

HMIS FORM 091B: BLOOD TRANSFUSION RECORD

DESCRIPTION AND INSTRUCTIONS

- Objective:** To maintain records of blood transfusion carried out in health facilities.
- Timing:** Whenever blood transfusion is required
- Responsibility:** Health Facility laboratory In-charge or other personnel designated to complete the blood transfusion record form

DESCRIPTION OF COLUMNS:

NAME OF FACILITY:

Write the name of the facility in which the transfusion is done

1. ITEM:

Record the item number.

2. UNIT NUMBER:

Record the blood unit number.

3. BLOOD GROUP:

Write the blood group, write the ABO and Rhesus blood groups.

4. WHOLE BLOOD OR PACKED CELL:

Write down the blood component e.g. Whole blood, Packed Cells, Platelet, Plasma, Cryoprecipitate etc

5. ON ARRIVAL OF BLOOD:

Write the initials of the person that received the blood. An inspection should be carried out at the time of receiving the blood. An inspection should be carried out at the time of receiving the blood.

6. PATIENTS NAME:

Record patient's name

7. SEX:

Write the patient's gender

8. AGE:

Record the age of the patient with the figure followed by **Yr** for Years, **Mo** for months, **Wk** for weeks and **Dd** for days e.g. 20Yr (20 years old)

9. PATIENT'S BLOOD GROUP:

Record the patient's blood group. Write the ABO and Rhesus blood groups.

10. HOSPITAL NUMBER:

Write the in patient number

11. HB B' TR. (HB BEFORE TRANSFUSION):

Technical Module 5: Inpatient and Speciality Services

Record haemoglobin level before transfusion. Haemoglobin level recorded in grams/deciliter (gms/dl)

12. WD (WARD):

Record the ward. Record the ward in which the patient is admitted.

13. DRS. NAME (DOCTORS NAME):

Record the name of the doctor requesting for blood

14. COMPATIBILITY TESTING:

a. I.S. (Immediate Spin): Record “+” or “-“. Record “+” for presence of agglutination (Incompatible). Record “-” for absence of agglutination (Compatible)

b. IAGT (Indirect Anti-human Globulin Test): Record “+” or “-“. Record “+” for presence of agglutination (Incompatible). Record “-” for absence of agglutination (Compatible)

16. EXP. DATE (EXPIRY DATE):

Record the expiry date of the blood unit.

17. DATE/TIME OUT:

Write the date or time when the blood is going out.

18. TAKEN BY:

Write the initials of the person who takes the unit of blood from the lab to the transfusion site.

19. ISSUED BY:

Write the initials of the person who gives out the blood

20. DATE/TIME RTN/BY (DATE/TIME RETURNED):

Write date and time and initials of the person returning the blood unit, e.g. Date: 8th June 2010, @ 4:30pm by G.O.

21. REASONS FOR TRANSFUSION:

a. ANAE(ANAEMIA): Tick (✓) appropriately

b. SURG(SURGERY): Tick(✓) appropriately

c. HAEM(HAEMOLYSIS): Tick(✓) appropriately

Use the information from the request form to tick appropriately.

22. Notes: Write any other information that is not captured above.

DATE ISSUED: Write the date when the blood bank issued the blood

DATE RECEIVED: Write the date when the facility received the blood

HMIS FORM 092: DAILY ACTIVITY REGISTER FOR OTHER SEROLOGICAL TESTS AND VIRAL LOAD

DESCRIPTION AND INSTRUCTIONS

Objective: To maintain records of, tests and results for other serological tests and Viral load

Timing: Daily or whenever laboratory tests is done

Responsibility: Person performing the tests

DESCRIPTION OF COLUMNS:

- 1. DATE:**
Write the date, month and year for which the test(s) are being done. Start a new page for each new month
- 2. OPD/IP NO:**
Write in the OPD/IP number
- 3. LABORATORY NO:**
Write the patients/ sample laboratory number. Start a new number for each month. Each laboratory number should consist of at least three digits e.g. 001
- 4. NAME:**
Write the patient's names. Write both names in full.
- 5. SEX:**
Write in the patient's sex. F for female and M for male.
- 6. AGE:**
Write the patient's age in complete years if over one year of age. Use months if the patient is under one year of age, clearly writing "MTH" after the age, and "Days" if less than 1 month.
- 7. SPECIMEN:**
Write in the specimen received
- 8. MUREX:**
Write the results of Murex test done. Report negative (Neg) or Positive (Pos)
- 9. VIRONISTIKA;**
Write results of Vironistika test done. Report negative (Neg) or Positive (Pos)
- 10. CALYPTE EIA**
Write the results of Calypate EIA. Report negative (Neg) or Positive (Pos)
- 11. WESTERN BLOT:**
Write the results of western Blot test done. Report negative (Neg) or Positive (Pos)
- 12. VIRAL LOAD:**
Write the results of Viral Load test done.

TOTAL TEST TYPE CARRIED OUT

Enter in this column the total tests done so far. This will help you when filling in the monthly summary report. Add and record the sum of each type of test recorded and total up at the end

Technical Module 5: Inpatient and Speciality Services

of the month. This is the number that will be used to fill in the monthly summary.

HMIS FORM 093: MICROBIOLOGY AND SEROLOGY HOSPITAL LABORATORY REGISTER

DESCRIPTION AND INSTRUCTIONS

- Objectives:** To maintain records of person information, tests and results of the laboratory tests
- Timing:** Daily or whenever a laboratory test is done
- Responsibility:** Health Facility laboratory In-charge or other personnel designated to complete the lab register

DESCRIPTION OF COLUMNS:

- 1. DATE:**
Write the date for which the test is being captured. Please enter date per patients sample tested
- 2. OPD/IP NO.:**
Write in the OPD/IP number. This is got from the request form
- 3. LABORATORY NO:**
Write the patients/ sample laboratory number. Start a new number for each month. Each laboratory number should consist of at least three digits e.g. 001
- 4. NAME:**
Write the name of the patient.
- 5. SEX:**
Write in the patient's sex. F for female and M for male
- 6. AGE:**
Write the patient's age in complete years if over one year of age. Use months if the patient is under one year of age, clearly writing "MTH" after the age, and "Days" if less than 1 month.
- 7. VILLAGE:**
Write the patients residence. Sub-county and village for better follow up
- 8. UNIT:**
Write in the name of the unit where the request is from. E.g. HIV/AIDS OPD Clinic, Pediatric OPD Clinic or General OPD clinic.
- 9. SAMPLE;**
Write in the sample received, e.g. Stool, Urine, Swab, CSF, etc
- 10. URINE ANALYSIS AND CULTURE:**
 - 1. PROTEIN:** Write in the results of the test. Report according to instructions on the strip bottle.
 - 2. SUGAR:** write in the results of the test. Report according to instructions on the strip bottle
 - 3. MACRO:** Write in the result of macroscopic examination. Report macroscopic appearance of specimen

Technical Module 5: Inpatient and Speciality Services

4. **MICRO:** Write in the result of microscopic examination. Report microscopic findings
5. **CULTURE AND SENSITIVITY:** Write the results of culture and sensitivity.

11. STOOL MICROSCOPY AND CULTURE:

1. **MACRO:** Write in the result of macroscopic examination. Report macroscopic appearance of specimen. E.g. formed, loose, blood stained.
2. **MICRO:** Write in the result of microscopic examination. Report microscopic findings.
3. **CULTURE AND SENSITIVITY:** Write the results of culture and sensitivity

12. HEAMO PARASITES:

MALARIA:

1. **MALARIA (THICK SMEAR RESULTS):** Write the results of thick smear. Report as required by SOP e.g. 15 *plasmodium falciparum*/200 WBC, for other type report the by spices name (*P. Vivax*, *P.malarie*, *P.ovale*) or no mps seen;
2. **MALARIA SPECIES:** write "+" for the type of parasite indentified in appropriate box, e.g. *Plasmodium falciparum*, *P. Vivax*, *P.malarie*, *P.ovale*, etc
3. **OTHER HAEMOPARASITES:** Write other haemoparasites seen, e.g. Microfilaria, Borellia, Trypanasom species, etc

CONTINUE TO THE RIGHT SIDE OF THE REGISTER:

13. SWABS:

1. **TYPE:** write in the type of specimen, puss, high vaginal swabs etc
2. **WET PREP:** write in the results of the wet preparation, report microscopic findings.
3. **GRAM STAIN:** write in the results of the Gram stain, e.g. G/positive cocci or G/Negative intracellular diplococcic
4. **CULTURE AND SENSITIVITY:** Write the results of culture and sensitivity

14. CSF ANALYSIS:

CHEMISTRY:

1. **APPEARANCE:** write in the appearance of the specimen, e.g. CSF clear and colorless, turbid, purulent, xanthochromatic
2. **PROTEIN:** write in the results of the test. Report proteinometer readings.
3. **SUGAR:** write in the result of the sugar test. Report findings.

CSF MICROSCOPY:

1. **CELL COUNT:** write in the number of cells per millimeter cubed, e.g. 20cell/mm³.
2. **WET PREP:** write in the results of the wet preparation. Report microscopic findings.
3. **GRAM STAIN:** write in the results of the stain. Report microscopic findings
4. **LEISH:** write the results of the leishman test. Report microscopic findings
5. **INDIA INK:** write the results of the test. Report microscopic findings as negative or positive for capsulated yeasts.
6. **CULTURE AND SENSITIVITY:** Write the results of culture and sensitivity

15. SEROLOGY:

1. **VDRL/RPR:** write in the results of the test either VDRL or RPR. Report negative (Neg) or Positive (Pos)

Technical Module 5: Inpatient and Speciality Services

2. **TPHA:** write in the results of the test. Report the titre of reaction
3. **Hep B:** write in the results of the hepatitis B test. Report negative (Neg) or Positive (Pos)
4. **Preg test:** write in the results of the pregnancy test. Report negative (Neg) or Positive (Pos)

OTHER TESTS:

Write the results of any other test you have done that is not included in the range of tests on the register. Report tests done at the facility but not provided for on the laboratory register. e.g. ESR, Absolute values, clotting time etc.

TOTAL TEST TYPES CARRIED OUT:

Enter in this column the total tests done so far. This will help you when filling in the monthly summary report. Add and record the sum of each type of test recorded and total up at the end of the month. This is the number that will be used to fill in the monthly summary.



HMIS FORM 093: MICROBIOLOGY AND SEROLOGY HOSPITAL LABORATORY REGISTER

Facility Name: _____ Month _____ Year _____

| PERSONAL INFORMATION | | | | | | | | | PARASITOLOGY AND BACTERIOLOGY | | | | | | | | | |
|--------------------------------|-----------|--------|------|-----|-----|------|---------|--------|---------------------------------|-------|-------|-------|---------------------------------|-------|-------|-------------------------|--------------------|--|
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) URINE ANALYSIS AND CULTURE | | | | (11) STOOL MICROSCOPY & CULTURE | | | (12) HEAMO PARASITES | | |
| Date | OP/ IP No | Lab No | Name | Sex | Age | Unit | Village | Sample | Prot | Sugar | Macro | Micro | Culture and Sensitivity m) | Macro | Micro | Culture and Sensitivity | Malaria Microscopy | Other Haemoparasites |
| | | | | | | | | | | | | | | | | | | Trypanosomes Leishmaniasis Microfilaria Tissue Microscopy |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| Total number of test done | | | | | | | | | | | | | | | | | | |
| Total number of tests positive | | | | | | | | | | | | | | | | | | |

HMIS FORM 094: DAILY ACTIVITY REGISTER FOR HEAMATOLOGICAL INDICES

DESCRIPTION AND INSTRUCTIONS

Objective: To maintain records of tests and results of the Heamatological Analyser machine and other manual methods

Timing: whenever laboratory tests is done

Responsibility: Person performing laboratory tests

DESCRIPTION OF COLUMNS:

- 1. DATE:**
Write the date, month and year for which the tests are being done. Start a new line for each number
- 2. OPD/IP No.:**
Write in the OPD/IP number
- 3. LABORATORY No.:**
Write the patients/ sample laboratory number. Start a new number for each month. Each laboratory number should consist of at least three digits e.g. 001
- 4. NAME:**
Write the name of the patient in full
- 5. SEX:**
Write in the column the patient's sex. Write F for female and M for male.
- 6. AGE:**
Write the patient's age in complete years if over one year of age. Use months if the patient is under one year of age, clearly writing "MTH" after the age, and "Days" if less than 1 month.
- 7. VILLAGE:**
Write the patients residence. Sub-county and village for better follow up.
- 8. UNIT:**
Write in the name of the department where the request is from, e.g. HIV/AIDS OPD Clinic, Pediatric OPD Clinic or General OPD clinic
- 9. SAMPLE:**
Write in the sample received e.g. Stool, Urine, Swab, CSF, etc
- 10. ACCESSION /LAB NUMBER:**
Write the patients/ sample accession numbers. Start a new page for each month. e.g. 461
- 11. HEAMOGRAM RESULTS:**
Write the results/values of each parameter measured, e.g. WBC (T) - 6.6/ul, MCV - 85, PLTs - 223/ul etc

Technical Module 5: Inpatient and Speciality Services

12. FILM COMMENTS:

Write the results of film comments for each patient, RBC- Normochromatic Normocitic, WBC- Appear –

Normal, Percentage count of the WBC – N = 75%, L = 23%, E = 1%, M = 1%, PLTs- Normal distribution.

TOTAL TESTS CARRIED OUT:

Enter in this column the total tests done so far. This will help you when filling in the monthly summary report. Add and record the sum of test done and total up at the end of the month. This is the number that will be used to fill in the monthly summary.

HMIS FORM 095: DAILY ACTIVITY REGISTER FOR CD4 COUNT

DESCRIPTION AND INSTRUCTIONS

- Objective:** To maintain records of tests and results of the CD4 Count
- Timing:** whenever laboratory tests is done
- Responsibility:** Person performing laboratory tests

DESCRIPTION OF COLUMNS:

Provides results for CD4+, CD8+, CD45+ and CD3+ T lymphocytes as absolute numbers of lymphocytes per μl (mm^3) of blood, and the CD4+/CD8+ T-lymphocyte ratio if required by the user.

- 1. DATE:**
Write the date for which the test is being captured. Please enter date per patients sample tested
- 2. OPD/IP No.:**
Write in the OPD/IP number. This is got from the request form.
- 3. LABORATORY No.:**
Write the patients/ sample laboratory number. Start a new number for each month. Each laboratory number should consist of at least three digits e.g. 001
- 4. NAME:**
Write the name of the patient in full
- 5. SEX:**
Write in the patient's sex. F for female and M for male
- 6. AGE:**
Write the patient's age in complete years if over one year of age. Use months if the patient is under one year of age, clearly writing "MTH" after the age, and "Days" if less than 1 month.
- 7. VILLAGE:**
Write the patients residence. Sub-county and village for better follow up.
- 8. UNIT:**
Write in the name of the department where the request is from e.g. HIV/AIDS OPD Clinic, Pediatric OPD Clinic or General OPD clinic.
- 9. SAMPLE:**
Write in the sample received, e.g. Stool, Urine, Swab, CSF, etc
- 10. CD COUNTS:**
Write the values of CD4+, CD8+, CD45+ and CD3+ T lymphocytes.
- 11. CD4/CD8 RATIO:**
Write the values of CD4/CD8Ratios.
- 12. DATE DONE:**
Write the date when the test was carried out.
- 13. COMMENT:**
Any other comments on the test done.

HMIS FORM 095: DAILY ACTIVITY REGISTER FOR CD4 COUNT

| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | | | | | | |
|-----------------------------------|------------|---------|------|-----|-----|---------|------|--------|-----------|-----|-----|------|---------------|-----------|----------|
| Date | OPD/IP No. | Lab No. | Name | Sex | Age | Village | Unit | Sample | CD COUNTS | | | | | | |
| | | | | | | | | | CD3 | CD4 | CD8 | CD45 | CD4/CD8 Ratio | Date Done | Comments |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Total Number of Tests Done | | | | | | | | | | | | | | | |

TABLE 17: LABORATORY TESTS MONTHLY SUMMARY

DESCRIPTION AND INSTRUCTIONS

- Objective:** Reports the total number of laboratory tests done at the health unit.
- Timing:** Due by 14th of the following month.
- Copies:** One copy which remains in the health unit database.
- Responsibility:** Person incharge of the Laboratory at the health unit and the Records Assistant

PROCEDURE:

Use the laboratory register to fill in the Health Unit Laboratory Tests Monthly Summary. For each of the samples tested, the number of tests carried out during the month and the number that tested positive should be filled in table below. No entries are made in the shaded areas. In the column labeled "Total tests done", sum up by row all the tests done in the health unit, and fill in the total in this column.

The table must be completed fully.

Instead of any zeros, please refer to the following codes for the respective suggestion

- No reagents. - **R**
- No equipment. - **E**
- Not enough Manpower. - **M**
- Not trained in the standard Technique. - **T**
- Test not requested for. - **F**



TABLE 17: LABORATORY TESTS MONTHLY SUMMARY (MALE/FEMALE, *delete where non-applicable*)

| Category (Test) | July | | Aug | | Sept | | Oct | | Nov | | Dec | | Jan | | Feb | | Mar | | Apr | | May | | Jun | | Total | | |
|--------------------------|------|-----|------|-----|------|-----|------|-----|------|-----|------|-----|------|-----|------|-----|------|-----|------|-----|------|-----|------|-----|-------|-----|--|
| | Done | +ve | Done | +ve | |
| Hematology(Blood) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HB | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WBC Total | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Differential | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Film Comment | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ESR | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RBC | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bleeding time | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Prothrombin time | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Clotting time | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Others | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ABO Grouping | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Combs | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cross Matching | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Parasitology | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Malaria | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RDTs | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Haemoparasites | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stool Microscopy | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Serology | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HIV | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VDRL/RPR | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TPHA | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Shigella Dysentery | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Syphilis Screening | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hepatitis B | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Brucella | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pregnancy Test | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Widal Test | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rheumatoid Factor | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Weil Felix | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Others | | | | | | | | | | | | | | | | | | | | | | | | | | | |



| Category (Test) | July | | Aug | | Sept | | Oct | | Nov | | Dec | | Jan | | Feb | | Mar | | Apr | | May | | Jun | | Total | |
|--|------|-----|------|-----|------|-----|------|-----|------|-----|------|-----|------|-----|------|-----|------|-----|------|-----|------|-----|------|-----|-------|-----|
| | Done | +ve | Done | +ve |
| Immunology | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CD4 tests & others | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Microbiology (CSF Urine, Stool, Blood, Sputum, Swabs) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ZN for AFBs | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cultures / Sensitivities | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gram | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Indian Ink | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Wet Preps | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Urine Microscopy | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Clinical Chemistry | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Renal Profile | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Urea | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Calcium | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Potassium | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sodium | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Creatinine | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Liver Profile | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ALT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AST | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Albumin | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Protein | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lipid/ Cardiac Profile | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Triglycerides | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cholesterol | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CK | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LDH | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HDL | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Miscellaneous | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Alkaline Phosphate | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Amylase | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Glucose | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Uric Acid | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lactate | | | | | | | | | | | | | | | | | | | | | | | | | | |

PART 9: HEALTH UNIT TB REGISTER

HMIS FORM 096: HEALTH UNIT TB REGISTER

DESCRIPTION AND INSTRUCTIONS

- Objective:** To maintain records of TB patient's information, follow-up progress of treatment and ascertain the outcome of treatment for patients who have been started on treatment in a given cohort.
- Copies:** One stays in TB Clinic or TB Ward
- Responsibility:** Head of TB Clinic/Ward

PROCEDURE:

1. The date the register was started, the name of health unit, and the date the register was finished are written on the front cover.
2. The descriptions on how to complete the TB register are found below the TB register.

HMIS FORM 096: HEALTH UNIT TB REGISTER

| (1) | (2) | (3) | (4) | (5) | (6) | (7) | | | (8) | (9) | (10) | (11) | (12) | | | | | | |
|------------|-----------|------------|---------------------------------|---------|-----|-------------|------------|------------------------|----------------------------------|--|---|--|---|-------------------------------------|-----------|------------------|------------------|---|---|
| Unit TB No | HSD TB No | Dist TB No | Name (in full) & Contact Person | Sex M/F | Age | Address | | | Date Treatment Started & Regimen | Disease Class ^(a) P -Pos P-Neg EP P | Type of Patient ^(b) N.R.F.D.O | Transfer In ^(c) From (1) Reason (2) | Results of Sputum Examination and Other Examinations/Date | | | | | | |
| | | | | | | 1) District | 2) County | 3) Sub-County | | | | | PRE-Rx | | Follow Up | | | | |
| | | | | | | 4) Parish | 5) Village | 6) Nearest health unit | | | | | AFB ^(d) | Other Investigations ^(e) | 2 | 3 ^(f) | 4 ^(g) | 5 | 8 |
| | | | | | | 1) | 2) | 3) | | | | (1) | | | | | | | |
| | | | | | | 4) | 5) | 6) | | | | (2) | | | | | | | |
| | | | | | | 1) | 2) | 3) | | | | (1) | | | | | | | |
| | | | | | | 4) | 5) | 6) | | | | (2) | | | | | | | |

| (13) | | | | (14) | (15) | | | | | | | | | | (16) | | | | (17) | |
|--------------------------------------|------------------------------|--------------------|-----------------------|---|--|---|---|------------------------------|---|---|---|---|------------------------|------------------------------------|---------------------------|--|-----------------------------------|-----------|---------|---|
| TB/HIV Activities | | | | Treatment Model F or C/Date Name of CV (i) | Issue of Anti-TB Drugs ⁽¹⁰⁾ | | | | | | | | | | Treatment Outcome by Date | | | | Remarks | |
| HIV Test C/CT/CT1/CT2 (h) Date | Patient Recvd HIV Result Y/N | CPT Y/N Start Date | ART Rx Y/N Start Date | | Intensive Phase | | | Continuation Phase (Monthly) | | | | | | Treatment Completed ^(j) | | Treatment Not Completed ^(k) | | | | |
| | | | | | Month1 | | 1 | 2 | 3 | 4 | 5 | 6 | Smear Negative (Cured) | Smear result not available | Failure (Smear Positive) | Died | Transferred out Name of Unit/Date | Defaulted | | |
| | | | | WK 2 | WK 4 | 2 | | | | | | | | | | | | | 3 | 4 |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |

DESCRIPTION OF COLUMNS:

The quarter e.g. Quarter 1 2010 is written at the beginning of each reporting quarter in the middle of the right and left page. Nothing else is written on the row. This register **should be confidential** and thus the reason why it is not kept in the OPD register.

Note: Fill columns on the first visit of the client:

- 1. UNIT TB No. :**
Each TB patient identified is assigned a Unit TB number by the Health Unit recording the cases, when he/she is being recorded at initiation of TB treatment or changing from one **Category of treatment** regimen to another **Category of treatment** regimen. The numbers should start with "001/Year of reporting" for the first cases reported of each calendar year.
- 2. HSD TB No.:**
Each TB patient identified is assigned a Health Sub District TB number by the HSD TB Focal Person, when the HSD TB Focal Persons is recording the patient in his/her HSD TB Register. This is HSD TB number is then transcribed by the HSD TB Focal Person from the HSD TB Register into this Health Unit TB Register.
- 3. DISTRICT TB No.:**
Each TB patient identified is assigned a District TB number by the District TB Focal Person (DTLS), when the District TB Focal Person is recording the patient in his/her District TB Register. This is District TB number is then transcribed by the District TB Focal Person from the District TB Register into this Health Unit TB Register.
- 4. NAME (IN FULL) & CONTACT PERSON:**
Record the names of the TB patient in full (at least two names) in the first cell of the cell. The names of the Contact person of the patient are recorded in the second row of this cell including the relationship for example S/o = Son of, W/o = Wife of e.t.c.
- 5. SEX:**
Record the sex of the patient as "**M**" for Male and "**F**" for Female.
- 6. AGE:**
Write the patient's age in complete years if over one year of age. Use months if the patient is under one year of age, clearly writing "MTH" after the age, and "Days" if less than 1 month.
- 7. ADDRESS:**
Record the name of the address of the patients under the six categories provided in the register, namely;
 - 1) District – where the patients has been initiated on treatment,
 - 2) County – where the patient resides,
 - 3) Sub-County
 - 4) Parish
 - 5) Village
 - 6) Nearest health unit- to the patient's residence. Ensure completeness of this entry for purposes of tracing in event of default while on treatment.
- 8. DATE TREATMENT STARTED & REGIMEN:**

Technical Module 5: Inpatient and Speciality Services

Record the date the patient was initiated/put on TB treatment. Record the Treatment regimen in full using the algorithm provided in the NTLP Manual or desk Aide for that patient. Example 2RHZE/6EH, 2RHZ/4RH or 2SRHZE/RHZE/5RHE

9. DISEASE CLASSIFICATION:

Record the Disease Classification as: **P/Pos** for sputum positive, pulmonary TB; **P/Neg** for sputum negative, Pulmonary TB; **EP** - Extra Pulmonary TB and the site (spinal, renal, lymph node), and **NSD** for No Smear Done including children started on treatment without Sputum smear results.

10. TYPE OF PATIENT (N, R, F, D, DR-TB AND O):

Record the type of patient in accordance to the options provided in this register, namely; **N** for New Case, **R** for Relapse, **F** for failure, **D** for Return after Default, **DR-TB** for confirmed Drug Resistant TB case and **O** for Others like Chronic TB cases.

11. TRANSFER IN:

Record the referral unit from which the patient has been transferred in the first cell and the reason for the transfer in the second cell.

12. RESULTS OF SPUTUM EXAMINATION AND OTHER EXAMINATIONS/DATE:

(d) AFB

Record the results of sputum examination in the first cell example - ND for Not done; NEG for 0AFB/100 Fields, 1-9 for exact number if 1 to 9AFB/100 fields; (+) for 10-99 AFB/100 Fields, (++) for 1-10 AFB/Field; (++++) for >10 AFB/Field. Record the date in the second cell, when the sputum was examined.

(e) OTHERS INVESTIGATIONS

Record the Other type of test - Biopsy, Mantoux, CSF; X-Ray and examination result in the first cell and the examination date in the second cell. For diagnosis of TB in children refer to recommended children algorithm.

(f) FOLLOW UP

Record the examination result in the first cell and date in the second cell for: A category 1 patient who remained sputum positive at the end of 2 months and was continued on intensive phase for one more month; A category 2 patients started on intensive phase for 3 months.

13. TB/HIV ACTIVITIES:

Record HIV Counseling and Test Results: **C** for Counseled; **CT** for Counseled and Tested; **CT1** for HIV Positive and **CT2** for HIV Negative.

14. TREATMENT MODEL:

Record **F** if the patient is on health facility based DOTS and **C** if the patient is on community based DOTS (CBDOTS), record the start date in the first cell; Record the name of community volunteer (CV) assigned to a patient on CBDOTS in the second cell.

15. RECORD OF ISSUE OF ANTI-TB DRUGS:

Record the date of dispensing drugs {**dd/mm**} in the first cell and the number of days for which treatment is dispensed in the second cell. Under Intensive Phase, record the information for month 3 for: A **category 1 patient** who remained sputum positive at the

Technical Module 5: Inpatient and Speciality Services

end of 2 months and was continued on intensive phase for one more month; A **category 2 patients** started on intensive phase for 3 months and in Month 4 for a category 2 patient who remained sputum positive at the end of 3 months and was continued on intensive phase for one more month.

16. TREATMENT OUTCOME BY DATE:

Record the date under '**Treatment Completed**' if the full prescribed duration {6 or 8 months} of treatment has been given;

Record the date under 'Smear Negative' if the sputum in the last month is negative and was negative once before {2 or 5 Months}; For others record the date under 'Sputum Not Available'.

If the prescribed duration of **treatment was not completed**, record the date of stopping treatment under the correct heading; if '**Transferred Out**', record the date of transfer in the first cell and the name of the health unit transferred to in the second cell; If treatment was stopped because of **failure of treatment**, record the date of sputum result under 'Failure'.

17. REMARKS:

In the remarks column, record appropriate remarks in this column, example – Patient reacted to treatment indicate date and action taken, e.t.c.

PART 10: X-RAY REGISTER

HMIS FORM 056: X-RAY REGISTER

DESCRIPTION AND INSTRUCTIONS

Objective: Maintain record of X-rays taken and films used

Copies: One stays in X-ray department

Responsibility: Head of X-ray Department

PROCEDURE:

1. The date the register was started, the name of health unit, and the date the register was finished are written on the front cover.
2. The film sizes should correspond to the sizes available at the health unit.
3. Age and sex can be added if the Head of the X-ray Department wants to use this information.
4. The same type of register can be used for Ultra Sound and CT scan investigation.

HMIS 056: X-RAY REGISTER

HEADINGS AND COLUMN WIDTHS:

| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) |
|------------|------|-------------|-----|-----|----------------|---------------|-----------------|-----------------|-----------------|-----------------|
| SERIAL No. | NAME | PATIENT No. | AGE | SEX | OPD, IPD, WARD | INVESTIGATION | FILM SIZE 1 No. | FILM SIZE 2 No. | FILM SIZE 3 No. | FILM SIZE 4 No. |
| | | | | | | | | | | |

DESCRIPTION OF COLUMNS:

The date is written under the first column and nothing else is written on the line.

1. **SERIAL No.:**
Each test is given a unique number starting with number "1" on the first day of each month
2. **NAME:**
Write the patient's name in full.
3. **PATIENT No.:**
For an inpatient, use the inpatient number given in the Inpatient Register.
For an outpatient, use the patient number given on the outpatient card.
4. **AGE:**
Write the patient's age in complete years if over one year of age. Use months if the patient is under one year of age, clearly writing "MTH" after the age, and "Days" if less than 1 month.
5. **SEX:**
Write the sex of the patient. Indicate M for male and F for female.
6. **F OPD, IPD, WARD:**
Indicate where the patient was referred from; if from OPD write OPD and ward name for an In-patient.
7. **INVESTIGATION:**
Write a brief description of the investigation to be done including the region of the body, for example write chest x-ray, x-ray of the left femur etc
8. **FILM SIZE 1 No.:**
Number of film size 1 used. Enter the size in the heading (e.g. 33 x 33)
9. **FILM SIZE 2 No.:**
Number of film size 2 used. Enter the size in the heading (e.g. 18 x 24)
10. **FILM SIZE 3 No**
Number of film size 3 used. Enter the size in the heading (e.g. 45 x 45)
11. **FILM SIZE 4 No**
Number of film size 4 used. Enter the size in the heading (e.g. 14 x 18)

REPORTED MONTHLY TO THE INCHARGE:

→ The number of patients having x-rays taken.

Technical Module 5: Inpatient and Speciality Services

→ Other information may be required by the incharge. This can be written here for reference:

PART 11: OPERATING THEATRE REGISTER

HMIS FORM 057: OPERATING THEATRE REGISTER

DESCRIPTION AND INSTRUCTIONS

- Objective:** Record the interventions (operations) done in the operating theatres
- Copies:** One for each theatre
- Responsibility:** In-charge of the Theatre

PROCEDURE:

1. The date the register was started, the name of health unit, and the date the register was finished are written on the front cover.
2. Separate registers are used for the Major and Minor Theatres. Whether there needs to be a separate register for each theatre room is determined by the hospital.

HMIS FORM 057: OPERATING THEATRE REGISTER

HEADINGS AND COLUMN WIDTHS:

LEFT HAND SIDE

| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) |
|------|-----------|--------------|------------|------|------|---------|--------------|
| DATE | SERIAL No | PATIENT NAME | PATIENT No | AGE | SEX | SURGEON | ANAESTHETIST |
| 2 cm | 2 cm | 5 cm | 2 cm | 1 cm | 1 cm | 3.5 cm | 3.5 cm |
| | | | | | | | |

RIGHT HAND SIDE

| (9) | (10) | (11) | (12) |
|-------------|-----------|-----------|---------|
| ANAESTHESIA | DIAGNOSIS | OPERATION | REMARKS |
| 4cm | 6 cm | 6 cm | 4 cm |
| | | | |

DESCRIPTION OF COLUMNS:

- DATE:**
Write the day and month of the operation. Use abbreviations for the month.
- SERIAL No.:**
Each operation is given a unique number starting with number "1" on the first day of January each year.
- PATIENT NAME:**
Write the patient's name
- PATIENT No.:**
Write the patients number given either in the Inpatient or outpatient Register.
- AGE:**
Write the patient's age in complete years if over one year of age. Use months if the patient is under one year of age, clearly writing "MTH" after the age, and "Days" if less than 1 month.
- SEX:**
Indicate the sex of the patient.
- SURGEON:**
Indicate the name of the surgeon
- ANAESTHETIST:**
Indicate the name of the anaesthetist
- ANAESTHESIA:**
Write the name and amount of anaesthesia used.

Technical Module 5: Inpatient and Speciality Services

10. **DIAGNOSIS:**
Briefly, write the diagnosis of the patient or why the operation is being done.
11. **OPERATION:**
Briefly describe the procedure being done.
12. **REMARKS:**
This can include the outcome, Nurse, etc.

REPORTED MONTHLY TO THE INCHARGE:

- The number of minor and major operations done.
- The number of sterilizations and Caesarean Sections
- The number of Implant insertions and removals.

PART 12: SURGICAL OPERATIONS, X-RAY SERVICES AND INPATIENT REFERRALS

TABLE 7: SURGICAL OPERATIONS, X-RAY, INVESTIGATION SERVICES AND INPATIENT REFERRALS

PREPARATION

Determine the additional services to be monitored monthly and write them on the blank lines available in table 7. If you have more services of special interest than the lines available on table 7, use a general summary form. Keep the extra sheets in the Database file after table 7.

Routine procedures

From the theatre, X-ray and transfusion registers use a tally sheet to tally numbers for various procedures in Table 7. Sum up the tallies and fill in monthly totals in Table 7.

