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## REPUBLIC OF SOUTH SUDAN

# HEALTH MANAGEMENT INFORMATION SYSTEM DATA COLLECTION GUIDANCE NOTE

OPD ADULT & UNDER 5'S REGISTERS  
ANC & DELIVERY REGISTERS  
MONTHLY REPORT FORM



Division of Research, Monitoring and Evaluation, Directorate  
General of Planning and Coordination, Ministry of Health

# Acknowledgements

The achievement of this HMIS manual was the culmination of the efforts of many organizations, partners, communities and individuals under the leadership of His Excellency Dr Michael Milly Hussein, Minister of Health, Republic of the South Sudan, Dr. Yalta logur Deputy Minister of Health and Dr Samson Paul Baba, Acting Under-Secretary of Health

The Ministry of Health, Republic of South Sudan gratefully acknowledges the technical guidance and constructive comments provided towards the development of this HMIS guidance.

Profound gratitude and thanks are also addressed to the partners namely Malaria Consortium, Basic Service Fund, UNDP which have supported the Ministry to develop and process this important manual

We acknowledge the support of our many partners who have been involved in the pre-testing; including the UN agencies, NGOs & CBOs, namely HISP, Merlin, Save the Children, CARE, GOAL, Tearfund, PSI, CIDA, CCM, HealthNet TPO, IMC, as well as the representatives of the States Ministries of Health and County Health Departments, without which we could not have completed this exercise. This is a milestone in terms of informed planning, management and investment in the health sector, following the principles of the Republic of South Sudan Health Sector Policy.

I would like to give particular appreciation to all my colleagues in the Ministry of Health headquarters, Director Generals and staff, with whom we shared ideas and who provided me with the necessary back-up to complete the task.

There are times when by sheer omission one can forget those who contributed greatly to this effort, for those whom I may have forgotten I sincerely ask for their forgiveness.



Dr Richard Lako, MD, MSc  
Director General  
Policy, Planning, Budgeting and Research  
Ministry of Health, Republic of South Sudan

## Health Facility Reporting Definitions and Links to Registers

Data Element	Definition and calculation	Register
1 - 4: Curative consultations	Total count of all patients seen in the health facilities by age and gender according to the following age strata: < 5 years old                      Boys =                      Girls =  > 5 years of age                      Male =                      Female =	OPD U5's  OPD Adults
5. Antenatal client 1 <sup>st</sup> visit	Total count of all antenatal clients who attended the health facility for the 1 <sup>st</sup> visit	ANC
6. Antenatal client 4 <sup>th</sup> or more visit	Total count of all antenatal clients who attended 4 <sup>th</sup> or more ANC visits	ANC
7. Antenatal client IPT 2 <sup>nd</sup> dose	Total count of all antenatal clients who received 2 <sup>nd</sup> dose of Intermittent Preventive Treatment (IPT2) for Malaria	ANC
8. Family Planning new user	Total count of all women (or men) that have started using <b>any</b> modern contraceptive method	ANC
9. Delivery in facility by <i>Skilled Birth Attendant</i>	Total count of deliveries happening <b>in</b> the health facility attended by skilled health personnel	Delivery
10. Delivery in facility by TBA, MCHW, CHW, Community or village midwife	Total count of deliveries happening in the health facility attended by personnel with the indicated skills	Delivery
11. Delivery in the community	Total count of all deliveries	TBA Tally
12. Delivery referred	Total count of all deliveries referred to a higher level	
13. Live births in facility	Total number of live births in the health facility	Delivery
14. Postnatal Client 1 <sup>st</sup> visit	Total number of women that come for postnatal care	ANC
15. Malaria uncomplicated clinically diagnosed under 5 years treated	Total count of all new cases of uncomplicated Malaria in children under 5 years who were diagnosed clinically (according to case definition)	OPD U5's
16. Malaria uncomplicated confirmed under 5 years	Total count of all new cases of uncomplicated Malaria in children under 5 years, <b>confirmed by blood smear or RDT</b>	OPD U5's
17. Malaria severe under 5 years	Total count of all cases of <b>severe</b> <sup>1</sup> Malaria in children under 5 years	OPD U5's
18. Malaria uncomplicated 5 years and older	Total count of all uncomplicated malaria cases in patients 5 years and older	OPD Adults
19. Malaria severe 5 years and older	Total count of all sever malaria cases in patients 5 years and older	OPD Adults
20. Pneumonia presumed under 5 years	Total count of all new cases of ARI/presumed pneumonia in children under 5 years <i>ARI or presumed pneumonia: illness with a cough, breathing faster than usual with short quick breaths or difficult breathing</i>	OPD U5's
21. Diarrhea treated with <u>ORS</u> under 5 years	Total count of all new cases of diarrhea in children under 5 years <u>treated with ORS</u>	OPD U5's
22. Diarrhea all under 5 years	Total count of all diarrhea cases in children under 5 years	OPD U5's