TABLE 7: SURGICAL OPERATIONS, X-RAY, INVESTIGATION SERVICES AND INPATIENT REFERRALS

Health Unit name _____ Financial Year _____ Page _____ of pages _____

| | Cases by months | | | | | | | | | | | | Year Total |
|--|-----------------|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|------------|
| | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | |
| Special services | | | | | | | | | | | | | |
| Minor operations | | | | | | | | | | | | | |
| Dental extractions | | | | | | | | | | | | | |
| Dental fillings | | | | | | | | | | | | | |
| Herniorrhaphy | | | | | | | | | | | | | |
| Debridement and care of wounds and skin grafting | | | | | | | | | | | | | |
| Incision and drainage of abscesses | | | | | | | | | | | | | |
| Plastic/ reconstructive surgery | | | | | | | | | | | | | |
| Ocular surgery | | | | | | | | | | | | | |
| Safe Male Circumcision | | | | | | | | | | | | | |
| Other Minor | | | | | | | | | | | | | |
| Total Number Minor Operations | | | | | | | | | | | | | |
| Major operations | | | | | | | | | | | | | |
| Caesarean Sections | | | | | | | | | | | | | |
| Laparotomy | | | | | | | | | | | | | |
| Tracheostomy | | | | | | | | | | | | | |
| Evacuations | | | | | | | | | | | | | |
| Internal fixation | | | | | | | | | | | | | |
| Burr hole | | | | | | | | | | | | | |
| Thoracotomy | | | | | | | | | | | | | |
| ENT surgical procedures | | | | | | | | | | | | | |
| Other Major | | | | | | | | | | | | | |
| Total Number Major Operations | | | | | | | | | | | | | |
| Other Procedures | | | | | | | | | | | | | |
| X-Rays taken | | | | | | | | | | | | | |
| Other investigations | | | | | | | | | | | | | |
| Pap Smears | | | | | | | | | | | | | |
| Visual Inspection with Acetic Acid | | | | | | | | | | | | | |
| Other investigations | | | | | | | | | | | | | |
| Transfusions | | | | | | | | | | | | | |
| Blood Transfusions (Units) | | | | | | | | | | | | | |
| Other Transfusions (units) | | | | | | | | | | | | | |
| Other Services to Monitor Monthly | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Inpatient Referrals | | | | | | | | | | | | | |
| Referrals to health unit | | | | | | | | | | | | | |
| Referrals from health unit | | | | | | | | | | | | | |

THE HEALTH MANAGEMENT INFORMATION SYSTEM

THE HEALTH UNIT LEVEL

TECHNICAL MODULE 6: COMMUNITY

INTRODUCTION

PART 1: COMMUNITY DATA COLLECTION TOOLS

- Quarterly Village Health Team (VHT)/Integrated Community Case Management (ICCM) Register

- Quarterly Household Summary

PART 2: QUARTERLY REPORT

- VHT/ICCM Quarterly Report

INTRODUCTION

The Community Level service provision essentially works through the Village Health Teams (VHTs). Their general duties are health education, planning with community leaders, giving information to the health units, treatment support in homes, family planning services in the community, referral for services, reporting outbreaks and infection control during outbreak of diseases, collect information on vital statistics like births and deaths and action for community improvement. VHTs are part of the official public health service delivery. The VHT strategy ensures that every village in Uganda has a VHT to mobilize individuals and households for better health.

The VHTs collect data on the following elements:

- 1) General information on households;
- 2) Information on children five years and below;
- 3) Pregnant women; and
- 4) Household water, food, sanitation and other services.

The VHTs will collect data for the monthly household register from the households by discussing with all household members, observations, routine monitoring and supervision, demonstrations and training sessions.

Data collected by VHTs from the household and from the sick children 5years and below will be summarized every quarter and reported to the nearest Health Centre, from where it will be summarized and included in the health unit quarterly and Annual HMIS reports.

PART 1: COMMUNITY DATA COLLECTION TOOLS

HMIS FORM 095: VHT/ICCM REGISTER

DESCRIPTION AND INSTRUCTIONS

Objective: Record information and help health facility plan for health services needed by the community

Copies: 1 remains with the VHT

Responsibilities: VHT Team Leader

PROCEDURE:

1. The VHTs will create a village register by visiting every household in the village, asking questions about people who live there, making observations, writing details of sick children 5 years and below treated, and writing all the other relevant information that is collected by the VHT members and recorded in the VHT/ICCM register. The register records the name of the village, household number, head of the household, name of the VHT and the reporting period.
2. Indicate by a tick (√) to mark a positive finding, and by a (X) the negative finding.
3. Under general information for households, record all the household members above five years. Record sex and age, and tick death if any. Indicate children not in school, persons on ART, TB treatment and persons known to be on any family planning methods (modern / traditional).
4. Under section for pregnant women, record any deliveries that took place under the reporting month. Record the visits given by VHT to provide ANC to all relevant family members. Indicate any persons who have been identified with danger signs during pregnancy. Indicate all the referred ones, as well as the ones who delivered at home. Record any maternal deaths that occurred. Record any pregnant mothers who are known to be HIV positive as well as ones sleeping under insecticide treated nets (ITNs).
5. Under general information on children five years and below, record the names, sex, age, and death if any for each household member. Indicate all the relevant sections as per whether the child has been fully immunized, ones that had acute diarrhoea treated with ORS, ones with acute diarrhoea referred, dewormed with 1st and 2nd doses, ones that received vitamin A 1st and 2nd doses, measured upper arm circumference (yellow and red), ones HIV+, ones with fever sleeping under ITN, ones with fever treated within 24 hours and recovered, and ones with fever referred.
6. Under section household water, food, sanitation and other services, indicate all existing components in the household for hygiene and sanitation as well as home based care by VHT.
7. Under follow-up section, note down any missing household member that needs to be followed up on, or any encountered problems or issues that require further attention by VHT.
8. Details of sick children 5 years and below treated by the ICCM focal person(s) who is also a VHT member and data on new born children is captured under the ICCM section.

Technical Module 6: Community Health Service Provision

9. VHT members then aggregate/calculate the overall sums for each of the record items for the quarterly household summary sheet and the Quarterly VHT/ICCM report.

HMIS FORM 095: VHT/ICCM REGISTER

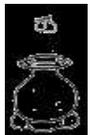
Village: _____ Household Number: _____ Head of household: _____ Health Centre: _____

Name of VHT Member: _____ Reporting Period: _____

| General Info: All Household Members Above 5 Years | | | | | | | | Pregnant Mothers | | | | | | | | NEEDED FOLLOW-UP BY VHT | | | | | |
|---|-----|---|-----|------|------------------------|---------------|--------------|-------------------|----------------|------------------------------|---|---|---|-------------|----------|-------------------------|-------------------|----------------|-------------------------|---------|--|
| Household Members (Above 5 Years) | Sex | | Age | Died | Children not in school | ART treatment | TB treatment | Use of FP Methods | Delivery Month | Antenatal Care Visits to H/C | | | | Danger Sign | Referred | | Delivered at Home | Maternal death | Post Natal Check at H/C | | |
| | F | M | | | | | | | | 1 | 2 | 3 | 4 | | | 1 day | | | 1 week | 6 weeks | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |

Make note of any household members or problem that need follow-up

| General Info: Children 5 Years and Below | | | | | | | | | | | | | | |
|--|-----|---|-----|------|---------------|--------------|------------|--------------------|-----|--------------------|-----|-------------|-----------------|-----------|
| Household Members (5 years and below) | Sex | | Age | Died | ART Treatment | Immunization | | Received De-wormed | | Received Vitamin A | | Yellow MUAC | Red MUAC/Oedema | Using ITN |
| | F | M | | | | Has Card | Up-to-date | 1 st | 2nd | 1 st | 2nd | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

| Household: Water, Food and Sanitation & other services | | | | | | | |
|--|--------------|--|--|------------------------|--|---|---|
| Find out if the household is using the following methods to prevent sickness. Tick the method (s) used by the family | | | | | | | |
| Protected water source | Bath Shelter |  Safe drinking water |  Kitchen | Drying rack for dishes |  Rubbish pit |  Clean & Safe Latrine |  Hand-washing area with soap near latrine |

NEEDED FOLLOW –UP BY VHT

The VHT should make note of any household member or problems that need follow-up.

.....

.....

.....

For Children 5 years and below

| Date | Patient Name | SEX | | AGE | Respiratory Rate | RDT Result | | Fast Breathing | Diarrhoea | Fever | Danger Sign | Treated within 24 hrs | TREATMENT (given by VHT) | | | | Referred | OUTCOME | | |
|--------------|--------------|-----|---|-----|------------------|------------|---|----------------|-----------|-------|-------------|-----------------------|--------------------------|------|----------------------------|-----------|----------|------------------------------------|-----------|-----------------------|
| | | M | F | | | + | - | | | | | | ORS | ZINC | Fast Breathing AMOXICILLIN | Fever ACT | | Fever+Danger Sign RECTAL ATESUNATE | Recovered | Bad Medicine Reaction |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| Total | | | | | | | | | | | | | | | | | | | | |

| NEWBORNS | | | | | | | | | | | |
|----------|--------------|-----|---|---------------|------------------|----------------------|-------------------|-------|-------|-------------|----------|
| Date | Newborn Name | SEX | | AGE (days) | Respiratory Rate | Routine Newborn Care | Home Visit by VHT | | | Danger Sign | Referred |
| | | M | F | | | | Day 1 | Day 3 | Day 7 | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

Drug Availability Status

| Name of Village | Drug Stock Out Status(Tick if out of stock for the specified period) | | |
|-----------------|--|-------------|-----|
| | First Line Anti Malarial | Amoxycillin | ORS |
| | | | |
| | | | |
| | | | |
| | | | |

DESCRIPTION OF COLUMNS:

The village name, household number, name of head of household, name of the health centre where the VHT member is attached, name of the VHT member and the 3 month of the reporting period (quarter) and year are written on top of the register.

HOUSEHOLD MEMBERS ABOVE 5 YEAR:

1. NAME:

Record the names of the household members five years and above beginning with the head of the household.

2. SEX:

After recording the name of the person, find out his or her sex, if the person is male tick "M" and if female, tick "F".

3. AGE:

After recording the sex of the person, find out how old a person is and write the information in box.

4. DIED:

Again sometimes the person whose information you are recording may be dead. Remember that this question is very sensitive, as VHT member, try to be kind and careful not to hurt the respondent. If the person is not there, probe where he or she has gone and if the he or she is dead, say sorry and find out at what age did the person die and write it in the box.

5. CHILDREN NOT IN SCHOOL:

As VHT member, you will collect information on children not in school. It is therefore important to know how many children in the part of your village who are not going to school.

Note: If the family member tells you that the child is **not** going to school, **tick** in the **box**, if the child is going to school; write a cross in the box.

6. ART – TREATMENT:

As VHT member, you are expected to follow up people in your village who are on ART – treatment and counsel them take their medicines. It is therefore important to know if they are taking their medicines or not. If they tell you that they are taking their medicines, tick in the box, if they do not, write a cross in the box.

7. TB TREATMENT:

As VHT member, you are expected to follow up people in the village who are on TB – treatment and find out if they are taking their medicines properly. It is therefore important to know if they are taking their medicines or not. If they tell you that they are taking their medicines, tick in the box, (√) if they do not, write a cross in the box (X)

8. FAMILY PLANNING:

As VHT member, you will counsel people in the part of your village about family planning methods. It is therefore important to know if they are using any family planning methods. If they tell you that they are using any family planning method, tick in the box, if they do not use any, write a cross in the box.

PREGNANT WOMAN:

1. EXPECTED DELIVERY MONTH:

As a VHT member, it important for you to know when the pregnant mother in part of your village is expected to deliver. Therefore, during your home visit, ask any pregnant mother in part of your village to tell you when she expects to give birth. If she does not know, ask her to show you her ante natal care card. Record the information in your village register. This

information will help you to remember when to remind her to go to the health centre so that she can be delivered by the health worker.

2. ANTE NATAL CARE VISITS TO HEALTH CENTRE:

If you find out that there is a pregnant mother in any part of your village, ask her if she is attending ante natal care, if yes, ask her for the card. Examine the card and tick in the box for each visit she has attended.

If there is no card, ask her if she has any ante natal care records, if she does not have, then write a cross in the box

3. DANGER SIGN:

Again during home visit, check and observe the mother and her newborn baby for danger signs. You can find out this by referral to manual Task 3, Activity 1 on page

32. If the newborn baby has a danger sign, write the name of the danger in the first box, if no, write a cross. If the mother has a danger sign, write the name of the danger in the first box, if no, write a cross.

4. REFERRED:

Also during your home visit, you will help the sick people in your village to see a qualified health worker to get treatment. You will do this by sending them with a sheet of paper that they can give to the trained health worker to help them get treatment. So if you have sent sick person to the trained health worker, you will record by ticking in the box in your village register.

5. DIED DURING PREGNANCY:

Many times pregnant mothers die during pregnancy and in the first six weeks after giving birth, so it is important to know if the mother is alive or dead. As a VHT member, you need to record this information in your village register especially if the mother gave birth from home. If the mother died when giving birth, tick, if no, write a cross.

6. DELIVERED AT HOME:

As a VHT member, you are supposed to ensure that all newborn babies are delivered at the health facility. But in some cases, it is common for a newborn baby to be delivered at home. This means that delivery of such a newborn baby is not safe and was not recorded at the health centre.

To ensure that all births are recorded, it is important that you record it in your village register. Therefore, if you find out that there is a newborn baby in a household in any part of your village, ask the household members where the newborn baby was born, if the newborn baby was born at home then tick in the box, if not, make a cross in the box.

7. POST NATAL CHECKS (PNCS):

Both the newborn and the mother are supposed to receive three post natal checks at six hours after delivery, at six days and six weeks. As a VHT member, it's your role to ensure that the mother is checked by the health worker including those who give birth from home. It is also important for you to record this information in your register so that you can be sure that the mother and their newborn baby have been checked by the health worker for all the three post natal checks.

You can do this by asking the mother, when did you give birth? Ask again, were you checked by the health worker at the health facility? If yes, probe to find out if she was checked within the first 6 hours after delivery, if yes tick in the box, if not write a cross. Help her to establish the date of the next visit to the health centre to be checked by the health worker and make sure that you remind her to go back for checking at the health unit.

Technical Module 6: Community Health Service Provision

When six days have passed, again probe, if she went to the health centre to be checked at six days, if yes, tick in the box, if no, write a cross. Help her to establish the date of the next visit to the health centre to be checked by the health worker and make sure that you remind her to go back for checking at the health center.

Again, if six weeks have passed by the time of your visit, ask her if she went for checking at the health centre after six weeks, if yes write a tick in the box, if no, write a cross.

Remember it is your role as a VHT member to make sure that all mothers and their newborn babies are checked by health worker at the health facility within six hours after delivery, at six days and six weeks.

NUMBER OF POST NATAL VISITS: Add up the number of ticks and write the total in the box.

9. USING ITNS:

As VHT member, you will collect information about household members sleeping under insecticide treated nets (ITNs). It is therefore important to know if they are using the ITNs. If they tell you that they are using any ITNs, tick in the box, if they do not use ITNs, write a cross in the box

GENERAL INFORMATION ABOUT CHILDREN 5 YEARS AND BELOW:

1. NAME:

As a VHT member, you need to know and record the names of children in every household in any part of your village. To know their names, you will ask the household members if they have got children who are five years and below? If yes, ask for their names and record the information in the village register beginning with the youngest.

2. SEX:

After recording the name of the child, knowing the sex of that child is important.

So ask to find out if the child is male or female, if the child is male tick "M" and if the child is female, tick "F".

3. AGE:

After recording the sex of the child, information about the age of a child is important too. Find out how old the child is and write the information in the box. Write the patient's age in complete years if over one year of age. Use months if the patient is under one year of age, clearly writing "MTH" after the age, and "Days" if less than 1 month.

4. DIED:

Sometimes, the child whose information you are recording could be dead, so it is also important to find out if they are alive. Remember that this question is very sensitive and as VHT member, try to be kind and careful not to annoy the person answering your questions. You may for example ask "how is the child doing? You may continue to ask, is the child here with us? If the child is not there, probe where the child has gone and if the child is dead, comfort the household member and find out at what age the child died and write it in the box.

5. ART TREATMENT:

As VHT member, you are expected to follow up children in your village who are on ART – treatment and find out if they are taking their medicines properly. It is therefore important to know if they are taking their medicines or not. If they tell you that they are taking their medicines, tick in the box, (√) if they do not, write a cross in the box(x).

6. IMMUNIZATION:

Technical Module 6: Community Health Service Provision

- a) **HAS CARD:** As a VHT member, part of your responsibility is to make sure that all children under five in any part of your village are immunization. The only way to know that a child has been immunized is to ask the household member to show you the immunization card, if he or she shows you the card, tick in the box, if its not there, write a cross in the box.
- b) **'UP-TO-DATE':** "Up-to-date" means that the child has received all the vaccinations. You can know this by examining the immunization schedules in the card again to find out if they have all been filled by the health worker. You can find out this by checking if the age of the child corresponds to the month the child was expected to complete all vaccinations, if the card is complete, tick in the box, if it is not write a cross

7. RECEIVED DEWORMING:

All children under five are dewormed two times every year during the child health days. As a VHT member, it is important to know if all children in any part of your village have been dewormed. You can find out by asking the mother and then you record the answer in your village register.

During your home visits, explain to the household members that all children under five are supposed to be dewormed two times a year. Then ask them if the child has been given the first dose of deworming tablet, if the answer is yes, then tick in the "1st" box, if no, write a cross. During your next visit, again ask if the child has been given the second dose of deworming tablet, if the answer is yes, then tick in the "2nd" box, if no, write the cross in the box

8. RECEIVED VITAMIN A:

All children under five are given vitamin A two times every year during the child health days. As a VHT member, it is important to know if all children in part of your village have received vitamin A, you can find out by asking the household members and then you record the answer the in your village register. During your home visits, explain to household members that all children under five are supposed to receive vitamin A two times a year. Then ask them if the child has been given the first dose of vitamin A tablet, if the answer is yes, then tick in the "1st" box, if no, write a cross. During you next visit, again ask if the child has been given the second dose of vitamin A tablet, if the answer is yes, then tick in the "2nd" box, if no, write a cross in the box.

9. YELLOW AND RED MAUC:

A MAUC strip is used to find out if a child is malnourished. As a VHT member, you will use a MUAC strip to measure a child's upper arm (mid-way between the shoulder and the elbow), and if the MUAC strip shows the yellow color, tick in the first box, if the MAUC strip shows red, tick in the second box. Yellow and red colors mean that the child has a danger sign. The child needs to be referred, examined and treated at the health centre.

10. USING ITN:

As VHT member, you will collect information about children 5 years and below sleeping under an insecticide treated nets (ITNs). It is therefore important to know if they are using the ITNs. If they tell you that they are using any ITNs, tick in the box, if they do not use ITNs, write a cross in the box

HOUSEHOLD: WATER, FOOD AND SANITATION:

As a VHT member, you will also record major information related to water, food and sanitation. You will use the pictures in your village register to find out if the things shown in the picture exist at households and community. You may ask or observe to find out if any of the things in the picture exist, tick in the box (✓) for each that you can see. Probe to make sure that others that you can not see also exist. Also find out about the condition of each and advise the household members accordingly.

For the section on ICCM sick children 5years and below, fill the respective columns on the first visit of the client:

1. **DATE:**
The date is written at each day the VHT member sees a patient.
2. **PATIENT NAME:**
Write the patients names in full
3. **SEX:**
Write the sex of the patient. Indicate M for Male and F for Female
4. **AGE:**
Write the patient's age in complete years if over one year of age. Use months if the patient is under one year of age, clearly writing "MTH" after the age, and "Days" if less than 1 month.
5. **RESPIRATORY RATE:**
Write the Respiratory rate per minute
6. **RDT RESULTS:**
Tick where appropriate RDT results: + for positive and – for negative
7. **FAST BREATHING:**
Tick if there is fast breathing
8. **DIARRHOEA:**
Tick if diarrhoea for more than 14 days
9. **FEVER:**
Tick if there is fever
10. **DANGER SIGN:**
Tick if there is any danger sign
11. **TREATED WITHIN 24 HOURS:**
Tick if treated within 24 hours
12. **ORS:**
Tick if ORS is administered
13. **ZINC:**
Tick if Zinc tablets are dispensed
14. **AMOXICILLIN:**
Tick if Amoxicillin is dispensed

Technical Module 6: Community Health Service Provision

15. **ACT:**
Tick ACT is dispensed
16. **RECTAL ARTESUNATE:**
Tick if Rectal Artesunate is administered
17. **REFERRED:**
Tick if the patient is referred to the nearest Health facility
18. **RECOVERED:**
Tick if the patient has recovered
19. **BAD MEDICINE REACTION:**
Tick if patient developed bad medicine reaction

For the section of the new born children, fill the columns on the first visit :

1. **DATE:**
The date is written at each day the VHT member sees a patient.
2. **PATIENT NAME:**
Write the names of the new born in full
3. **SEX:**
Write the sex of the newborn. Indicate M for Male and F for Female
4. **AGE:**
Write the patient's age in "Days".
5. **RESPIRATORY RATE:**
Write the Respiratory rate per minute
6. **ROUTINE NEWBORN CARE:**
Tick where when care is done
7. **HOME VISIT BY VHT:**
Tick if done according to the relevant days
8. **DANGER SIGN:**
Tick if any danger sign is present
9. **REFERRED:**
Tick if referred

HMIS FORM 096: QUARTERLY HOUSEHOLD SUMMARY

DESCRIPTION AND INSTRUCTIONS

- Objective:** Record information on households and the health services provided to the community in the quarter.
- Timing:** Quarterly
- Copies:** 1 remains with the VHT
- Responsibilities:** VHT Team Leader

PROCEDURE:

VHT members are supposed to summarize the information they have recorded in your VHT/ICCM Register. This means that they need to be with the VHT/ICCM Register when they are filling the Quarterly Household Summary Form.

The VHT members summarize and submit this information to the VHT Team Leader who should summarize for the whole Village and take it to the nearest health centre which the VHT is attached to. A copy of the quarterly household summary is also sent to the Parish Coordinator who then summarizes for the whole parish and submits the summaries to higher levels.

HMIS FORM 096: QUARTERLY HOUSEHOLD SUMMARY

Village: _____ Household Number: _____ Head of household: _____ Health Centre: _____

Name of VHT Member: _____ Reporting Period: _____

| GENERAL INFORMATION SUMMARY | | | | | | | | | | | | |
|-----------------------------|-------------------|---|-------------|---|-----------|---|------------|---|-------------|---|------------------|---|
| | Less than 1 month | | 1-11 months | | 1-5 Years | | 6-14 Years | | 15-49 Years | | 50 Years & Older | |
| | M | F | M | F | M | F | M | F | M | F | M | F |
| Household Members | | | | | | | | | | | | |
| Died | | | | | | | | | | | | |

| ADULT SUMMARY | | | PREGNANT WOMEN SUMMARY | | | | | CHILDREN SUMMARY | | | | | | |
|------------------------------|---------------|---------------------------------|------------------------|-------------------------|-------------------|-----------------------|------------------------|------------------|--------------------------|-----------------|-----------|---------------|---------------|----------|
| Using Family Planning Method | ART Treatment | No. of TB patients on Treatment | No. ANC Visits | Died during Child birth | Delivered at Home | Died during Pregnancy | Died before Post Natal | Using ITN | Immunizati on Up-to Date | Red MUAC/Oedema | Using ITN | ART Treatment | Received VitA | Dewormed |
| | | | | | | | | | | | | | | |

| ENVIRONMENT SUMMARY | | | | | | | | |
|---------------------|---------------------|-------------------|-----------------------|--------------------|--------------|-------------|---------|-----------------------|
| | safe drinking water | safe water source | bathroom/bath shelter | clean/safe latrine | Drying racks | Rubbish Pit | Kitchen | Hand Washing Facility |
| No. of House holds | | | | | | | | |

| ICCM | | | | | | | | | | |
|-----------|--|---|---|--|---|-----------------------------|------------------------|---|--|--------------------------------|
| | Sick Children 2months-5yrs seen by VHT | Sick Children 2months-5yrs with Diarrhoea | Sick Children 2months-5yrs with Malaria | Sick Children 2months-5yrs with fast breathing | Newborns visited twice in first week of life by VHT | Under 5 years with red MUAC | Under 5 years referred | Villages with Stock out of First Line Anti Malarial | Villages with Stock out of Amoxycillin | Villages with Stock out of ORS |
| Total No. | | | | | | | | | | |

PART 2: VHT/ICCM QUARTERLY REPORT

HMIS FORM 097: VHT/ICCM QUARTERLY REPORT

DESCRIPTION AND INSTRUCTIONS

- Objective:** Record information on households and help nearest Health Centre plan the health services needed by the community
- Timing:** Quarterly
- Copies:** **Three** copies. 1 copy remains with the VHT, 1 copy submitted to the Health Unit where the VHT is attached to, the third copy is submitted to the parish coordinator.
- Responsibilities:** VHT Team Leader

PROCEDURE:

1. The VHT/ICCM quarterly report form will have; the reporting months of the quarter and year, the name of the village, the Parish, Sub County, the Health Sub-District and the District. It has a part for the name and title of the person reporting and the one receiving the reports respectively.
2. It summarizes the data variables from the VHT/ICCM register and the Household summary.
3. Just below the form, the VHT leader who compiles the quarterly VHT/ICCM report summary also captures information on general observations like, disease outbreaks
4. The data is disaggregated under male and female and in some sections totals are captured.
5. It is very important that the VHT members summarize and submit their quarterly VHT/ICCM report, because of the following reasons:
 - Health workers at the health unit will know about births, deaths, illnesses, and other important health information about the village.
 - It enables the health unit plan for ways of improving health services in the village
 - It enables the health unit know what activities the VHT is has carried out



HMIS FORM 097: VHT/ICCM QUARTERLY REPORT

| VHT/ICCM QUARTERLY REPORT | | | | |
|---|----|--------|-----------|-------------|
| Reporting Months: | | | | |
| Village: | | | | |
| Parish | | | | |
| Health Center: | | | | |
| Sub-County: | | | | |
| Health-Sub-District: | | | | |
| District: | | | | |
| Name/Title/Signature of Person Reporting: | | | | |
| Name/Title/Signature | of | Person | Receiving | the Report: |
| | | | | |

Date Received:

| SN | PARAMETER | MALE | FEMALE | TOTAL |
|------------------------|--|------|--------|-------|
| SECTION A: VHT | | | | |
| 1 | Number of children under 5 years | | | |
| 2 | Number of children under 1 year | | | |
| 3 | Number of children under 1 yrs fully immunized | | | |
| 4 | Number of children under 5 yrs received vitamin A in last 6 months | | | |
| 5 | Number of children under five yrs dewormed in the last 6 months | | | |
| 6 | Number of children under 5 yrs who sleep under ITN | | | |
| 7 | Number of children died >1yr but ≤5= yrs | | | |
| 8 | Number of children died 0-28 days | | | |
| 9 | Number of children died >28 days but ≤1yr | | | |
| 10 | Total number of pregnant women | | | |
| 11 | Number of deliveries at home | | | |
| 12 | Number of women who died within 6 weeks after delivery | | | |
| 13 | Number of pregnant mothers sleeping under ITN | | | |
| 14 | Number of HIV positive followed by VHT | | | |
| 15 | Number of people using Family Planning services (information & methods) | | | |
| 16 | Number of adolescents (under 18yrs) who died due to pregnancy related causes | | | |
| 17 | Number of women who died during pregnancy | | | |
| 18 | Number of women who died while giving birth | | | |
| 19 | Number of HIV/AIDS patients on ART | | | |
| 20 | Number of TB patients on treatment | | | |
| 21 | Number of households with safe drinking water | | | |
| 22 | Number of households in village with safe water source | | | |
| 23 | Number of households in village with clean/safe latrine | | | |
| 24 | Number of households with bathroom / bath shelter | | | |
| 25 | Number of households with drying racks | | | |
| 26 | Number of households with rubbish pit | | | |
| 27 | Number of households with kitchen | | | |
| 28 | Number of households with hand washing facilities | | | |
| SECTION B: ICCM | | | | |
| 1 | Total Number of sick Children 2 months – 5 years seen/attended to by the VHT | | | |
| 2 | Total Number of sick Children 2 months – 5 years with Diarrhoea | | | |
| 3 | Total Number of sick Children 2 months – 5 years with Malaria | | | |
| 4 | Total Number of sick Children 2 months – 5 years with fast breathing / Pneumonia | | | |
| 5 | Total Number of New Borns visited twice in the first week of life by the VHT | | | |



| SN | PARAMETER | MALE | FEMALE | TOTAL |
|----|---|------|--------|-------|
| 6 | Total Number of Children under 5 years with red MUAC | | | |
| 7 | Total Number of Children under 5 years referred to the Health Unit | | | |
| 8 | Total number of Villages with stock out of the first line anti Malarial | | | |
| 9 | Total Number of Villages with Stock out of Amoxycillin | | | |
| 10 | Total Number of Villages with stock out of ORS | | | |

General Observations noted in the Village for example disease outbreaks

TABLE 15A: HEALTH UNIT QUARTERLY VHT/ICCM SUMMARY

DESCRIPTION AND INSTRUCTIONS

| | |
|------------------------|--|
| Objective: | Summarize VHT/ICCM data received from VHTs within the health unit catchment area |
| Timing: | Every quarter |
| Copies | One copy stays at the health unit |
| Responsibility: | VHT/ICCM focal person in the health unit |

PROCEDURES:

FROM VHT/ICCM REPORTS

Transcribe and enter into TABLE 15a (HEALTH UNIT QUARTERLY VHT/ICCM SUMMARY BY VHT) the quarterly totals for each VHT for each variable on the VHT/ICCM quarterly reports.