<sup>1</sup> This includes complicated Malaria

<b>Data Element</b>	<b>Definition and calculation</b>	<b>Register</b>
23. Vitamin A supplements 6-59 months (dose).	Total count of all children between 6-59 months who received one dose of vitamin A	OPD U5's
24. Vitamin A supplementation to new mother	Total count of all new mothers who received Vitamin A supplementation	Delivery
25. Insecticide treated net to under 5 years	Total count of all bed nets (ITN or LLTINs) distributed to children under 5 years	
26. Insecticide treated net to antenatal client	Total count of all bed nets (ITN or LLTINs) distributed to antenatal client	ANC
27. MUAC < 115 mm under 5 years	Total count of all children under 5 years that were found to have a MUAC less than 115 mm	OPD U5's
28. MUAC < 125 mm under 5 years	Sum of all children under 5 years of age that were found to have a MUAC less than 125 mm	OPD U5's
29. Death in facility all Nr of new TB cases detected in the period reported	Sum of all deaths in health facility	OPD U5's, OPD Adult, Delivery & Inpatient
30. Death in facility under 5 years	Sum of all deaths in health facility if children under 5 years	OPD U5's & Inpatient
31. Death in facility maternal	Sum of all deaths in health facility of mothers/pregnant women	Delivery
32. TB patient suspected	Total count of all suspected TB patients	Comments section in OPD Adult & Under 5s
33. TB patient referred to the TB Management Unit	Total count of all TB patients that were referred.	
34. Payam outbreaks detected by health facility	Total count of all outbreaks detected by health facility	
35. Payam outbreaks investigated by health facility 48 h after detection	Total count of all outbreaks investigated within 48 hours	
36. Condoms distributed by the facility	Total number of condoms distributed to clients	OPD Adult
37. VCT client seen	Total number of clients who tested for HIV	VCT
38. VCT client tested for HIV	Total number of new clients who tested for HIV	VCT
39. VCT client tested HIV positive	Total number of clients who tested for HIV and tested positive	VCT
40. VCT client who collects test result	Total number of clients who tested for HIV and collected their results	VCT

Data Element	Definition and calculation	Register
41. Antenatal client tested for HIV	Total number of antenatal clients who tested for HIV	PMTCT
42. Antenatal client who collects test result	Total count of all antenatal clients who tested for HIV and collected their results	PMTCT
43. Antenatal client tested HIV positive – new	Total count of all antenatal clients who tested HIV positive	PMTCT
44. Antenatal client HIV positive given PMTCT – new	Total count of all HIV positive cases amongst antenatal clients who received PMTCT	PMTCT
45. HIV positive patient eligible for ART registered	Total count of all HIV positive patients registered for ARTs	ART
46. HIV positive patient who receives ART	Total number of HIV positive patients who received ARTs	ART
47. Caesarian Section done	Total number of all C sections carried out at health facility	Delivery

## Notes

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## Instructions for Completing Registers

### OUTPATIENTS REGISTER

#### How to fill the register...

S/N	SERIAL NUMBER or Identification Number – correlative number starting by 1 at the beginning of the register
Date of visit	Write Day/ Month/ Year.
Name of patient	Write the name of the patient in legible capital letters.
Age of patient	Write the age of the patient in years
Sex	M or F
Temperature	Write temperature measured in grades Celsius
Morbidity- Signs and Symptoms	Write main signs and symptoms for which the patient comes to the centre
Date of Onset	Note when the symptoms started using the same format as above DAY-MONTH-YEAR
Communicable diseases included in the weekly report of IDSR	<p>Make an (X) in the corresponding field if any patient coming to the clinic presents signs and symptoms suggestive of any of the diseases included in the weekly reporting list</p> <p>Remember to check the IDSR guidelines and inform the CHD in case of outbreak</p>
Communicable diseases of public health importance / Monthly routine report	Make an (X) in the corresponding field if any patient coming to the clinic presents signs and symptoms suggestive of any of the diseases included in the monthly reporting list
Other diseases or conditions	Write the diagnosis if the patient presents other diseases or condition
Results of the consultation	Use Key A at the bottom of the page to indicate the results of the curative consultation (discharged, referred, dead, admitted)
Family planning	Indicate if the patients is 1= new user or 2= regular user
Family Planning method	Complete this section using key B at the bottom of the page that specifies family planning methods. (Pills, Implant, Injectable, IUD, Condom)
Medication	Write the name of drug recommended to the patient and the dose

## OPD UNDER 5 DAILY PATIENT REGISTER

REGISTER FIELD	CODE
S/N	SERIAL NUMBER or Identification Number – each case is identified by a unique correlative number.
Date of Visit	DD-MM in numbers (Year is indicated in the upper part of the form). Example 0205 will indicate 2 May.
Sex	M (male) or F (Female)
Date of Birth (Age)	Quote age in complete months if known (0-59) – If less than one month old, age in days and indicate D (DAYS)
Weight	In Kg with three decimals. Example: 4.300 indicates 4 KG and 300 GR If there is no balance or weight measure MUAC in mm OR MUAC: Middle Upper Arm Circumference (green/ yellow (< 125 mm/red < 115 mm)
Height	How much the child measures in centimeters (cm)
Exclusive Breastfeeding	YES/NO <b>WHO Exclusive Breastfeeding Definition</b> The infant receive breast milk (including milk expressed or from wet nurse). The infant receives drops, syrups (vitamins, minerals, medicines) if needed BUT the infant does not receive anything else.
Initiation of Breastfeeding	Indicate hours after birth when the breastfeeding was initiated (if known)
Complementary Feeding	Indicate: YES/NO <b>Complementary Feeding Definition</b> The infant receives breast milk and solid or semi-solid foods.
Micro nutrients	Two micro-nutrients are included in this section: 1. Vitamin A: Indicate if child has received Vitamin A by writing (A) and date in which the dose was given if known using the format DDMM. 2. Ferrous Sulphate: Indicate if child receives regular (R) or irregular (I) supplements
Immunization Status	C = complete / I = Incomplete Completed vaccination: the infant has received all doses of vaccines in the vaccination calendar of South Sudan
Temperature	Indicate temperature in Celsius or C
Blood Pressure	In mm HG. A low blood pressure indicates serious disease.
Heart Rate	Indicate child heart rate by measuring it with the stethoscope and counting the heart beats during a full minute (watch or mobile telephone). Write as number of beats/minute
Child with Diarrhea	Covers six fields of diagnosis (disease) and consequences (dehydration) For each field indicate YES/NO
Date of Onset	Use format DD-MM or hours if less than one day since start of symptoms
Watery Diarrhea Bloody Diarrhea	Indicate if the diarrhea is watery or if there is blood in the feces (health staff should double check)
Child with Fever	Child with fever section spans over 11 fields, 9 correspond to diseases to be reported immediately; two correspond to Malaria cases which are reported monthly

Uncomplicated Malaria	Indicate: C = if clinical diagnosis RDT + = if Malaria is diagnosed by Rapid Diagnostic Test BS + = If Malaria is diagnosed by Blood Smear
Severe Malaria	Indicate YES if child has been diagnosed of Malaria and has the following: convulsions, unable to drink or breastfeed, vomiting, drowsiness or unconsciousness, fast breathing, very pale lips or palms, dehydrated (sunken eyes)
Other communicable diseases	Use case definition from IDSR manual and indicate (S) or Suspected in the corresponding field
<b>Child with breathing difficulties</b>	<b>Spans over three fields</b>
Fast breathing	Breaths/ Minute: Indicate number. Note that over 40 per minute is indicative of serious condition
ARI/ Presumed Pneumonia	If the child has cough, fast breathing (over 40 breaths per minute) chest in drawing or stridor
Anemia/ Severe Anemia	Anemia – child is pale or Hemoglobin is lower than 11 gr/dl Severe Anemia – child is pale or Hemoglobin is lower than 7 gr /dl
Malnutrition/ Severe Malnutrition	Indicate YES/NO measured as follows: Malnutrition (moderate): Yellow MUAC < 125 mm (middle upper arm circumference) Malnutrition (severe): Red MUAC < 115 mm
Eye/ Skin / Ear Disease	Indicate YES/NO in the corresponding field
Medication	Indicate the number of pills prescribed to the child in the corresponding medication field
Outcome of the Consultation	Indicate if the child is (1) discharged, (2) referred (3) Admitted (4) Dead



## ANTENATAL CARE (ANC)

S/N	SERIAL NUMBER or Identification Number – correlative number starting by 1 at the beginning of the register
Date of visit	Write Day/ Month/ Year
Name of patient	Write the name of the patient in legible capital letters
Name of village/ Address	Write the address of the patient: road, street and village in legible capital letters.
Care category	Indicates who provides care for the patient – doctor, midwife, shared or others
ANC Card	If the patient has an antenatal care card write the number; otherwise leave blank
Age of patient	Write the age of the patient in years
Weight	Weight the patient and write weight in Kg
Height	Measure the patient's height and write in cm
GRAVIDA/ PARA	<p>Shorthand notation for a woman's obstetric history</p> <ul style="list-style-type: none"> <li>GRAVIDA indicates the total number of times a woman has been pregnant, regardless of whether these pregnancies were carried to term. A current pregnancy, if any, is included in this count</li> <li>PARA indicates the number of viable (&gt;20 wks) births. Pregnancies consisting of multiples, such as twins or triplets, count as ONE birth for the purpose of this notation</li> <li><u>Abortus</u> is the number of pregnancies that were lost, including abortions or miscarriages</li> </ul> <p>For instance, the history of a woman who has had two pregnancies (both of which resulted in live births) would be noted as G<sub>2</sub>P<sub>2</sub>. The obstetrical history of a woman who has had four pregnancies, one of which was miscarried would be noted as G<sub>4</sub>P<sub>3</sub>A<sub>1</sub></p>
Last Menstrual Period	Write the date when the woman had the last menstrual period
EDD	Estimated Date of Delivery. Normal pregnancy lasts between 37-42 weeks. The EDD is estimated by adding 40 weeks to the first day of the last menstrual period
Antenatal Visit Date	Write the date when the patient comes for antenatal care – indicate if this is 1 <sup>st</sup> visit, 2 <sup>nd</sup> , 3 <sup>rd</sup> or 4 <sup>th</sup>
Risk factors:	Check whether the patient has any of the risk factors outlined in key D2 bellow
Planned place of delivery	Indicate if the patient plans to deliver at home or in a health care facility
Hemoglobin	If the health facility has an HB measurement method, write the quantity in g/dl
RH	Refers to the Rhesus factor present in blood of patients. There are two possible values, positive if the RH factor is present or negative if it is not present. Write results of the test (0= negative; 1= positive)
Urine test	Dipstick for proteinuria. Write + if positive, - if negative
Blood Pressure	Write blood pressure in mm Hg.
Tested HIV	Write if the woman has been tested for HIV or if her status is known
HIV Result	Write results of the test (0 = negative) or 1= positive )
ARV prophylaxis	Write if the patient is receiving ARV for PMTCT (0= NO; 1= YES)