FROM TABLE 15b (HEALTH UNIT QUARTERLY VHT/ICCM SUMMARY)

Calculate the health unit quarterly VHT/ICCM totals for each category from TABLE 15b (HEALTH UNIT QUARTERLY VHT/ICCM SUMMARY BY VHT) and enter the totals in TABLE 15b (HEALTH UNIT QUARTERLY VHT/ICCM SUMMARY)

TABLE 15a: HEALTH UNIT QUARTERLY VHT/ICCM SUMMARY BY VHT

Name of Health Unit _____ Quarterly reporting period: _____ to _____ (months) Financial Year ____ Page ____ of pages _____

| NAME OF REPORTING VILLAGE | | | | | | | | | | | | | | | | HEALTH UNIT TOTAL | |
|---------------------------|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-------------------|--------|
| SN | PARAMETER | M | F | M | F | M | F | M | F | M | F | M | F | M | F | MALE | FEMALE |
| SECTION A: VHT | | | | | | | | | | | | | | | | | |
| 1 | Number of children under 5 years | | | | | | | | | | | | | | | | |
| 2 | Number of children under 1 year | | | | | | | | | | | | | | | | |
| 3 | Number of children under 1 yrs fully immunized | | | | | | | | | | | | | | | | |
| 4 | Number of children under 5 yrs received vitamin A in last 6 months | | | | | | | | | | | | | | | | |
| 5 | Number of children under five yrs dewormed in the last 6 months | | | | | | | | | | | | | | | | |
| 6 | Number of children under 5 yrs who sleep under ITN | | | | | | | | | | | | | | | | |
| 7 | Number of children died >1yr but ≤5= yrs | | | | | | | | | | | | | | | | |
| 8 | Number of children died 0-28 days | | | | | | | | | | | | | | | | |
| 9 | Number of children died >28 days but ≤1yr | | | | | | | | | | | | | | | | |
| 10 | Total number of pregnant women | | | | | | | | | | | | | | | | |
| 11 | Number of deliveries at home | | | | | | | | | | | | | | | | |
| 12 | Number of women who died within 6 weeks after delivery | | | | | | | | | | | | | | | | |
| 13 | Number of pregnant mothers sleeping under ITN | | | | | | | | | | | | | | | | |
| 14 | Number of HIV positive followed by VHT | | | | | | | | | | | | | | | | |
| 15 | Number of people using Family Planning services (information & methods) | | | | | | | | | | | | | | | | |
| 16 | Number of adolescents (under 18yrs) who died due to pregnancy related causes | | | | | | | | | | | | | | | | |
| 17 | Number of women who died during pregnancy | | | | | | | | | | | | | | | | |
| 18 | Number of women who died while giving birth | | | | | | | | | | | | | | | | |
| 19 | Number of HIV/AIDS patients on ART | | | | | | | | | | | | | | | | |
| 20 | Number of TB patients on treatment | | | | | | | | | | | | | | | | |
| 21 | Number of households with safe drinking water | | | | | | | | | | | | | | | | |
| 22 | Number of households in village/cell with safe water source | | | | | | | | | | | | | | | | |

| NAME OF REPORTING VILLAGE | | | | | | | | | | | | | | | | HEALTH UNIT TOTAL | |
|---------------------------|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-------------------|--------|
| SN | PARAMETER | M | F | M | F | M | F | M | F | M | F | M | F | M | F | MALE | FEMALE |
| 23 | Number of households in village with clean/safe latrine | | | | | | | | | | | | | | | | |
| 24 | Number of households with bathroom / bath shelter | | | | | | | | | | | | | | | | |
| 25 | Number of households with drying racks | | | | | | | | | | | | | | | | |
| 26 | Number of households with rubbish pit | | | | | | | | | | | | | | | | |
| 27 | Number of households with kitchen | | | | | | | | | | | | | | | | |
| 28 | Number of households with hand washing facilities | | | | | | | | | | | | | | | | |
| SECTION B: ICCM | | | | | | | | | | | | | | | | | |
| 1 | Total Number of sick Children 2 months – 5 years seen/attended to by the VHT | | | | | | | | | | | | | | | | |
| 2 | Total Number of sick Children 2 months – 5 years with Diarrhoea | | | | | | | | | | | | | | | | |
| 3 | Total Number of sick Children 2 months – 5 years with Malaria | | | | | | | | | | | | | | | | |
| 4 | Total Number of sick Children 2 months – 5 years with fast breathing / Pneumonia | | | | | | | | | | | | | | | | |
| 5 | Total Number of New Borns visited twice in the first week of life by the VHT | | | | | | | | | | | | | | | | |
| 6 | Total Number of Children under 5 years with red MUAC | | | | | | | | | | | | | | | | |
| 7 | Total Number of Children under 5 years referred to the Health Unit | | | | | | | | | | | | | | | | |
| 8 | Total number of Villages with stock out of the first line anti Malarial | | | | | | | | | | | | | | | | |
| 9 | Total Number of Villages with Stock out of Amoxicillin | | | | | | | | | | | | | | | | |
| 10 | Total Number of Villages with stock out of ORS | | | | | | | | | | | | | | | | |

TABLE 15b: HEALTH UNIT QUARTERLY VHT/ICCM SUMMARY

Name of Health Unit: _____ Financial Year _____ Page _____ of pages _____

| QUARTER | | QUARTER 1 (Jul – Sept) | | QUARTER 2 (Oct – Dec) | | QUARTER 3 (Jan – Mar) | | QUARTER 4 (Apr – Jun) | | ANNUAL TOTAL | |
|-----------------------|--|---------------------------|--------|--------------------------|--------|--------------------------|--------|--------------------------|--------|--------------|--------|
| | | MALE | FEMALE | MALE | FEMALE | MALE | FEMALE | MALE | FEMALE | MALE | FEMALE |
| SECTION A: VHT | | | | | | | | | | | |
| 1 | Number of children under 5 years | | | | | | | | | | |
| 2 | Number of children under 1 year | | | | | | | | | | |
| 3 | Number of children under 1 yrs fully immunized | | | | | | | | | | |
| 4 | Number of children under 5 yrs received vitamin A in last 6 months | | | | | | | | | | |
| 5 | Number of children under five yrs dewormed in the last 6 months | | | | | | | | | | |
| 6 | Number of children under 5 yrs who sleep under ITN | | | | | | | | | | |
| 7 | Number of children died >1yr but ≤5=yrs | | | | | | | | | | |
| 8 | Number of children died 0-28 days | | | | | | | | | | |
| 9 | Number of children died >28 days but ≤1yr | | | | | | | | | | |
| 10 | Total number of pregnant women | | | | | | | | | | |
| 11 | Number of deliveries at home | | | | | | | | | | |
| 12 | Number of women who died within 6 weeks after delivery | | | | | | | | | | |
| 13 | Number of pregnant mothers sleeping under ITN | | | | | | | | | | |
| 14 | Number of HIV positive followed by VHT | | | | | | | | | | |
| 15 | Number of people using Family Planning services (information & methods) | | | | | | | | | | |
| 16 | Number of adolescents (under 18yrs) who died due to pregnancy related causes | | | | | | | | | | |
| 17 | Number of women who died during pregnancy | | | | | | | | | | |
| 18 | Number of women who died while giving birth | | | | | | | | | | |
| 19 | Number of HIV/AIDS patients on ART | | | | | | | | | | |
| 20 | Number of TB patients on treatment | | | | | | | | | | |
| 21 | Number of households with safe drinking water | | | | | | | | | | |
| 22 | Number of households in villages with safe water source | | | | | | | | | | |
| 23 | Number of households in village with clean/safe latrine | | | | | | | | | | |
| 24 | Number of households with bathroom / bath shelter | | | | | | | | | | |
| 25 | Number of households with drying racks | | | | | | | | | | |
| 26 | Number of households with rubbish pit | | | | | | | | | | |

| QUARTER | | QUARTER 1 (Jul – Sept) | | QUARTER 2 (Oct – Dec) | | QUARTER 3 (Jan – Mar) | | QUARTER 4 (Apr – Jun) | | ANNUAL TOTAL | |
|------------------------|--|---------------------------|--------|--------------------------|--------|--------------------------|--------|--------------------------|--------|--------------|--------|
| SN | PARAMETER | MALE | FEMALE | MALE | FEMALE | MALE | FEMALE | MALE | FEMALE | MALE | FEMALE |
| 27 | Number of households with kitchen | | | | | | | | | | |
| 28 | Number of households with hand washing facilities | | | | | | | | | | |
| SECTION B: ICCM | | | | | | | | | | | |
| 1 | Total Number of sick Children 2 months – 5 years seen/attended to by the VHT | | | | | | | | | | |
| 2 | Total Number of sick Children 2 months – 5 years with Diarrhoea | | | | | | | | | | |
| 3 | Total Number of sick Children 2 months – 5 years with Malaria | | | | | | | | | | |
| 4 | Total Number of sick Children 2 months – 5 years with fast breathing / Pneumonia | | | | | | | | | | |
| 5 | Total Number of New Borns visited twice in the first week of life by the VHT | | | | | | | | | | |
| 6 | Total Number of Children under 5 years with red MUAC | | | | | | | | | | |
| 7 | Total Number of Children under 5 years referred to the Health Unit | | | | | | | | | | |
| 8 | Total number of Villages with stock out of the first line anti Malarial | | | | | | | | | | |
| 9 | Total Number of Villages with Stock out of Amoxycillin | | | | | | | | | | |
| 10 | Total Number of Villages with stock out of ORS | | | | | | | | | | |

THE HEALTH MANAGEMENT INFORMATION SYSTEM

THE HEALTH UNIT LEVEL

TECHNICAL MODULE 7: INFORMATION SYSTEM AND ROUTINE REPORTING

INTRODUCTION:RECORD OF REPORTING

- Health Unit Record of Reporting (Table N1)

PART 1: ROUTINE REPORTING

- Health unit notifiable disease report (HMIS 033a)
- Weekly epidemiological surveillance report (HMIS 033b)
- Health unit out-patient monthly report (HMIS 105)
- Health unit in-patient monthly report (HMIS 108)

PART 2: HEALTH UNIT PERFORMANCE

- Health unit quarterly report (HMIS 106a)
- Health unit quarterly assessment report (HMIS 106b)
- Health unit annual report (HMIS 107)

INTRODUCTION

This section deals with all other routine communication with the Health sub district, District and National administrations of the Health Care System. The first user of this information is the staff of the Health Unit. Other partners in the Health System such as the HUMC, Health Sub District, the District and the Ministry of Health - also need some information from each health unit. The VHT and Laboratory reports will be incorporated in the HMIS routine reporting.

The annual inventories have also been described. The PHYSICAL INVENTORY, EQUIPMENT INVENTORY and the STAFF LISTING are sent at their due date to the health sub district as described in Table N1.

At the end of each day, data from registers and tally sheets are compiled / summarised in the daily summary Tables to come up with monthly figures. At the end of the month, monthly data is transferred to the relevant tables and forms. In previous sections these tables were described. With “management questions”, some examples are given on how to use the information. Some of these tables are in the Health Unit Database file. Selected information from these tables will be communicated to the other partners. It is important that these partners receive the information on time.

The health unit does not keep a copy of the HEALTH UNIT MONTHLY REPORT. This is because all the information is already contained in the tables of the Database. The tables are in fact a better format because they enable the health unit to see the trend over months. However, the health unit should keep the HEALTH UNIT QUARTERLY REPORT.

TABLE N1: HEALTH UNIT RECORD OF REPORTING

A record of each date a report is sent to the health sub-district is kept in TABLE N1. The method of delivery (or collection) is also recorded. In this table, the dates that each routine report is due are clearly written. Please adhere to this schedule.

MANAGEMENT QUESTIONS

Are all health unit routine reports compiled accurately and completely?

Are all routine reports completed within the first five working days of the month?

Is data collected in the health facility used for planning and making decisions?

Routinely, the in-charge should be observing the recording of information for all the services the health unit provides, and making corrections as needed. In addition, at the end of a reporting period, usually monthly, the aggregation of the totals for reporting must be done correctly. As information is available and is recorded in the Database file, THINK about the numbers. Do they make sense compared to other data or to previous values of the same data? Ensure that the numbers recorded and reported represent the activities of the health unit and the characteristics of the service population.

TABLE N1: HEALTH UNIT RECORD OF REPORTING

Health Unit name _____ Financial Year _____ Page _____ of pages _____

EACH REPORT SHOULD BE RECEIVED AT THE HSD OFFICE BY THE DUE DATE

| Health Unit Reports | | Date Due | | | |
|---|---------------------------------|------------------------------------|-------------------------------|--|--------------------|
| Health Unit Notifiable Disease Report (HMIS 033a) | | Immediately | | | |
| Health Unit Equipment Breakdown Report (HMIS 011) | | Immediately | | | |
| HU Weekly Epidemiological Surveillance Report (HMIS 033b) | | Every Monday of the following week | | | |
| Health Unit Monthly Report HMIS 105 | | | | | |
| Month | Date Due | Date sent | Method of delivery | Name and signature of Officer receiving the report | |
| July | 7 th August | | | | |
| August | 7 th September | | | | |
| September | 7 th October | | | | |
| October | 7 th November | | | | |
| November | 7 th December | | | | |
| December | 7 th January | | | | |
| January | 7 th February | | | | |
| February | 7 th March | | | | |
| March | 7 th April | | | | |
| April | 7 th May | | | | |
| May | 7 th June | | | | |
| June | 7 th July | | | | |
| Health Unit Inpatient Monthly Report HMIS 108 | | | | | |
| July | 7 th August | | | | |
| August | 7 th September | | | | |
| September | 7 th October | | | | |
| October | 7 th November | | | | |
| November | 7 th December | | | | |
| December | 7 th January | | | | |
| January | 7 th February | | | | |
| February | 7 th March | | | | |
| March | 7 th April | | | | |
| April | 7 th May | | | | |
| May | 7 th June | | | | |
| June | 7 th July | | | | |
| Health Unit Quarterly Report HMIS 106 | | | | | |
| Quarter | 1 st Qtr (July-Sep) | 2 nd Qtr (Oct-Dec) | 3 rd Qtr (Jan-Mar) | 4 th Qtr (Apr-June) | |
| Date Due | 7 th October | 7 th January | 7 th April | 7 th July | |
| Date compiled | | | | | |
| Health Unit Report sent annually | | | Date Due | Date sent | Method of delivery |
| Health Unit (HU) Profile | HU Physical Inventory HMIS 101 | | 7 th August | | |
| | HU Equipment Inventory HMIS 102 | | 7 th August | | |
| | HU staff Listing HMIS 103 | | 7 th August | | |
| | HU Staffing Summary | | 7 th August | | |
| | HU HSSP Indicators | | 7 th August | | |
| | HU Annual Report | | 7 th August | | |

PART 1: ROUTINE REPORTING

HMIS FORM 033A: HEALTH UNIT NOTIFIABLE DISEASE REPORT

DESCRIPTION AND INSTRUCTIONS

- Objective:** Report EACH suspected or diagnosed notifiable diseases.
- Timing:** Due within 24 hours after the SUSPECTED case is diagnosed
- Copies:** Three. Original is sent to DHO as quickly as possible and another copy is sent to the Health Sub-District as soon as possible. A copy stays at health unit. For General Hospitals, Regional Referral Hospitals, and National Referral Hospitals, a copy should also be sent to the Ministry of Health Resource Centre Division.
- Responsibility:** Health Unit In-Charge

PROCEDURE:

1. All health units must report this information (Government, Private Health Providers and PNFP). Unusually high or grouped occurrence of a disease should be reported, whether the diagnosis is known or not.
2. Reports are numbered sequentially starting with number 1 each calendar year.
3. When case(s) are identified, the health unit In-charge is notified, and the report is filled using information from the patient's record (OPD CARD, OPD REGISTER or INPATIENT TREATMENT SHEET). The **Patient Number** is written on the report for reference later (if necessary) by the DHO. The assumption is that the patient was admitted, so the **Patient Number** would be the **Inpatient Number**. If the patient was only an outpatient then this should be entered under **Status**.
4. The health unit notifies the first few cases using HMIS 033a and HMIS 033b upon confirmation of the epidemic. The health unit reports on a weekly basis (HMIS 033b) even after the epidemic is controlled.
5. If the case was confirmed by laboratory analysis, then the column **LAB? Y/N** is answered "YES"; otherwise it should be answered "NO"
6. If the disease is preventable by immunization, it is important to know whether the person had been immunized or not. Answer the column **IMM? Y/N/U** with "YES" or "NO" based on information from an official document: the CHILD HEALTH CARD, CHILD REGISTERS, and ANC REGISTER. When no document is available, write "U" for unknown.
7. After reporting, the Health Unit works with DHO's office as per the DHO's guidelines and instructions to control the epidemic.



HMIS 033a: HEALTH UNIT NOTIFIABLE DISEASE REPORT

Date of Report _____ Report number this year _____ Financial Year _____

Health Unit _____ (Health Unit Code _____) District _____ Sub county _____ Parish _____

Disease diagnosis _____

| Patient Num. | Name | Sex | Age | Village | Parish | Next of Kin | Symptoms and signs | Date of Onset | Clinically confirmed (Y/N) | Lab Y/N | Imm Y/N/U | Status: |
|--------------|------|-----|-----|---------|--------|-------------|--------------------|---------------|----------------------------|---------|-----------|---------|
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

Under **Lab**: Enter whether laboratory results were used to confirm the diagnosis (Yes or No)
 Under **Imm**: For immunisable diseases, enter immunization status (Yes or No)
 Under status: Enter "Died", "Under Treatment", "Transferred @....", "Outpatient", "Recovered".

Actions taken by the health unit: _____

Remarks: _____

Name of In-charge _____ Signature _____

----- (District use below this line) -----

Date Received _____ Date of Action: _____ Signature _____ Action Taken: _____

**HMIS FORM 033B: HEALTH UNIT WEEKLY EPIDEMIOLOGICAL
SURVEILLANCE REPORT**

DESCRIPTION AND INSTRUCTION

- Objective:** Report cases of notifiable diseases after the first few cases have been notified.
- Timing:** Due in every Monday of the following week
- Copies:** Three copies. One stays at the health unit, one copy is sent to the Health-Sub-District Headquarters, the third copy is sent to the DHO. For General Hospitals, Regional Referral Hospitals, and National Referral Hospitals, a copy should also be sent to the Ministry of Health Resource Centre Division.
- Responsibility:** Health Unit In-charge

PROCEDURE:

1. All health units must report this information (Government, Private Health Providers and PNFP to the HSD and DHO. In addition to the notifiable diseases, the report should be filled for any other disease or clusters of abnormal health events or as required by the District Health Officer.
2. The report should be clearly labeled to show the period covered i.e. date for the first (Monday) and last day (Sunday) of the week for which the report is being made.
3. For each disease category indicate the number of new cases during the week (cases this week), the number of deaths that occurred during the week (deaths this week), and the number of cases and deaths that occurred in the previous week. This information should be obtained from the previous weekly report.
4. For Maternal deaths, all hospitals and Health Centre IVs where a death has occurred must report the deaths. Information is obtained from the Maternity register (for deaths after 28 weeks of pregnancy) and from the register on female conditions (for abortions). The same must be done for Perinatal deaths. Source of information is Maternity register and the Child Register.

Maternal death = Death of a woman from a pregnancy related cause eg abortions, Malaria in pregnancy, obstructed labour, APH, PPH, hypertension in pregnancy or labour; and death in the first 6 weeks after delivery.

Technical Module 7: Information Systems and Routine Reporting

Perinatal death includes deaths of children occurring anytime either immediately after birth, or within the first 7 days of life including all still births (fresh and Macerated) of pregnancy exceeding 7 months.

Note: The health unit continues to report every week throughout the year whether there are cases or not and this should take care of “zero” report.

Transcribe the data every week into HMIS form 033c (Health Unit Weekly Epidemiological Surveillance Summary for the year) for the respective weeks. For example 10 cases with 2 deaths are recorded as 10 (2).



HMIS FORM 033b: HEALTH UNIT WEEKLY EPIDEMIOLOGICAL SURVEILLANCE FORM

Date of Report _____ For period (Date) _____ To (Date) _____

Health Unit _____ Health Unit Code _____ District _____

HSD _____ Sub-county _____ Parish _____

| Diseases | Cases this week | Deaths this week | Cases last week | Deaths last week |
|--|-----------------|------------------|-----------------|------------------|
| 1. Acute Flaccid Paralysis | | | | |
| 2. Animal Bites (suspected rabies) | | | | |
| 3. Rabies * | | | | |
| 4. Cholera | | | | |
| 5. Dysentery | | | | |
| 6. Guinea Worm | | | | |
| 7. Malaria | | | | |
| 8. Measles | | | | |
| 9. Bacterial Meningitis | | | | |
| 10. Neonatal tetanus | | | | |
| 11. Plague | | | | |
| 12. Yellow Fever | | | | |
| 13. Other Viral Haemorrhagic Fevers | | | | |
| 14. Severe Acute Respiratory Infection (SARI) | | | | |
| 15. Adverse Events Following Immunization (AEFI) | | | | |
| 16. Typhoid Fever | | | | |
| 17. Maternal Deaths | | | | |
| 18. Perinatal Deaths | | | | |
| 19. Other emerging infectious diseases (e.g. small pox, ILI, SARS) | | | | |
| | | | | |

***Probable case of Rabies as per the standard case definition.**



HMIS FORM 033b: HEALTH UNIT WEEKLY EPIDEMIOLOGICAL SURVEILLANCE FORM

2. CONFIRMATION OF MALARIA CASES

| | | | | | | | |
|------|------------------------------|--|--|--|--|--|--|
| TEST | Suspected malaria cases | | | | | | |
| | RDT tested cases | | | | | | |
| | RDT positive cases | | | | | | |
| | Microscopy tested cases | | | | | | |
| | Microscopy positive cases | | | | | | |
| | Positive cases under 5 years | | | | | | |
| | Positive cases 5+ yrs | | | | | | |

3. SUMMARY OF MALARIA CASES TREATED

| | | | | | | |
|-------|----------------------------|--|--|--|--|--|
| TREAT | RDT negative cases treated | | | | | |
| | RDT positive cases treated | | | | | |
| | 4 months to 3 years | | | | | |
| | 3+ to 7 years | | | | | |
| | 7+ to 12 years | | | | | |
| | 12+ years | | | | | |

4. ACT CONSUMPTION DATA

| | | | | | | | | | | | | |
|-----|----------------|--|----------------|--|----------------|--|----------------|--|----------------|--|----------------|--|
| ACT | Yellow Used | | Blue Used | | Brown Used | | Green Used | | Other ACT Used | | Quinine Used | |
| | In Stock (Y/N) | | In Stock (Y/N) | | In Stock (Y/N) | | In Stock (Y/N) | | In Stock (Y/N) | | In Stock (Y/N) | |

Actions taken by the health unit:

Remarks:

Name of In-charge _____

Signature _____

----- (District use only) -----

Date Received _____ Date of Action: _____

Signature: _____

Action Taken:

Technical Module 7: Information Systems and Routine Reporting

HMIS FORM 033C: HEALTH UNIT WEEKLY EPIDEMIOLOGICAL SURVEILLANCE SUMMARY FOR THE YEAR

Health Unit name _____ Calendar Year _____ Page _____ of pages _____

District _____ HSD _____ Sub-county _____ Parish _____

| Week Number | Number of Cases (Deaths) | | | | | | | | | | | | | | | | | | |
|-------------|--------------------------|------------------------|---------------------------------|--------|-----------|-------------|---------|---------|----------------------|------------------|--------|--------------|---------------------------------|---|---------------------------------------|---------------|-----------------|------------------|------------------------------------|
| | Date the report was sent | Acute Flacid Paralysis | Animal Bites (suspected rabies) | Rabies | Dysentery | Guinea Worm | Malaria | Measles | Bacterial Meningitis | Neonatal tetanus | Plague | Yellow fever | Other Viral Haemorrhagic Fevers | Severe Acute Respiratory Infection (SARI) | Adverse Events Following Immunization | Typhoid Fever | Maternal Deaths | Perinatal Deaths | Other Emerging infectious diseases |
| 1. | | | | | | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | | | | | | | |
| 5. | | | | | | | | | | | | | | | | | | | |
| 6. | | | | | | | | | | | | | | | | | | | |
| 7. | | | | | | | | | | | | | | | | | | | |
| 8. | | | | | | | | | | | | | | | | | | | |
| 9. | | | | | | | | | | | | | | | | | | | |
| 10. | | | | | | | | | | | | | | | | | | | |
| 11. | | | | | | | | | | | | | | | | | | | |
| 12. | | | | | | | | | | | | | | | | | | | |
| 13. | | | | | | | | | | | | | | | | | | | |
| 14. | | | | | | | | | | | | | | | | | | | |
| 15. | | | | | | | | | | | | | | | | | | | |
| 16. | | | | | | | | | | | | | | | | | | | |
| 17. | | | | | | | | | | | | | | | | | | | |
| 18. | | | | | | | | | | | | | | | | | | | |
| 19. | | | | | | | | | | | | | | | | | | | |
| 20. | | | | | | | | | | | | | | | | | | | |
| 21. | | | | | | | | | | | | | | | | | | | |
| 22. | | | | | | | | | | | | | | | | | | | |
| 23. | | | | | | | | | | | | | | | | | | | |
| 24. | | | | | | | | | | | | | | | | | | | |
| 25. | | | | | | | | | | | | | | | | | | | |
| 26. | | | | | | | | | | | | | | | | | | | |
| 27. | | | | | | | | | | | | | | | | | | | |
| 28. | | | | | | | | | | | | | | | | | | | |
| 29. | | | | | | | | | | | | | | | | | | | |
| 30. | | | | | | | | | | | | | | | | | | | |
| 31. | | | | | | | | | | | | | | | | | | | |
| 32. | | | | | | | | | | | | | | | | | | | |

Technical Module 7: Information Systems and Routine Reporting

| Week Number | Number of Cases (Deaths) | | | | | | | | | | | | | | | | | | |
|-------------|--------------------------|------------------------|---------------------------------|--------|-----------|-------------|---------|---------|----------------------|------------------|--------|--------------|---------------------------------|---|---------------------------------------|---------------|-----------------|------------------|------------------------------------|
| | Date the report was sent | Acute Flacid Paralysis | Animal Bites (suspected rabies) | Rabies | Dysentery | Guinea Worm | Malaria | Measles | Bacterial Meningitis | Neonatal tetanus | Plague | Yellow fever | Other Viral Haemorrhagic Fevers | Severe Acute Respiratory Infection (SARI) | Adverse Events Following Immunization | Typhoid Fever | Maternal Deaths | Perinatal Deaths | Other Emerging infectious diseases |
| 33. | | | | | | | | | | | | | | | | | | | |
| 34. | | | | | | | | | | | | | | | | | | | |
| 35. | | | | | | | | | | | | | | | | | | | |
| 36. | | | | | | | | | | | | | | | | | | | |
| 37. | | | | | | | | | | | | | | | | | | | |
| 38. | | | | | | | | | | | | | | | | | | | |
| 39. | | | | | | | | | | | | | | | | | | | |
| 40. | | | | | | | | | | | | | | | | | | | |
| 41. | | | | | | | | | | | | | | | | | | | |
| 42. | | | | | | | | | | | | | | | | | | | |
| 43. | | | | | | | | | | | | | | | | | | | |
| 44. | | | | | | | | | | | | | | | | | | | |
| 45. | | | | | | | | | | | | | | | | | | | |
| 46. | | | | | | | | | | | | | | | | | | | |
| 47. | | | | | | | | | | | | | | | | | | | |
| 48. | | | | | | | | | | | | | | | | | | | |
| 49. | | | | | | | | | | | | | | | | | | | |
| 50. | | | | | | | | | | | | | | | | | | | |
| 51. | | | | | | | | | | | | | | | | | | | |
| 52. | | | | | | | | | | | | | | | | | | | |
| Tot | | | | | | | | | | | | | | | | | | | |

HMIS FORM 105: HEALTH UNIT OUTPATIENT MONTHLY REPORT

DESCRIPTION AND INSTRUCTIONS

- Objective:** Reports the monthly attendance figures for MCH/FP and OPD, diagnoses for OPD, Lab, HIV/AIDS service data, stockouts of essential drugs and supplies and financial data.
- Timing:** 7th of the following month
- Copies:** Two Copies. One sent to the HSD and another one sent to the DHO. For General Hospitals, Regional Referral Hospitals, and National Referral Hospitals, a copy should also be sent to the Ministry of Health Resource Centre Division.
- Responsibility:** Health Unit In-Charge

PROCEDURE:

1. All health units must submit the HEALTH UNIT OUT-PATIENT MONTHLY REPORT (HMIS 105).

Page 1 contains:
Section 1 with three sub-sections (1.1-OPD ATTENDANCES, 1.2-REFERRALS AND 1.3-OUTPATIENT DIAGNOSES). The values are obtained from tables 1a, 1b, 1c and 1d (Health Unit Outpatient diagnoses). If the district wishes to include additional diseases of local interest, they may do so under the variable of other diagnoses. The DHMT will be responsible for ensuring all the health units in the district are aware of the chosen additional diagnoses.
3. Page 2 contains:
Section 2, shows a summary of Maternal and Child Health Services, it includes sub-sections (2.1-Antenatal, 2.2-Maternity, 2.3-Postnatal, 2.4-Exposed Infant Diagnosis services, 2.5-Family Planning Methods, 2.6-Contraceptives dispensed, 2.7-Operating theatre, 2.8-Child Health and immunisation data in sub-sections 2.9, 2.10 and 2.11 on page 3. The values are obtained from Table 2 (Health Unit Maternal Health Attendance Summary), Table 3 (Health Unit EPI Attendance Summary), Table 4 (Health Unit Family Planning Summary) and Table 5 (HIV/AIDS Services Summary). Information on ACTs is obtained from reports sent every month by the VHT to the Health Unit.
4. Page 3 contains:
Sub-section 2.9-Tetanus Immunisation, 2.10-HPV vaccination for girls and 2.11-Child Immunisation, section 3 (HIV Counseling & Testing (HCT), and section 4 (Outreach Activities). Information is obtained from Table 3 (Health Unit EPI Attendance Summary), Table 5 (HIV/AIDS Services Summary) and the Health Unit Workplan for outreach activities.

Technical Module 7: Information Systems and Routine Reporting

Note: DPT-HepB+Hib vaccine doses wasted = doses accessed – doses administered to children in a given reporting period (in this case a month) where:

- Doses accessed = (Start of month Balance + Total doses received in a month) – (End of month balance + Doses given to other Units)
- Doses administered = Total Number of children (under and above 1 year) immunized in a reporting period

For BCG, children above one year receive twice as many doses of vaccine as the under one year olds and therefore total number of doses administered = No of children <1yr immunized + No of children >1yr immunized x 2.

5. Page 4 contains:
Section 5: Includes sub-section 5.1-Stock-outs and 5.2-Consumption data. These values are obtained from the Table 9 (Health Unit Record of Stock-out) and Table 16 (Health Unit Consumption Summary).

Note: The storekeeper should also report verbally when the stock levels reach minimum stock level.

6. Page 5 contains:
Section 6: Includes a summary of laboratory tests. The information is obtained from Table 17 (Laboratory Tests Monthly Summary).

7. Page 6 contains:
Sections 8 (financial summary): The information for the financial summary is obtained from Table 14a (Monthly Financial Summary).

Section 9 (comments by the health facility in-charge): A copy of the comments should be written in the health unit's LOGBOOK. Comments by Health Sub-district should be written at the end of the health unit monthly report.



HMIS FORM 105: HEALTH UNIT OUTPATIENT MONTHLY REPORT

Health Unit _____ Level _____ Code _____ District _____ Health Sub-district _____

Sub-county _____ Parish _____ Reporting month of _____

1. OPD ATTENDANCES, REFERRALS AND DIAGNOSES TOTALS FOR THE MONTH

1.1 OUTPATIENT ATTENDANCE

| Category | 0-4 years | | 5 and over | |
|-------------------------|-----------|--------|------------|--------|
| | Male | Female | Male | Female |
| New attendance | | | | |
| Re-attendance | | | | |
| Total Attendance | | | | |

1.2 OUTPATIENT REFERRALS

| Category | 0-4 years | | 5 and over | |
|---------------------|-----------|--------|------------|--------|
| | Male | Female | Male | Female |
| Referrals to unit | | | | |
| Referrals from unit | | | | |

1.3. OUTPATIENT DIAGNOSES

| Diagnosis | 0-4 years | | 5 and over | |
|---|-----------|--------|------------|--------|
| | Male | Female | Male | Female |
| 1.3.1 Epidemic-Prone Diseases | | | | |
| 01 Acute flaccid paralysis | | | | |
| 02 Cholera | | | | |
| 03 Dysentery | | | | |
| 04 Guinea worm | | | | |
| 05 Bacterial Meningitis | | | | |
| 06 Measles | | | | |
| 07 Tetanus (Neonatal) (0 –28 days age) | | | | |
| 08 Plague | | | | |
| 09 Rabies | | | | |
| 10 Yellow Fever | | | | |
| 11 Other Viral Haemorrhagic Fevers | | | | |
| 12 Severe Acute Respiratory Infection (SARI) | | | | |
| 13 Adverse Events Following Immunization (AEFI) | | | | |
| 14 Other Emerging infectious Diseases, specify e.g. small pox, ILLI, SARS | | | | |
| 1.3.2 Other Infectious/Communicable Diseases | | | | |
| 15 Diarrhea- Acute | | | | |
| 16 Diarrhea- Persistent | | | | |
| 17 Ear Nose and Throat (ENT) conditions | | | | |
| 18 Ophthalmia neonatorum | | | | |
| 19 Other Eye conditions | | | | |
| 20 Urethral discharges | | | | |
| 21 Genital ulcers | | | | |
| 22 Sexually Transmitted Infection due to SGBV | | | | |
| 23 Other Sexually Transmitted Infections | | | | |
| 24 Urinary Tract Infections (UTI) | | | | |
| 25 Intestinal Worms | | | | |
| 26 Leprosy | | | | |
| 27 Malaria | | | | |
| 28 Other types of meningitis | | | | |
| 29 No pneumonia - Cough or cold | | | | |
| 30 Pneumonia | | | | |
| 31 Skin Diseases | | | | |
| 32 Tuberculosis (New smear positive cases) | | | | |
| 33 Other Tuberculosis | | | | |
| 34 Typhoid Fever | | | | |
| 35 Tetanus (over 28 days age) | | | | |
| 36 Sleeping sickness | | | | |
| 37 Pelvic Inflammatory Disease (PID) | | | | |
| 1.3.3 Maternal and Perinatal Conditions | | | | |
| 38 Abortions due to Gender-Based Violence (GBV) | | | | |
| 39 Abortions due to other causes | | | | |
| 40 Malaria in pregnancy | | | | |
| 41 High blood pressure in pregnancy | | | | |
| 42 Obstructed labour | | | | |
| 43 Puerperal Sepsis | | | | |
| 44 Haemorrhage in pregnancy (APH and/or PPH) | | | | |

| Diagnosis | 0-4 yrs | | 5 and over | |
|--|---------|--------|------------|--------|
| | Male | Female | Male | Female |
| 1.3.4 Maternal and Perinatal Diseases | | | | |
| 45 Neonatal septicemia | | | | |
| 46 Perinatal conditions in newborns (0-7 days) | | | | |
| 47 Neonatal conditions in newborns (8 – 28 days) | | | | |
| 1.3.5 Non Communicable Diseases | | | | |
| 48 Anaemia | | | | |
| 49 Asthma | | | | |
| 50 Periodontal diseases | | | | |
| 51 Diabetes mellitus | | | | |
| 52 Bipolar disorders | | | | |
| 53 Hypertension | | | | |
| 54 Depression | | | | |
| 55 Schizophrenia | | | | |
| 56 HIV related psychosis | | | | |
| 57 Anxiety disorders | | | | |
| 58 Alcohol abuse | | | | |
| 59 Drug abuse | | | | |
| 60 Childhood Mental Disorders | | | | |
| 61 Epilepsy | | | | |
| 62 Dementia | | | | |
| 63 Other forms of mental illness | | | | |
| 64 Cardiovascular diseases | | | | |
| 65 Gastro-Intestinal Disorders (non-Infective) | | | | |
| 66 Severe Acute Malnutrition (Marasmus, Kwashiorkor, Marasmic-kwash) | | | | |
| 67 Jaw injuries | | | | |
| 68 Injuries- Road traffic Accidents | | | | |
| 69 Injuries due to Gender based violence | | | | |
| 70 Injuries (Trauma due to other causes) | | | | |
| 71 Animal bites | | | | |
| 72 Snake bites | | | | |
| 1.3.6 Minor Operations in OPD | | | | |
| 73 Tooth extractions | | | | |
| 74 Dental Fillings | | | | |
| 1.3.7 Neglected Tropical Diseases (NTDs) | | | | |
| 75 Leishmaniasis | | | | |
| 76 Lymphatic Filariasis (hydrocele) | | | | |
| 77 Lymphatic Filariasis (Lymphoedema) | | | | |
| 78 Urinary Schistosomiasis | | | | |
| 79 Intestinal Schistosomiasis | | | | |
| 80 Onchocerciasis | | | | |
| 81 Other diagnoses (specify priority diseases for District) | | | | |
| 82 Deaths in OPD | | | | |
| 83 All others | | | | |
| Total Diagnoses | | | | |



HMIS FORM 105: HEALTH UNIT OUTPATIENT MONTHLY REPORT

2. MATERNAL AND CHILD HEALTH (MCH)

| 2.1 ANTENATAL | | NUMBER |
|---|----------------|--------|
| A1-ANC 1 st Visit | | |
| A2-ANC 4 th Visit | | |
| A3- Total ANC visits (new clients + Re-attendances) | | |
| A4-ANC Referrals to unit | | |
| A5-ANC Referrals from unit | | |
| A6-First dose IPT (IPT1) | | |
| A7-Second dose IPT (IPT2) | | |
| A8-Pregnant Women receiving Iron/Folic Acid on ANC 1 st Visit | | |
| A9-Pregnant women receiving free ITNs | | |
| A10-Pregnant women tested for syphilis | | |
| A11-Pregnant women tested positive for syphilis | | |
| A12-Pregnant women counseled, test and received HIV test results | | |
| A13-HIV positive pregnant women given cotrimoxazole for prophylaxis | | |
| A14-Pregnant women tested positive for HIV | | |
| A15 HIV positive pregnant women assessed for ART eligibility | | |
| A16-Pregnant women who knew their HIV status before the 1 st ANC visit | | |
| A17-Pregnant women given ARVs for prophylaxis (PMTCT) | SD NVP | |
| | AZT - SD NVP | |
| | 3TC-AZT-SD NVP | |
| A18-Others Specify for regimens covered | | |
| A19-Pregnant women on ART for their own health | | |
| A20-Male partners tested and received HIV results in PMTCT | | |
| 2.2 MATERNITY | | |
| M1-Admissions | | |
| M2-Referrals to unit | | |
| M3-Referrals from unit | | |
| M4-Deliveries in unit | | |
| M5-Deliveries HIV positive in unit | | |
| M6-Deliveries HIV positive who swallowed ARVs | | |
| M7-Live births in unit | | |
| M8-Live births to HIV positive mothers | | |
| M9-Birth asphyxia | | |
| M10-Babies born with low birth weight (<2.5Kgs) | | |
| M11-Babies (born to HIV positive mothers) given ARVs | | |
| M12- HIV positive mothers initiating breastfeeding within 1 hour | | |
| M13-No. mothers tested for HIV | | |
| M14-No. mothers tested HIV positive in maternity | | |
| M15-Mother given Vitamin A supplementation | | |
| M16-Fresh Still births in unit | | |
| M17-Macerated still births in unit | | |
| M18-Newborn deaths (0-7days) | | |
| M19-Maternal deaths | | |
| M20-Deliveries with Traditional Birth Attendants (TBA) | | |
| 2.3 POSTNATAL | | |
| P1-Post Natal Attendances | | |
| P2-Number of HIV + mothers followed in PNC | | |
| P3-Vitamin A supplementation | | |
| P4-Clients with premalignant conditions for breast | | |
| P5-Clients with premalignant conditions for cervix | | |
| 2.4 EXPOSED INFANT DIAGNOSIS (EID) SERVICES | | |
| E1-Exposed infants tested for HIV below 18 months (by 1st PCR) | | |
| E2-Exposed infants testing HIV positive below 18 months | | |
| E3-Exposed infants given Septrin for prophylaxis within 2 months after birth | | |

| 2.5 FAMILY PLANNING METHODS | NEW USERS | REVISITS |
|------------------------------------|-----------|----------|
| F1-Oral : Lo-Femenal | | |
| F2-Oral: Microgynon | | |
| F3-Oral: Ovrette or another POP | | |
| F4-Oral: Others | | |
| F5-Female condoms | | |
| F6-Male condoms | | |
| F7-IUDs | | |
| F8-Injectable | | |
| F9-Natural | | |
| F10-Other methods | | |
| Total family planning users | | |

F11-Number of HIV positive family planning users

F12-Number of first-visit clients (of the year) for this month

2.6 CONTRACEPTIVES DISPENSED

| CONTRACEPTIVE | No. Dispensed at Unit | No. Dispensed by CORPs |
|--|-----------------------|------------------------|
| D1-Oral : Lo-Femenal (Cycles) | | |
| D2-Oral: Microgynon (Cycles) | | |
| D3-Oral: Ovrette or another POP (Cycles) | | |
| D4-Oral: Others (Cycles) | | |
| D5-Female condoms (Pieces) | | |
| D6-Male condoms (Pieces) | | |
| D7-IUDs (Pieces) | | |
| D8-Injectable (Doses) | | |
| D9-Emergency Contraceptives | | |

2.7 MINOR OPERATIONS IN FAMILY PLANNING

| OPERATION | NUMBER |
|--|--------|
| O1-Female Sterilisation (Tubal ligation) | |
| O2-Male Sterilisation (Vasectomy) | |
| O3-Implant new users | |
| O4-Implant revisits | |
| O5-Implant removals | |

2.8 CHILD HEALTH

| CHILD HEALTH SERVICES | 6 – 11 Months | | 12 – 59 Months | | 1 – 4 Years | | 5 – 14 Years | |
|---|---------------|---|----------------|---|-------------|---|--------------|---|
| | M | F | M | F | M | F | M | F |
| C1-Vit A supplem 1 st Dose in the year | | | | | | | | |
| C2-Vit A supplem 2 nd Dose in the year | | | | | | | | |
| C3-Dewormed 1 st dose in the year | | | | | | | | |
| C4-Dewormed 2 nd dose in the year | | | | | | | | |
| C5-Total Children weighed at measles vaccination | | | | | | | | |
| C6-Under weight (below -2SD line) | | | | | | | | |
| C7-Overweight (above +3SD line) | | | | | | | | |



HMIS FORM105: HEALTH UNIT OUTPATIENT MONTHLY REPORT

| 2.9 TETANUS IMMUNISATION (TT VACCINE) | | | |
|---------------------------------------|----------------|--------------------|------------------------|
| Doses | Pregnant women | Non-pregnant women | Immunisation in School |
| T1-Dose 1 | | | |
| T2-Dose 2 | | | |
| T3-Dose 3 | | | |
| T4-Dose 4 | | | |
| T5-Dose 5 | | | |

| 2.10 HPV VACCINATION | |
|----------------------|--------|
| Vaccination of girls | Number |
| V1-HPV1-Dose 1 | |
| V2-HPV2-Dose 2 | |
| V3-HPV3-Dose 3 | |

| Doses | Under 1 | | 1-4 Years | |
|--------------------------------------|---------|--------|-----------|--------|
| | Male | Female | Male | Female |
| I1-BCG | | | | |
| I2-Protection At Birth for TT (PAB) | | | | |
| I3-Polio 0 | | | | |
| I4-Polio 1 | | | | |
| I5-Polio 2 | | | | |
| I6-Polio 3 | | | | |
| I7-DPT-HepB+Hib 1 | | | | |
| I8-DPT-HepB+Hib 2 | | | | |
| I9-DPT-HepB+Hib 3 | | | | |
| I10-PCV 1 | | | | |
| I11-PCV 2 | | | | |
| I12-PCV 3 | | | | |
| I13-Rotavirus 1 | | | | |
| I14-Rotavirus 2 | | | | |
| I15-Rotavirus 3 | | | | |
| I16-Measles | | | | |
| I17-Fully immunized by 1 year | | | | |
| I18-DPT-HepB+Hib doses wasted | | | | |

3. HIV/AIDS COUNSELING AND TESTING (HCT)

| Category | No. of individuals 0- <2 years | | No. of individuals 2-<5 years | | No. of individuals 5 - <15 years | | No. of individuals 15 - 49 years | | No. of individuals >49 years | | Total |
|--|--------------------------------|---|-------------------------------|---|----------------------------------|---|----------------------------------|---|------------------------------|---|-------|
| | M | F | M | F | M | F | M | F | M | F | |
| H1-Number of Individuals counseled | | | | | | | | | | | |
| H2-Number of Individuals tested | | | | | | | | | | | |
| H3-Number of Individuals who received HIV test results | | | | | | | | | | | |
| H4- Number of individuals who received HIV results for the first time in this financial year | | | | | | | | | | | |
| H5-Number of Individuals who tested HIV positive | | | | | | | | | | | |
| H6-HIV positive individuals with suspected TB | | | | | | | | | | | |
| H7-HIV positive cases started on Cotrimoxazole preventive therapy (CPT) | | | | | | | | | | | |
| H8-Number of Individuals tested before in this financial year (Re-testers) | | | | | | | | | | | |
| H9-Number of individuals who were Counseled and Tested together as a Couple | | | | | | | | | | | |
| H10-Number of individuals who were Tested and Received results together as a Couple | | | | | | | | | | | |
| H11-Number of individuals with Concordant positive results | | | | | | | | | | | |
| H12- Number of individuals with Discordant results | | | | | | | | | | | |
| H13-Individuals counseled and tested for PEP | | | | | | | | | | | |
| H14-Number provided with Safe Male Circumcision | | | | | | | | | | | |

4. OUTREACH ACTIVITIES

| Category | Number Planned | Number Carried out |
|---|----------------|--------------------|
| OA1-EPI outreaches | | |
| OA2-HCT outreaches | | |
| OA3-Environmental health visits | | |
| OA4-Health education/promotion outreaches | | |
| OA5-Other outreaches | | |
| Martemal & Perinatal Death Audits | | |



HMIS FORM 105: HEALTH UNIT OUTPATIENT MONTHLY REPORT

5. ESSENTIAL DRUGS, VACCINES AND CONTRACEPTIVES

5.1 STOCK-OUTS

Note: Out of stock means that there was NONE left in your health unit STORE.

| Enter the number of stock out days for the following tracer items (in order for the HSD and DHT to follow up the issue) | | |
|---|----------------------|--------------------------|
| Name | Tick if out of stock | No. of days of stock out |
| HSSP indicator Item: Tracer Medicines found in all level of health facilities (HC II to Hospitals) | | |
| First Line drug for Malaria * | | |
| Quinine tabs | | |
| Cotrimoxazole | | |
| ORS sachets | | |
| Measles Vaccine | | |
| Fansidar | | |
| Depo-Provera | | |
| To be filled by all Health Facilities offering HIV/AIDS and TB treatment | | |
| HIV testing kits | Screening | |
| | Confirmatory | |
| | Tie-breaker | |
| ARVs First line | AZT/3TC/NVP | |
| | AZT/3TC | |
| | TDF/3TC | |
| | FTC | |
| | NVP | |
| | EFV | |
| 1 st line Anti TB medicine | HRZE | |
| | EH | |
| | RH | |

| Add the name of other drugs, vaccines, contraceptives or supplies that suffered a stock out during the month | | | | | |
|--|------|-----|-----|------|-----|
| Number of Days of Stockout (DOS) | | | | | |
| No. | Name | DOS | No. | Name | DOS |
| 1 | | | 21 | | |
| 2 | | | 22 | | |
| 3 | | | 22 | | |
| 4 | | | 23 | | |
| 4 | | | 24 | | |
| 5 | | | 25 | | |
| 6 | | | 26 | | |
| 7 | | | 27 | | |
| 8 | | | 28 | | |
| 9 | | | 29 | | |
| 10 | | | 30 | | |
| 11 | | | 31 | | |
| 12 | | | 32 | | |
| 13 | | | 33 | | |
| 14 | | | 34 | | |
| 15 | | | 35 | | |
| 16 | | | 36 | | |
| 17 | | | 37 | | |
| 18 | | | 38 | | |
| 19 | | | 39 | | |
| 20 | | | 40 | | |

*This refers to the drug recommended in the National policy at the time

5.2 CONSUMPTION DATA

Please indicate the total number of doses consumed for each category of drugs under the respective age group.

| Drug Item | 4months – 3yrs | 3+ - 7yrs | 7+ - 12yrs | 12+ | TOTAL |
|-----------------------------------|----------------|-----------|------------|-----|-------|
| No. of Yellow ACT doses dispensed | | | | | |
| No. of Blue ACT doses dispensed | | | | | |
| No. of Brown ACT doses dispensed | | | | | |
| No. of Green ACT doses dispensed | | | | | |
| Quinine | | | | | |
| Cotrimoxazole tabs | | | | | |
| Amoxicillin Capsule | | | | | |
| ORS sachets | | | | | |
| Measles Vaccine | | | | | |
| Fansidar | | | | | |
| Depo-Provera | | | | | |



HMIS FORM 105: HEALTH UNIT OUTPATIENT MONTHLY REPORT

6. LABORATORY TESTS

| Laboratory Tests | Number Done | | Number Positive | | | | |
|-----------------------------|-------------|------------|-----------------|------------|--------------------|-----------------|-------|
| | 0-4 years | 5 and over | 0-4 years | 5 and over | | | |
| Haematology (Blood) | | | | | | | |
| 01 HB | | | | | | | |
| 02 WBC Total | | | | | | | |
| 03 WBC Differential | | | | | | | |
| 04 Film Comment | | | | | | | |
| 05 ESR | | | | | | | |
| 06 RBC | | | | | | | |
| 07 Bleeding time | | | | | | | |
| 08 Prothrombin time | | | | | | | |
| 09 Clotting time | | | | | | | |
| 10 Others | | | | | | | |
| Blood Transfusion | | | | | | | |
| 11 ABO Grouping | | | | | | | |
| 12 Coombs | | | | | | | |
| 13 Cross Matching | | | | | | | |
| Parasitology | | | | | | | |
| 14 Malaria microscopy | | | | | | | |
| 15 Malaria RDTs | | | | | | | |
| 16 Other Haemoparasites | | | | | | | |
| 17 Stool Microscopy | | | | | | | |
| Serology | | | | | | | |
| 18 VDRL/RPR | | | | | | | |
| 19 TPHA | | | | | | | |
| 20 Shigella Dysentery | | | | | | | |
| 21 Syphilis Screening | | | | | | | |
| 22 Hepatitis B | | | | | | | |
| 23 Brucella | | | | | | | |
| 24 Pregnancy Test | | | | | | | |
| 25 Widal Test | | | | | | | |
| 26 Rheumatoid Factor | | | | | | | |
| 27 Others | | | | | | | |
| HIV tests by purpose | | | | | | | |
| Type of test | HCT | | PMTCT | | Clinical Diagnosis | Quality Control | Total |
| 55 Repeat testers | | | | | | | |
| 56 Determine | | | | | | | |
| 57 Statpak | | | | | | | |
| 58 Unigold | | | | | | | |

| Laboratory Tests | Number Done | | Number Positive | |
|--|-------------|------------|-----------------|------------|
| | 0-4 years | 5 and over | 0-4 years | 5 and over |
| Immunology | | | | |
| 28 CD4 tests & others | | | | |
| Microbiology (CSF Urine, Stool, Blood, Sputum, Swabs) | | | | |
| 29 ZN for AFBs | | | | |
| 30 Cultures and Sensitivities | | | | |
| 31 Gram | | | | |
| 32 Indian Ink | | | | |
| 33 Wet Preps | | | | |
| 34 Urine Microscopy | | | | |
| Clinical Chemistry | | | | |
| Renal Profile | | | | |
| 35 Urea | | | | |
| 36 Calcium | | | | |
| 37 Potassium | | | | |
| 38 Sodium | | | | |
| 39 Creatinine | | | | |
| Liver Profile | | | | |
| 40 ALT | | | | |
| 41 AST | | | | |
| 42 Albumin | | | | |
| 43 Total Protein | | | | |
| Lipid/Cardiac Profile | | | | |
| 44 Triglycerides | | | | |
| 45 Cholesterol | | | | |
| 46 CK | | | | |
| 47 LDH | | | | |
| 48 HDL | | | | |
| Miscellaneous | | | | |
| 49 Ikaline Phos | | | | |
| 50 Amylase | | | | |
| 51 Glucose | | | | |
| 52 Uric Acid | | | | |
| 53 Lactate | | | | |
| 54 Others | | | | |



HMIS FORM 105: HEALTH UNIT OUTPATIENT MONTHLY REPORT

7. FINANCIAL SUMMARY

| | Budget line | Funds budgeted | Funds received | Funds spent |
|---|------------------------|----------------|----------------|-------------|
| 1 | PHC Wage | | | |
| 2 | PHC Non-Wage Recurrent | | | |
| 3 | PHC (NGO) | | | |
| 4 | PHC Development | | | |
| 5 | Local Governments | | | |
| 6 | Credit Lines (Drugs) | | | |
| 7 | Donor projects | | | |
| 8 | Others specify | | | |
| | | | | |
| | | | | |
| | | | | |
| | TOTAL | | | |

8. COMMENTS BY HEALTH FACILITY IN CHARGE

Date of Report: _____

In - Charge Name _____ Title _____ Signature _____

Contacts of the HU in-charge Phone No.: _____ e-mail address: _____

Witness Name _____ Title _____ Signature _____

----- (HSD use below this line) -----

| | | |
|--------------------------------------|-----|----|
| Date received | | |
| Received by 7th of next month | Yes | No |
| Checked by (signature) | | |
| Date processed | | |

COMMENTS BY HSD:

HMIS FORM 108: HEALTH UNIT INPATIENT MONTHLY REPORT

DESCRIPTION AND INSTRUCTIONS

- Objective:** Summarize inpatient services
- Timing:** Due 7th of the following month
- Copies:** Two Copies. One sent to the HSD and another one sent to the DHO. For General Hospitals, Regional Referral Hospitals, and National Referral Hospitals, a copy should also be sent to the Ministry of Health Resource Centre Division.
- Responsibility:** Health Unit In-Charge

PROCEDURE:

1. All health units (including hospitals) with inpatients should compile and report.
2. **Item 1** on Page 1 is about census information.

Column (A): Do not use numbers when labeling the wards. Use labels that refer to the function such as the following: Paediatric, Maternity, Male or Female Surgical, Male or Female Medical, etc

Column (B): Enter the number of **Beds** designed for the ward.

Column (C), (D) and (E): The number of **Admissions, Deaths** and **Patient Days** are transcribed from TABLE 6. Total these columns and enter totals in last row

Column (F): The **Average Length of Stay (F)** is equal to: **Patient Days / Admissions (E) / (C)** for each ward.

Column (F): To get the average for the whole hospital, do not simply total this column but apply the same formula using the **Total** values columns (C) and (E).

Column (G): The **Average Occupancy** (average number of patients each day) is equal to: **Patient days / No. of days in month or (E) / No. of days in month** for each ward.

Column (G): To get the average for the whole hospital, do not simply total this column but apply the same formula using the **Total** values of column (E).

Column (H): The **Bed Occupancy** (average percent of beds occupied each day) is equal to: **(Patient days / days in month) x 100 / (Total number of Beds)**

Technical Module 7: Information Systems and Routine Reporting

Column (H): To get the average for the whole hospital, do not simply total this column but apply the same formula using the **Total** values of columns (E and B).

3. **Item 2** on Page 1, is a count of the number of inpatient referrals to and from the health unit for the previous month. This is counted from the INPATIENT REGISTER on a GENERAL TALLY SHEET.
4. **Item 3 & 4** on Page 1, reports surgical procedures. These are tallied and recorded monthly in Table 7.
Using information from the theater register get the total number of various surgical procedures and fill in **Item 3** and
4, sum up the major and minor operations in the respective tables.
5. **Item 5** is on utilisation of special services in the health unit. Fill in total number of units of blood (Source of information: Blood Transfusion Register). This information is obtained from Table 7.
6. The numbers of admissions and deaths by diagnosis are recorded in **Item 6** on Pages 2, 3 and 4. This information is transcribed from TABLE 12a and 12b (for cases) and 13a & 13b (for deaths). If the health unit is unclear about whether certain diagnoses can be grouped, then the diagnoses should be listed separately each on its own.
7. General comments are written under **Item 7** on Page 4.



HMIS FORM 108: HEALTH UNIT INPATIENT MONTHLY REPORT

Health Unit _____ Code _____ Level _____ District _____ HSD _____

Sub-county _____ Parish _____ Month _____ Year 20 _____

1. CENSUS INFORMATION: SEE INSTRUCTIONS FOR DEFINITIONS

| (A) List of wards | (B) No. of Beds | (C) Admissions | (D) Deaths | (E) Patient days | (F) Average length of stay = E / C | (G) Average Occupancy = E / No. of days in month | (H) Bed Occupancy = G x 100 / B |
|----------------------|-----------------------|-------------------|---------------|---------------------|---|--|---------------------------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Totals | | | | | | | |

2. REFERRALS

| Item | Number |
|---|--------|
| Number of Inpatients referred from this health unit | |
| Number of Inpatients referred to the health unit | |

3. MAJOR SURGICAL PROCEDURES

| Procedure | Number |
|-----------------------------------|--------|
| 01 Caesarian sections | |
| 02 Laparotomy | |
| 03 Tracheostomy | |
| 04 Evacuations | |
| 05 Internal fixation | |
| 06 Burr hole | |
| 07 Thoracotomy | |
| 08 ENT surgical procedures | |
| 99 Other Major procedures | |
| Total Number of Operations | |

4. MINOR SURGICAL PROCEDURES

| Procedure | Number |
|---|--------|
| 01 Oral surgery | |
| 02 Herniorrhaphy | |
| 03 Debridement and care of wounds and skin grafting | |
| 04 Incision and drainage of abscesses | |
| 05 Plastic/ reconstructive surgery | |
| 06 Ocular surgery | |
| 07 Minor ENT surgical procedures | |
| 08 Safe Male Circumcision | |
| 99 Other Minor procedures | |
| Total Number of Operations | |

5. UTILIZATION OF SPECIAL SERVICES:

| Service | Number |
|----------------------------|--------|
| Blood transfusions (units) | |



HMIS FORM 108: HEALTH UNIT INPATIENT MONTHLY REPORT

6. NUMBER OF ADMISSIONS AND DEATHS BY DIAGNOSIS

| Diagnosis | Under five years | | | | Five years and above | | | |
|--|------------------|---|--------|---|----------------------|---|--------|---|
| | Cases | | Deaths | | Cases | | Deaths | |
| | M | F | M | F | M | F | M | F |
| Notifiable Diseases | | | | | | | | |
| 01 Acute flaccid paralysis | | | | | | | | |
| 02 Cholera | | | | | | | | |
| 03 Dysentery | | | | | | | | |
| 04 Guinea worm | | | | | | | | |
| 05 Bacterial Meningitis | | | | | | | | |
| 06 Measles | | | | | | | | |
| 07 Tetanus (neonatal) (0 to 28 days age) | | | | | | | | |
| 08 Plague | | | | | | | | |
| 09 Rabies | | | | | | | | |
| 10 Yellow Fever | | | | | | | | |
| 11 Viral Haemorrhagic fever | | | | | | | | |
| 12 Influenzae Like Illness | | | | | | | | |
| 13 Adverse Events Following Immunization (AEFI) | | | | | | | | |
| 14 Other Emerging infectious Diseases, specify (e.g. small pox, ILI, SARS) | | | | | | | | |
| Other Infectious /communicable diseases | | | | | | | | |
| 15 Diarrhoea – Acute | | | | | | | | |
| 16 Diarrhoea- Persistent | | | | | | | | |
| 17 Genital Infections | | | | | | | | |
| 18 Hepatitis | | | | | | | | |
| 19 Leprosy | | | | | | | | |
| 20 Malaria | | | | | | | | |
| 21 Osteomyelitis | | | | | | | | |
| 22 Pelvic Inflammatory Disease (PID) | | | | | | | | |
| 23 Peritonitis | | | | | | | | |
| 24 Pneumonia | | | | | | | | |
| 25 Pyrexia of unknown origin (PUO) | | | | | | | | |
| 26 Respiratory infections (other) | | | | | | | | |
| 27 Septicemia | | | | | | | | |
| 28 Tuberculosis (new smear positive cases) | | | | | | | | |
| 29 Other Tuberculosis | | | | | | | | |
| 30 Typhoid Fever | | | | | | | | |
| 31 Urinary Tract Infections (UTI) | | | | | | | | |
| 32 Tetanus (over 28 days age) | | | | | | | | |
| 33 Sleeping sickness | | | | | | | | |
| 34 Other types of meningitis | | | | | | | | |
| Maternal and Perinatal Diseases | | | | | | | | |
| 35 Abortions | | | | | | | | |
| 36 Malaria in pregnancy | | | | | | | | |
| 37 High blood pressure in pregnancy | | | | | | | | |
| 38 Obstructed labour | | | | | | | | |
| 39 Puerperal sepsis | | | | | | | | |
| 40 Haemorrhage related to pregnancy (APH or PPH) | | | | | | | | |
| 41 Sepsis related to pregnancy | | | | | | | | |
| 42 Other Complications of pregnancy | | | | | | | | |
| 43 Neonatal Septicaemia | | | | | | | | |
| 44 Perinatal conditions in new borns (0 – 7 days) | | | | | | | | |
| 45 Perinatal conditions in new borns (8 – 28 days) | | | | | | | | |



HMIS FORM 108: HEALTH UNIT INPATIENT MONTHLY REPORT

| Diagnosis | Under five years | | | | Five years and above | | | |
|--|------------------|---|--------|---|----------------------|---|--------|---|
| | Cases | | Deaths | | Cases | | Deaths | |
| | M | F | M | F | M | F | M | F |
| Non communicable diseases | | | | | | | | |
| 46 Anaemia | | | | | | | | |
| 47 Asthma | | | | | | | | |
| 48 Oral cancers | | | | | | | | |
| 49 Jaw injuries | | | | | | | | |
| 50 Other oral diseases and conditions | | | | | | | | |
| 51 Periodontal conditions | | | | | | | | |
| 52 Diabetes mellitus (newly diagnosed cases) | | | | | | | | |
| 53 Diabetes mellitus (re-attendances) | | | | | | | | |
| 54 Endocrine and metabolic disorders (other) | | | | | | | | |
| 55 Gastro-Intestinal disorders (non Infective) | | | | | | | | |
| 56 Hypertension (newly diagnosed cases) | | | | | | | | |
| 57 Hypertension (old cases) | | | | | | | | |
| 58 Stroke | | | | | | | | |
| 59 Cardiovascular diseases (other) | | | | | | | | |
| 60 Anxiety disorders | | | | | | | | |
| 61 Bipolar disorders | | | | | | | | |
| 62 Depression | | | | | | | | |
| 63 Schizophrenia | | | | | | | | |
| 64 Alcohol abuse | | | | | | | | |
| 65 Drug Abuse | | | | | | | | |
| 66 Dementia | | | | | | | | |
| 67 Childhood Mental Disorders | | | | | | | | |
| 68 Epilepsy | | | | | | | | |
| 69 HIV related Psychosis | | | | | | | | |
| 70 Other forms of Mental illness | | | | | | | | |
| 71 Nervous system disorders | | | | | | | | |
| 72 Severe Malnutrition (Kwashiorkor) | | | | | | | | |
| 73 Severe Malnutrition (Marasmus) | | | | | | | | |
| 74 Severe Malnutrition (Marasmic-kwash) | | | | | | | | |
| 75 Injuries - Road traffic Accidents | | | | | | | | |
| 76 Injuries - (Trauma due to other causes) | | | | | | | | |
| 77 Animal bites | | | | | | | | |
| 78 Snakes bites | | | | | | | | |
| 79 Poisoning | | | | | | | | |
| 80 Liver Cirrhosis | | | | | | | | |
| 81 Liver diseases (other) | | | | | | | | |
| 82 Hepatocellular carcinoma | | | | | | | | |
| 83 Hernias | | | | | | | | |
| 84 Diseases of the appendix | | | | | | | | |
| 85 Diseases of the skin | | | | | | | | |
| 86 Musculo skeletal and connective tissue diseases | | | | | | | | |
| 87 Genito urinary system diseases (non infective) | | | | | | | | |
| 88 Congenital malformations and chromosome abnormalities | | | | | | | | |
| 89 Complications of medical and surgical care | | | | | | | | |
| 90 Benign neoplasm's (all types) | | | | | | | | |
| 91 Cancer of the cervix(newly diagnosed cases) | | | | | | | | |
| 92 Cancer of the cervix (re-attendance) | | | | | | | | |
| 93 Cancer of the breast | | | | | | | | |
| 94 Cancer of the prostate | | | | | | | | |
| 95 Malignant neoplasm of the digestive organs | | | | | | | | |
| 96 Malignant neoplasm of the lungs | | | | | | | | |
| 97 Kaposi's and other skin cancers | | | | | | | | |
| 98 Malignant neoplasm of Haemopoetic tissue | | | | | | | | |
| 99 Other malignant neoplasm | | | | | | | | |
| 100 Cutaneous ulcers | | | | | | | | |



HMIS FORM 108: HEALTH UNIT INPATIENT MONTHLY REPORT

| Diagnosis | Under five years | | | | Five years and above | | | |
|---|------------------|---|--------|---|----------------------|---|--------|---|
| | Cases | | Deaths | | Cases | | Deaths | |
| | M | F | M | F | M | F | M | F |
| Neglected Tropical Diseases (NTDs) | | | | | | | | |
| 101 Leishmaniasis | | | | | | | | |
| 102 Lymphatic Filariasis (hydrocele) | | | | | | | | |
| 103 Lymphatic Filariasis (Lymphoedema) | | | | | | | | |
| 104 Urinary Schistosomiasis | | | | | | | | |
| 105 Intestinal Schistosomiasis | | | | | | | | |
| 106 Onchocerciasis | | | | | | | | |
| Medical Emergencies | | | | | | | | |
| 107 Cerebro-vascular events | | | | | | | | |
| 108 Cardiac arrest | | | | | | | | |
| 109 Gastro-intestinal bleeding | | | | | | | | |
| 110 Respiratory distress | | | | | | | | |
| 111 Acute renal failure | | | | | | | | |
| 112 Acute sepsis | | | | | | | | |
| 113 Other diagnoses (specify Priority diseases for health unit) | | | | | | | | |
| 114 All others | | | | | | | | |
| Total Diagnoses | | | | | | | | |

7. COMMENTS

Medical Superintendent / In Charge _____

Signature _____ Date of report _____

----- (Health Sub-District use below this line) -----

| | |
|---|-------------|
| Date received | |
| Date received by 7 th of the following month | Yes No |
| Checked by | |
| Date processed | |

COMMENTS BY HSD:

PART 2: PERFORMANCE OF THE HEALTH UNIT

HMIS FORM 109: HEALTH UNIT POPULATION REPORT

DESCRIPTION AND INSTRUCTION

- Objective:** To define the service area's community workers, and to estimate target attendance for the coming year
- Timing:** Due 7th August (as per Table N1)
- Copies:** **Four.** Original stays at the health unit. Copy is sent to the DHO, the HSD and to LC III Health Committee (or HUMC).
- Responsibility:** DHT and Health Unit In-Charge

PROCEDURE:

1. All health units are to complete the HEALTH UNIT POPULATION REPORT at the beginning of each financial year.
2. The service area is ultimately defined by the DHT. If there is any change from those reported previously, the DHT will inform the health unit.
3. Item 1 contains information about each parish considered to be in the service area. This includes the number of villages, the estimated population count, whether there is an active Village Health Committee (Active VHC?) within the parish, the number of active Community Health Workers (Number Act CHWs) within the parish, and the number of trained Traditional Birth Attendants (Number Trained TBAs). Information on Number of Community Drug distributors of HOMAPAK and Number of under 5 children who slept under a Net the previous night should also be filled in this item. The totals are calculated for each column and written in the last row. To collect this information you can seek assistance from HUMC members or Health Assistants. Other sources of data are the monthly reports of HOMAPAK drug distributors that are sent to health units in sub-counties implementing Home-Based Management of Fever.
4. The In-Charge will write a brief description of all NGO projects currently running or planned for implementation within the current calendar year in Item 2.

The total population (calculated in Item 1) is entered in Item 3 (on side 2), in box (A). Then the estimated target populations are calculated and entered in item 3, boxes (B), (C), (D), (E), (F), (G) and (H), using the given formulas.

Attendance figures for the previous calendar year are then entered in Item 4 Column (I) for each of the activities listed.

Based on your attendance of the previous year, Column (I), the DHT and the In-Charge will determine realistic target attendance for the coming year. These targets are written in Column (J) of Item 4. Using the target attendance recorded in Column (J), the graphs for the year can be started. See the section on graphing for instructions.

Technical Module 7: Information Systems and Routine Reporting

Calculate what would be the coverage of the service population if you succeed to get your target, using the formula given in the Table and enter it in column (K).



HMIS FORM 109: HEALTH UNIT POPULATION REPORT

Financial Year: _____ Health Unit _____ Level _____ Health Unit Code _____

Sub-county _____ HSD _____ District _____

Postal address of the Health Unit _____

Email address of the Health Unit _____

Contact Telephone number of the Health Unit (Landline and mobile) _____

Designation of Health Unit In-charge: _____

1. Authority: **GOVERNMENT** **NGO** **PRIVATE (Circle what is applicable)**

2. Managing Agency/Owner (e.g. Catholic Medical Bureau, Orthodox Church, Govt, etc):

3. Catchment population

The list of villages/parishes in your service area will be identified using a three month sample of attendances from the Out Patient Register. The frequency of the OPD attendances from the different villages/parishes will be ranked and the highest attending villages/parishes will be used to determine the catchment area.

The catchment population for the respective villages/parishes in the catchment area can be obtained from the sub-county headquarters, Health Sub-District, District Health Office or the District Planning Department.

Once this information is provided, complete the rest of the table. Additional information to complete this table can also be obtained from the Health Assistant.

| Name of parish | Number Villages | Population (A) | Number of Households | Number of Households with clean and safe latrine | Number of VHTs | Number of trained VHTs | VHTs Number Active | Number Active Community Health Workers |
|----------------|--------------------------|----------------|----------------------|--|----------------|------------------------|--------------------|--|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Totals | Number parishes = | | | | | | | |

VHT: Village Health Teams

HMIS FORM 109: HEALTH UNIT POPULATION REPORT

4. TARGET AND COVERAGE ESTIMATION

Estimation of the target populations in the service area

Estimating target attendance

Total population in the service area: (A)

| NO. | POPULATION GROUP | FORMULAE | ESTIMATED POPULATION |
|-----|---|---------------------|----------------------|
| (B) | Women in childbearing age in the service area | $(A) \times 0.202$ | <input type="text"/> |
| (C) | Number of pregnancies in the service area | $(A) \times 0.05$ | <input type="text"/> |
| (D) | Number of births in the service area: | $(A) \times 0.0485$ | <input type="text"/> |
| (E) | Number of children under one year in the service area | $(A) \times 0.043$ | <input type="text"/> |
| (F) | Number of children under five years in the service area | $(A) \times 0.202$ | <input type="text"/> |
| (G) | Suspected tuberculosis in the service area | $(A) \times 0.003$ | <input type="text"/> |
| (H) | People under 15 years of age | $(A) \times 0.46$ | <input type="text"/> |

(This should be checked by the Incharge BEFORE the report is submitted).

| Programme / attendance | (I) Attendance last year | (J) Target attendance this year * | "Coverage" if target number reached | |
|-----------------------------------|--------------------------------|---|-------------------------------------|----------------|
| | | | Formula | "Coverage" (K) |
| ANC new clients | | | $(J) \times 100 / (C)$ | |
| Deliveries (in the Health Unit) | | | $(J) \times 100 / (D)$ | |
| Children dewormed | | | $(J) \times 100 / (H)$ | |
| BCG -under 1 year | | | $(J) \times 100 / (E)$ | |
| DPT 3 - under 1 year | | | $(J) \times 100 / (E)$ | |
| Measles - under 1 year | | | $(J) \times 100 / (E)$ | |
| FP First visits of year (clients) | | | $(J) \times 100 / (B)$ | |
| OPD new cases (0-4 years) | | | $(J) \times 100 / (F)$ | |
| OPD new cases (5 years and older) | | | $(J) \times 100 / (A - F)$ | |
| TB new cases | | | $(J) \times 100 / (G)$ | |

* "Target attendances this year" is the number you want to achieve".