Drugs and LLITN	<ol style="list-style-type: none"> <li>1. Write if the patient has received a dose of Tetanus Toxoid and if the dose (first, second, third or fourth dose)</li> <li>2. Write (X) if the patient has received Intermittent Preventive Treatment for Malaria during this consultation – taken in the presence of the health care worker</li> <li>3. Write (X) if the patient has received a long lasting insecticide treated net.</li> <li>4. Write (X) if the patient receives Iron/ Folates</li> <li>5. Write (X) if the patient receives medication for deworming</li> </ol>
Postnatal Visit	<p>Write (1) if the mother is well or (0) if she is ill</p> <p>Write (1) if the baby is well or (0) if the baby is ill</p>
Family Planning:	<ol style="list-style-type: none"> <li>a. Write new user or a regular user</li> <li>b. Method: Write method chosen using the key at the bottom of the page – In the case of pills indicate in the space how many boxes have been given to the patient</li> </ol>

<p><b>Key D1 Care Category</b></p> <ol style="list-style-type: none"> <li>1. Doctor</li> <li>2. Midwife</li> <li>3. Nurse</li> <li>4. Other health personnel</li> </ol>										
<p><b>Key D2: Risk Factors</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1. Previous C/Section</td> <td style="width: 50%;">2. Pre-eclampsia /Eclampsia</td> </tr> <tr> <td>3. Miscarriages/Still birth</td> <td>4. Previous Ante partum or post partum hemorrhage</td> </tr> <tr> <td>5. Multiple Pregnancy</td> <td>6. Previous Chronic Medical Condition</td> </tr> <tr> <td>7. Grand Multi parity</td> <td>8. Adolescent</td> </tr> <tr> <td>9. Retained Placenta</td> <td>10. Low Height</td> </tr> </table>	1. Previous C/Section	2. Pre-eclampsia /Eclampsia	3. Miscarriages/Still birth	4. Previous Ante partum or post partum hemorrhage	5. Multiple Pregnancy	6. Previous Chronic Medical Condition	7. Grand Multi parity	8. Adolescent	9. Retained Placenta	10. Low Height
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7. Grand Multi parity	8. Adolescent									
9. Retained Placenta	10. Low Height									
<p><b>Key D3 : Family Planning Method</b></p> <ol style="list-style-type: none"> <li>1. Pill (indicate nr of boxes in space above)</li> <li>2. Implant</li> <li>3. Injectable</li> <li>4. IUD</li> <li>5. Condom (male)</li> </ol>										

## DELIVERY REGISTER

S/N	SERIAL NUMBER or Identification Number – correlative number starting by 1 at the beginning of the register	
Date of visit	Write Day/ Month/ Year.	
Name of patient	Write the name of the patient in legible capital letters.	
Name of village/ Address	Write the address of the patient: road, street and village in legible capital letters.	
Age of patient	Write the age of the patient in years	
Reason for admission	Follow C1 key	
Parity/total number of pregnancies	GRAVIDA/ PARA <ul style="list-style-type: none"> <li>• Gravida indicates the total number of times a woman has been pregnant, regardless of whether these pregnancies were carried to term. A current pregnancy, if any, is included in this count.</li> <li>• PARA indicates the number of viable (&gt;20 wks) births. Pregnancies consisting of multiples, such as twins or triplets, count as ONE birth for the purpose of this notation.</li> </ul>	
LMP	Last Menstrual Period	
EDD	Estimated Date of Delivery. Normal pregnancy lasts between 37-42 weeks. The EDD is estimated by adding 40 weeks to the first day of the last menstrual period	
Gestation at birth	Write nr of weeks of the pregnancy since conception until delivery.	
Date of delivery	Write the date when the delivery happens	
Mode of delivery: Use KEY C2	0= normal vaginal delivery 1= C-Section 2= vacuum/ forceps assisted 3= assisted breech	
Delivered by	category of the health care worker attending the delivery / Use KEY C3	
Placenta	Write if placenta is complete, incomplete or retained	
Oxytocin	Write if Oxytocin has been administered (=1) to the mother or not (0).	