Health Unit In-Charge Name _____ Signature _____

DHT Member Name _____ Signature _____

----- District use below this line -----

| | |
|----------------|----------------------|
| Date received | <input type="text"/> |
| Date processed | <input type="text"/> |

Technical Module 7: Information Systems and Routine Reporting

HMIS FORM 106A: HEALTH UNIT QUARTERLY REPORT

DESCRIPTION AND INSTRUCTIONS

- Objective:** Reports the quarterly attendance figures for ART, TB and Community Services.
- Timing:** “Due 7th October, 7th January, 7th April, 7th July
- Copies:** Four. Original stays at the health unit, Copy is sent to the DHO, another to the HSD and the fourth to the Ministry Of Health-Resource Centre.
- Responsibility:** Health Unit In-Charge

PROCEDURE:

1. All health units must submit the HEALTH UNIT QUARTERLY REPORT (HMIS 106a).
2. Page 1 contains:
Section 1 (ART SERVICES) and part of Section 2 (TUBERCULOSIS/LEPROSY SERVICES); Sub-section 2.1 (New and retreatment cases of tuberculosis). The values are obtained from tables 5(HEALTH UNIT HIV/AIDS SERVICES SUMMARY) and TB register.
3. Page 2 contains:
A continuation of Section 2 (TUBERCULOSIS/LEPROSY SERVICES) Sub-sections; 2.2(Number of TB cases registered during the quarter by treatment category), 2.3 (Sputum conversion rate at end of intensive phase in smear positive patients enrolled on SCC one quarter previously), 2.4a (Sputum examination for case finding), and 2.4b (Sputum examination for follow up). The values are obtained from TB register.
4. Page 3 contains:
A key to fill in section 2 and section 3 (COMMUNITY SERVICES). Information for community services is obtained from the VHT reports.



HMIS FORM 106a: HEALTH UNIT QUARTERLY REPORT

Name of Health Unit: _____ Level _____ Code _____ District: _____
 HSD: _____ Sub-county _____ Parish _____
 Reporting Period: _____ to _____ (months) Financial Year: _____

1. ART SERVICES

| Category | No. of individuals < 2years(24months) | | No. of individuals 2- < 5years | | No. of individuals 5- 14years | | No. of individuals 15years and above | |
|--|---------------------------------------|--------|--------------------------------|--------|-------------------------------|--------|--------------------------------------|--------|
| | Male | Female | Male | Female | Male | Female | Male | Female |
| Number of new patients enrolled in HIV care at this facility during the quarter | | | | | | | | |
| Number of pregnant women enrolled into care during the quarter. | | | | | | | | |
| Cumulative Number of individuals on ART ever enrolled in HIV care at this facility | | | | | | | | |
| Number of HIV positive patients active on pre-ART Care | | | | | | | | |
| Number of HIV positive cases who received CPT at last visit in the quarter | | | | | | | | |
| Number eligible patients not started on ART | | | | | | | | |
| Number of new patients started on ART at this facility during the quarter | | | | | | | | |
| Number of pregnant women started on ART at this facility during the quarter | | | | | | | | |
| Cumulative Number of individuals on ART | | | | | | | | |
| Active number of clients on 1 st line ARVs* | d4T-3TC-NVP | | | | | | | |
| | d4T-3TC-EFV | | | | | | | |
| | AZT-3TC-NVP | | | | | | | |
| | AZT-3TC-EFV | | | | | | | |
| | TDF-3TC-NVP | | | | | | | |
| | TDF-3TC-EFV | | | | | | | |
| | TDF-FTC-NVP | | | | | | | |
| | TDF-FTC-EFV | | | | | | | |
| Active number of clients on 2 nd line ARVs* | AZT-DDI-LPV/r | | | | | | | |
| | ZDV-DDI-ATV/r | | | | | | | |
| | AZT-3TC-LPV/r | | | | | | | |
| | AZT-3TC-ATV/r | | | | | | | |
| | AZT-ABC-LPV/r | | | | | | | |
| | AZT-ABC-ATV/r | | | | | | | |
| | ABC-DDI-LPV/r | | | | | | | |
| | ABC-DDI-ATV/r | | | | | | | |
| | TDF-FTC-LPV/r | | | | | | | |
| | TDF-FTC-ATV/r | | | | | | | |
| | TDF-3TC-LPV/r | | | | | | | |
| | TDF-3TC-ATV/r | | | | | | | |
| Number of HIV positive patients assessed for TB at last visit in the quarter | | | | | | | | |
| Number of HIV positive patients started on TB treatment during the quarter | | | | | | | | |
| Net current cohort of people on ART in the cohort completing, 12 months during the quarter | | | | | | | | |
| Number of clients surviving on ART in the cohort completing, 12 months on ART during the quarter | | | | | | | | |
| Number of people accessing ARVs for PEP | | | | | | | | |



HMIS FORM 106a: HEALTH UNIT QUARTERLY REPORT

2. TUBERCULOSIS/LEPROSY SERVICES

2.1 New and retreatment cases of tuberculosis

A) New Cases, Relapses, Failures and Defaulters:-

| Number of Patients Registered during the quarter | | | | | | | | | | | | | | | | | | | | |
|--|---|---|----------|---|----------|---|------------|---|----------------|---|---------|---|-----------|---|---------------|---|---------|---|----------------------|---|
| Pulmonary Tuberculosis | | | | | | | | | | | | | | | | | | | | |
| Smear Positive | | | | | | | | | Smear Negative | | | | | | No Smear Done | | | | | |
| New Cases | | | Relapses | | Failures | | Defaulters | | New | | Relapse | | Defaulter | | New | | Relapse | | Defaulters, Failures | |
| M | F | T | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F |
| | | | | | | | | | | | | | | | | | | | | |

| Extra Pulmonary Tuberculosis (EPTB) | | | | | | Total All Types Tuberculosis | | | | | | | | |
|-------------------------------------|--|--|---|--|--|------------------------------|--|--|---|--|--|---------|--|--|
| M | | | F | | | M | | | F | | | Overall | | |
| | | | | | | | | | | | | | | |

B) Smear – Positive New Cases:

| Age group | 0 – 4 | 5 – 14 | 15 – 24 | 25 - 34 | 35 – 44 | 45 - 54 | 55 – 64 | 65+ | TOTAL |
|-----------|-------|--------|---------|---------|---------|---------|---------|-----|-------|
| Male | | | | | | | | | |
| Female | | | | | | | | | |

C) TB/HIV section for TB patients registered during the quarter

| Type of patient | No. offered HCT | | No. tested for HIV | | No. HIV positive | | No. on CPT | | No. on ART | |
|-----------------------|-----------------|---|--------------------|---|------------------|---|------------|---|------------|---|
| | M | F | M | F | M | F | M | F | M | F |
| New smear Positive TB | | | | | | | | | | |
| New smear negative TB | | | | | | | | | | |
| EPTB | | | | | | | | | | |
| Other types of TB | | | | | | | | | | |
| Total | | | | | | | | | | |

D) Patients registered during the quarter on DOT

| Sex | DOT Status | | |
|--------|-------------------------------|------------------------------|-------------------------------|
| | Number registered TB patients | Number on facility based DOT | Number on community based DOT |
| Male | | | |
| Female | | | |

2.2 Number of TB cases registered during the quarter by treatment category.

| | Regimen | No registered/treated |
|--|---------|-----------------------|
| New smear positive Cat. 1 | | |
| New smear negative Cat. 1 | | |
| New extra pulmonary Cat. 1 | | |
| Relapse (Positive) Cat. 2 | | |
| Failure (Positive) Cat. 2 | | |
| Return after default (Positive) Cat. 2 | | |
| Children smear positive Cat. 3 | | |
| Children smear negative Cat. 3 | | |
| Children extra pulmonary Cat. 3 | | |
| No smear done Cat. 1 | | |
| Others (specify regimen) | | |
| Total | | |



HMIS FORM 106a: HEALTH UNIT QUARTERLY REPORT

2.3 Sputum conversion rate at end of intensive phase in smear positive patients enrolled on SCC one quarter previously (4-6 months ago) (i.e. in patients notified the previous quarter)

| Smear positive cases registered during previous quarter | Smear not done at end of intensive phase | Sputum conversion at: | | | | | | Smear remaining positive at end of intensive phase | | Total |
|---|--|-----------------------|---|----------|---|----------|---|--|---|-------|
| | | 2 months | | 3 months | | 4 months | | No | % | |
| | | No | % | No | % | No | % | | | |
| New smear pos cases Cat. 1 | | | | | | | | | | |
| Children smear positive Cat. 3 | | | | | | | | | | |
| Relapse cases positive Cat. 2 | | | | | | | | | | |
| Failure positive Cat. 2 | | | | | | | | | | |
| Return after default positive Cat. 2 | | | | | | | | | | |

2.4a. Sputum examination for case finding

| | |
|--|--|
| Number of suspects examined for case finding by microscopy | |
| Number of sputum examinations for case finding | |
| Number of smear positive patients discovered | |

2.4b. Sputum examination for follow up

| Follow up sputum microscopy | 2-3 months | 5 months | 8 months | Total |
|-----------------------------|------------|----------|----------|-------|
| Number of patients examined | | | | |
| No of cases smear positive | | | | |

3. HIV test by purpose

| Type of test | HCT | PMTCT | Clinical Diagnosis | Quality Control | Total |
|----------------|-----|-------|--------------------|-----------------|-------|
| Repeat testers | | | | | |
| Determine | | | | | |
| Statpak | | | | | |
| Unigold | | | | | |

4. VHT/ICCM

| Category | | Number | | |
|---|--|--------|--------|-------|
| Number of VHTs in the health facility catchment area (VHTs attached to the health facility) | | | | |
| Number of VHTs reporting | | | | |
| SN | PARAMETER | MALE | FEMALE | TOTAL |
| SECTION A: VHT | | | | |
| 1 | Number of children under 5 years | | | |
| 2 | Number of children under 1 year | | | |
| 3 | Number of children under 1 yrs fully immunized | | | |
| 4 | Number of children under 5 yrs received vitamin A in last 6 months | | | |
| 5 | Number of children under five yrs dewormed in the last 6 months | | | |
| 6 | Number of children under 5 yrs who sleep under ITN | | | |
| 7 | Number of children died >1yr but ≤5= yrs | | | |
| 8 | Number of children died 0-28 days | | | |
| 9 | Number of children died >28 days but ≤1yr | | | |
| 10 | Total number of pregnant women | | | |
| 11 | Number of deliveries at home | | | |
| 12 | Number of women who died within 6 weeks after delivery | | | |
| 13 | Number of pregnant mothers sleeping under ITN | | | |
| 14 | Number of HIV positive followed by VHT | | | |
| 15 | Number of people using Family Planning services (information & methods) | | | |
| 16 | Number of adolescents (under 18yrs) who died due to pregnancy related causes | | | |
| 17 | Number of women who died during pregnancy | | | |
| 18 | Number of women who died while giving birth | | | |
| 19 | Number of HIV/AIDS patients on ART | | | |
| 20 | Number of TB patients on treatment | | | |



| Category | | Number | | |
|---|--|--------|--------|-------|
| Number of VHTs in the health facility catchment area (VHTs attached to the health facility) | | | | |
| Number of VHTs reporting | | | | |
| SN | PARAMETER | MALE | FEMALE | TOTAL |
| 21 | Number of households with safe drinking water | | | |
| 22 | Number of households in village with safe water source | | | |
| 23 | Number of households in village with clean/safe latrine | | | |
| 24 | Number of households with bathroom / bath shelter | | | |
| 25 | Number of households with drying racks | | | |
| 26 | Number of households with rubbish pit | | | |
| 27 | Number of households with kitchen | | | |
| 28 | Number of households with hand washing facilities | | | |
| SECTION B: ICCM | | | | |
| 1 | Total Number of sick Children 2 months – 5 years seen/attended to by the VHT | | | |
| 2 | Total Number of sick Children 2 months – 5 years with Diarrhoea | | | |
| 3 | Total Number of sick Children 2 months – 5 years with Malaria | | | |
| 4 | Total Number of sick Children 2 months – 5 years with fast breathing / Pneumonia | | | |
| 5 | Total Number of New Borns visited twice in the first week of life by the VHT | | | |
| 6 | Total Number of Children under 5 years with red MUAC | | | |
| 7 | Total Number of Children under 5 years referred to the Health Unit | | | |
| 8 | Total number of Villages with stock out of the first line anti Malarial | | | |
| 9 | Total Number of Villages with Stock out of Amoxicillin | | | |
| 10 | Total Number of Villages with stock out of ORS | | | |

4. COMMENTS

Date of Report: _____

In - Charge Name _____ Title _____ Signature _____

..... (HSD use below this line).....

| | | |
|------------------------|-----|----|
| Date received | | |
| Received in time | Yes | No |
| Checked by (signature) | | |
| Date processed | | |

HMIS FORM 106B: HEALTH UNIT QUARTERLY ASSESSMENT REPORT

DESCRIPTION AND INSTRUCTIONS

| | |
|------------------------|--|
| Objective: | To monitor the performance of the health unit with respect to the Health Sector Strategic Plan (HSSIP) indicators |
| Timing: | “Due 14th October, 14th January, 14th April, 14th July |
| Copies: | Four. Original stays at the health unit. Copy is sent to the DHO, the HSD and to LC III Health Committee (or HUMC). A copy is also sent to the Ministry of Health Resource Centre Division |
| Responsibility: | Health Unit In-Charge |

INSTRUCTIONS FOR COMPLETING QUARTERLY ASSESSMENT REPORT

1. Fill in Data and Calculate Indicators

The Health Centre quarterly assessment indicators were selected to provide insight into the accessibility and quality of care, as well as Utilisation and health status.

In order to complete the report, you must first have completed the Health Unit Population Report (HMIS 109). The HMIS 109 report provides the denominators for many of the variables in this report (HMIS 106b).

Next you must have completed the three months data in the database for the quarter. These provide the data to calculate the numerators in this report.

You then calculate the indicator. For percentages, this means dividing the numerator by the denominator and then multiplying this figure by 100 to reach a percent.

$$\frac{\text{Numerator}}{\text{Denominator}} \times 100 = \text{Indicator}$$

Note: A Health indicator is a characteristic of an individual, population or environment which is subject to measurement (directly or indirectly) and can be used to describe one or more aspects of the health of an individual or population (quality, quantity and time).

Health indicators may include measurements of illness or disease which are more commonly used to measure health outcomes, or positive aspects of health (such as quality of life, life skills, or health expectancy), and of behaviors and actions by individuals which are related to health.

To calculate the Couple Year Protection (CYP) Indicator, use the formulae given in the table below;

CYP for each contraceptive method = B X C where B is the CYP factor for that contraceptive method and C is the total units dispensed.

Technical Module 7: Information Systems and Routine Reporting

CYP Indicator = Total CYP for all the contraceptive methods

| (A) CONTRACEPTIVE METHOD | (B) CYP FACTOR | (C) Total Units Dispensed | CYP =BxC |
|----------------------------------|-------------------|---------------------------------|-------------|
| Lo-feminal cycles | 0. 0143 | | |
| Microgynon cycles | 0. 0143 | | |
| Ovrette cycles | 0. 0143 | | |
| Other Oral contraceptives cycles | 0. 0143 | | |
| Condoms pieces | 0. 002 | | |
| Foam Tablets pieces | 0. 0013 | | |
| IUD inserts | 5 | | |
| Injections (Depo-provera) | 0. 25 | | |
| Tubal Ligation procedures | 12. 5 | | |
| Vasectomy procedures | 12. 5 | | |
| Implant inserts | 3. 5 | | |
| Total CYPs | | | |

For comparison among two quarters you only subtract the two figures and do not multiply.

See example below.

Variable 1 – Variable 2 = Indicator

| Item | Description | Value |
|--|----------------------------|-------|
| Variable 1 | Number of CYP this quarter | |
| Variable 2 | Number of CYP last quarter | |
| Comparison | Variable 1 – Variable 2 | |
| Comparison (Target set) | | |
| Answer to management question above (Yes/No) | | |

To calculate the drop out rate, you subtract the figure for DPT3 doses given to children under 1 year from DPT 1 to get the numerator, then divide the numerator by the denominator (DPT 1) and multiply by 100 to obtain the rate.

$$\text{Drop Out Rate of DPT} = \frac{(\text{DPT 1} - \text{DPT 3}) \times 100}{\text{DPT 1}}$$

To calculate the Tuberculosis notification rate the numerator (Number of TB cases notified in the quarter) is divided by the denominator (Expected number of TB cases) and multiply by 100.

Expected number of TB cases in a quarter = **Catchment population x 0.003/4**

In Uganda the annual risk of infection is on average 0.003

2. Enter Target/Comparison Values

Annual targets for key health indicators should be set at the beginning of each financial year for each health unit. It's these annual targets that are used to get the quarterly targets.

Technical Module 7: Information Systems and Routine Reporting

To get the quarterly targets you divide the annual target by 4 e.g. if the annual target for DPT 3 is 90% of the target population say equal 900 children then the quarterly target will be 90% which is equivalent to 225 (see formulae below)

Annual Target = $90/100 \times 1000 = 900$

Quarterly Target = $900/4 = 225$

Targets can either be set based on national, district or HSD priorities, or set based on previous year's performance. For purposes of monitoring the achievements of the HSSP, only national targets for comparison will be used.

3. Analysis

Compare the Indicator value with the Target. If the indicator is not meeting the target, in which case your answer to the management question is "NO", analyse the principal causes of the problem. This should be done together with the health centre staff as a group. The staff should formulate a response to problems identified. The indicators that show a "warning signal" require a more in-depth analysis. The Indicator Manual can provide some insights. Combining the information from different indicators can reveal the underlying cause of the problem. Quality Assurance Guidelines may also prove useful.

The response (actions to be taken) is highly dependent on the causes found for the change in indicator value. Probably most of the time, several factors contribute to a change. If there are clear indications from the analysis that service delivery factors have deteriorated (for example, a shortage of drugs) appropriate actions are obvious: improve service delivery. If service delivery factors are stable or even improving and indicator values are still deteriorating, there is need for further study. "*What is causing the deterioration in the indicator values?*" Sometimes it may be necessary to discuss the problems with representatives of neighborhood health committees and other community members, in order to plan for a joint response to the problem. These activities can range from stepping up a vaccination Programme, improving supply of safe water, to nutrition education and AIDS/STD information campaigns, depending on the analysis of the problem. Based on the review together with supervisors from the HSD the health centre staff make adjustments in the plan of activities, in order to improve the performance.



HMIS FORM 106b: HEALTH UNIT QUARTERLY ASSESSMENT REPORT

Instructions:

If your answer to the question is “NO”, analyse the principal causes of the problem, then indicate actions you have taken or will take to help improve the situation during the next quarter.

I. OPD UTILISATION AND DISEASE BURDEN

1. Is the OPD being sufficiently utilised by children under 5?

| Item | Description | Value |
|--|---|-------|
| Numerator | OPD new cases <5 years | |
| Denominator | Health unit catchment population < 5 years /4 | |
| Indicator | Numerator x 100 / Denominator | |
| Comparison/Target | | |
| Answer to management question above (Yes/No) | | |

Actions for next quarter:

2. Is the OPD being sufficiently utilised by people' 5 years and above?

| Item | Description | Value |
|--|---|-------|
| Numerator | OPD new cases 5 years and above | |
| Denominator | Health unit catchment population 5 years and above /4 | |
| Indicator | Numerator x 100 / Denominator | |
| Comparison/Target | | |
| Answer to management question above (Yes/No) | | |

Actions for next quarter:

3. Are there major changes in the pattern of outpatient diagnoses?

3 (a)

| TOP 5 Causes of Morbidity this Quarter for Children under 5 | | # of new diagnoses same quarter last year | TOP 5 Causes of Morbidity this Quarter for persons 5 years and older | | # of new Diagnoses same quarter last year |
|---|---------------------------------|---|--|---------------------------------|---|
| Disease/Condition | # of new Diagnoses this quarter | | Disease/ Condition | # of new Diagnoses this quarter | |
| 1. | | | 1. | | |
| 2. | | | 2. | | |
| 3. | | | 3. | | |
| 4. | | | 4. | | |
| 5. | | | 5. | | |
| Total rest of Diagnoses | | | Total rest of Diagnoses | | |
| Total all Diagnoses | | | Total all Diagnoses | | |

Plot the quarterly figures for this year and for last year on the same graph and compare to see which one has higher figures.

Answer to management question above (Yes/No)

Actions for next quarter

3 (b) Is the CFR for each of the top 5 causes of mortality acceptable?

| TOP 5 Causes of Mortality this Quarter for Children under 5 | | | (c) (C)=(B)/(A) x100 Case Fatality Rate (CFR) | TOP 5 Causes of Mortality this Quarter for persons 5 years and older | | | (F) (F)=(E)/(D)x 100 Case Fatality Rate (CFR) |
|---|------------------------------------|-------------------------------------|--|--|------------------------------------|-------------------------------------|---|
| Disease/Condition | (A) # of new cases this quarter | (B) # of new Deaths this quarter | | Disease/Condition | (D) # of new cases this quarter | (E) # of new Deaths this quarter | |
| 1. | | | | 1. | | | |
| 2. | | | | 2. | | | |
| 3. | | | | 3. | | | |
| 4. | | | | 4. | | | |
| 5. | | | | 5. | | | |
| Total rest of Diagnoses | | | | Total rest of Diagnoses | | | |
| Total all Diagnoses | | | | Total all Diagnoses | | | |

Answer to management question above (Yes/No)

Actions for next quarter

4. Is the number of Tuberculosis cases expected being notified?

| Item | Description | Value |
|--|--------------------------------|-------|
| Numerator | Number of TB cases notified | |
| Denominator | Catchment population x 0.003/4 | |
| Indicator | Numerator x 100 / Denominator | |
| Comparison/Target (<i>National Target</i>) | | |
| Answer to management question above (Yes/No) | | |

Actions for next quarter:

II. REPRODUCTIVE HEALTH

5. Is the proportion of pregnant women attending ANC the 4th time meeting the target?

| Item | Description | Value |
|--|---|-------|
| Numerator | Number of clients who attended the 4 th antenatal visit this quarter | |
| Denominator | Expected number of pregnancies for the year/4 | |
| Indicator | Numerator x 100 / Denominator | |
| Comparison/Target | | |
| Answer to management question above (Yes/No) | | |

Actions for next quarter:

6. Is the proportion of pregnant women receiving two doses of IPT meeting the target?

| Item | Description | Value |
|--|---|-------|
| Numerator | Number of 2nd doses of Fansidar administered this quarter | |
| Denominator | Number of new antenatal clients this quarter | |
| Indicator | Numerator x 100 / Denominator | |
| Comparison/Target | | |
| Answer to management question above (Yes/No) | | |

Actions for next quarter:

7. Is the percentage of deliveries taking place in health institutions meeting the target?

| Item | Description | Value |
|--|--|-------|
| Numerator | Number of deliveries in the institution this quarter | |
| Denominator | Expected number of births for the year/4 | |
| Indicator | Numerator x 100 / Denominator | |
| Comparison/Target | | |
| Answer to management question above (Yes/No) | | |

Actions for next quarter:

8. Is the CYP increasing?

| Item | Description | Value |
|--|----------------------------|-------|
| Variable 1 | Number of CYP this quarter | |
| Variable 2 | Number of CYP last quarter | |
| Comparison | Variable 1 – Variable 2 | |
| Comparison | | |
| Answer to management question above (Yes/No) | | |

Actions for next quarter:

INDICATOR #10 FOR LEVEL IV HEALTH CENTRES AND HOSPITALS

9. Is the Level IV Health Centre or hospital fulfilling its role in providing surgical delivery (Caesarean)?

| Item | Description | Value |
|--|---|-------|
| Numerator | Number of Caesarean sections performed this quarter | |
| Denominator | Total deliveries in the unit this quarter | |
| Indicator | Numerator x 100 / Denominator | |
| Comparison/Target (<i>National target</i>) | | |
| Answer to management question above (Yes/No) | | |

Actions for next quarter:

Maternal & Perinatal Deaths:

List the maternal and perinatal deaths that occurred in your health facility or the parishes you served in this quarter. Describe the circumstances and any actions you have taken.

| Location | Cause of Death/Circumstances | Action taken |
|----------|------------------------------|--------------|
| | | |
| | | |
| | | |
| | | |

III. CHILD HEALTH AND IMMUNISATION

10. Is the coverage with 3rd doses of DPT in children under 1 meeting the target?

| Item | Description | Value |
|--|--|-------|
| Numerator | Number of DPT 3 doses given to children < 1 this quarter | |
| Denominator | Number of children under one year/4 | |
| Indicator | Numerator x 100 / Denominator | |
| Comparison/Target (<i>national target</i>) | | |
| Answer to management question above (Yes/No) | | |

Actions for next quarter:

11. Is the coverage with measles immunisation in children under 1 meeting the target?

| Item | Description | Value |
|--|--|-------|
| Numerator | Number of measles doses given to children < 1 this quarter | |
| Denominator | Number of children under one year/4 | |
| Indicator | Numerator x 100 / Denominator | |
| Comparison/Target (<i>national target</i>) | | |
| Answer to management question above (Yes/No) | | |

Actions for next quarter:

12. Is the drop out rate between DPT 3 and measles immunisation less than the target?

| Item | Description | Value |
|--|---|-------|
| Numerator | (Number of DPT 3 doses given to children under one year this quarter) minus (No of measles vaccine doses given to children under one year this quarter) | |
| Denominator | Number of DPT 3 doses given to children < 1 this quarter | |
| Indicator | Numerator x 100/ Denominator | |
| Comparison/Target (<i>national target</i>) | | |
| Answer to management question above (Yes/No) | | |

Actions for next quarter:

13. Is the percentage of underweight children measured at measles vaccination increasing?

| Item | Description | Value |
|--|---|-------|
| Numerator | Number below the bottom line in the quarter | |
| Denominator | Number weighed in the quarter | |
| Indicator | Numerator x 100 / Denominator | |
| Comparison: Compare <i>indicator figure this quarter</i> with <i>indicator figure last quarter</i> | | |
| Answer to management question above (Yes/No) | | |

Actions for next quarter:

IV. OUTREACH TO THE COMMUNITY

14. Are all the planned outreach visits being conducted?

| Item | Description | Value |
|--|--|-------|
| Numerator | Number of outreach visits conducted during the quarter | |
| Denominator | Number of outreach visits planned for the quarter | |
| Indicator | $\text{Numerator} \times 100 / \text{Denominator}$ | |
| Comparison/Target | 100% | |
| Answer to management question above (Yes/No) | | |

Actions for next quarter:

V. RESOURCE MANAGEMENT

15. Is there a problem with the availability of drug and medical supplies?

| Drug | Out of stock at least one day in the quarter (Yes/No) | | | Comment (e.g. total # days out of stock) |
|---------------------------------------|---|---------|---------|--|
| | Month 1 | Month 2 | Month 3 | |
| First Line drug for Malaria | | | | |
| Measles vaccine | | | | |
| ORS | | | | |
| Cotrimoxazole | | | | |
| Sulphadoxine-Pyrimethamine (Fansidar) | | | | |
| Depo Provera | | | | |
| Other: | | | | |

Actions for next quarter:

16. Is there a problem with the payment of staff salaries and wages?

| Number of staff paid on time (i.e. at end of month) | | | | Total Number of staff in the health unit x 3 (E) | Indicator D/E x 100 |
|---|-------------|-------------|---------------------|--|---------------------|
| Month 1 (A) | Month 2 (B) | Month 3 (C) | Quarter D = (A+B+C) | | |
| | | | | | |

Actions for next quarter:

VI. HMIS REPORTING

17. Did you send your monthly HMIS reports on time?

| | Month 1 | Month 2 | Month 3 |
|-----------|--|---|---|
| Date Sent | Within 7 days after end of month? (yes/no) | Date Sent Within 7 days after end of month? (yes/no) | Date Sent Within 7 days after end of month? (yes/no) |
| | | | |

If the answer was **NO**, describe possible reasons and actions to be taken for next quarter:



18. Did you report suspected outbreak of epidemic prone disease within 2 days of surpassing the epidemic threshold? Target > 80%

| Item | Description | Value |
|--|---|-------|
| Numerator | Number of suspected outbreaks of epidemic prone diseases notified to the next higher level within 2 days of surpassing the epidemic threshold | |
| Denominator | Total number of suspected outbreak notified to the next higher level | |
| Indicator | Numerator x 100/ Denominator | |
| Comparison/Target (<i>national target</i>) | | |
| Answer to management question above (Yes/No) | | |

If the answer was **NO**, describe possible reasons and actions to be taken for next quarter:

VII. SUPPORT FUNCTIONS

18. Did the health unit hold all the monthly staff meetings? Yes/No

19. Did HUMC meet as scheduled? Yes/No

Use the space provided and the back of this form (if necessary) to elaborate on any of the comments you have made earlier and/or add additional issues to be discussed with the HSD.

Name of in charge _____ Signature _____

Date of report _____

----- HSD use below this line -----

| | |
|----------------------------|--|
| Date received or discussed | |
| Reviewed by | |

Actions to be taken by HSD:

TABLE 15: HEALTH UNIT QUARTERLY INDICATOR SUMMARY

DESCRIPTION AND INSTRUCTIONS

Objective: To summarise the key health unit indicators on a quarterly basis

Copies: One kept in the health unit database

Responsibility: Health Unit In-Charge

Quarterly Procedure:

FROM THE HEALTH UNIT QUARTERLY ASSESSMENT REPORT (HMIS 106b)

- After completing the Health Unit Quarterly Assessment Report (HMIS 106b), copy the respective indicators and fill in the Health Unit Quarterly Indicator Summary Table (Table 15).

TABLE 15: HEALTH UNIT QUARTERLY INDICATOR SUMMARY

| No. | Indicator Description | Annual Target % (No.) | Quarterly Target | Achieved Quarter 1 | Achieved Quarter 2 | Achieved Quarter 3 | Achieved Quarter 4 | Annual Achievement |
|-----|---|-----------------------|------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| 1. | OPD utilised by children under 5years | | | | | | | |
| 2. | OPD utilised by people' 5 years and above | | | | | | | |
| 3. | Tuberculosis cases expected being notified | | | | | | | |
| 4. | Proportion of pregnant women attending ANC the 4th time | | | | | | | |
| 5. | Proportion of pregnant women receive of IPT | | | | | | | |
| 6. | Percentage of deliveries taking place in health facilities | | | | | | | |
| 7. | Couple Years of Protection (CYP) | | | | | | | |
| 8. | Health Centre IV or hospital fulfilling its role in providing surgical delivery (Caesarean) | | | | | | | |
| 9. | Maternal Deaths | | | | | | | |
| 10. | Coverage with 3rd dose of DPT in children under 1 year | | | | | | | |
| 11. | Coverage with measles immunization in children under 1 year | | | | | | | |
| 12. | Drop-out rate between DPT 3 and measles immunization | | | | | | | |
| 13. | Percentage of underweight children measured at measles vaccination | | | | | | | |
| 14. | Planned outreach visits being conducted | | | | | | | |
| 15. | Availability of drugs and medical supplies | | | | | | | |
| 16. | Payment of staff salaries and wages | | | | | | | |
| 17. | Timeliness of monthly HMIS reports | | | | | | | |
| 18. | Monthly staff meetings held | | | | | | | |
| 19. | HUMC meeting held as scheduled | | | | | | | |

Technical Module 7: Information Systems and Routine Reporting

HMIS FORM 107: HEALTH UNIT ANNUAL REPORT

DESCRIPTIONS AND INSTRUCTIONS

- Objective:** To summarize information on the overall performance of the HU in regard to services provided; OPD attendances, Inpatient attendances, MCH/FP services, Financial management.
- Timing:** Due 7th August
- Copies:** **Four.** One stays at the health unit, one is sent to the HSD, one is sent to the District and one to Local Council Health Committee. For General Hospitals, Referral Hospitals and National Referral Hospitals, a copy should also be sent to the Ministry of Health Resource Centre Division.
- Responsibility:** Health unit In-Charge

PROCEDURE:

1. All health units are to complete the HEALTH UNIT ANNUAL REPORT. At the initiation of the HMIS, two copies of Page 1 of this report are sent to the DHO.
2. Page 1 contains general information about the health unit.
 - Item 1:** Indicate the health unit authority which can be Government, NGO or private.
 - Item 2:** Write the name of the health unit managing agency or owner (e.g. NGO, owner: Church of Uganda).
 - Item 3.1:** Copy information from the Health Unit Population Report (HMIS 109).
3. Page 2 contains information about NGO projects found within the health unit.
 - Item 3.2:** Write in the table the details of NGO projects that carry out activities in the parishes found within your catchment area in the last financial year.
4. Page 3 contains on targets and coverage estimations:
 - Item 3.3:** Copy information from the Health Unit Population Report (HMIS 109).
5. Page 4 contains information on health services offered at the health unit:
 - Item 4.1- 4.3:** Indicate “Y” for “Yes” or “N” for “No” for each service that is provided at the health facility, as of June 30th of the year.
 - Item 4.4:** Write five main health education and promotion activities carried out.
 - Item 4.5-4.6:** Indicate “Y” for “Yes” or “N” for “No” for each service that is provided at the health facility, as of June 30th of the year.
6. Page 5 contains information on health services offered at the health unit:
 - Item 4.7:** Indicate “Y” for “Yes” or “N” for “No” if rehabilitation services are offered at the health facility, as of June 30th of the year.
 - Item 4.8:** Write the number of outreaches planned and those conducted during the previous financial year
 - Item 4.9:** Indicate “Y” for “Yes” or “N” for “No” whether the health facility was supervised by the DHMT in the last 12 months, presence of financial guidelines, whether there is any Fee offered for Service charges and

Technical Module 7: Information Systems and Routine Reporting

whether there is a functional Health Unit Management Committee (one that meets regularly and takes action for issues raised).

- Item 4.10:** Fill in the table the numbers Civil Society Organisations which registered and reported to the health unit each month during the financial year.
- Item 4.11:** Write down other services provided by the health facilities.
7. Page 6 contains:
Item 5.0: Count the category totals of staff from the STAFF LISTING. List all the posts that are supposed to be filled at the Health Facility. For each post provided, indicate the number different cadres of staff that have been recruited to occupy the post, e.g. Medical Officer Specialist, Registered Nurse, Registered Midwife, Enrolled Nurse, etc.
8. Page 7 contains:
Item 6.0(6.1): Transcribe the information on OPD attendance, Diagnosis and Referrals from Table 1c and 1d (Health Unit diagnoses by month summary).
9. Page 8 contains information on MCH, FP and Child Health:
Item 6.2(1-8): Transcribe the information on MCH (ANC, Maternity and Postnatal), FP and Child Health from Table 2b (Health Unit monthly Maternal Health attendance summary), Table 3 (EPI summary) and Table 4 (Summary of Family Planning).
10. Page 9 contains information on immunization and HCT:
Item 6.2(9-11): Transcribe the information on immunization from Table 3 (Health Unit EPI attendance summary).
Item 7.0: Transcribe the information on HIV/AIDS Counseling and Testing from Table 5 (Health Unit HIV/AIDS Services summary).
11. Page 10 contains information on outreach activities and drug consumption data:
Item 8.0: Transcribe the information on outreach activities from section ... of the OPD monthly report (HMIS 105)
Item 9.0: Transcribe the information on consumption data from section ... of the OPD monthly report (HMIS 105)
12. Page 11 contains information on laboratory tests:
Item 10.0: Sum up monthly data in section ... of HMIS 105 and transcribe the laboratory tests
13. Page 12 contains information on percent referrals from OPD and ANC, workload analysis and financial summary:
Item 11.0: Transcribe the information on Total Number A which is OPD new attendances and Number referred from Table 1c and 1d (Health Unit OPD by month summary). Calculate and fill in the percentage referrals using the formula given in the Table.
Transcribe information on Total A which is ANC new cases and Number referred from table 2b (Health Unit monthly Maternal Health attendance summary).
Item 12.0: For workload analysis, add up new and re-attendances for a particular clinic (e.g. OPD; ANC, etc) to obtain total number of contacts for the year. Calculate the total No. of days that the clinic is conducted during the year to

Technical Module 7: Information Systems and Routine Reporting

get total clinic day. Divide total contacts by total clinic days to get contacts per clinic. This is the same as the AVERAGE CONTACT PER WORKING DAY.

- Item 13.0:** Transcribe the additions of the different different sources of income and expenditure (including expenditures on energy) categories for the 4 quarters from Table 4b (Quarterly Finance summary).
14. Pages 13 and 16 contain:
- Item 14.0 (1-5):** Enter the inpatient totals for the year by transcribing census information from Table 6B (Inpatient census summary), annual totals for Referrals, Major & Minor operations and utilization of special services from Table 7 (Inpatient, Lab. and X-ray services).
- Item 14.0 (6):** Transcribe the cases from TABLE 12c and 12d (Health Unit Inpatient diagnoses by month) and deaths from Table 13a and 13b (Health Unit Inpatient deaths by month).
- Item 15.0 (1-2):** Look at the Total cases from TABLE 12c and 12d (Health Unit Inpatient diagnoses by month) and deaths from Table 13a and 13b (Health Unit Inpatient deaths by month) by disease for the year and rank them beginning with the health condition that had the highest Number of cases and of deaths, then fill in the Item. Calculate using formular given and complete the table.
15. Pages 17 and 20 contain ART services, Tuberculosis/Leprosy services and VHT/ICCM and water sources:
- Item 16.0 (6), 17.0 and 18.0:** Retrieve and total the figures you had earlier recorded for the 4 quarters on HMIS form 106a (Health Unit quarterly report) and record it in this section of the annual report.
- Item 19.0:** Record information on the available water sources.
10. Pages 21 contains information on Health Status in Schools and Comments about the status:
- Item 20.0:** Record general information on the status of school according to level of school and by the column heading.
- Item 21.0:** Write comments about the findings on the health status of the schools.

HMIS FORM 107: HEALTH UNIT ANNUAL REPORT

3. 3 TARGET AND COVERAGE ESTIMATION

Estimation of the target populations in the service area

Total population in the service area:

| | |
|--|-----|
| | (A) |
|--|-----|

| NO. | POPULATION GROUP | FORMULAE | ESTIMATED POPULATION |
|-----|---|---------------------|----------------------|
| (B) | Women in childbearing age in the service area | $(A) \times 0.202$ | [] |
| (C) | Number of pregnancies in the service area | $(A) \times 0.05$ | [] |
| (D) | Number of births in the service area: | $(A) \times 0.0485$ | [] |
| (E) | Number of children under one year in the service area | $(A) \times 0.043$ | [] |
| (F) | Number of children under five years in the service area | $(A) \times 0.202$ | [] |
| (G) | Suspected tuberculosis in the service area: | $(A) \times 0.003$ | [] |
| (H) | People under 15 years of age: | $(A) \times 0.46$ | [] |

| Programme / attendance | (H) Attendance last year | (I) Target attendance this year * | "Coverage" if target number reached | |
|-----------------------------------|--------------------------------|---|-------------------------------------|----------------|
| | | | Formula | "Coverage" (J) |
| ANC new clients | | | $(I) \times 100 / (C)$ | |
| Deliveries (in Health Units) | | | $(I) \times 100 / (C)$ | |
| Children dewormed | | | $(I) \times 100 / (H)$ | |
| BCG -under 1 year | | | $(I) \times 100 / (H)$ | |
| DPT 3 - under 1 year | | | $(I) \times 100 / (H)$ | |
| Measles - under 1 year | | | $(I) \times 100 / (H)$ | |
| FP New Acceptors | | | $(I) \times 100 / (B)$ | |
| FP First visits of year (clients) | | | $(I) \times 100 / (B)$ | |
| OPD new cases (0-4 years) | | | $(I) \times 100 / (F)$ | |
| OPD new cases (5 years and older) | | | $(I) \times 100 / (A - F)$ | |
| TB new cases | | | $(I) \times 100 / (G)$ | |

HMIS FORM 107: HEALTH UNIT ANNUAL REPORT

4. SERVICES CURRENTLY PROVIDED: (Fill Y for yes, N for No and NA for not applicable)

4.1 CURATIVE/ CLINICAL SERVICES

| | | | |
|---|--------------------------|-------------------|--------------------------|
| Out patient diagnosis and treatment (OPD) | <input type="checkbox"/> | TB Treatment | <input type="checkbox"/> |
| Treatment of mental health conditions | <input type="checkbox"/> | Care for Injuries | <input type="checkbox"/> |
| Functional Laboratory for TB diagnosis | <input type="checkbox"/> | Dental /oral care | <input type="checkbox"/> |
| Functional Laboratory for Malaria diagnosis | <input type="checkbox"/> | STI treatment | <input type="checkbox"/> |
| Treatment of severe Malaria | <input type="checkbox"/> | IMCI | <input type="checkbox"/> |
| Anti Retro Viral Therapy | <input type="checkbox"/> | | |

4.2 PREVENTIVE SERVICES

| | | | |
|-------------------------------------|--------------------------|---|--------------------------|
| School health | <input type="checkbox"/> | Prevention of STI/HIV | <input type="checkbox"/> |
| Environmental Health and Sanitation | <input type="checkbox"/> | Epidemics and disaster prevention Childhood | <input type="checkbox"/> |
| Immunizations | <input type="checkbox"/> | Tetanus Immunization in pregnancy | <input type="checkbox"/> |
| Growth monitoring | <input type="checkbox"/> | Nutrition | <input type="checkbox"/> |
| HCT: HIV counseling | <input type="checkbox"/> | Adolescent Counseling | <input type="checkbox"/> |

4.3 SURVEILLANCE FOR SPECIAL DISEASES

| | | | |
|-------------------|--------------------------|-------------------------------------|--------------------------|
| AFP/Poliomyelitis | <input type="checkbox"/> | Neonatal tetanus | <input type="checkbox"/> |
| Leprosy | <input type="checkbox"/> | Weekly epidemiological surveillance | <input type="checkbox"/> |
| Measles | <input type="checkbox"/> | Injuries | <input type="checkbox"/> |

4.4 Health education and promotion

List five main activities in health education and promotion in the year?

4.5 MATERNAL AND CHILD HEALTH

| | | | |
|------------------------------------|--------------------------|---------------------------------------|--------------------------|
| Maternity services | <input type="checkbox"/> | 13 Steps to successful Infant feeding | <input type="checkbox"/> |
| Antenatal care | <input type="checkbox"/> | Family Planning Services | <input type="checkbox"/> |
| Intermittent presumptive treatment | <input type="checkbox"/> | PMTCT | <input type="checkbox"/> |

4.6 IN PATIENT SERVICES (Indicate Yes if available, No if not available)

HMIS FORM 107: HEALTH UNIT ANNUAL REPORT

5.0 CURRENT STAFFING LEVELS

Indicate in the table number of staff by Post

| Cadre | Number | Cadre | Number |
|---|--------|------------------------------|--------|
| District Health Officer (DHO) | | Physiotherapist | |
| Medical Officer Principal | | Occupational Therapist | |
| Assistant DHO Environmental Health | | Orthopaedic Officer | |
| Assistant DHO Maternity/ Child Health/ Nursing | | Health Educator Assistant | |
| Medical Officer Special Grade (Community) | | Anaesthetic Officer | |
| Medical Officer Special Grade (Obs & Gynes) | | Laboratory Technologist | |
| Medical Officer Special Grade (Internal Medicine) | | Laboratory Technician | |
| Medical Officer Special Grade (Surgery) | | Clinical Officer | |
| Medical Officer Special Grade (Paediatrics) | | Steno-Secretary | |
| Medical Officer Senior | | Accounts Assistant Senior | |
| Nursing Officer Principal | | Theatre Assistant | |
| Environmental Health Officer Senior | | Cold Chain Technician | |
| Health Educator Senior | | Stores Asst G1 | |
| Hospital Administrator Senior | | Enrolled Comp. Nurse | |
| Medical Officer | | Anaesthetic Assistant | |
| Dental Surgeon | | Enrolled Nurse | |
| Pharmacist | | Enrolled Nurse Psychiatry | |
| Nursing Officer Senior | | Enrolled Midwife | |
| Clinical Officer Senior | | Laboratory Assistant | |
| Health Educator | | Health Assistant | |
| Laboratory Technologist Senior | | Stores Assistant | |
| Biostatistician | | Records Assistant | |
| Hospital Administrator | | Accounts Assistant | |
| Personnel Officer | | Cold Chain Assistant | |
| Medical Social Worker | | Office Typist | |
| Nutritionist | | Nursing Assistants | |
| Supplies Officer | | Dental Attendant | |
| Reg. Comp. Nurse | | Theatre Attendant/ Assistant | |
| Public Health Dental Officer | | Office Attendant | |
| Dispenser | | Driver | |
| Nursing Officer (Nursing) | | Darkroom Attendant | |
| Nursing Officer (Midwifery) | | Mortuary Attendant | |
| Public Health Nurse | | Cooks | |
| Nursing Officer (Psychiatry) | | Guards | |
| Psychiatric Clinical Officer | | Artisan | |
| Ophthalmic Clinical Officer | | Support | |
| Health Inspector | | | |
| Medical Entomology Officer | | | |
| Radiographer | | Total number of staff | |

HMIS FORM 107: HEALTH UNIT ANNUAL REPORT

6.0 OPD ATTENDANCE AND LABORATORY TESTS TOTALS FOR THE YEAR

6.1. OPD ATTENDANCES, REFERRALS AND DIAGNOSES TOTALS

6.1.1 OUTPATIENT ATTENDANCE

| Category | 0-4 years | | 5 and over | |
|-------------------------|-----------|--------|------------|--------|
| | Male | Female | Male | Female |
| New attendance | | | | |
| Re-attendance | | | | |
| Total Attendance | | | | |

6.1.2 OUTPATIENT REFERRALS

| Category | 0-4 years | | 5 and over | |
|---------------------|-----------|--------|------------|--------|
| | Male | Female | Male | Female |
| Referrals to unit | | | | |
| Referrals from unit | | | | |
| Total | | | | |

6.1.3. OUTPATIENT DIAGNOSES

| Diagnosis | 0-4 years | | 5 and over | |
|--|-----------|--------|------------|--------|
| | Male | Female | Male | Female |
| Epidemic-Prone Diseases | | | | |
| 01 Acute flaccid paralysis | | | | |
| 02 Cholera | | | | |
| 03 Dysentery | | | | |
| 04 Guinea worm | | | | |
| 05 Bacterial Meningitis | | | | |
| 06 Measles | | | | |
| 07 Tetanus (neonatal) (0 –28 days age) | | | | |
| 08 Plague | | | | |
| 09 Rabies | | | | |
| 10 Yellow Fever | | | | |
| 11 Other Viral Haemorrhagic Fevers | | | | |
| 12 Severe Acute Respiratory Infection (SARI) | | | | |
| 13 Adverse Events Following Immunization (AEFI) | | | | |
| 14 Other Emerging infectious Diseases, specify e.g. small pox, ILI, SARS | | | | |
| Other Infectious/Communicable Diseases | | | | |
| 15 Diarrhea- Acute | | | | |
| 16 Diarrhea- Persistent | | | | |
| 17 Ear Nose and Throat (ENT) conditions | | | | |
| 18 Ophthalmia neonatorum | | | | |
| 19 Other Eye conditions | | | | |
| 20 Urethral discharges | | | | |
| 21 Genital ulcers | | | | |
| 22 Sexually Transmitted Infection due to SGBV | | | | |
| 23 Other Sexually Transmitted Infections | | | | |
| 24 Urinary Tract Infections (UTI) | | | | |
| 25 Intestinal Worms | | | | |
| 26 Leprosy | | | | |
| 27 Malaria | | | | |
| 28 Other types of meningitis | | | | |
| 29 No pneumonia - Cough or cold | | | | |
| 30 Pneumonia | | | | |
| 31 Skin Diseases | | | | |
| 32 Tuberculosis (New smear positive cases) | | | | |
| 33 Other Tuberculosis | | | | |
| 34 Typhoid Fever | | | | |
| 35 Tetanus (over 28 days age) | | | | |
| 36 Sleeping sickness | | | | |
| 37 Pelvic Inflammatory Disease (PID) | | | | |
| Maternal and Perinatal Diseases | | | | |
| 38 Abortions due to Gender-Based Violence (GBV) | | | | |
| 39 Abortions due to other causes | | | | |
| 40 Malaria in pregnancy | | | | |
| 41 High blood pressure in pregnancy | | | | |
| 42 Obstructed labour | | | | |
| 43 Puerperial Sepsis | | | | |
| 44 Haemorrhage in pregnancy (APH and/or PPH) | | | | |

| Diagnosis | 0-4 yrs | | 5 and over | |
|---|---------|--------|------------|--------|
| | Male | Female | Male | Female |
| Maternal and Perinatal Diseases | | | | |
| 45 Neonatal septicemia | | | | |
| 46 Perinatal conditions in newborns (0-7 days) | | | | |
| 47 Neonatal conditions in newborns (8 – 28 days) | | | | |
| Non Communicable Diseases | | | | |
| 48 Anaemia | | | | |
| 49 Asthma | | | | |
| 50 Periodontal diseases | | | | |
| 51 Diabetes mellitus | | | | |
| 52 Bipolar disorders | | | | |
| 53 Hypertension | | | | |
| 54 Depression | | | | |
| 55 Schizophrenia | | | | |
| 56 HIV related psychosis | | | | |
| 57 Anxiety disorders | | | | |
| 58 Alcohol abuse | | | | |
| 59 Drug abuse | | | | |
| 60 Childhood Mental Disorders | | | | |
| 61 Epilepsy | | | | |
| 62 Dementia | | | | |
| 63 Other forms of mental illness | | | | |
| 64 Cardiovascular diseases | | | | |
| 65 Gastro-Intestinal Disorders (non-Infective) | | | | |
| 66 Severe Acute Malnutrition (Marasmus, e.t.c) | | | | |
| 67 Jaw injuries | | | | |
| 68 Injuries- Road traffic Accidents | | | | |
| 69 Injuries due to Gender based violence | | | | |
| 70 Injuries (Trauma due to other causes) | | | | |
| 71 Animal bites | | | | |
| 72 Snake bites | | | | |
| Minor Operations in OPD | | | | |
| 73 Tooth extractions | | | | |
| 74 Dental Fillings | | | | |
| Neglected Tropical Diseases (NTDs) | | | | |
| 75 Leishmaniasis | | | | |
| 76 Lymphatic Filariasis (hydrocele) | | | | |
| 77 Lymphatic Filariasis (Lymphoedema) | | | | |
| 78 Urinary Schistosomiasis | | | | |
| 79 Intestinal Schistosomiasis | | | | |
| 80 Onchocerciasis | | | | |
| 81 Other diagnoses (specify priority diseases for District) | | | | |
| 82 Deaths in OPD | | | | |
| 83 All others | | | | |
| Total Diagnoses | | | | |



HMIS FORM 107: HEALTH UNIT ANNUAL REPORT

6.2. MATERNAL AND CHILD HEALTH (MCH)

| 6.2.1 ANTENATAL | | NUMBER |
|---|----------------|--------|
| A1-ANC 1 st Visit | | |
| A2-ANC 4 th Visit | | |
| A3- Total ANC visits (New clients + Re-attendances) | | |
| A4-ANC Referrals to unit | | |
| A5-ANC Referrals from unit | | |
| A6-First dose IPT (IPT1) | | |
| A7-Second dose IPT (IPT2) | | |
| A8-Pregnant Women receiving Iron/Folic Acid on ANC 1 st Visit | | |
| A9-Pregnant women receiving free ITNs | | |
| A10-Pregnant women tested for syphilis | | |
| A11-Pregnant women tested positive for syphilis | | |
| A12-Pregnant women counseled, test and received HIV test results | | |
| A13-HIV positive pregnant women given cotrimoxazole for prophylaxis | | |
| A14-Pregnant women tested positive for HIV | | |
| A15 HIV positive pregnant women assessed for ART eligibility | | |
| A16-Pregnant women who knew their HIV status before the 1 st ANC visit | | |
| A17-Pregnant women given ARVs for prophylaxis (PMTCT) | SD NVP | |
| | AZT - SD NVP | |
| | 3TC-AZT-SD NVP | |
| A18-Others Specify for regimens covered | | |
| A19-Pregnant women on ART for their own health | | |
| A20-Male partners tested and received HIV results in PMTCT | | |
| 6.2.2 MATERNITY | | |
| M1-Admissions | | |
| M2-Referrals to unit | | |
| M3-Referrals from unit | | |
| M4-Deliveries in unit | | |
| M5-Deliveries HIV positive in unit | | |
| M6-Deliveries HIV positive who swallowed ARVs | | |
| M7-Live births in unit | | |
| M8-Live births to HIV positive mothers | | |
| M9-Birth asphyxia | | |
| M10-Babies born with low birth weight (<2.5Kgs) | | |
| M11-Babies (born to HIV positive mothers) given ARVs | | |
| M12- HIV positive mothers initiating breastfeeding within 1 hour | | |
| M13-New mothers tested for HIV | | |
| M14-New mothers tested HIV positive in maternity | | |
| M15-Mother given Vitamin A supplementation | | |
| M16-Fresh Still births in unit | | |
| M17-Macerated still births in unit | | |
| M18-Newborn deaths (0-7days) | | |
| M19-Maternal deaths | | |
| M20-Deliveries with Traditional Birth Attendants (TBA) | | |
| 6.2.3 POSTNATAL | | |
| P1-Post Natal Attendances | | |
| P2-Number of HIV + mothers followed in PNC | | |
| P3-Vitamin A supplementation given to mothers | | |
| P4-Clients with premalignant conditions for breast | | |
| P5-Clients with premalignant conditions for cervix | | |
| 6.2.4 EXPOSED INFANT DIAGNOSIS (EID) SERVICES | | |
| E1-Exposed infants tested for HIV below 18 months (by 1st PCR) | | |
| E2-Exposed infants testing HIV positive below 18 months | | |
| E3-Exposed infants given Septrin for prophylaxis within 2 months after birth | | |

| 6.2.5 FAMILY PLANNING METHODS | NEW USERS | REVISITS |
|------------------------------------|-----------|----------|
| F1-Oral : Lo-Femenal | | |
| F2-Oral: Microgynon | | |
| F3-Oral: Ovrette or another POP | | |
| F4-Oral: Others | | |
| F5-Female condoms | | |
| F6-Male condoms | | |
| F7-IUDs (Copper T) | | |
| F8-Injectable | | |
| F9-Natural | | |
| F10-Other methods | | |
| Total family planning users | | |

F11-Number of HIV positive family planning users

F12-Number of first-visit clients (of the year) for this month

6.2.6 CONTRACEPTIVES DISPENSED

| CONTRACEPTIVE | No. Dispensed at Unit | No. Dispensed by CORPs |
|---------------------------------|-----------------------|------------------------|
| D1-Oral : Lo-Femenal | | |
| D2-Oral: Microgynon | | |
| D3-Oral: Ovrette or another POP | | |
| D4-Oral: Others | | |
| D5-Female condoms | | |
| D6-Male condoms | | |
| D7-IUDs | | |
| D8-Injectable | | |
| D9-Others: | | |

6.2.7 MINOR OPERATIONS IN FAMILY PLANNING

| OPERATION | NUMBER |
|--|--------|
| O1-Female Sterilisation (tubal ligation) | |
| O2-Male Sterilisation (vasectomy) | |
| O3-Implant new users | |
| O4-Implant revisits | |
| O5-Implant removals | |

6.2.8 CHILD HEALTH

| CHILD HEALTH SERVICES | 6 – 11 Months | | 12 – 59 Months | | 1 – 4 Years | | 5 – 14 Years | |
|---|---------------|---|----------------|---|-------------|---|--------------|---|
| | M | F | M | F | M | F | M | F |
| C1-Vit A supplem 1 st Dose in the year | | | | | | | | |
| C2-Vit A supplem 2 nd Dose in the year | | | | | | | | |
| C3-Dewormed 1 st dose in the year | | | | | | | | |
| C4-Dewormed 2 nd dose in the year | | | | | | | | |
| C5-Total Children weighed at measles vaccination | | | | | | | | |
| C6-Under weight (below -2SD line) | | | | | | | | |
| C7-Overweight (above +3SD line) | | | | | | | | |



HMIS FORM 107: HEALTH UNIT ANNUAL REPORT

6.2.9 TETANUS IMMUNISATION (TT VACCINE)

| Doses | Pregnant women | Non-pregnant women | Immunisation in School |
|-----------|----------------|--------------------|------------------------|
| T1-Dose 1 | | | |
| T2-Dose 2 | | | |
| T3-Dose 3 | | | |
| T4-Dose 4 | | | |
| T5-Dose 5 | | | |

6.2.11 CHILD IMMUNISATION

| Doses | Under 1 | | 1-4 Years | |
|---|---------|--------|-----------|--------|
| | Male | Female | Male | Female |
| I1-BCG | | | | |
| I2-Protection At Birth (PAB) | | | | |
| I3-Polio 0 | | | | |
| I4-Polio 1 | | | | |
| I5-Polio 2 | | | | |
| I6-Polio 3 | | | | |
| I7-DPT-HepB+Hib 1 | | | | |
| I8-DPT-HepB+Hib 2 | | | | |
| I9-DPT-HepB+Hib 3 | | | | |
| I10-PCV 1 | | | | |
| I11-PCV 2 | | | | |
| I12-PCV 3 | | | | |
| I13-Rotavirus 1 | | | | |
| I14-Rotavirus 2 | | | | |
| I15-Rotavirus 3 | | | | |
| I16-Measles | | | | |
| I17-Fully immunized by 1 year (protection at birth) | | | | |
| I18-DPT-HepB+Hib doses wasted | | | | |

6.2.10 HPV VACCINATION

| Vaccination of girls | Number |
|----------------------|--------|
| HPV1-Dose 1 | |
| HPV2-Dose 2 | |
| HPV3-Dose 3 | |

7.0 HIV/AIDS COUNSELING AND TESTING (HCT)

| Category | No. of individuals 0-<2 years | | No. of individuals 2-<5 years | | No. of individuals 5 -<15 years | | No. of individuals 15 - 49 years | | No. of individuals >49 years | | Total |
|---|-------------------------------|---|-------------------------------|---|---------------------------------|---|----------------------------------|---|------------------------------|---|-------|
| | M | F | M | F | M | F | M | F | M | F | |
| Number of Individuals counseled | | | | | | | | | | | |
| Number of Individuals tested | | | | | | | | | | | |
| Number of Individuals who received HIV test results | | | | | | | | | | | |
| Number of Individuals who tested HIV positive | | | | | | | | | | | |
| HIV positive individuals with suspected TB | | | | | | | | | | | |
| HIV positive cases started on Cotrimoxazole preventive therapy (CPT) | | | | | | | | | | | |
| Number of Individuals tested twice or more in the last 12months(Re-testers) | | | | | | | | | | | |
| Couples Counseled and Tested together | | | | | | | | | | | |
| Couples Tested and Received results together | | | | | | | | | | | |
| Concordant positive couples | | | | | | | | | | | |
| Discordant couples | | | | | | | | | | | |
| Individuals counseled and tested for PEP | | | | | | | | | | | |
| Safe Male Circumcision | | | | | | | | | | | |

HMIS FORM 107: HEALTH UNIT ANNUAL REPORT

8.0 OUTREACH ACTIVITIES

| Category | Number Planned | Number Carried out |
|---------------------------------------|----------------|--------------------|
| EPI outreaches | | |
| HCT outreaches | | |
| Environmental health visits | | |
| Health education/promotion outreaches | | |
| Other outreaches | | |
| Maternal & Perinatal Death Audits | | |

9.0. CONSUMPTION DATA

Please indicate the total number of doses consumed for each category of drugs under the respective age group.

| Drug Item | 4months – 3yrs | 3+ - 7yrs | 7+ - 12yrs | 12+ | TOTAL |
|-----------------------------------|----------------|-----------|------------|-----|-------|
| No. of Yellow ACT doses dispensed | | | | | |
| No. of Blue ACT doses dispensed | | | | | |
| No. of Brown ACT doses dispensed | | | | | |
| No. of Green ACT doses dispensed | | | | | |
| Quinine | | | | | |
| Cotrimoxazole tabs | | | | | |
| ORS sachets | | | | | |
| Measles Vaccine | | | | | |
| Fansidar | | | | | |
| Depo-Provera | | | | | |
| No. of ARVs Dispensed | | | | | |



HMIS FORM 107: HEALTH UNIT ANNUAL REPORT

10.0 LABORATORY TESTS

| Laboratory Tests | Number Done | | Number Positive | | | | |
|--|-------------|------------|-----------------|------------|--------------------|-----------------|-------|
| | 0-4 years | 5 and over | 0-4 years | 5 and over | | | |
| Haematology (Blood) | | | | | | | |
| 01 HB | | | | | | | |
| 02 WBC Total | | | | | | | |
| 03 WBC Differential | | | | | | | |
| 04 Film Comment | | | | | | | |
| 05 ESR | | | | | | | |
| 06 RBC | | | | | | | |
| 07 Bleeding time | | | | | | | |
| 08 Prothrombin time | | | | | | | |
| 09 Clotting time | | | | | | | |
| 10 Others | | | | | | | |
| Blood Transfusion | | | | | | | |
| 11 ABO Grouping | | | | | | | |
| 12 Coombs | | | | | | | |
| 13 Cross Matching | | | | | | | |
| Parasitology | | | | | | | |
| 14 Malaria microscopy | | | | | | | |
| 15 Malaria RDTs | | | | | | | |
| 16 Other Haemoparasites | | | | | | | |
| 17 Stool Microscopy | | | | | | | |
| Serology | | | | | | | |
| 18 VDRL/RPR | | | | | | | |
| 19 TPHA | | | | | | | |
| 20 Shigella Dysentery | | | | | | | |
| 21 Syphilis Screening | | | | | | | |
| 22 Hepatitis B | | | | | | | |
| 23 Brucella | | | | | | | |
| 24 Pregnancy Test | | | | | | | |
| 25 Widal Test | | | | | | | |
| 26 Rheumatoid Factor | | | | | | | |
| 27 Others | | | | | | | |
| HIV tests by purpose | | | | | | | |
| Type of test | HCT | | PMTCT | | Clinical Diagnosis | Quality Control | Total |
| 55 Repeat testers | | | | | | | |
| 56 Determine | | | | | | | |
| 57 Statpak | | | | | | | |
| 58 Unigold | | | | | | | |
| Immunology | | | | | | | |
| 28 CD4 tests & others | | | | | | | |
| Microbiology (CSF Urine, Stool, Blood, Sputum, Swabs) | | | | | | | |
| 29 ZN for AFBs | | | | | | | |
| 30 Cultures and Sensitivities | | | | | | | |
| 31 Gram | | | | | | | |
| 32 Indian Ink | | | | | | | |
| 33 Wet Preps | | | | | | | |
| 34 Urine Microscopy | | | | | | | |
| Clinical Chemistry | | | | | | | |
| Renal Profile | | | | | | | |
| 35 Urea | | | | | | | |
| 36 Calcium | | | | | | | |
| 37 Potassium | | | | | | | |
| 38 Sodium | | | | | | | |
| 39 Creatinine | | | | | | | |
| Liver Profile | | | | | | | |
| 40 ALT | | | | | | | |
| 41 AST | | | | | | | |
| 42 Albumin | | | | | | | |
| 43 Total Protein | | | | | | | |
| Lipid/Cardiac Profile | | | | | | | |
| 44 Triglycerides | | | | | | | |
| 45 Cholesterol | | | | | | | |
| 46 CK | | | | | | | |
| 47 LDH | | | | | | | |
| 48 HDL | | | | | | | |
| Miscellaneous | | | | | | | |
| 49 Ikaline Phos | | | | | | | |
| 50 Amylase | | | | | | | |
| 51 Glucose | | | | | | | |
| 52 Uric Acid | | | | | | | |
| 53 Lactate | | | | | | | |
| 54 Others | | | | | | | |



HMIS FORM 107 HEALTH UNIT MONTHLY REPORT

11.0 PERCENT REFERRALS FROM OPD AND ANC

| Category | Total Number A | Number referred B | Percent referred (B / A) x 100 |
|--------------------|-------------------|----------------------|-----------------------------------|
| OPD New Cases | | | |
| ANC New Attendance | | | |

12.0 WORKLOAD ANALYSIS

| Services provided | # contacts A | # clinic-days B | Contacts per clinic C = A / B | Conversion of clinic/week to number of clinic days |
|--|-----------------|--------------------|-------------------------------------|---|
| OPD (total new cases + re-attendance) | | | | 1/week = 52/year 2/week = 104/year |
| ANC (total new clients + re-attendance) | | | | 3/week = 156/year 4/week = 208/year |
| Immunization (BCG + all doses DPT + measles, both age groups) | | | | 5/week = 260/year 6/week = 312/year |
| Family Planning (new users and revisits) | | | | 7/week = 365/year |
| Total contacts (sum A) ÷ E | | | Use 300 | = Average contact per working day |

13.0 FINANCIAL SUMMARY

| Funding source | Budget | Amount received | Total spent |
|-------------------------|--------|-----------------|-------------|
| PHC Wage: | | | |
| PHC Non-Wage Recurrent: | | | |
| PHC Development: | | | |
| PHC (NGO): | | | |
| Local Governments: | | | |
| Credit Lines (Drugs): | | | |
| Donor projects: | | | |
| Others specify: | | | |
| Total | | | |



HMIS FORM 107: HEALTH UNIT ANNUAL REPORT

14.6. NUMBER OF ADMISSIONS AND DEATHS BY DIAGNOSIS

| Diagnosis | Under five years | | | | Five years and above | | | |
|--|------------------|---|--------|---|----------------------|---|--------|---|
| | Cases | | Deaths | | Cases | | Deaths | |
| | M | F | M | F | M | F | M | F |
| Notifiable Diseases | | | | | | | | |
| 01 Acute flaccid paralysis | | | | | | | | |
| 02 Cholera | | | | | | | | |
| 03 Dysentery | | | | | | | | |
| 04 Guinea worm | | | | | | | | |
| 05 Bacterial Meningitis | | | | | | | | |
| 06 Measles | | | | | | | | |
| 07 Tetanus (neonatal) (0 to 28 days age) | | | | | | | | |
| 08 Plague | | | | | | | | |
| 09 Rabies | | | | | | | | |
| 10 Yellow Fever | | | | | | | | |
| 11 Viral Haemorrhagic fever | | | | | | | | |
| 12 Influenzae Like Illness | | | | | | | | |
| 13 Adverse Events Following Immunization (AEFI) | | | | | | | | |
| 14 Other Emerging infectious Diseases, specify(e.g. small pox, ILLI, SARS) | | | | | | | | |
| Other Infectious /communicable diseases | | | | | | | | |
| 15 Diarrhoea – Acute | | | | | | | | |
| 16 Diarrhoea- Persistent | | | | | | | | |
| 17 Genital Infections | | | | | | | | |
| 18 Hepatitis | | | | | | | | |
| 19 Leprosy | | | | | | | | |
| 20 Malaria | | | | | | | | |
| 21 Osteomyelitis | | | | | | | | |
| 22 Pelvic Inflammatory Disease (PID) | | | | | | | | |
| 23 Peritonitis | | | | | | | | |
| 24 Pneumonia | | | | | | | | |
| 25 Pyrexia of unknown origin (PUO) | | | | | | | | |
| 26 Respiratory infections (other) | | | | | | | | |
| 27 Septicemia | | | | | | | | |
| 28 Tuberculosis (new smear positive cases) | | | | | | | | |
| 29 Other Tuberculosis | | | | | | | | |
| 30 Typhoid Fever | | | | | | | | |
| 31 Urinary Tract Infections (UTI) | | | | | | | | |
| 32 Tetanus (over 28 days age) | | | | | | | | |
| 33 Sleeping sickness | | | | | | | | |
| 34 Other types of meningitis | | | | | | | | |
| Maternal and Perinatal Diseases | | | | | | | | |
| 35 Abortions | | | | | | | | |
| 36 Malaria in pregnancy | | | | | | | | |
| 37 High blood pressure in pregnancy | | | | | | | | |
| 38 Obstructed labour | | | | | | | | |
| 39 Puerperal sepsis | | | | | | | | |
| 40 Haemorrhage related to pregnancy (APH or PPH) | | | | | | | | |
| 41 Sepsis related to pregnancy | | | | | | | | |
| 42 Other Complications of pregnancy | | | | | | | | |
| 43 Neonatal Septicaemia | | | | | | | | |
| 44 Perinatal conditions in new borns (0 – 7 days) | | | | | | | | |
| 45 Perinatal conditions in new borns (8 – 28 days) | | | | | | | | |