<p>APGAR 1 minute APGAR 5 minutes</p>	<p>APGAR. It is a measure of the baby status at birth and at regular intervals. The Apgar score is determined by evaluating the newborn baby on five simple criteria on a scale from zero to two, then summing up the five values thus obtained. Apgar score ranges from zero to 10. There are five criteria (<b>A</b>ppearance, <b>P</b>ulse, <b>G</b>rimace, <b>A</b>ctivity, <b>R</b>espiration)</p> <table border="1" data-bbox="483 412 1452 817"> <thead> <tr> <th></th> <th>Score of 0</th> <th>Score of 1</th> <th>Score of 2</th> <th>Component of acronym</th> </tr> </thead> <tbody> <tr> <td><b>Skin color/Complexion</b></td> <td>blue or pale all over</td> <td>blue at extremities body pink (acro- cyanosis)</td> <td>no cyanosis body and extremities pink</td> <td><b>A</b>ppearance</td> </tr> <tr> <td>Pulse rate</td> <td>0</td> <td>&lt;100</td> <td>≥100</td> <td><b>P</b>ulse</td> </tr> <tr> <td><u>Reflex irritability</u></td> <td>no response to stimulation</td> <td>grimace/feeble cry when stimulated</td> <td>cry or pull away when stimulated</td> <td><b>G</b>rimace</td> </tr> <tr> <td><u>Muscle tone</u></td> <td>None</td> <td>some <u>flexion</u></td> <td>flexed arms and legs that resist extension</td> <td><b>A</b>ctivity</td> </tr> <tr> <td><u>Breathing</u></td> <td>Absent</td> <td>weak, irregular, gasping</td> <td>strong, lusty cry</td> <td><b>R</b>espiration</td> </tr> </tbody> </table> <p>A low score on the one-minute test indicates that the neonate <b>requires medical attention</b>.</p>		Score of 0	Score of 1	Score of 2	Component of acronym	<b>Skin color/Complexion</b>	blue or pale all over	blue at extremities body pink (acro- cyanosis)	no cyanosis body and extremities pink	<b>A</b> ppearance	Pulse rate	0	<100	≥100	<b>P</b> ulse	<u>Reflex irritability</u>	no response to stimulation	grimace/feeble cry when stimulated	cry or pull away when stimulated	<b>G</b> rimace	<u>Muscle tone</u>	None	some <u>flexion</u>	flexed arms and legs that resist extension	<b>A</b> ctivity	<u>Breathing</u>	Absent	weak, irregular, gasping	strong, lusty cry	<b>R</b> espiration
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<u>Breathing</u>	Absent	weak, irregular, gasping	strong, lusty cry	<b>R</b> espiration																											
Delivery Outcome	Use C4 to complete this section																														
Neonatal abnormalities	Write if there is any visible abnormality.																														
Baby weight	Weight the baby and write weight in Kg and grams																														
Neonate on ARV prophylaxis	Write 0= NO or 1= YES																														
Newborn feeding option HIV + women	Use Key C5 to complete this section																														
Vitamin A	Write 0=NO or 1= YES																														
Eye ointment	Write 0=NO or 1= YES																														
Rhesus Status	Write RH of mother (+ or –) if known.																														
Anti D Given	Write if anti D has been given to the mother to prevent RH incompatibility.																														
Tested for HIV	Write 0=NO or 1= YES																														
HIV Results	Write results of test 0= negative 1= positive																														
Mother on ARV Prophylaxis	Write 0=NO or 1= YES																														
Tested for Syphilis	Write 0=NO or 1= YES																														
Counseled for FP	Write if patient has been counseled about family planning. Write 0=NO or 1= YES																														
Mother condition at discharge	Write 0=dead; 1= alive; 2= referred																														
Baby condition at discharge	Write 0=dead; 1= alive; 2= referred																														
Final diagnosis	Use Key C6 to complete this section																														

## Delivery Register Keys

Keys can be found at the bottom of the register:

20						
21						
22						
23						
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30						
31	<b>Sheet Summary Statistics</b>		<b>Key C1: Reason for admission</b>	<b>Key C2: Delivered by</b>	<b>Key C3: Mode of delivery</b>	<b>Key C4: Delivery outcome</b>
32	Delivered: .....		0 = Labour Pains	1 = Midwife	0 = Normal Vaginal Delivery	0 = Live birth
33	Live Births: .....		1 = Bleeding before delivery	2 = Clinical officer/ Medical Assistant	1 = Cesarean Section	1 = Still birth (fresh)
34	Still Births (FRESH) .....		2 = Bleeding after delivery	3 = Physician or Obst / Gynae	2 = Assisted Vacuum/ Forceps	2 = Still birth (macerated)
35	MACERATED) .....		3 = Convulsions	4 = Nurse Midwife	3 = Breech	3 = Premature
36	Low birth weights (below 2500g) .....		4 = Fever	5 = Community Midwife		4 = Low Birth Weight
37	Maternal Deaths: .....		5 = Incomplete delivery	6 = Other		5 = Twins/multiple birth
38			6 = Other			
39						
40						

Key' boxes used Delivery Register

<p><b>Key C1: Reason for admission</b></p> <p>0 = Labour Pains          1 = Bleeding before delivery          2 = Bleeding after delivery          3 = Convulsions          4 = Fever          5= Incomplete delivery          6= Other</p>	<p><b>Key C2: Delivered by</b></p> <p>1 = Midwife          2 = Clinical officer/ Medical Assistant          3 = Physician or Obst / Gynae          4 = Nurse Midwife          5 = Community Midwife          6 = Other</p>
<p><b>Key C3 : Mode of delivery</b></p> <p>0 = Normal Vaginal Delivery          1 = Cesarean Section          2 = Assisted Vacuum/ Forceps          3 = Breech</p>	<p><b>Key C4: Delivery outcome</b></p> <p>0 = Live birth          1 = Still birth (fresh)          2 = Still birth (macerated)          3 = Premature          4 = Low Birth Weight          5 = Twins/multiple birth</p>
<p><b>Key C5: Feeding options</b></p> <p>1 = Exclusive breast feeding.          2 = Formula          3 = Mixed (formula and breast milk)</p>	<p><b>Key C6 : Final Diagnosis</b></p> <p>0 = Normal delivery          1= Abnormal foetal presentation          2 = Pre-eclampsia/ Eclampsia          3 = AntePartum Heamorrhage          4 = Postpartum Heamorrhage          5 = Obstructed labour          6 = Retained placenta          7 = Ruptured uterus          8 = Postpartum sepsis          9 = Other</p>

## Routine Monthly Report

Health Facility: \_\_\_\_\_ Payam \_\_\_\_\_ County \_\_\_\_\_

Report Month/Year: \_\_\_\_\_ By \_\_\_\_\_

PART 1 / DATA ELEMENT	NUMBER	COMMENTS
1. Curative consultation under 5 male		
2. Curative consultation under 5 female		
3. Curative consultation 5 years and older male		
4. Curative consultation 5 years and older female		
5. Antenatal client 1 <sup>st</sup> visit		
6. Antenatal client 4 <sup>th</sup> or more visit		
7. Antenatal client IPT 2 <sup>nd</sup> dose		
8. Family Planning new user		
9. Delivery in facility by Skilled Birth Attendant		
10. Delivery in facility by TBA, MCHW, CHW, Community or Village Midwife		
11. Delivery in the community		
12. Delivery referred		
13. Live birth in facility		
14. Post natal client 1 <sup>st</sup> visit		
15. Malaria uncomplicated clinically diagnosed under 5 years		
16. Malaria uncomplicated confirmed under 5 years		
17. Malaria severe under 5 years		
18. Malaria uncomplicated 5 years and older		
19. Malaria severe 5 years and older		
20. Pneumonia presumed under 5 years		
21. Diarrhea treated with ORS under 5 years		
22. Diarrhea all under 5 years		
23. Vitamin A supplement 6-59 months (dose)		
24. Vitamin A supplementation new mother		
25. Insecticide treated net to under 5 years		
26. Insecticide treated net to antenatal client		
27. MUAC <115 mm under 5 years		
28. MUAC <125 mm under 5 years		
29. Death in facility all		
30. Death in facility under 5 years		
31. Death in facility maternal		
32. TB Patient suspected		
33. TB patient referred to the TB Management Unit		
34. Payam outbreaks detected by the Health Facility		
35. Payam outbreaks investigated by the Health Facility 48h after detection		
36. Condoms distributed by the facility		
37. VCT client seen		
38. VCT client tested for HIV – new		
39. VCT client tested HIV positive – new		
40. VCT client who collects test result		
41. Antenatal client tested for HIV		
42. Antenatal client who collects test result		
43. Antenatal client tested HIV positive – new		
44. Antenatal client HIV positive given PMTCT –.new		
45. HIV positive patient eligible for ART registered.- new		
46. HIV positive patient who receives ART – new		
47. Caesarean section done		

MONTHLY IDSR: Please indicate all suspected cases of any of the diseases quoted below.		
Data Element	Number	Comments
1. Onchocerciasis; 2. STI; 3. Bilharzia; 4. Kala – Azar; 5. Lymphatic Filariasis; 6. Trypanosomiasis; 7. Rabies; 8. Plague; 9. Leprosy; 10. Brucellosis; 11. Typhoid Fever.		

**PART 2: EXPANDED PROGRAM OF IMMUNIZATION and PHARMACEUTICALS**

*Please note the EPI report refers to children less than one year of age.*

Children Under 1 Vaccination Report	Fixed	Outreach	Total
1. BCG			
2. OPV0			
3. OPV1			
4. OPV2			
5. OPV3			
6. DPT1			
7. DPT2			
8. DPT3			
9. Measles			
10. Yellow Fever			

Tetanus Toxoid Vaccination		
	Pregnant Women	Women 15-45
TT1		
TT2		
TT3+		

VACCINES/PHARMACEUTICALS	Opening balance	Received	issued/ discarded/ sent to other centres	Balance (= left)
BCG				
OPV				
DPT				
Measles				
Tetanus Toxoid (TT)				
Albendazole 200mg tabs				
Amoxicillin 250mg caps/tabs				
Artesunate +Amodiaquine (Adult: 6 tabs)				
Artesunate +Amodiaquine (Child: 3 tabs)				
Artesunate +Amodiaquine (Infant: 3 tabs)				
Artesunate +Amodiaquine (Toddler: 3 tabs)				
Ciprofloxacin 500mg tabs				
Cotrimoxazole 480mg tabs				
Ferrous Sulphate Folic Ac 200mg/0.25mg tabs				
Metronidazole 200mg tabs				
ORS				
Paracetamol 500 mg				