HMIS FORM 107: HEALTH UNIT ANNUAL REPORT

| Diagnosis | Under five years | | | | Five years and above | | | |
|--|------------------|---|--------|---|----------------------|---|--------|---|
| | Cases | | Deaths | | Cases | | Deaths | |
| | M | F | M | F | M | F | M | F |
| Non communicable diseases | | | | | | | | |
| 46 Anaemia | | | | | | | | |
| 47 Asthma | | | | | | | | |
| 48 Oral cancers | | | | | | | | |
| 49 Jaw injuries | | | | | | | | |
| 50 Other oral diseases and conditions | | | | | | | | |
| 51 Periodontal conditions | | | | | | | | |
| 52 Diabetes mellitus (newly diagnosed cases) | | | | | | | | |
| 53 Diabetes mellitus (re-attendances) | | | | | | | | |
| 54 Endocrine and metabolic disorders (other) | | | | | | | | |
| 55 Gastro-Intestinal disorders (non Infective) | | | | | | | | |
| 56 Hypertension (newly diagnosed cases) | | | | | | | | |
| 57 Hypertension (old cases) | | | | | | | | |
| 58 Stroke | | | | | | | | |
| 59 Cardiovascular diseases (other) | | | | | | | | |
| 60 Anxiety disorders | | | | | | | | |
| 61 Bipolar disorders | | | | | | | | |
| 62 Depression | | | | | | | | |
| 63 Schizophrenia | | | | | | | | |
| 64 Alcohol abuse | | | | | | | | |
| 65 Drug Abuse | | | | | | | | |
| 66 Dementia | | | | | | | | |
| 67 Childhood Mental Disorders | | | | | | | | |
| 68 Epilepsy | | | | | | | | |
| 69 HIV related Psychosis | | | | | | | | |
| 70 Other forms of Mental illness | | | | | | | | |
| 71 Nervous system disorders | | | | | | | | |
| 72 Severe Malnutrition (Kwashiorkor) | | | | | | | | |
| 73 Severe Malnutrition (Marasmus) | | | | | | | | |
| 74 Severe Malnutrition (Marasmic-kwash) | | | | | | | | |
| 75 Injuries - Road traffic Accidents | | | | | | | | |
| 76 Injuries - (Trauma due to other causes) | | | | | | | | |
| 77 Animal bites | | | | | | | | |
| 78 Snakes bites | | | | | | | | |
| 79 Poisoning | | | | | | | | |
| 80 Liver Cirrhosis | | | | | | | | |
| 81 Liver diseases (other) | | | | | | | | |
| 82 Hepatocellular carcinoma | | | | | | | | |
| 83 Hernias | | | | | | | | |
| 84 Diseases of the appendix | | | | | | | | |
| 85 Diseases of the skin | | | | | | | | |
| 86 Musculo skeletal and connective tissue diseases | | | | | | | | |
| 87 Genito urinary system diseases (non infective) | | | | | | | | |
| 88 Congenital malformations and chromosome abnormalities | | | | | | | | |
| 89 Complications of medical and surgical care | | | | | | | | |
| 90 Benign neoplasm's (all types) | | | | | | | | |
| 91 Cancer of the cervix(newly diagnosed cases) | | | | | | | | |
| 92 Cancer of the cervix (re-attendance) | | | | | | | | |
| 93 Cancer of the breast | | | | | | | | |
| 94 Cancer of the prostate | | | | | | | | |
| 95 Malignant neoplasm of the digestive organs | | | | | | | | |
| 96 Malignant neoplasm of the lungs | | | | | | | | |
| 97 Kaposi and other skin cancers | | | | | | | | |
| 98 Malignant neoplasm of Haemopoetic tissue | | | | | | | | |
| 99 Other malignant neoplasm | | | | | | | | |
| 100 Cutaneous ulcers | | | | | | | | |



HMIS FORM 107: HEALTH UNIT ANNUAL REPORT

| Diagnosis | Under five years | | | | Five years and above | | | |
|---|------------------|---|--------|---|----------------------|---|--------|---|
| | Cases | | Deaths | | Cases | | Deaths | |
| | M | F | M | F | M | F | M | F |
| Neglected Tropical Diseases (NTDs) | | | | | | | | |
| 101 Leishmaniasis | | | | | | | | |
| 102 Lymphatic Filariasis (hydrocele) | | | | | | | | |
| 103 Lymphatic Filariasis (Lymphoedema) | | | | | | | | |
| 104 Urinary Schistosomiasis | | | | | | | | |
| 105 Intestinal Schistosomiasis | | | | | | | | |
| 106 Onchocerciasis | | | | | | | | |
| Medical Emergencies | | | | | | | | |
| 107 Cerebro-vascular events | | | | | | | | |
| 108 Cardiac arrest | | | | | | | | |
| 109 Gastro-intestinal bleeding | | | | | | | | |
| 110 Respiratory distress | | | | | | | | |
| 111 Acute renal failure | | | | | | | | |
| 112 Acute sepsis | | | | | | | | |
| 113 Other diagnoses (specify Priority diseases for health unit) | | | | | | | | |
| 114 All others | | | | | | | | |
| Total Diagnoses | | | | | | | | |

15. INPATIENT TOTALS: MORBIDITY AND MORTALITY FOR THE YEAR

| TOP 5 Causes of Morbidity during the Financial Year for Children under 5 | | # of new diagnoses previous Financial Year | TOP 5 Causes of Morbidity during the Financial Year for persons 5 years and older | | # of new Diagnoses previous Financial Year |
|--|--------------------|--|---|--------------------|--|
| Disease/Condition | # of new Diagnoses | | Disease/Condition | # of new Diagnoses | |
| 1. | | | 1. | | |
| 2. | | | 2. | | |
| 3. | | | 3. | | |
| 4. | | | 4. | | |
| 5. | | | 5. | | |
| Total rest of Diagnoses | | | Total rest of Diagnoses | | |
| Total all Diagnoses | | | Total all Diagnoses | | |

| TOP 5 Causes of Mortality during the Financial Year for Children under 5 | | | (c) (C)=(B)/(A) x 100 Case Fatality Rate (CFR) | TOP 5 Causes of Mortality during the Financial Year for persons 5 years and older | | | (F) (F)=(E)/(D)x100 Case Fatality Rate (CFR) |
|--|-----------------------|------------------------|--|---|-----------------------|------------------------|--|
| Disease/ Condition | (A) # of new cases | (B) # of new Deaths | | Disease/ Condition | (D) # of new cases | (E) # of new Deaths | |
| 1. | | | | 1. | | | |
| 2. | | | | 2. | | | |
| 3. | | | | 3. | | | |
| 4. | | | | 4. | | | |
| 5. | | | | 5. | | | |
| Total rest of Diagnoses | | | | Total rest of Diagnoses | | | |
| Total all Diagnoses | | | | Total all Diagnoses | | | |



HMIS FORM 107: HEALTH UNIT ANNUAL REPORT

16. ART SERVICES

| Category | No. of individuals < 2years(24months) | | No. of individuals 2- < 5years | | No. of individuals 5- 14years | | No. of individuals 15years and above | |
|--|---------------------------------------|--------|--------------------------------|--------|-------------------------------|--------|--------------------------------------|--------|
| | Male | Female | Male | Female | Male | Female | Male | Female |
| Number of new patients enrolled in HIV care at this facility during the quarter | | | | | | | | |
| Number of pregnant women enrolled into care during the quarter. | | | | | | | | |
| Cumulative Number of individuals on ART ever enrolled in HIV care at this facility | | | | | | | | |
| Number of HIV positive patients active on pre-ART Care | | | | | | | | |
| Number of HIV positive cases who received CPT at last visit in the quarter | | | | | | | | |
| Number eligible patients not started on ART | | | | | | | | |
| Number of new patients started on ART at this facility during the quarter | | | | | | | | |
| Number of pregnant women started on ART at this facility during the quarter | | | | | | | | |
| Cumulative Number of individuals on ART | | | | | | | | |
| Active number of clients on 1 st line ARVs* | d4T-3TC-NVP | | | | | | | |
| | d4T-3TC-EFV | | | | | | | |
| | AZT-3TC-NVP | | | | | | | |
| | AZT-3TC-EFV | | | | | | | |
| | TDF-3TC-NVP | | | | | | | |
| | TDF-3TC-EFV | | | | | | | |
| | TDF-FTC-NVP | | | | | | | |
| | TDF-FTC-EFV | | | | | | | |
| Active number of clients on 2 nd line ARVs* | AZT-DDI-LPV/r | | | | | | | |
| | ZDV-DDI-ATV/r | | | | | | | |
| | AZT-3TC-LPV/r | | | | | | | |
| | AZT-3TC-ATV/r | | | | | | | |
| | AZT-ABC-LPV/r | | | | | | | |
| | AZT-ABC-ATV/r | | | | | | | |
| | ABC-DDI-LPV/r | | | | | | | |
| | ABC-DDI-ATV/r | | | | | | | |
| | TDF-FTC-LPV/r | | | | | | | |
| | TDF-FTC-ATV/r | | | | | | | |
| | TDF-3TC-LPV/r | | | | | | | |
| | TDF-3TC-ATV/r | | | | | | | |
| Number of HIV positive patients assessed for TB at last visit in the quarter | | | | | | | | |
| Number of HIV positive patients started on TB treatment during the quarter | | | | | | | | |
| Net current cohort of people on ART in the cohort completing, 12 months during the quarter | | | | | | | | |
| Number of clients surviving on ART in the cohort completing, 12 months on ART during the quarter | | | | | | | | |
| Number of people accessing ARVs for PEP | | | | | | | | |

17. TUBERCULOSIS/LEPROSY SERVICES

17.1 NEW AND RETREATMENT CASES OF TUBERCULOSIS

A) NEW CASES, RELAPSES, FAILURES AND DEFAULTERS:-

| Number of Patients Registered during the quarter | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|----------|---|----------|---|------------|---|----------------|---|--------------------|---|-----------|---|---------------|---|---------|---|------|---|--|---------|--|
| Pulmonary Tuberculosis | | | | | | | | | | | | | | | | | | | | | | | |
| Smear Positive | | | | | | | | | Smear Negative | | | | | | No Smear Done | | | | | | | | |
| New Cases | | | Relapses | | Failures | | Defaulters | | New | | Relapse | | Defaulter | | New | | Relapse | | D, F | | | | |
| M | F | T | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| Extra Pulmonary Tuberculosis (EPTB) | | | | | | | | | | | Total All Types TB | | | | | | | | | | | | |
| M | | | | | F | | | | | | M | | | | | F | | | | | | Overall | |
| | | | | | | | | | | | | | | | | | | | | | | | |



HMIS FORM 107: HEALTH UNIT ANNUAL REPORT

B) SMEAR – POSITIVE NEW CASES:

| Age group | 0 – 4 | 5 – 14 | 15 – 24 | 25 - 34 | 35 – 44 | 45 - 54 | 55 – 64 | 65+ | TOTAL |
|-----------|-------|--------|---------|---------|---------|---------|---------|-----|-------|
| Male | | | | | | | | | |
| Female | | | | | | | | | |

C) TB/HIV SECTION FOR TB PATIENTS REGISTERED DURING THE QUARTER

| Type of patient | No. offered HCT | | No. tested for HIV | | No. HIV pos. | | No. on CPT | | No. on ART | |
|-----------------------|-----------------|---|--------------------|---|--------------|---|------------|---|------------|---|
| | M | F | M | F | M | F | M | F | M | F |
| New smear Positive TB | | | | | | | | | | |
| New smear negative TB | | | | | | | | | | |
| EPTB | | | | | | | | | | |
| Other types of TB | | | | | | | | | | |
| Total | | | | | | | | | | |

D) PATIENTS REGISTERED DURING THE QUARTER ON DOT

| Sex | DOT Status | | |
|--------|-------------------------------|------------------------------|-------------------------------|
| | Number registered TB patients | Number on facility based DOT | Number on community based DOT |
| Male | | | |
| Female | | | |

17.2 NUMBER OF TB CASES REGISTERED DURING THE QUARTER BY TREATMENT CATEGORY.

| | Regimen | No registered/treated |
|--|---------|-----------------------|
| New smear positive Cat. 1 | | |
| New smear negative Cat. 1 | | |
| New extra pulmonary Cat. 1 | | |
| Relapse (Positive) Cat. 2 | | |
| Failure (Positive) Cat. 2 | | |
| Return after default (Positive) Cat. 2 | | |
| Children smear positive Cat. 3 | | |
| Children smear negative Cat. 3 | | |
| Children extra pulmonary Cat. 3 | | |
| No smear done Cat. 1 | | |
| Others (specify regimen) | | |
| Total | | |

17.3 SPUTUM CONVERSION RATE AT END OF INTENSIVE PHASE IN SMEAR POSITIVE PATIENTS ENROLLED ON SCC ONE QUARTER PREVIOUSLY (4-6 MONTHS AGO) (i.e. in patients notified the previous quarter)

| Smear positive cases registered during previous quarter | Smear not done at end of intensive phase | Sputum conversion at: | | | | | | Smear remaining positive at end of intensive phase | | Total |
|---|--|-----------------------|---|----------|---|----------|---|--|---|-------|
| | | 2 months | | 3 months | | 4 months | | No | % | |
| | | No | % | No | % | No | % | | | |
| New smear positive cases Cat. 1 | | | | | | | | | | |
| Children smear positive Cat. 3 | | | | | | | | | | |
| Relapse cases positive Cat. 2 | | | | | | | | | | |
| Failure positive Cat. 2 | | | | | | | | | | |
| Return after default positive Cat. 2 | | | | | | | | | | |

17.4A. SPUTUM EXAMINATION FOR CASE FINDING

| | |
|--|--|
| Number of suspects examined for case finding by microscopy | |
| Number of sputum examinations for case finding | |
| Number of smear positive patients discovered | |



HMIS FORM 107: HEALTH UNIT ANNUAL REPORT

17.4B. SPUTUM EXAMINATION FOR FOLLOW UP

| Follow up sputum microscopy | 2-3 months | 5 months | 8 months | Total |
|-----------------------------|------------|----------|----------|-------|
| Number of patients examined | | | | |
| No of cases smear positive | | | | |

18. VHT/ICCM

| Category | | Number | | |
|---|--|--------|--------|-------|
| Number of VHTs in the health facility catchment area (VHTs attached to the health facility) | | | | |
| Number of VHTs reporting | | | | |
| SN | PARAMETER | MALE | FEMALE | TOTAL |
| SECTION A: VHT | | | | |
| 1 | Number of children under 5 years | | | |
| 2 | Number of children under 1 year | | | |
| 3 | Number of children under 1 yrs fully immunized | | | |
| 4 | Number of children under 5 yrs received vitamin A in last 6 months | | | |
| 5 | Number of children under five yrs dewormed in the last 6 months | | | |
| 6 | Number of children under 5 yrs who sleep under ITN | | | |
| 7 | Number of children died >1yr but ≤5= yrs | | | |
| 8 | Number of children died 0-28 days | | | |
| 9 | Number of children died >28 days but ≤1yr | | | |
| 10 | Total number of pregnant women | | | |
| 11 | Number of deliveries at home | | | |
| 12 | Number of women who died within 6 weeks after delivery | | | |
| 13 | Number of pregnant mothers sleeping under ITN | | | |
| 14 | Number of HIV positive followed by VHT | | | |
| 15 | Number of people using Family Planning services (information & methods) | | | |
| 16 | Number of adolescents (under 18yrs) who died due to pregnancy related causes | | | |
| 17 | Number of women who died during pregnancy | | | |
| 18 | Number of women who died while giving birth | | | |
| 19 | Number of HIV/AIDS patients on ART | | | |
| 20 | Number of TB patients on treatment | | | |
| 21 | Number of households with safe drinking water | | | |
| 22 | Number of households in village with safe water source | | | |
| 23 | Number of households in village with clean/safe latrine | | | |
| 24 | Number of households with bathroom / bath shelter | | | |
| 25 | Number of households with drying racks | | | |
| 26 | Number of households with rubbish pit | | | |
| 27 | Number of households with kitchen | | | |
| 28 | Number of households with hand washing facilities | | | |
| SECTION B: ICCM | | | | |
| 1 | Total Number of sick Children 2 months – 5 years seen/attended to by the VHT | | | |
| 2 | Total Number of sick Children 2 months – 5 years with Diarrhoea | | | |
| 3 | Total Number of sick Children 2 months – 5 years with Malaria | | | |
| 4 | Total Number of sick Children 2 months – 5 years with fast breathing / Pneumonia | | | |
| 5 | Total Number of New Borns visited twice in the first week of life by the VHT | | | |
| 6 | Total Number of Children under 5 years with red MUAC | | | |
| 7 | Total Number of Children under 5 years referred to the Health Unit | | | |
| 8 | Total number of Villages with stock out of the first line anti Malarial | | | |
| 9 | Total Number of Villages with Stock out of Amoxycillin | | | |
| 10 | Total Number of Villages with stock out of ORS | | | |



HMIS FORM 107: HEALTH UNIT ANNUAL REPORT

20.0 HEALTH STATUS IN SCHOOLS

| Name of School | Latrine coverage (Stance ratio) | Safe water coverage (within 0.5 kms) | Hand washing facilities | Food hygiene | Food store | Waste disposal provision | Nutrition gardens | Separate latrine provision | Health Clubs | No. of health visits by H/C |
|--------------------|---------------------------------|--------------------------------------|-------------------------|--------------|------------|--------------------------|-------------------|----------------------------|--------------|-----------------------------|
| A: Primary schools | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| B: Post Primary | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| c-orphanages | | | | | | | | | | |
| d-others | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

21.0 COMMENTS ON HEALTH STATUS IN SCHOOLS

Name of In-charge _____ Signature _____ Date of Report: _____

----- (HSD use below this line) -----

| | | |
|---------------------------|-----|----|
| Date received | | |
| Received by 7th of August | Yes | No |
| Checked by (signature) | | |
| Date processed | | |

ANNEX

ANNEX I: HMIS 018B1 – NMS/JMS: GENERAL LABORATORY REPORT AND ORDER FORM

| | | | |
|--|--|--------------------------------------|--|
| Name of Health unit: _____ Date: _____ | | Funding Source (Tick) | |
| HSD: _____ District: _____ | | Credit Line <input type="checkbox"/> | |
| Requisition made By: _____ | | PHC <input type="checkbox"/> | |
| | | Others <input type="checkbox"/> | |
| | | Specify: _____ | |
| Authorized By: _____ | | | |

| Code No. | Item Description | Basic Unit | A | B | C | D | E | G | H | I | Issues/ Requests Remarks |
|--------------------------------|----------------------------------|------------|-----------------|--------------------|---------------------------|---------------------------|------------------------------------|-------------------------|-----------------|--------------------|--------------------------|
| | | | Opening Balance | Total Qty Received | Total Monthly Consumption | Losses/ Adjustments (-/+) | Total Closing Balance A+B-C (+/-D) | Qty To Order (C x 3) -E | Unit Cost (UGX) | Total Cost (G x H) | |
| Vital Prepared reagents | | | | | | | | | | | |
| 151 800US | 2%TURKS SOLUTION | 500ml | | | | | | | 3600 | | |
| 151 801US | 0.04 Ammonia Solution | 500ml | | | | | | | 5724 | | |
| 151 802US | 0.1M HCL | 1000ml | | | | | | | 5400 | | |
| 151 803US | 10%Formal Saline | 1000ml | | | | | | | 4230 | | |
| 151 804US | 0.1% Neutral Red | 1000ml | | | | | | | 6500 | | |
| 151 805US | Leishman's stain | 1000ml | | | | | | | 25,200 | | |
| 151 806US | Cary-Blair Trans. Medium | 5ml Bottle | | | | | | | 554 | | |
| 151 807US | Stuart Transport Medium | 5ml Bottle | | | | | | | 552 | | |
| 151 808US | 50% Acetone-Alcohol Decolouriser | 1000mls | | | | | | | 14,580 | | |
| 151 809US | Field Stain A | 1000mls | | | | | | | 12,240 | | |
| 151 810US | Field Stain B | 1000ml | | | | | | | 12,240 | | |
| 151 811US | 0.8% Physiological Saline | 1000ml | | | | | | | 4500 | | |

| Code No. | Item Description | Basic Unit | A | B | C | D | E | G | H | I | Issues/ Requests Remarks |
|--|----------------------------------|------------|-----------------|--------------------|---------------------------|---------------------------|---------------------------------------|----------------------------|-----------------|--------------------|--------------------------|
| | | | Opening Balance | Total Qty Received | Total Monthly Consumption | Losses/ Adjustments (-/+) | Total Closing Balance A+B-C (+/-D) | Qty To Order (C x 3) -E | Unit Cost (UGX) | Total Cost (G x H) | |
| 151 812US | 3% Sulphosalicylic Acid | 1000ml | | | | | | | 8100 | | |
| 151 813US | Gram Iodine | 1000ml | | | | | | | 17,100 | | |
| 151 814US | 20% Crystal Violet | 500ml | | | | | | | 16,200 | | |
| General TEST KITS | | | | | | | | | | | |
| 151 815US | Anti Serum A | 10ml | | | | | | | 2,358 | | |
| 151 816US | Anti Serum B | 10ml | | | | | | | 2,358 | | |
| 151 817US | Anti Serum AB | 10ml | | | | | | | 2,052 | | |
| 151 818US | Anti Serum D | 10ml | | | | | | | 4,158 | | |
| 151 819US | Anti Human Globulin Serum | 5ml | | | | | | | 2,826 | | |
| 151 820US | Pregnancy Test Kit | 100 Tests | | | | | | | 14,220 | | |
| 151 821US | Glucose Oxidize Colorimetric Kit | 50 Tests | | | | | | | 14,400 | | |
| 151 822US | RPR Antigen Kit | 100 Tests | | | | | | | 10,134 | | |
| 151 823US | Urine Test Strips 3Parameter | 50 Strips | | | | | | | 5,850 | | |
| VITAL FULL SUPPLY TUBERCULOSIS REAGENTS | | | | | | | | | | | |
| 151 846US | Immersion Oil | 1000mls | | | | | | | Free | | |
| 151 847US | Microscopic Slides | 72 pieces | | | | | | | Free | | |
| 151 848US | Sputum Containers | 500 pieces | | | | | | | Free | | |
| 151 849US | Strong Carbol Fuchsin | 1000ml | | | | | | | Free | | |
| 151 850US | 20% Sulphuric Acid | 1000ml | | | | | | | Free | | |
| 151 851US | 0.5% Methylene Blue Solution | 1000ml | | | | | | | Free | | |
| Heamatolgy reagents | | | | | | | | | | | |
| | Hgb Lyse | | | | | | | | | | |
| | WBC Lyse | | | | | | | | | | |
| | Diluent | | | | | | | | | | |
| | Rinse | | | | | | | | | | |
| | Fix | | | | | | | | | | |
| | Controls | | | | | | | | | | |
| Vital Clinical Chemistry reagents | | | | | | | | | | | |

| Code No. | Item Description | Basic Unit | A | B | C | D | E | G | H | I | Issues/ Requests Remarks |
|--|---|------------|-----------------|--------------------|---------------------------|---------------------------|--|-----------------------------------|-----------------|------------------------------|--------------------------|
| | | | Opening Balance | Total Qty Received | Total Monthly Consumption | Losses/ Adjustments (-/+) | Total Closing Balance A+B-C (+/-D) | Qty To Order (C x 3) -E | Unit Cost (UGX) | Total Cost (G x H) | |
| | The following kit reagents can be ordered from JMS/NMS: Sodium, Potassium, Calcium, AST, Creatinine, ALT, Bilirubin total, Glucose, Calibrators, Albumin, Urea, Total Protein, LDH, HDL, Alkaline Phosphatase, Carbondioxide, Amylase, Lactose, etc. Full details on item code will be provided by JMS & NMS. | | | | | | | | | | |
| Vital CD3/CD4 /CD8 Test kits | | | | | | | | | | | |
| | The following reagents can be ordered from JMS/NMS: FACS count CD3/CD4/CD8 reagent kit, FACS count controls, FACS clean, FACS Flow and Thermal print paper. Reagents for PARTEC include CD4 essay count kit, Count check beads, Sheath fluid, cleaning solution, PARTEC test tubes and decontamination solution. Full details on item code will be provided by JMS & NMS. | | | | | | | | | | |
| Other Essential Supplies (list to be provided by NMS/JMS) | | | | | | | | | | | |
| Total Amount | | | | | | | | | | | |
| Ordered by : Name _____ Sign _____ Designation _____ Date _____ Approved by : Name _____ Sign _____ Designation _____ Date _____ Confirmed by : Name _____ Sign _____ Designation _____ Date _____ | | | | | | | | | | | |



ANNEX II: REQUEST FORM FOR SPUTUM EXAMINATION

(FRONT VIEW)
 UGANDA NATIONAL TUBERCULOSIS/LEPROSY PROGRAMME
REQUEST FORM FOR SPUTUM EXAMINATION

Name of Treatment Unit: _____ OPD/Ward----- Date: _____
 Name of Patient: _____ Age: _____ Sex: M F

Address of Patient: County _____ Sub-County _____
 Parish _____ Village (LC 1) _____ Telephone.....

Reason for Examination: Suspect Follow -up of **A. 2months B. 5 months C.8 months**
 Treatment

Specimen Identification No: _____ District TB. No: _____
 Date of Sputum collection: _____ Unit TB No: _____

Signature and Name of person who requests Examination: _____

(BACK VIEW)
RESULT (To be completed at Laboratory)

Specimen Lab. No.: _____
 Aspect of specimen on inspection: _____

Write the specimen number in the box

Muco – purulent Bloodstained Muco – Salivary Saliva
 Saliva

Microscopy:

| Date | Specimen number | Results * | Positive grading | | | |
|------|-----------------|-----------|--------------------------|--------------------------|--------------------------|--------------------------|
| | | | +++ | ++ | + | scanty (1-9) |
| | 1 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 2 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 3 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

* Indicate Neg. or Pos. Examination carried out by (signature) _____

Date: _____

The completed form (with results) should be sent to the treatment centre that requested it.

The Request form for sputum examination is divided into the front and back of the form. The front is the request section and the back is for the results. At this stage of the course we are interested in the request section.



ANNEX III: REQUEST FORM FOR SPUTUM EXAMINATION

HEALTH UNIT TB No.: _____

DISTRICT TB No.: _____

NATIONAL TUBERCULOSIS AND LEPROSY CONTROL PROGRAMME

REQUEST FORM FOR CULTURE AND SENSITIVITY TESTS FOR M. TUBERCULOSIS

1.0 Patient Identification:

NAME OF PATIENT: -----Sex-----Age-----

HOSPITAL/HEALTH CENTRE: ----- DISTRICT:-----

(Name of referring facility)

2.0 Type of patient:

| | | | | | |
|-------------|--------------------------|--------------|--------------------------|------------------------------|--------------------------|
| New Patient | <input type="checkbox"/> | Failure case | <input type="checkbox"/> | Other (specify) | <input type="checkbox"/> |
| Defaulter | <input type="checkbox"/> | Relapse | <input type="checkbox"/> | Mark appropriate box. | |

Reasons for Culture and sensitivity:

| ANTI-TUBERCULOSIS TREATMENT RECEIVED | FROM | TILL |
|--------------------------------------|-------|-------|
| Isoniazid | ----- | ----- |
| Streptomycin | ----- | ----- |
| Rifampicin | ----- | ----- |
| Ethambutol | ----- | ----- |
| Pyrazinamide | ----- | ----- |

3.0 Specimen Details: Specimen type:..... Collection Date: ----- H/U LabNo _____

Specimen collected at (Tick): 0 Months 2Months 5Months 8Months .Months

Requested by (Name): -----Phone-----

Signature:..... Date: -----

FOR NTRL LABORATORY USE ONLY

NTRL Lab No.: _____

Date Received: _____

4.0 Laboratory Results:

| Test | Date | Smear Results(Pos/Neg) | Grading (AFB No.; 1+; 2+; 3+) | Culture Result to follow on date | Sensitivity results to follow in on date |
|------|------|------------------------|-------------------------------|----------------------------------|--|
| ZN | | | | | |
| *FM | | | | | |

*Fluorescent Microscopy

5.0 Culture and Anti-TB Drug Sensitivity Test Results:

| Culture results | | Sensitivity results | | |
|-----------------|---------|---------------------|--------------|------------------------------|
| Date | Results | Date | Drug | Sensitive (S) /Resistant (R) |
| | | | Streptomycin | |
| | | | Isoniazid | |
| | | | Rifampicin | |
| | | | Ethambutol | |
| | | | Pyrazinamide | |

Culture Result Key: 1-100 colonies; IC= Innumerable colonies; CG= Confluent Growth

Tech Name: -----Signature: -----Date----- Lab Name: -----

Verified by: Name-----Signature: ----- Date: -----



ANNEX IV: POLIOMYELITIS/ACUTE FLACCID PARALYSIS INVESTIGATION FORM- ACUTE ILLNESS

(Complete this form for all cases occurring within the previous 12 months)

Circle or fill the form as appropriate, **January 2007**

EPID No: (for UNEPI only) _____ FACILITY _____

DISTRICT OF ONSET _____ (District of onset = where the child was living when infected(2 weeks prior to onset of paralysis)

1. Child's First Name: _____ Second Name: _____

2. Date of this visit: ___/___/___ 3. Date of Birth: ___/___/___

4. Referring Facility: _____ 4.1 Is the child admitted? [Y / N/ U]

4.2: Date of admission ___/___/___

5. Age (Record all ages in months): _____ 6. Sex: _____ (Male/Female)

7. Residence: Name of head of household where the child lives: _____ Phone _____

District _____ Sub County _____

Parish _____ LC1 _____

CLINICAL

8. Date onset of fever: ___/___/___ 9. Date onset of paralysis: _____

10 Type of paralysis: (Y= Yes; N= No; U =Unknown)

Sudden onset [] Asymmetrical [] Sensation Loss []

11. Site of Paralysis: (Y= Yes; N= No; U= Unknown)

Left Leg [] Left Arm [] Right Leg [] Right Arm []

11.2. Diminished reflexes [Y / N/ U] Diminished muscle tone [Y / N/ U]

11.3 Muscle wasting [Y / N/ U] Muscle weakness [Y / N/ U]

11.4 Respiratory Muscles [] Face [] Stiff neck [] Convulsions []

Headache [] Vomiting [] Diarrhea [] Other sites _____

12 History of recent injection before the onset of paralysis: [Y / N/ U]

Total number of injections received before onset of paralysis _____

If YES, dates of injection ___/___/___, ___/___/___, ___/___/___, ___/___/___

Type of injection (name of drug or vaccine) _____

Site (s) of the injection _____

Name of the facility giving the injection (s) _____

IMMUNIZATION HISTORY

13. Total number of OPV doses received [] Immunization card Seen / Not seen

Date of the last OPV received ___/___/___

SPECIMEN COLLECTION - VIRUS ISOLATION STUDIES

(Only for patients reported within 60 days of onset of paralysis.)

| | Date Collected | Date Sent to UVRI | Date Received | Date of Result | Result |
|-------------|----------------|-------------------|---------------|----------------|--------|
| Specimen 1: | ___/___/___ | ___/___/___ | ___/___/___ | ___/___/___ | _____ |
| Specimen 2: | ___/___/___ | ___/___/___ | ___/___/___ | ___/___/___ | _____ |

PERSON RECORDING _____ TITLE _____ DATE ___/___/___

FOLLOW UP VISIT (After 60 days of onset) To be done by a medical officer or clinical officer

15. Date of follow-up ___/___/___

16. Diminished reflexes (Yes/No) Diminished Muscle tone (Yes/No)

Muscle wasting (Yes/No) Muscle weakness (Yes/No)

17. Residual Paralysis: (Yes/No)

If YES, was the child referred for rehabilitation?(Yes/No) If yes, where? _____

REMARKS:

RECORDING OFFICER _____ TITLE _____ DATE ___/___/___



ANNEX V: MEASLES CASE INVESTIGATION FORM

EPID No. _____

Lab No. _____ (For Lab Use Only)

Demographic Details

1. District of onset _____ Reporting Health Unit _____
2. Name of Patient _____ Sex _____
3. Age (in months) _____ Date of Birth ___/___/___
4. Home: Name of head of household where the child lives: _____
Guardian's occupation _____ District _____
Sub-county _____ Parish _____
LC1 (zone) _____ LC 1 Chairman's name _____

Clinical History

5. Date of this visit ___/___/___ In/Out Patient _____ (1 = In-patient, **No** _____)
(2 = Out-patient, **No** _____)

Symptoms: (circle as appropriate)

- Fever: Yes/No Date of onset ___/___/___ Temperature _____ degrees
 Rash: Yes/No **Date of onset** ___/___/___
 Cough: Yes/No Red eyes: Yes/ No Running nose: Yes/No
 Other complications: Yes/No
 If yes, specify _____

Outcome: _____ (1 = Alive 2 = Dead 3 = Unknown)

6. Date Health Unit Notified District ___/___/___

Was vitamin A given during the current illness Yes/No No of doses _____

Immunisation History Card seen/not seen

7. Number of measles doses _____ Date of last measles vaccination ___/___/___

8. Diagnosis written in the register _____

Specimens

a) Blood:

| | | | |
|--------------------|----------------------|---------------|-----------------|
| Date of collection | Date sent to the lab | Date received | Spec. condition |
| ___/___/___ | ___/___/___ | ___/___/___ | _____ |

b) Urine:

| | | | |
|--------------------|----------------------|---------------|-----------------|
| Date of collection | Date sent to the lab | Date received | Spec. condition |
| ___/___/___ | ___/___/___ | ___/___/___ | _____ |

Investigators

Name: (person filling form) _____ Title _____ Date ___/___/___

Results

Serology: IgM _____ Date ___/___/___
 Date sent to EPI ___/___/___

Virus Isolation: Urine _____ Date ___/___/___

Final Classification _____ (1 = confirmed, 2 = Epidemiological linkage)
(3 = Probable/Compatible, 4 = Discarded, 5 = Suspected)

Date results sent to district ___/___/___

ANNEX VI: HIV COUNSELLING AND TESTING CLIENT CARD

Section A

Date ____/____/____

Name of Health Unit _____ HSD _____ District _____

Serial No. _____ Client No./Year: _____

Is the centre static or an outreach? 1. Static 2. Outreach

Point of testing: e.g. Ward, OPD, Clinic _____

Client's Name: _____ Sex ____ Age ____

If Child (Below 14 years), Accompanied by: 1[] Mother 2[] Father 3[] Guardian

(Specify) _____

Address: Village _____ Parish _____ Sub county _____ LC1 _____

SECTION B: PRE TEST COUNSELLING

SESSION TYPE: Individual = 1 Couple = 2 Group = 3

Approach used (a) VCT (b) PITC (c) HBHCT (d) PMTCT (e) Mandatory (f) HCT for PEP

Marital status: Married/cohabiting Divorced/separated Widowed Never married

Number of sexual partners in the last 12 months _____

Have you ever tested for HIV before? Yes = 1 No = 2

Previously tested for HIV in last: 3 months 6 month 12 months

Results at: 3 months: positive Negative

6 months: positive Negative

12 months: positive Negative

Has your spouse /partner been tested for HIV before? Yes = 1 No = 2 don't know = 3

If yes what were the results?