**NOTE: Please write 0 (ZERO) if the health facility provides services but nobody came for this particular service during this month period; if the health facility does not provide services please leave the space blank.**

Date when the report was submitted

Signature

**Routine Monthly Report Health Facility:** \_\_\_\_\_ **Payam** \_\_\_\_\_ **County** \_\_\_\_\_

**Report Month/Year:** \_\_\_\_\_ **By** \_\_\_\_\_

*At the top of the form:  
Ensure you complete the correct facility details,  
month and the person who wrote the form.*

### Routine Monthly Report

**Section 1:**  
This is a focus on the 47 indicators (1-47)  
All the indicators are taken from the 4 registers:-

1. Outpatient Register
2. Under 5's Register
3. Ante-natal Care Register
4. Delivery Register

The 47 indicators can be grouped into the following sections

Indicators	Grouping
1. Curative consultation under 5 male 2. Curative consultation 5 years and older male 3. Curative consultation under 5 female 4. Curative consultation 5 years and older female	Number of patients visiting health facility for curative consultations  This is used to calculate the Utilisation rate (or uptake) of health care in the County & State
5. Antenatal client 1 <sup>st</sup> visit 6. Antenatal client 4 <sup>th</sup> or more visit 7. Antenatal client IPT 2 <sup>nd</sup> dose	Antenatal Care
8. Family Planning new user	Family planning
9. Delivery in facility by Skilled Birth Attendant 10. Delivery in facility by TBA, MCHW, CHW, Community or Village Midwife 11. Delivery in the community 12. Delivery referred 13. Live birth in facility	Number of deliveries
14. Post natal client 1 <sup>st</sup> visit	Problems related to delivery (up to 6 weeks after delivery)



Indicators	Grouping
15. Malaria uncomplicated clinically diagnosed under 5 years 16. Malaria uncomplicated confirmed under 5 years 17. Malaria uncomplicated 5 years and older 18. Malaria severe under 5 years 19. Malaria severe 5 years and older	Information on malaria for all ages ( $\leq 5$ years and $\geq 5$ years)
20. Pneumonia presumed under 5 years	Pneumonia
21. Diarrhea treated with ORS under 5 years 22. Diarrhea all under 5 years	Treatment of $\leq 5$ years for diarrhea
23. Vitamin A supplement 6-59 months (dose) 24. Vitamin A supplementation new mother	Vitamin A supplement
25. Insecticide treated net to under 5 years 26. Insecticide treated net to antenatal client	Distribution of mosquito
27. MUAC $<115$ mm under 5 years 28. MUAC $<125$ mm under 5 years	Measure of malnutrition
29. Death in facility all 30. Death in facility under 5 years 31. Death in facility maternal	Measure of deaths in facility
32. TB Patient suspected 33. TB patient referred to the TB Management Unit	Measure TB
34. Payam outbreaks detected by the Health Facility 35. Payam outbreaks investigated by the Health Facility 48h after detection	Outbreaks detected
36. Condoms distributed by the facility	All condoms distributed.
37. VCT client seen 38. VCT client tested for HIV – new 39. VCT client tested HIV positive – new 40. VCT client who collects test result 41. Antenatal client tested for HIV 42. Antenatal client who collects test result 43. Antenatal client tested HIV positive – new 44. Antenatal client HIV positive given PMTCT –.new 45. HIV positive patient eligible for ART registered.- new 46. HIV positive patient who receives ART – new	Reporting on HIV.  Only reported if VCT services available in facility
47. Caesarean section done	Caesarean section conducted (not all facilities do this)

### Section 2:

Only suspected cases of diseases under special surveillance or targeted for eradication should be reported in this section

<b>MONTHLY IDSR: Please indicate all suspected cases of any of the diseases quoted below.</b>		
Data Element	Number	Comments
e.g. 3. Bilharzia	13	None
1. <i>Onchocerciasis</i> ; 2. <i>STI</i> ; 3. <i>Bilharzia</i> ; 4. <i>Kala – Azar</i> ; 5. <i>Lymphatic Filariasis</i> ; 6. <i>Trypanosomiasis</i> ; 7. <i>Rabies</i> ; 8. <i>Plague</i> ; 9. <i>Leprosy</i> ; 10. <i>Brucellosis</i> ; 11. <i>Typhoid Fever</i> .		

11 diseases under special surveillance or eradication programme.

## PART 2: EXPANDED PROGRAM OF IMMUNIZATION and PHARMACEUTICALS

### Section 3: EPI and Pharmaceuticals

This includes all vaccinations given to the target populations

i.e

- i) all children under 1 year
- ii) all pregnant and women, aged 15-49 years
- iii) immunisation carried out at health facility or outreach

**Important:** Do not include vaccination report of children age 1 year and over

**'Fixed'** refers to the number of vaccinations given at health facility

**'Outreach'** refers to the number of vaccinations given during outreach

Children Under 1 Vaccination Report	Fixed	Outreach	Total
11. BCG			
12. OPV0			
13. OPV1			
14. OPV2			
15. OPV3			
16. DPT1			
17. DPT2			
18. DPT3			
19. Measles			
20. Yellow Fever			

Tetanus Toxoid Vaccination		
	Pregnant Women	Women 15-45
TT1		
TT2		
TT3+		

*Please note the EPI report refers to children less than one year of age.*

**'Total'** is the sum of Fixed + Outreach = Total

Children Under 1 Vaccination Report	Fixed	Outreach	Total
1. BCG	55	150	205

#### Section 4: Vaccines and Pharmaceuticals

Is a tally or an account of the vaccinations and medication which is available in the health facility

##### 'Opening Balance'

Quantity of drugs and vaccines on the 1<sup>st</sup> of each month e.g. 1<sup>st</sup> March

##### 'Received'

Total number of drugs and vaccines received in a month e.g. during March

VACCINES/PHARMACEUTICALS	Opening balance	Received	issued/ discarded/ sent to other centres	Balance (= left)
BCG				

##### 'issued/ discarded/ sent to other centres'

Is a total of all the drugs and vaccines which have been

- i) Issued: given to a patient
- ii) Discarded: thrown away
- iii) Sent to other centres: given to another health facility

##### 'Balance (=left)'

The total of drug and vaccines left at the end of the month e.g. 31<sup>st</sup> March.

This balance should be carried over to the next month e.g. 1<sup>st</sup> April

**Total in stock is the sum of opening balance + received**

Opening balance = 12 BCG Vaccines  
 Received total = 50 vaccines

$12 + 50 = 62$

Therefore there are 62 BCG vaccines in stock

**Example**

VACCINES/ PHARMACEUTICALS	Opening balance	Received	Total in Stock	issued/ discarded/ sent to other centres	Balan ce (= left)
BCG	12	50	62	22	40

**To calculate the Total balance at the end is**

total vaccines in stock - issued/discarded/sent

Total in stock = 62  
 Total vaccines used = 22

$62 - 22 = 40$

The total balance of BCG vaccines at the end of the month = 40



Date when the report was submitted	Signature
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*Don't forget to put the data of submission and for the In-charge to sign it!*



**NOTE: Please write 0 (ZERO) if the health facility provides services but nobody came for this service;**

**if the health facility does not provide services please leave the space blank**

**Colour coded table to be used jointly with the colour coded Registers**

PART 1 / DATA ELEMENT		NUMBER	COMMENTS
1. Curative consultation under 5 male		OPD U5	
2. Curative consultation under 5 female		OPD U5	
3. Curative consultation 5 years and older male		OPD Adult	
4. Curative consultation 5 years and older female		OPD Adult	
5. Antenatal client 1 <sup>st</sup> visit		ANC	
6. Antenatal client 4 <sup>th</sup> or more visit		ANC	
7. Antenatal client IPT 2 <sup>nd</sup> dose		ANC	
8. Family Planning new user		ANC	
9. Delivery in facility by Skilled Birth Attendant		Delivery	
10. Delivery in facility by TBA, MCHW, CHW, Community or Village Midwife		Delivery	
11. Delivery in the community		TBA Tally	
12. Delivery referred			
13. Live birth in facility (Same as <i>Born Alive</i> )		Delivery	
14. Post natal client 1 <sup>st</sup> visit		ANC	
15. Malaria uncomplicated clinically diagnosed under 5 years		OPD U5s	
16. Malaria uncomplicated confirmed under 5 years		OPD U5s	
17. Malaria severe under 5 years		OPD U5s	
18. Malaria uncomplicated 5 years and older		OPD Adult	
19. Malaria severe 5 years and older		OPD Adult	
20. Pneumonia presumed under 5 years		OPD U5s	
21. Diarrhea treated with ORS under 5 years		OPD U5s	
22. Diarrhea all under 5 years		OPD U5s	
23. Vitamin A supplement 6-59 months (dose)		OPD U5s	
24. Vitamin A supplementation new mother		Delivery	
25. Insecticide treated net to under 5 years			
26. Insecticide treated net to antenatal client		ANC	
27. MUAC <115 mm under 5 years		OPD U5	
28. MUAC <125 mm under 5 years		OPD U5	
29. Death in facility all	Delivery	OPD U5s	OPD Adult
30. Death in facility under 5 years		OPD U5s	
31. Death in facility maternal		Delivery	
32. TB Patient suspected		OPD U5s	OPD Adult
33. TB patient referred to the TB Management Unit		In comments	
34. Payam outbreaks detected by the Health Facility			
35. Payam outbreaks investigated by the Health Facility 48h after detection			
36. Condoms distributed by the facility		OPD Adult	
37. VCT client seen			
38. VCT client tested for HIV – new			
39. VCT client tested HIV positive – new			
40. VCT client who collects test result			
41. Antenatal client tested for HIV			
42. Antenatal client who collects test result			
43. Antenatal client tested HIV positive – new			
44. Antenatal client HIV positive given PMTCT –.new			
45. HIV positive patient eligible for ART registered.- new			
46. HIV positive patient who receives ART – new			
47. Caesarean section done		Delivery	