Partner HIV status (Within the last 12 months)

| Partner type | HIV status |
|------------------|------------|
| 1=Spouse | 1=HIV +ve |
| 2=Steady/Regular | 2=HIV -ve |
| 3=Casual | 3=Unknown |

Consent for testing (Parent/Guardian if child)

Do you agree to have your blood drawn for testing 1. Yes 2. No

If no, give reasons for disagreeing

- | | |
|------------------------------------|--------------------------------|
| 1[] No confidentiality | 2[] No Benefit |
| 3[] Pricked many times | 4[] Will test after improving |
| 5[] No reason | 6[] Fear of HIV result |
| 7[] Consult Spouse/Sexual partner | 8[] Known HIV Status |
| 9[] Not ready for a test | 10[] others (specify) _____ |

TEST RESULTS:

HIV Results: HIV Negative HIV Positive

Test done by (Name) _____ Designation _____ Date ____/____/____

Results Received: Yes No

Results Received as a couple: Yes No

Couple results: Discordant Concordant

Is there suspicion of TB (cough for 3 /52, fever and night sweats)? Yes No

Has client started Co-trimoxazole prophylaxis? Yes No

Has client been linked to care? Yes No

Counselor's Name: _____ Date ____/____/____

CLIENTS' SLIP

Date ____/____/____ Client's Name: _____ Sex ____ Age ____

District Name _____ Health Facility _____ Serial No. _____

Test Results: Positive Negative

Comments:

Counselor's Name: _____ Date ____/____/____

ANNEX VII: MATERNAL DEATH AUDIT FORM

Serial No.



**THE REPUBLIC OF UGANDA
MINISTRY OF HEALTH
CONFIDENTIAL
MATERNAL DEATH AUDIT FORM**

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| For Official use only: Ministry of Health National Case number | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

NOTE:

1. Ensure a Maternal Death Notification form was filled within 24 hours.
2. The Maternal Death Audit form must be completed for all maternal deaths
3. Mark with a tick (✓) where applicable;
4. Where information is not available from the records please interview mother or next-of-kin if available. Add an asterisk (*) where information was obtained by interview.
5. Complete the form in **duplicate** within 7 days of a maternal death. The original remains at the institute where the death occurred. The copy will be for regional confidential inquiry purposes.

SECTION 1: LOCALITY WHERE DEATH OCCURRED:

- 1.1 District
- 1.2 Health sub-District
- 1.3 Facility name
- 1.4 Type of facility:

| | | | | | |
|-------------------------------|-------------------------------|---------------------|---------|----------|----------------------|
| 1. National referral hospital | 2. Regional referral hospital | 3. General hospital | 4. HCIV | 5. HCIII | 6. Others (specify) |
| | | | | | |

- 1.5 Ownership: a) Gov b) Private c) PNFP

SECTION 2: DETAILS OF THE DECEASED:

- 2.1 SurnameOther names
- 2.2 Inpatient number
- 2.3 Residence address: a. Village (LCI):
- b. Parish (LCID):
- c. Sub-county (LCIII):
- d. District
- 2.4 Age (years): yrs
- 2.5 Next of kin (relationship)
- 2.5 1. Marital status (1. MR= Married ; 2. SI= Single never married ; 3. S= Separated ;

4. W = Widowed ; 5. NK= Not known

2.6.1 At time of admission:

i) Gravida Para +

ii) Gestation (weeks)

2.6.2 At time of death:

i) Gravida Para +

ii) Gestation (weeks)

2.7 Days since delivery/ abortion (if not applicable enter 99)

SECTION 3: ADMISSION AT HEALTH FACILITY WHERE DEATH OCCURRED OR FROM WHERE IT WAS REPORTED

3.1 Date of admission: dd mm yyyy

3.2 Time of admission (12hrs): am pm

3.3 Date of death: dd mm yyyy

3.4 Time of death 12hrs: am pm

3.5 Duration of stay in facility before death: days hrs mins

3.6 Referred: 1. Yes 2. No

3.7. a) If Yes from:

- | | | |
|----------------------------------|---|------------------------------------|
| 1. Home <input type="checkbox"/> | 3. Health Centre <input type="checkbox"/> | 5. Others <input type="checkbox"/> |
| 2. TBA <input type="checkbox"/> | 4. Hospital <input type="checkbox"/> | |

b) Specify name

3.8 Condition on admission (Tick appropriate response):

| Category | Conditions |
|----------------------|--|
| 1. Abortion | i) Stable (normal vital signs) <input type="checkbox"/> ii) Critically ill <input type="checkbox"/> iii) Dead on arrival <input type="checkbox"/> IV) OTHER – SPECIFY |
| 2. Ectopic pregnancy | i) Stable (normal vital signs) <input type="checkbox"/> ii) Critically ill <input type="checkbox"/> iii) Dead on arrival <input type="checkbox"/> iv) Other – specify |
| 3. Antenatal | i) Stable (normal vital signs) <input type="checkbox"/> ii) Critically ill <input type="checkbox"/> iii) Dead on arrival <input type="checkbox"/> iv) Other – specify |
| 4. Intrapartum | i) Stable (normal vital signs) <input type="checkbox"/> ii) Critically ill <input type="checkbox"/> iii) Dead on arrival <input type="checkbox"/> iv) Other – specify |
| 5. Postpartum | i) Stable (normal vital signs) <input type="checkbox"/> ii) Critically ill <input type="checkbox"/> iii) Dead on arrival <input type="checkbox"/> iv) Other – specify |

3.8 Reason for admission (complaints):

3.
9

Diagnosis on admission:

3.10

Status of pregnancy at the time of death:

1. Abortion 2. Ectopic pregnancy 3. Not in labour 4. In labour 5. Postpartum

SECTION 4: ANTENATAL CARE

4.1 Did she receive antenatal care? 1. Yes 2. No

4.2 If “Yes”, total number of ANC visits

4.3 Type of health facility (*tick all applicable*):

1. National Referral Hospital
 2. Regional Referral Hospital
 3. General hospital
 4. HC IV
 5. HC III
 6. Other, specify:

4.4 Antenatal risk factors (*tick all applicable*)

| Risk history | 1.Yes | 2.No | 3.Unknown |
|-------------------------------|--------------------------|--------------------------|--------------------------|
| 1. Hypertension | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Bleeding | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Proteinuria | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Glycosuria | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Anaemia | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Abnormal lie | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Previous Caesarean section | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Other, specify | | | |

4.5 Comments on ANC – List any medication

.....

SECTION 5: DELIVERY AND PUERPERIUM INFORMATION

5.1 Did labour occur? 1. Yes 2. No 3. Unknown

If No go to section 6

5.2 Was a partogram filled? 1. Yes 2. No

5.3 If “Y”, was a partogram correctly used? Yes 2. No

5.4 Duration of labour. *Tick appropriate answers in the table below:*

| 1. Latent phase | 2. Active phase | 3. Second phase | 4. Third phase |
|-----------------|-----------------|-----------------|----------------|
| Not known | Not known | Not known | Not known |
| < or = 8 hours | < 4 hours | < 5 minutes | < 5 minutes |
| > 8 hours | 4 – 6 hours | 5 – 30 minutes | 6 – 30 minutes |
| | > 7 hours | 31 – 60 minutes | > 30 minutes |
| | | > 1 hour | |

5.5 Mode of delivery (tick appropriate box)

- 1. Undelivered
- 2. Vaginal (spontaneous vertex)
- 3. Vaginal assisted (breech, shoulder dystocia)
- 4. Instrumental vaginal (vacuum/forceps)
- 5. Caesarean Section
- 6. Destructive operations

5.6 Main Assistant at delivery (tick appropriate box):

- 1. Nursing assistant
- 2. Midwife
- 3. Trained TBA
- 4. Untrained TBA
- 5. Member of the family
- 6. Self
- 7. Doctor
- 8. Other, specify

5.7 Place of delivery

- 1. National referral hospital
- 2. Regional referral hospital
- 3. General hospital
- 4. HC IVs. HC III
- 5. Other, specify:

5.8. Ownership

- 1. Govt
- 2. Private
- 3. PNFP

5.9 Puerperal conditions (*tick all applicable*):

- 1. PPH
- 2. Sepsis
- 3. Eclampsia
- 4. Ruptured uterus
- 5. Shock/sudden collapse
- 6. Other, specify:

5.10 **Comments on labour, delivery and puerperium**

.....

.....

.....

.....

SECTION 6: INTERVENTIONS

6.1 Tick all applicable



| 1. Early pregnancy | | 2. Antenatal | | 3. Intrapartum | | 4. Postpartum | | 5. Other | |
|-----------------------|--|------------------------|--|-------------------------------|--|----------------------------------|--|-------------------------------------|--|
| 1. Evacuation/ MVA | | 1. Transfusion | | 1. Instrumental delivery | | 1. Evacuation | | 1. Anaesthesia-GA | |
| 2. Laparotomy | | 2. Anti- hypertensives | | 2. Symphysiotomy | | 2. Laparotomy | | 2. Epidural | |
| 3. Hysterectomy | | 3. Anti-Malarials | | 3. Caesarean section | | 3. Hysterectomy | | 3. Spinal | |
| 4. Transfusion | | 4. Anticonvulsants | | 4. Hysterectomy | | 4. Transfusion | | 4. Local | |
| | | | | 5. Transfusion | | 5. Manual removal of Placenta | | 5. Intensive Care Unit admission | |
| | | | | 6. Anticonvulsants | | 6. Anticonvulsants | | | |
| | | | | 7. Uterotonics (oxytocics) | | 7. Uterotonics (oxytocics) | | | |
| 5. Others, specify | | 5.Others, specify | | 8. Others, specify | | 8. Others, specify | | 6. Others, specify | |

6.2 Comments on interventions

.....

.....

.....

.....

.....

.....

SECTION 7: HIV STATUS

7.1 HIV/AIDS status

1. HIV test during present pregnancy: Yes No Unknown

2. HIV test results: positive Negative Unknown

3. If HIV positive:

i) No ARV prophylaxis taken

ii) ARV (Nevirapine/Combivar taken

iii) On HAART

iv) Others, specify

7.2 If HIV Positive, CD4 count.....

SECTION 8: CAUSE OF DEATH (See guidelines)

(Note AIDS is NOT a primary cause of death – if a woman has AIDS please give the condition which killed her, e.g. TB, pneumonia, meningitis, malaria, abortion, puerperal sepsis, etc.)

8.1 Primary (underlying) cause of death: Specify

.....

8.2 Final and contributory (or antecedent) cause of death: Specify (refer to guide):

.....

.....

.....

SECTION 9: USING INFORMATION DERIVED FROM THE INTERVIEWS AND REVIEW OF THE CASE NOTES, WERE ANY OF THESE FACTORS PRESENT?

9.1



| System | Example | 1.Y | 2.N | 3. Unk- nown | If yes please specify: (additional space below) |
|---|---|-----|-----|-----------------|---|
| A. Personal/ Family/ Woman factors | 1. Delay of the woman seeking help | | | | |
| | 2. Lack of partner support | | | | |
| | 3. Refusal of treatment or admission | | | | |
| | 4. Herbal medication | | | | |
| | 5. Refused transfer to higher facility | | | | |
| | 6. Others, specify: | | | | |
| B. Logistical systems | 1. Lack of transport from home to health facilities | | | | |
| | 2. Lack of transport between health facilities | | | | |
| | 3. Other, specify: | | | | |
| C. Health service | 1. Health service communication breakdown | | | | |
| | 2. Lack of blood products ,supplies & consumables | | | | |
| | 3. Other, specify: | | | | |
| D. Health personnel problems | 1. Absence of critical human resource | | | | |
| | 2. Inadequate numbers of staff | | | | |
| | 3. Staff misguided action | | | | |
| | 4. Staff over-sight | | | | |
| | 5. Staff non-action | | | | |
| | 6. Staff lack of expertise | | | | |
| | 7. Other, specify: | | | | |

Others, specify:

.....

9.2 Comments on potential avoidable factors, missed opportunities and sub-standard care.

.....

9.3 Quality of medical records:

9.3.1 Comment on the key data elements missing from the patient's file.

.....

9.3.2 Legibility: 1.Good 2. Poor

SECTION 10: AUTOPSY/ POST MORTEM:

10.1 Performed: 1. Yes 2. No 3. Unknown

10.2 If performed please report the gross findings

.....

SECTION 11: CASE SUMMARY (Please supply a short summary of the events surrounding the death)

.....

SECTION 12: RECOMMENDATIONS (Please supply a short summary of the recommendations and follow-up actions to address audit findings)

.....

SECTION 13: THIS FORM WAS COMPLETED BY:

| | | |
|--------------|--|---------------------|
| Name (print) | | Other Team Members: |
| Telephone | | |
| E-mail | | |

Date: *dd* *mm* *yyyy*

Signature:

The completed form should be sent to the Ministry of Health Resource Centre either physically or by using the email address hmisdatabank@yahoo.com

ANNEX VIII: MATERNAL DEATH NOTIFICATION FORM

| | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|
| For Official use only: Ministry of Health National Case Number | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|

Instructions:

1. This form is filled by the health worker on duty at the time of death
2. Complete the Maternal Death Notification form in quadruplicate within 24 hours (One for the unit, one for the health sub-district, one for the DHO and one for MoH).
3. Handover the form to the In-charge of the unit
4. Perform the audit within 7 days.

Name of reporting facility..... Level..... District

Names of deceased.....Inpatient

Number.....

Village of residence (LC 1)Sub-county (LC 111)District

Age of deceased.....yrs Next of kin

Gestational Age (wks) Duration of stay at facility before death:days.....hrs..... mins

Date of Death:dd.....mmyr.

Possible cause(s) of death:

Date of filling formDate of dispatching form

Delivered by (Name) Date

.....

Received by (Name) Date

The completed form should be sent to the Ministry of Health Resource Centre either physically or by using the email address hmisdatabank@yahoo.com



ANNEX IX: NEWBORN/PERINATAL DEATH AUDIT FORM

The Republic of Uganda
MINISTRY OF HEALTH
CONFIDENTIAL

NEWBORN/PERINATAL DEATH AUDIT FORM

For Official use only: Ministry of Health National Case Number

Note:

1. The Perinatal Death Audit form must be completed for all perinatal/newborn deaths
2. Mark with a tick (✓) where applicable;
3. Where information not available from the records please interview mother or next-of-kin if available. Add an asterisk (*) where information was obtained by interview.
4. Complete the form in **duplicate** within 48 hours of a perinatal/newborn death. The original is used to the Facility audit committee and the copy will be used during Confidential inquiry purposes.

Health Facility Case Identification Number:

SECTION 1: LOCALITY WHERE DEATH OCCURRED:

- 1.1 District.....
- 1.2 Health sub-District
- 1.3 Facility name 1.31 Facility Code:
- 1.4 Type of facility:

| 7. National referral hospital | 8. Regional referral hospital | 9. General hospital | 10. HCIV | 11. HCIII | 12. Others (specify) |
|-------------------------------|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

1.5 Ownership: a) Gov b) Private c) PNFP Health Professional

SECTION 2: DETAILS OF THE DECEASED:

- 2.1 In-patient number (mother): 2.12 In-patient number (baby):
- 2.2 Type of pregnancy: i) Singleton ii) Twin
- 2.3 If twin, order of delivery: i) Cephalic/cephalic ii) Breech/breech iii) Cephalic/breech iv) Breech/cephalic v) Cephalic/transverse
- 2.4 Date of Birth: 1. dd mm yy yy 2. not known
- 2.5 Date of Death: 1. dd mm yy yy 2. unknown
- 2.6 Time of Death: 1. am pm 2. unknown
- 2.7 Gestation Age at delivery: 1. weeks 2. unknown
- 2.8 Age (newborn) at time of death: days hrs mins

3: DETAILS OF THE DECEASED 's MOTHER

- 3.1 Surname Other names.....
- 3.2 Inpatient number
- 3.3 Residence address: a. Village (LCI):
b. Parish (LCII):
c. Sub-county (LCIII):

d. District

.....

3.4 Age (years): yrs

3.5 Next of kin (relationship)

3.6 Marital status (1. MR= Married ; 2. SI= Single never married ; 3. S = Separated ;

4. W = Widowed ; 5. NK= Not known

3.71 Mother's Parity +

3.72 No. of mother's living children

3.8 Past Obstetric History (put numbers):

1. Abortions 2. Previous stillbirth / newborn death 3. Assisted delivery if assisted specify

.....

4. Caesarean section

4. PREGNANCY PROGRESS AND CARE (Get the information from the ANC card and/or ANC register)

4.1 Did mother attend ANC: 1. Yes 2. No

4.2 If yes, no. of visits

4.3 Lab investigations done (tick all applicable):

Syphilis test
 Urine protein
 HIV test
 Hb level

4.4 Interventions done : (tick all applicable)

IPT_p IPT 1 IPT 2 IPT 3 if HIV +
 Tetanus Toxoid
 HIV: Positive Negative

4.5 Medical conditions or infections in present Pregnancy (tick all applicable):

1. Antepartum Haemorrhage 2. History of trauma 3. Hypertension
 4. Diabetes mellitus 5. Pre labour rupture of membranes 6. UTI

7. Malaria 8. Anaemia 9. Multiple pregnancy

10. Post dates (more than forty two weeks)

11. HIV/AIDS 1. Yes 2. No

If HIV positive: No ARV prophylaxis taken ARVs (NVP) Combivir HAART

Others specify.....

12. HAART 1. Yes 2. No

13. Other infections/conditions, state

.....

.....

14. Other Medicines given/ taken during pregnancy

5.0 LABOUR:

5.1 Place of labour: 1. Home 2. TBA 3. Health facility

Specify name of facility.....

5.2 Referred: 1. Yes 2. No

5.3 If Yes from:

1. Home 2. Health Centre 3. TBA 4. Hospital

5. Others Specify.....

5.4 If referred from health facility give name of the facility.....

5.5 On admission, were foetal heart sounds present? 1. Yes 2. No Not accessed

5.6 Was labour 1. spontaneous 2. Induced Unknown

5.7 Was Partograph used? 1. Yes 2. No 3. Unknown

If "Y", was a partogram correctly used? Yes 2. No

5.8 Duration of labour (hours: minutes)

| 1. Latent phase | 2. First Stage | 3. Second stage | 4. Third stage |
|--|--|---|--|
| Not Known <input type="checkbox"/> | Not Known <input type="checkbox"/> | Not Known <input type="checkbox"/> | Not Known <input type="checkbox"/> |
| Less than 8hrs <input type="checkbox"/> | Less than 4 hrs <input type="checkbox"/> | Less than 5 mins <input type="checkbox"/> | Less than 5mins <input type="checkbox"/> |
| More than 8 hrs <input type="checkbox"/> | 4-6 Hrs <input type="checkbox"/> | 5-30 mins <input type="checkbox"/> | 5-30 mins <input type="checkbox"/> |
| | More than 7 hours <input type="checkbox"/> | 31-60 mins <input type="checkbox"/> | More than 30 mins <input type="checkbox"/> |
| | | More than 1 hour <input type="checkbox"/> | |

5.9 Mode of delivery (tick appropriate box)

- 1. Undelivered
- 2. Vaginal (spontaneous vertex)
- 3. Vaginal assisted (breech, shoulder dystocia)
- 4. Instrumental vaginal (vacuum/forceps)
- 5. Caesarean Section
- 6. Destructive operations

5.10 Main Assistant at delivery (tick appropriate box):

- 1. Nursing assistant
- 2. Midwife
- 3. TBA
- 5. Member of the family
- 6. Self
- 7. Doctor
- 8. Other, specify

.....

5.11 Place of delivery

- 1. National referral hospital
- 2. Regional referral hospital
- 3. General hospital
- 4. HC IVs. HC III
- 5. Other, specify:

.....

5. 12. Ownership

- 1. Govt
- 2. Private
- 3. PNFP

5.13 **Comments on labour, delivery and puerperium** (tick all applicable):

- 1. Normal
- 2. Prolonged
- 3. Obstructed
- 4. Foetal distress
- 5. Prolonged rupture of membranes

Other

.....

.....

Section 6.0 Condition of baby at Birth:

6.1 1. Alive 2. Fresh stillbirth 3. Macerated stillbirth

6.2 If alive, 1. APGAR score at 1min 2. APGAR score at 5 mins 3. APGAR score unknown

6.3 Did baby cry at birth: 1. Yes 2. No 3. Don't know

6.4 Breathing: 1. Spontaneous 2. Gasping 3. Don't know

6.5 Resuscitation at birth (*tick where applicable*)

6.6.1 Resuscitation done Yes No ,

if yes (*tick where applicable*)

1. Stimulation Yes No 2. Clearing airway Yes No

3. Oxygen Yes No 4. Bag and mask Yes No

5. Cardiac massage Yes No 6. Suction Yes No

6.7 Resuscitation with good outcome 2. Resuscitation with poor outcome

6.8 Birth weight: kg 3.4 Sex: F M

6.9 Congenital abnormality: 1. Yes 2. No

If yes, describe

.....

.....

6.10 Problems after birth up to or on Day 6: (tick all applicable)

1. Difficult feeding (baby problems) 2. Difficult feeding (maternal problems)

3. Jaundice 4. Anaemia 5. Difficult breathing 6.

Hypoglycaemia

7. Bleeding (cord, circumcised, false tooth extraction) 8. Septicaemia 9. Hypothermia

10. Bulging Fontanelle: 11. Bleeding disorder specify cause

12. Fever 13. Convulsions

14. Other conditions (specify)

For a baby born to HIV+ve mother: Baby reviewed ARV Prophylaxis Yes No if Yes

Specify

6.11 Maternal Condition at the time the baby died: (tick all applicable)

1. Alive and well 2. Anaemia 3. Fever 4. PPH

5. Obstetric Fistula 6. Puerperal Infection 7. Shock

8. Dead 9. Others, specify

.....

Section 7: Probable cause of death of baby

Final causes of death

1. Birth asphyxia

2. Complications of pre-maturity and fetal growth retardation ()

3. Infections

3.1 Septicaemia 3.5 congenital syphilis

3.2. Pneumonia 3.6 HIV infection

3.3 Tetanus 3.7 diarrhoea

- 3.4. Meningitis 3.8 Other
4. Hemorrhagic or hematological disease 5. Birth trauma (sub dural haemorrhage, CNS/scalp injuries)
6. Hypothermia 7. Bleeding accidents (cord, circumcision)
8. Other (state)

Section 8.0 Underlying factors:

8.1. Maternal:

1. Maternal conditions unrelated to the pregnancy(Diabetes, hypertension, renal disease, respiratory disease)
2. Maternal complications of pregnancy(polyhydramnios, multiple pregnancy, maternal death, pre eclampsia and eclampsia)
3. Complications of placenta (abruption, placenta praevia)
4. Complications of the cord(prolapse, cord around the neck etc)
5. Maternal infections(HIV/AIDS, Malaria, Syphilis, TB)
6. Complications of labor and delivery(breech and vacuum extraction, obstructed labor, forceps delivery, caesarian section, precipitate labour)
7. Others, (specify)
.....

8.2 Foetal:

1. Prematurity
2. Congenital abnormalities
5. Small for dates
6. Large for dates (macrosomia)
7. Post-maturity
9. Unexplained stillbirth
11. Other (specify).
.....

SECTION 9: AUTOPSY/ POST MORTEM:

- Performed: 1. Yes 2.No 3. Unknown
4. If performed please report the gross findings and send the detailed report later.
-
-

10.0: Avoidable factors/ missed opportunities/ substandard care using the information derived from the interview and review of the case notes were any of these factors present?

| System | Example | 1.Y | 2.N | If yes please specify: (additional space below) |
|---|--|-----|-----|--|
| A. Personal/ Family/ Woman factors | 7. Delay of the mother seeking help | | | |
| | 8. Lack of partner support | | | |
| | 9. Refusal of treatment or admission | | | |
| | 10. Herbal medication | | | |
| | 11. Refused transfer to higher facility | | | |
| | 12. Others, specify: | | | |
| B. Logistical systems | 4. Lack of transport from home to health care facility | | | |

| | | | | |
|------------------------------|---|--|--|--|
| | 5. Lack of transport between health care facility | | | |
| | 6. Other, specify: | | | |
| C. Health service | 4. Health service communication breakdown | | | |
| | 5. Lack of resuscitation equipment, supplies & drugs including blood products | | | |
| | 6. Other, specify: | | | |
| D. Health personnel problems | 8. Absence of critical human resource | | | |
| | 9. Inadequate numbers of staff | | | |
| | 10. Staff misguided action | | | |
| | 11. Staff over-sight | | | |
| | 12. Staff non-action | | | |
| | 13. Staff lack of expertise | | | |
| | 14. Other, specify: | | | |

Comment on avoidable factors/ missed opportunities and substandard care:

.....

Section 11 Quality of medical records:

11.1 Comment on the key data elements missing from the patient's file.

.....

11.2 Legibility: 1. Good 2. Poor

Section 12: Recommendations:

.....

H. CONFIRMATION OF DETAILS

THIS FORM WAS COMPLETED BY:

| | | | |
|--------------|----------------------|---------------------|--|
| Name (print) | <input type="text"/> | Other Team Members: | |
| Telephone | <input type="text"/> | | |
| E-mail | <input type="text"/> | | |

Date: dd mm yyyy

Signature:

NOTES:

Premature – born after 28 weeks but before 37 weeks of gestation.

Poor Obstetric History – two or more previous miscarriages, a previous stillborn baby, early neonatal death and previous difficult deliveries resulting in neonatal morbidity, especially those affecting the central nervous system.



The completed form should be sent to the Ministry of Health Resource Centre either physically or by using the email address hmisatabank@yahoo.com



THE REPUBLIC OF UGANDA

MINISTRY OF HEALTH
**ANNEX X: ANTENATAL
 CARD**

Health Unit: _____ Reg no. _____
 Name: _____ Phone No. _____
 Age: _____ LC1: _____
 Village: _____ Parish _____
 Occupation: _____ Religion: _____
 Education: _____ Tribe: _____
 Married/Single/Widow _____
 Next-of-kin: _____ Phone No. _____
 Relationship: _____
 Occupation: _____
 Address: _____
 Gravida: _____ Para: _____ Abortions: _____

PREVIOUS ILLNESS:

Medical: Cardiac Disease:
 Kidney Disease:
 Hypertension:
 TB:
 Asthma:
 STI:
 Sickle Cell Disease:
 Epilepsy (seizures):
 Diabetes:
Surgical: Operations:
 Blood Transfusions:
 why?
 Fractures of pelvis, spine and femur:
OBS/GYN: D & C
 Ectopic pregnancy:
 Caesarean Section:
 Vacuum Extraction, Forceps
 Retained Placenta
 PPH
 Operations on the uterus
 Cervical circlage (Shridkor Mc Donald)

SOCIAL HISTORY:

Smoking
 Alcohol
 Health of the husband

FAMILY HISTORY:

Diabetes
 Hypertension:
 Sickle Cell Disease

Comments(s) about previous pregnancies:

Epilepsy:
 Twins:
 Husband's health:

MENSTRUAL AND CONTRACEPTIVE HISTORY:

Length of menses (no. of days she bleeds)
 Amount: Heavy/Normal
 Family Planning method ever used:
 When and why was it discontinued?
 If never used, why?

PRESENT PREGNANCY:

First Day of LNMP _____
 EDD: _____
 Period of Gestation: _____
 Complications of Pregnancy if any: _____
 Any hospitalisation? YES ___ NO ___ for _____
 Bleeding
 Excessive vomiting
 Has any of the following been present for one month?
 Fever: _____ Diarrhoea: _____
 Cough: _____ Weight loss: _____
 Others: _____
 Does the mother know her HIV status? YES/NO
 Does she want to test for HIV? YES/NO
 If cough for more than 3weeks and weight loss
 Assess for TB

PHYSICAL EXAMINATION:

Height: _____ cm Weight: _____ kg
 BP: _____ Pulse: _____
 Temp: _____

Nutritional status: _____

Examine and comment on:

Wt: _____ MUAC: _____

Oral Thrush: **Anaemia**
 Teeth: **Eyes:**
 Neck: **Nails:**
 Breasts: **Palms:**
 Legs: **Jaundice:**
 Deformities: **Heart:**
 Lymph Glands: **Lungs:**
 Herpes zooster:

PELVIC EXAMINATION:

Vulva: **Cervix:**
 Vagina: **Moniliasis:**

| | Preg- nancy | Year | ABORTIONS | | | TYPE OF DELIVERIES | | | | CHILD | | | | | | | |
|----|----------------|------|-----------------|-------------|-------------|--------------------|---------------------|----------------------|----------------|----------------|-----------------|-----|-----------------|-------|---------------------|--|--|
| | | | Below 12 wks | Above 12 | Pre- Mat | Full Ter | Type of Delivery | Place of delivery | Third Stage | Puer perium | Alive SB/NND | Sex | Birth Weight | Immun | Health Condition | | |
| 1 | | | | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | | | | | |
| 5. | | | | | | | | | | | | | | | | | |
| 6. | | | | | | | | | | | | | | | | | |
| 7. | | | | | | | | | | | | | | | | | |

PREVIOUS OBSTETRIC HISTORY

ANNEX XI: LIST OF GROUPS AND INDIVIDUALS WHO CONTRIBUTED TO THE HMIS REVIEW

Group 1- Disease and Laboratory

Members

1. Dr. Annet Kisakye
1. Dr. Nabukenya Immaculate
2. Dr. Atai Betty
3. Dr. Tumwesigye T. Benson
1. Dr. Kagwa Mugagga
4. Mr. Natseri Nasan
5. Mr. Busingye Denis Collins
6. Mr. Kasirivu Moses
7. Mr. Mubiru Henry
8. Ms. Balwanaki Carolyne
9. Ms. Luwedde Monicah
10. Mr. Kerimud Charles

Group 2 – Drugs, Procurement, Logistics and Other Health Supplies

Members

1. Dr. Eddie Mukoyo
2. Mr. Mulira Herbert
3. Mr. Obua Thomas
4. Mr. Nyegenye Wilson

Group 3- Finance, Planning, Human Resource and Inventories

Members

1. Mr. Nzabinta Amos
2. Mrs. Kyozi Caroline
3. Ms. Mubiru Christine
4. Mr. Wanyama Boniface
5. Mr. Kayanja Edward
6. Mr. Lubowa Nathan
6. Mr. Bwire Simon

Group 4 – Maternal and Child Health

Members

1. Dr. Recheal Seruyange
2. Dr. Ruth Nabagala
3. Mr. Ambrose Muhumuza
4. Mr. Doka Moses
5. Ms. Rebecca Mirembe
6. Ms. Miriam Namugere
7. Mr. Aliganyira Patrick
8. Dr. Linda Nabitaka
9. Dr. Zainab Akol

Group 5 – Community

Members

1. Dr. Katumba
1. Dr. Rukaaka M.
1. Dr. Ebony Quinto
2. Mrs. Julie Nansonga Kagwa
2. Mr. Ahimbisibwe Sam

Group 6 – Electronic system

Members

1. Mr. Kasozi Sam
2. Mr. Bamwoze Paul
3. Mr. Albert Lumu
4. Mr. Alfred Bagenda
5. Mr. Etoma Charles
6. Mr. Mukisa Pascal
7. Mr. Jim Ronald Owinyi